



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

***FINAL* RESPONSE PACKET**  
**710-19-1024**

**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:	SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM, INC.				
Address:	2500 Rike Drive; P. O. Box 1019				
City:	Pine Bluff	State:	AR	Zip Code:	71613
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 type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned	
AR Certification #: _____		* See Minority and Women-Owned Business Policy			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provides contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Kathy D. Harris	Title:	President & CEO
Phone:	870-534-1834, Ext. 2135	Alternate Phone:	870-692-2925
Email:	kathy@sabhs.org		

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

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Kathy D. Harris Title: President & CEO  
Use Ink Only.

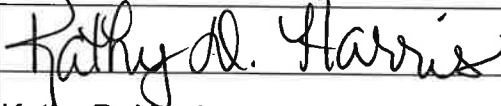
Printed/Typed Name: Kathy D. Harris

Date: March 14, 2019

## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

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

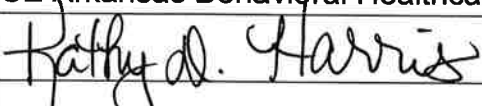
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	SE Arkansas Behavioral Healthcare System	Date:	March 14, 2019
Authorized Signature:		Title:	President & CEO
Print/Type Name:	Kathy D. Harris		

## SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

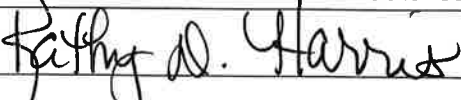
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	SE Arkansas Behavioral Healthcare System	Date:	March 14, 2019
Authorized Signature:		Title:	President & CEO
Print/Type Name:	Kathy D. Harris		

## 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>	SE Arkansas Behavioral Healthcare System	<b>Date:</b>	March 14, 2019
<b>Authorized Signature:</b>		<b>Title:</b>	President & CEO
<b>Print/Type Name:</b>	Kathy D. Harris		

## PROPOSED SUBCONTRACTORS FORM

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

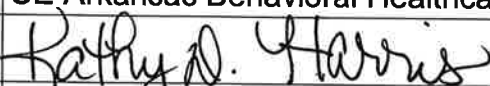
**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Ouachita Behavioral Health and Wellness -- Partial Hospitalization	125 Wellness Way	Hot Springs, AR 71913
Birch Tree Communities, Inc. -- Therapeutic Communities	1781 Old Hot Springs Highway	Benton, AR 72018

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

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

Vendor Name:	SE Arkansas Behavioral Healthcare System	Date:	March 14, 2019
Authorized Signature:		Title:	President & CEO
Print/Type Name:	Kathy D. Harris		

## SELECTION OF REGIONS

**Instructions:** Bidder may submit proposals for up to two regions indicated in Attachment G: Map of Regions. Bidder must list selected regions in order of preference using the table below.

**NOTICE TO BIDDERS:** Bidders submitting proposals for multiple regions and who do not assign preference rankings for all regions bid may be awarded a region at the discretion of DHS.

<b>Bidder Preference</b>	<b>Region by Number (as shown in Attachment G: Map of Regions)</b>
First (1 <sup>st</sup> ) Choice	Region #: 11
Second (2 <sup>nd</sup> ) Choice	Region #:
Third (3 <sup>rd</sup> ) Choice	Region #:
Fourth (4 <sup>th</sup> ) Choice	Region #:
Fifth (5 <sup>th</sup> ) Choice	Region #:
Sixth (6 <sup>th</sup> ) Choice	Region #:
Seventh (7 <sup>th</sup> ) Choice	Region #:
Eighth (8 <sup>th</sup> ) Choice	Region #:
Ninth (9 <sup>th</sup> ) Choice	Region #:
Tenth (10 <sup>th</sup> ) Choice	Region #:
Eleventh (11 <sup>th</sup> ) Choice	Region #:
Twelfth (12 <sup>th</sup> ) Choice	Region #:

**Per 2.2 A. 1---below are listed the SEABHS OBHS certifications by county:**

**Arkansas County**

**BHA Vendor No. 11130**

License No. 131; Specialty Vendor No. 110565, Cert. No. 054

**Lincoln County**

**BHA Vendor No. 11131**

License No. 132; Specialty Vendor No. 11057, Cert. No. 055

**Grant County**

**BHA Vendor No. 11132**

License No. 133; Specialty Vendor No. 11058, Cert. No. 056

**Jefferson County**

**BHA Vendor No. 11129**

License No. 130; Specialty Vendor No. 11055, Cert. No. 053

**BHA Vendor 11128**

License No. 129

**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

F-1

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

**SUBCONTRACTOR:**  YES  NO

**SUBCONTRACTOR NAME:**

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

**Estimated dollar amount of subcontract:**

**TAXPAYER ID NAME:** Southeast Arkansas Behavioral Healthcare System  **IS THIS FOR:**  Goods?  Services  Both?  
**YOUR LAST NAME:** Harris **FIRST NAME:** Kathy **MI:** D.  
**ADDRESS:** 2500 Rike Drive; P. O. Box 1019 **STATE:** AR **ZIP CODE:** 71613 **COUNTRY:** UNITED STATES OF AMERICA  
**CITY:** Pine Bluff

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

**FOR INDIVIDUALS \***

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

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

**FOR A VENDOR (BUSINESS) \***

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

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

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



**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2**

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

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

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

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

**Signature** Kathy D. Harris Digitally signed by Kathy D. Harris  
Date: 2019.03.04 18:53:48 -0600' **Title** President & CEO **Date** March 14, 2019

**Vendor Contact Person** Kathy D. Harris **Title** President & CEO **Phone No.** 870-534-1834

**AGENCY USE ONLY**

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

# ORGANIZATION AND POLICY GUIDE

SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM

Section 4.01.00.00

Page 1 of 2

**SUBJECT: AFFIRMATIVE ACTION POLICY**

**Effective**

**Date:**

**February 23, 2004**

**Date of**

**Last Review:**

**April 23, 2018**

**PURPOSE:** In our efforts to develop our affirmative action program, we hereby reaffirm and formalize our commitment to the principal of equal employment opportunity.

**POLICY:** This Agency's policy is to ensure equal employment opportunity for all without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, or any other non-job-related characteristic. While this document cannot be considered an employment contract between the Agency and its employees, we view the principle of equal employment opportunity as a vital element in the employment process and as a hallmark of good management.

It shall be the policy of the Southeast Arkansas Behavioral Healthcare System, including each of its divisions, to comply fully with provisions of all state and federal laws and regulations pertaining to equal employment opportunities.

In developing our affirmative action program, we commit ourselves to:

Recruiting, hiring, training, and promoting persons in all job classifications without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, or any other non-job-related characteristic.

Ensuring that promotion decisions are in accordance with equal employment opportunity requirements by imposing only valid, job-related requirements for promotional opportunities.

Ensuring that all personnel actions relating to compensation, benefits, transfers, terminations, training, and education are administered in a non-discriminatory manner.

**COVERAGE:** Applicants and employees who believe themselves covered under this affirmative action program may advise the Agency at any time they wish to benefit under this program.

This information will be used solely for the purpose of affirmative action and proper job placement. This information will not be used to exclude or otherwise limit the employment opportunities of qualified individuals.

The overall affirmative action goal of the Southeast Arkansas Behavioral Healthcare System is to maintain or exceed state norms for minority employment. This goal will be an ongoing process.

# ORGANIZATION AND POLICY GUIDE

SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM

Section 4.01.00.00

Page 2 of 2

**SUBJECT: AFFIRMATIVE ACTION POLICY**

**Effective**

**Date:**

**February 23, 2004**

**Date of**

**Last Review:**

**April 23, 2018**

## **HOW AFFIRMATIVE ACTION PLAN WILL BE MAINTAINED**

- (1) Ensure that all employees are made aware of the Southeast Arkansas Behavioral Healthcare System's EEO policy and their rights under the law.**
- (2) A copy of the affirmative action plan will be circulated to all employees.**
- (3) All new employees will receive a copy of the policy statement located in the Personnel and Policy Manual.**
- (4) Actively recruit applicants who meet the qualifications from all races, sex, and other minority groups.**
- (5) Assure that all job vacancies are available to all qualified applicants.**
- (6) To eliminate all possible sources of bias in the selection process.**
- (7) A non-discriminatory application form is used.**
- (8) Managers and supervisors will be given periodic equal employment training. This training will demonstrate why EEO compliance is important and gives participants instructions and tools to help them comply with EEO requirements.**

**The President & CEO of the Agency has the overall responsibility for the development and direction of the affirmative action policy.**

## 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.

<b>• Do not include additional information if not pertinent to the itemized request. 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> .	Pass/Fail
<b>Region 11</b>	
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: <ul style="list-style-type: none"> <li>a. Date established. <b>Southeast Arkansas Behavioral Healthcare System was founded in 1964.</b></li> <li>b. List of non-profit's Board of Directors. <b>List of Board of Directors attached</b></li> <li>c. Total number of employees. <b>SEABHS currently has 72 full-time employees and 3 part-time employees.</b></li> <li>d. An organizational chart displaying the overall business structure. <b>SEABHS Organizational Chart attached.</b></li> </ul>	<b>5</b>
<b><u>Background Narrative</u></b>	
<p><b>In November of 1963, a Community Steering Committee was formed by the Jefferson County Mental Health Association to determine the mental health needs of the community. This group of Pine Bluff citizens, representing schools, churches, professionals, civic, and other organizations, asked some questions about mental health and received some startling answers.</b></p> <p><b>In addition to the thousands of men, women, and children in Jefferson County who had problems which might have been relieved or prevented if proper facilities for diagnosis and other treatment had been available, there were many more families, friends, and associates who shared the overwhelming impact of mental illness. In 1963, there was no facility to deal with many of these disrupting problems. This community had to refer problems of emotional and mental disorders to agencies in other communities.</b></p> <p><b>As a result of this survey, the Steering Committee proposed and planned for the establishment of a Family-Child Guidance Center in Pine Bluff as a center for early diagnosis and treatment of mental health and emotional disorders. The Steering Committee recognized the fact that good mental health is a goal for all citizens and that providing adequate services is a community's responsibility even today, as it was in 1963. The entire community was urged to join together to make the Family-Child Guidance Center a reality in 1964.</b></p> <p><b>On May 15, 1964, the Steering Committee for the Jefferson County Family-Child Guidance Center voted to incorporate as a non-profit organization. Many fine organizations of Jefferson County contributed financially to the support of the establishment of the program.</b></p>	

Arrangements were made with the Jefferson County Hospital Association for the use of the second floor of the Old Davis Hospital and in mid-July 1964, the Jefferson County Family-Child Guidance Center opened.

The program continued to grow, and new staff members were added. In 1966, the Center applied for a Federal Staffing Grant so the Clinic could become a comprehensive center. The third floor of the Old Davis Hospital was renovated to provide a Day Treatment Program. Also, in 1966, arrangements were made with the hospital and its administration to provide for an inpatient program, which was implemented in 1968.

Because of the rapid growth, expansion, and demand for services, the Board of Directors of the Pine Bluff Family-Child Guidance Center, in 1968, changed the name of the facility to the Southeast Arkansas Mental Health Center. The name change was in keeping with the long-range plan of broadening the Center's scope of operation, and plans were made to begin serving other counties in Southeast Arkansas.

On March 19, 1969, it was announced that two acres of land had been purchased from the Arkansas Society for Crippled Children and plans were made for the construction of a new facility on Rike Drive, which now houses our present operation in Pine Bluff. The Center began seeing consumers in the new building on Wednesday, September 29, 1971. Because of continued growth of the program and the need for additional facilities, in 1979, the Administrative Offices in Pine Bluff were renovated and approximately 4,000 square feet were added.

In 1986, the Center found itself needing more office space for treatment and additional facilities to accommodate expanded Agency operations, and a second renovation and expansion project, which added 5,000 square feet, was undertaken at the Pine Bluff Center.

Today, the Center makes services available to all citizens of the five-counties for which we have been assigned responsibility by the Division of Aging, Adult, and Behavioral Health Services for the State of Arkansas. Our service area includes Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties. The Center's primary service location is in Pine Bluff. Full-time Satellite Centers are currently located in Sheridan, Star City, and Stuttgart.

Past service programs have included a comprehensive alcohol treatment program and a residential treatment program for children and adolescents, "the ARK" Youth Center, located at 11th and Cypress Streets in Pine Bluff. The alcohol treatment program was closed in 1981 and the residential treatment program ceased operation in 1994.

In December of 1995, a new 7,000 square foot facility was opened in Stuttgart as the permanent home of the Arkansas County Division to better serve the needs of the residents in that community.

Again, as treatment approaches changed, and the Center broadened its service delivery system, the Board of Directors voted in 1996 to change the name of the Agency from Southeast Arkansas Mental Health Center to Southeast Arkansas Behavioral Healthcare System. That name change became official on October 1, 1996.

For several years, the Agency had sought to purchase an existing facility or buy land on which to build a permanent office for the Sheridan Center. In 1998, an existing office

property, consisting of 2,000 plus square feet, located in Sheridan became available. It was felt the building would accommodate our need for office space and the Board authorized purchase of the property. During 2016, the Board authorized a renovation project for the Sheridan Center, which included revamping of the total exterior of the office, along with significant enhancements that improved handicap accessibility for that facility.

Maintaining its commitment to the highest level of service delivery to all residents in the Catchment Area, during 1998, the Agency also constructed a new 6,500 square foot facility in Star City. This facility provides much needed additional space to better serve consumers in that community.

In 2002, a major renovation and construction project was undertaken at the Pine Bluff Center. That project provided for an additional 7,000 square feet, and renovation of about 60% of the existing facility at that time. The added floor space included office space for treatment staff, the enlargement of our Rehabilitative Day Services, new restrooms and renovation of the existing ones to assure compliance with all disability accessible regulations, and a state-of-the-art commercial kitchen to be used in preparation of daily meals for the consumers in the Rehabilitative Day Services in Pine Bluff. The remodeling and renovation of the existing areas accommodated better patient flow and services being provided in very aesthetically pleasing surroundings. The 2500 Rike Drive location now approximates 28,000 square feet.

During its years of operation, the Center has seen many shifts in the focus of treatments and treatment approaches. There has continued to be a decline in Federal and State monies and the centers have, of necessity, been required to look at available funding sources and maximize those resources. Community mental health centers have been asked to continue to provide the same services with fewer dollars. This Agency has benefited greatly in making the necessary adjustments through its very strong leadership by the Board of Directors and the longevity in tenure of many of its staff.

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.

Southeast Arkansas Behavioral Healthcare System is a comprehensive community mental health center and outpatient behavioral health provider that has been in operation for 55 years. Over its years of operation, Southeast Arkansas Behavioral Healthcare System, Inc. has entered into many contracts with the State of Arkansas for Professional Services. We have fulfilled the obligations and contract performance indicators for each of those contractual agreements. The Agency has not been cited or sanctioned for failure to comply with the contractual obligations. Our intent is to engage in providing services, if any should be awarded to us, with the same commitment to integrity and delivery of care, that is quality-driven and outcome oriented.

The Center's array of services includes: Mental Health Diagnosis, Substance Abuse Assessments, Treatment Planning, Therapy and Counseling (Individual, Family/Marital, and Group), Psychiatric Evaluations, Pharmacologic Med Management, Psychological Evaluations, Aftercare and Follow-Up, Crisis Intervention/Emergency Care, Adult Rehabilitative Day Services, Qualified Behavioral Health Services for both adults and children and youth, and Referral Services when appropriate.

Easy access to treatment is offered through Same Day Access Clinics at all the Center's outpatient sites. This removes the requirement of making/waiting for admission

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**appointments. Any individual requesting services can begin evaluation and treatment on the date they present to Agency service sites.**

- b. If provided under a contract:
  - i. Name of entity with whom the Vendor had/has a contract. **Department of Human Services, Division of Aging and Adult Services**
  - ii. Summary of the Scope of Work.

**Southeast Arkansas Behavioral Healthcare System has been the designated recipient of Community Mental Health Center funding over the course of an extended time period. As a CMHC, it has been the Agency’s responsibility to develop, staff, and assure through delivery of services that a comprehensive system of behavioral health services is available to all residents of the five-county service area (formerly referenced as Catchment Areas). In addition, SEABHS has served as the designated entity for the Single Point of Entry screenings for persons who may need services through the public mental health system. Meeting this single performance indicator requires considerable systems and infrastructure to manage this service availability in a coordinated, responsive manner. All services are available and provided to anyone requesting screening and assessment services without regard to whether a person has a payment source. To position yourself (the Agency) to deliver these comprehensive services requires obtaining accreditation and remaining in compliance with many regulations as specified by the regulatory and audit authorities. Southeast Arkansas Behavioral Healthcare has met the challenge in all of these areas and been extremely successful in receiving high praise from the communities and the clients and families served (overall Consumer Satisfaction Survey results revealed 17 of the 17 items surveyed received ratings in the ninetieth percentile).**

**In prior years, SEABHS was also a direct contractor with the State of Arkansas for the provision of substance abuse treatment services in this same five county region, as well as being the contractor for the System of Care grant.**

- iii. Project amount. **Last year’s DHS contracted amounts was \$1.7 million; prior contracts have exceeded \$2 million.**
- i. Any corrective actions or litigation pertaining to the contract. **None**

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:

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- a. Evidence of the qualifications and credentials of the respondent’s key personnel.

**The current CEO has worked in the community mental health center and behavioral healthcare setting for 42 years. The CEO has been in the current position for 8 years, having previously served as Assistant Administrator and various other positions within the Agency prior to assuming the responsibilities of CEO. The Medical Director is an Arkansas licensed physician and Board-certified Psychiatrist. She has been a member of SEABHS’s staff since 2011, serving as Medical Director from 2016. The Director of Clinical Services is also a long-term (45 year) employee of the Agency. She is a Licensed Certified Social Worker and Licensed Substance Abuse Professional; she has worked as a frontline clinician and fulfilled a number of positions as a Mental Health and Substance Abuse Professional through the years.**

- b. Resume of the respondent’s CEO, Medical Director, and Director of Clinical Services. **Resumes of the CEO, Medical Director, and Director of Clinical Services are attached.**

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.

**Letters of Recommendation are attached.**

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**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.

**Southeast Arkansas Behavioral Healthcare System, Inc. has already obtained certification as a Community Mental Health Center and has meet the requirements to be certified as a Behavioral Health Agency at all five (5) of its sites. In addition, four of the sites have been licensed by the State of Arkansas to provide substance abuse treatment services, and additionally being Medicaid/DHS certified as a Substance Abuse Treatment provider. Further, the Agency is accredited by CARF (the Commission on Accreditation of Rehabilitation Facilities). All of this substantiates that the Agency already has the systems in place to fully meet all of the requirements outlined in the delivery of services to persons in Regional 11.**

**Southeast Arkansas Behavioral Healthcare System has long served as the Single Point of Entry for all persons requiring screening and assessment for acute inpatient psychiatric hospitalizations. Please note that our screening services protocol has always extended to all age ranges, not just the adult population. The system, staff, and resources to provide these services are currently in place. Our system and processes as relates to crisis services will be discussed in more detail in that section of the RFQ.**

**SEABHS has excellent working relationships with all court systems in our service area. This is particularly true in the Sixth Division Juvenile Court for Jefferson and Lincoln Counties. Many of the juveniles and families are referred to our Agency for treatment services and for collaboration with the court regarding behavioral health interventions. We are also the "point of entry" for all involuntary admission procedures initiated for behavioral health in our region. Our staff assists persons with completion of the petition document for filing in the court system as the starting point of this procedure. We currently complete forensic evaluations on all court orders referred for this purpose, and well as have staff trained to work with individuals through the Forensic Outpatient Restoration Program.**

**The Center maintains a Resource Guide, and utilizes all opportunities to educate, inform, and advocate for those within our communities about our services and behavioral health illness and treatment as a whole. Within the past year, the Agency has updated its overall informational brochure and offers several other resource pamphlets, all of which are directed toward informing the public about the totality and comprehensiveness of services. Hours of operation and other helpful information needed to assist in accessing treatment is included in the brochures and pamphlets. In the past month, more than 500 individualized letters were sent to all identified PCPs in our area with information about SEABHS and its services.**

**Southeast Arkansas Behavioral Healthcare System embraces the concept that the best outcomes from treatment are achieved in the client's own community. That belief is carried out by having the focused goal of offering, to the extent possible, services that will support coordinated care and enable the individual to be stabilized and maintained within their own community setting. Treatment of individuals with serious behavioral illness and children with serious emotional disturbance can be and often is quite challenging and very cyclic, with them moving in and out of treatment frequently. For these populations, the optimal service choices are often Rehabilitative Day Service Programs and services rendered by the Qualified Behavioral Health Provider staff. This more intensive service level affords the greatest opportunity to provide the structure needed to assist in management of the illness, as well as insuring there is**

frequent contact and intervention that allows monitoring the progress of the client's recovery.

SEABHS has, in our opinion, an exemplary crisis system that is operational for our service area. There is a scheduled, designated Mental Health Professional and Psychiatrist on-call for every 24-hour period. Individuals are encouraged to present at the Center service sites during hours of operation. Afterhours, all Center phones are programmed to provide an option to immediately speak with the on-call Mental Health Professional, as well as having a cell phone contact number that is designated for on-call service access. All persons referred or presenting with the request for crisis services are provided those services. No one is ever refused the opportunity to receive the screening and assessment, regardless of their ability to pay, their reimbursement source, or age--- ALL persons are screened. Following the Mental Health Professional's assessment, every case is staffed with the on-call Psychiatrist for consultation and approval on the most appropriate disposition and level of care needed for the individual. Much effort has been extended over the past couple of years to reduce inpatient hospitalizations. "Crisis Cards" were issued to all active clients, providing information on what to do when the client feels they are in crisis. The goal of these cards is to guide clients to contact our on-call staff rather than presenting at the Emergency Rooms when it is often possible to triage the situation in a less restrictive setting. Current Agency statistics indicate that 56% of our total crisis interventions are resolved without the need for inpatient care and the Agency's overall (all locations) wait time to be seen for crisis service is 23 minutes. This data substantiates that we are more than capable of meeting the specific timelines of making phone contact within fifteen (15) minutes and providing the face-to-face assessment within two (2) hours.

In its efforts to focus on recovery-oriented treatment, the Agency incorporates the following basic beliefs:

We will promote the growth of persons toward higher levels of functioning; toward greater self-esteem, emotional maturity, competence, and self-responsibility.

- By influencing community systems (home, school, church, industry, government, health, human services, etc.) so these systems become more affirming and growth-stimulating environments.
- By facilitating the development of special growth experiences (i.e., education, training) for persons not identified as disabled.
- By facilitating the development of special growth experiences (i.e., coordinated treatment, habilitative, and rehabilitative services) for psychosocially and developmentally disabled persons.

To prevent the movement of persons toward lower levels of functioning.

- By identifying high risk populations and facilitating the development of special experiences for such populations which enhance their personal skills.
- By facilitating the development of programs which promptly intervene in and stop negative changes in people's functioning.
- By influencing community systems which touch the lives of high risk and disabled persons so that these systems become supportive and stabilizing environments.
- By facilitating the development of specialized services which support and stabilize psychosocially and developmentally disabled persons who have reached their optimal growth.

<p><b>Achieving these objectives will certainly be a focus of the treatment team as a whole, but this will further be supported by incorporating peer support personnel in the recovery-oriented process.</b></p> <p><b>SEABHS commits to maintaining the same treatment regime for those individuals who may be awaiting admission to the Arkansas State Hospital. The Agency is for the most part able to provide the level of care needed for the persons residing in our Region; very few individuals are referred to the State Hospital, other than as mandated through the Forensic Evaluation system.</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>Southeast Arkansas Behavioral Healthcare System, Inc. has been at the forefront and has been a leader in developing capabilities for providing services through telemedicine. Our Pine Bluff site has been certified to provide telemedicine services since 2012, and currently all Agency operational sites in Arkansas, Grant, Jefferson, and Lincoln Counties have been certified to provide telemedicine services through the UAMS Center for Distance Health. All required internet connectivity, infrastructure, and equipment is operational at this time.</b></p>	<p>5</p>

**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.

**As mentioned in another section of this RFQ, SEABHS provides crisis intervention and emergency services on a 24 hour a day, 7 day a week basis to any individual who presents to Southeast Arkansas Behavioral Healthcare System offices, subfacilities, the emergency room of a hospital located within our Region, or Jefferson Regional Medical Center, an affiliate facility. This will include extending crisis services to any other safe location where crisis stabilization/mobile services are requested. Again, our Center is already screening all age ranges, including the DCFS populations. Historically, our screening/crisis services have not been limited to the uninsured category but is inclusive of individuals with insurance coverage; anyone referred or requesting crisis services is seen. The requirements listed in this section are not an expansion of our crisis services, but primarily a continuation of what has been in place within our assigned Region for many years. The areawide emergency telephone number is 1-800-272-2008. A mental health professional is available 7 days a week, 24 hours a day and there should be almost immediate access afterhours, as the calls are automatically transferred to a cell phone through the Agency's automated phone system capabilities.**

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

**SEABHS has already developed a Mobile Crisis team. The team is composed of Licensed Mental Health Professionals on staff who share the responsibility of being on-call on a rotating basis to be available and respond to requests for crisis assessment and stabilization services. The other member of the team is a Staff Psychiatrist who is also on-call and consults and approves disposition on every crisis case presented. Services will be provided in any community setting that affords an element of safety for the team members. Another component of the Mobile Crisis team would be incorporating Qualified Behavioral Health Providers in the crisis situation response within the limits of their scope of practice. This involvement would only occur following an evaluation and assessment by a Mental Health Professional, or in the event this situation occurs during the delivery of scheduled services and the QBHP is assisting the client with connecting to the appropriate staff member for crisis assessment.**

**Other forms of crisis intervention may be provided to groups or entire communities because of natural disasters, school campus violence or mishaps, such as suicide on the campus, death of a student leader, or faculty members.**

**This Agency will offer intervention and Crisis Mobile teams who are trained to handle and respond at any time to the five-county service area. The crisis team will be available to local law enforcement departments, local Red Cross Chapters, or the Office of Emergency Services. Members of the crisis team will be primarily senior clinicians who have been trained and have knowledge of how to respond in a crisis.**

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

**A primary function of the mobile crisis team is the availability of trained staff to intervene with appropriate services at the earliest moment the need is identified. Early response and access to the level of care needed can prevent the further deterioration of the individual's condition and the need for a higher level of care. SEABHS utilizes this approach as part of the protocol for the mobile crisis team.**

- 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.

**Emergency screening/crisis intervention policies are currently in place. Those policies are reviewed at least annually by the Board of Directors and Administration to determine if any changes in processes or policies are needed to assure the Agency remains responsive to the service needs of the Region, as well as looking for opportunities for system improvement. Annual training will be provided to all mobile crisis staff. In addition, current competency training measurements will be enhanced slightly, along with developing a routine procedure for evidencing confirmation and documentation of skills. This documentation will be placed in the employee's personnel records.**

**Below is Southeast Arkansas Behavioral Healthcare System's current Crisis Intervention/Emergency Screening policy:**

**PURPOSE: To establish a basic philosophy for crisis intervention/emergency care services, which will enable the staff to provide the best possible care through its crisis stabilization and emergency services.**

**GENERAL: The Southeast Arkansas Behavioral Healthcare System will maintain the position that each person suffering from an emotional problem or mental illness has an individual worth and dignity. He/She will have access to screening and assessment at any time, 7 days a week, 24 hours a day. It is recognized by the Board of Directors that individuals suffering from such disease will need emergency treatment and crisis stabilization occasionally. Such treatment and emergency services will be made available 365 days a year, 24 hours a day.**

**Emergency services and crisis stabilization will be made available and will have as a minimum the following services:**

- (1) Supervision of the consumer by trained staff until they are no longer incapacitated or until a decision can be made for another modality of service.**
- (2) Immediate medical evaluation by properly trained medical personnel.**
- (3) Social, psychological, and other medical evaluations which will help the staff develop a plan for continuing care and treatment.**
- (4) Secure transportation, when needed, through a combination of staff and/or properly trained personnel outside of the Agency to meet the emergency needs. In the event a person is of such combative nature that they cannot be transported by Agency vehicles, then 911 and emergency medical transportation will be contacted.**

Crisis intervention and emergency services will be provided on a 24 hour a day, 7 day a week basis to any individual who presents to Southeast Arkansas Behavioral Healthcare System offices, subfacilities, the emergency room of a hospital located within our Catchment Area, or Jefferson Regional Medical Center, an affiliate facility. The areawide emergency telephone number is 1-800-272-2008. A mental health professional is available 7 days a week, 24 hours a day and there should be almost immediate access, afterhours, as the calls are automatically transferred to a cell phone through the Agency's automated answering system.

If a person presents themselves to any of the above locations, an initial screening will be conducted by a licensed mental health professional in such a way that it will protect the individual's dignity, human rights, and legal rights. A brief screening will be conducted as well as a needs assessment to develop a plan of treatment or disposition. The observations, clinical impressions, and other information obtained will be presented to the designated staff physician, who will have the final responsibility for the treatment or referral decision.

**PERSONS SERVED:** Any adult, adolescent, or child who resides in the designated service area of the Southeast Arkansas Behavioral Healthcare System.

**ADMISSION CRITERIA:** Any individual requesting services will be seen for initial screening. If the individual consumer feels that an emergency does exist, a screening will take place to determine what level crisis intervention is necessary. Minors under the age of 18 will be seen once for consultation; any additional services must have the approval of the parent and/or legal guardian. Those priorities which are established by the Division of Aging Adult, and Behavioral Health Services, Department of Human Services, under contract for receiving funds by the Agency, will also be followed as admission criteria.

**SERVICES PROVIDED:**

Initial screening	Pharmacologic management
Diagnosis/evaluation	Hospitalization
Needs assessment	Rehabilitative Day Services
Individual counseling	Referral to another agency, if unable to
Psychotherapy	meet service needs

The mental health professional will review the information available, interview the consumer, and formulate a recommendation as to what level of treatment the person needs. The information will be submitted in person or by telephone to the on-call psychiatrist of the Agency for final decision on the modality of treatment services.

The staff physician will have the final responsibility for the disposition of the consumer. If the decision is reached to admit the consumer to the inpatient care unit at Jefferson Regional Medical Center or transfer to another hospital, then the physician will make those arrangements in accordance with all state and federal regulations. The consumer will be informed of their rights as to treatment alternatives and those will be described to them in a manner which is understandable as to what is transpiring. If the family is available, they also will be involved in the explanation.

**DISCHARGE CRITERIA:** The consumer's condition after stabilization. The person may need a more appropriate and more restrictive environment and, based on the above

evaluation, any such determination will be made. If inpatient care is necessary, then the psychiatrist will determine inpatient care. If it is felt appropriate by the mental health professional, after consultation with the on-call or first available psychiatrist, the person may be released and referred to outpatient services for treatment.

**OTHER CRISIS INTERVENTION:** Other forms of crisis intervention may be provided to groups or entire communities because of natural disasters, school campus violence or mishaps, such as suicide on the campus, death of a student leader, or faculty members.

This Agency will have intervention and crisis mobile teams who are trained to handle and respond at any time to the five-county service area. When other sister mental health centers or behavioral healthcare systems in other parts of state need assistance with these services, the Agency will determine if there is a necessity of dispatching members of the crisis team to the area.

The crisis team will be available to local law enforcement departments, local Red Cross Chapters, or the Office of Emergency Services. Members of the crisis team will be primarily senior clinicians who have been trained and have knowledge of how to respond in a crisis situation.

From this Agency's standpoint, the President & CEO or Director of Clinical Services will be the team leader and make the decision as to what staff will be dispersed. After assessing the situation by phone, or in some instances perhaps in person, a determination will be made as to the number of mental health professionals needed in a particular area where the crisis may arise.

The crisis team will have available a kit for ready access, including:

- (1) A cellular telephone for the team leader and other key personnel
- (2) Paper bags and basic medical supplies
- (3) Tissues
- (4) Laptop computers with wifi equipment to provide access to the Agency's EHR system or other resources that may be beneficial, as determined appropriate or needed
- (5) Legal pads and pens
- (6) Business cards with phone numbers
- (7) Breath mints and gum
- (8) Petty cash

Upon arriving at the crisis setting, the team leader should request a meeting with the person who is or may have been on the scene when the situation occurred.

In the event there is any communication with the press or media issues, prior to any establishment of the workings of the team, those requests will be routed to the President & CEO or Director of Clinical Services. In the event they are not on the scene or do not travel with the team, then the team leader who has been designated by the President & CEO or Director of Clinical Services will meet with the person who was at the scene of the event.

If the crisis is at a school setting, for example, the President & CEO, Director of Clinical Services, or the team leader with the crisis team will meet with the superintendent and request a copy of the school yearbook for identification purposes and a local telephone



directory. Forming a steering committee of the mayor, chief of police, superintendent of schools, and/or head of the ministerial alliance is often helpful in preparing responses to the community for the purpose of press releases. Public and corporate officials usually appreciate being given information for press releases. They often show their gratitude by unraveling red tape in obtaining necessary funding.

Previous Agency involvement in crisis interventions in school situations as well as other disaster-type activities, such as fires and deaths of consumers or staff at other facilities, has rendered a staff that is trained and has expertise in crisis situations. In the event a team member is replaced by a new staff member, the person will be trained in accordance with the previous training program established by this Agency. Most of the techniques used are those that were designed by Chris Hatcher, Ph.D., Professor of Clinical Psychology, University of California at San Francisco; and Diane Myers, R.N., M.S.N., Disaster Response and Recovery, A Handbook For Mental Health Professionals.

Another document titled, "Model For Community Mental Health Center's Response To Local Disasters," also prepared by Dr. Chris Hatcher, Ph.D., Clinical Professor of Psychology, University of California in San Francisco, will be available for staff utilization. This particular document was specifically prepared for use by mental health centers and has previously been used by this mental health center.

De-briefing should be held after emergency situations, whether it is community crisis intervention mentioned in this policy or an event of significant interruption in the Agency's normal routine and processes. In any event, de-briefing shall be conducted within 24 hours of the crisis situation.

- 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.

Although the Agency currently has a Crisis Intervention form within our electronic health records system that is utilized to document the crisis services provided and we believe all elements of the SAFE-T tool are included within that form, our plan is to make revisions to specifically identify by category and incorporate by name the SAFE-T assessment tool elements so that our tool meets all requirements for the RFQ. Required documentation in the Crisis Intervention form includes client strengths, clinical recommendations and disposition. Treatment team members of active clients automatically receive notification of the crisis event through features available in our EHR system. If inpatient acute care is recommended, we can provide access to that within our community setting (Jefferson Regional Medical Center); for persons under 18 years of age inpatient services must be sought from providers in Little Rock. Through each stage of the crisis screening/assessment event all efforts, contacts, and resources utilized are documented. All Crisis Intervention services are reviewed by a supervisor within 24-hours of the event for appropriateness of action and disposition.

- 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.

The Warm Line will be available and managed through our Agency on-call system. The designated on-call Mental Health Professional will be the receiving staff member for persons desiring to access the Warm Line. It shall be the responsibility of that on-call person to triage the level of care needed by the requesting individual or referring agency. SEABHS offers access to unscheduled crisis services (or in this instance a Warm Line) 24 hours a day, 7 days a week. It is our preference that the Warm Line be staffed by a Mental Health Professional and both the on-call and Warm Line



services can co-exist within our organizational structure.

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

The Agency's crisis system protocol has been described in several other parts of the RFQ. Staffed 24/7 by a Mental Health Professional and backed up by On-Call Psychiatrist. It is always the goal and intent of the crisis team to refer individuals assessed to the least restrictive level of care in which their service needs can be adequately met.

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

The internal Crisis Intervention form used to document all crisis services, includes a safety plan when that is needed and appropriate; this is done in an effort to encourage seeking assistance at the first sign of deterioration in functioning. There are efforts to educate clients on options other than going to the Emergency Departments and seeking hospitalization when they are experiencing crisis situations, such as first making contact with Agency personnel. The Agency also generates a daily report which identifies all persons who were seen for crisis services in the preceding 24 hours. From that report, persons who are referred for outpatient services are contacted by phone, or attempts made to contact, and documented as a means of follow-up to engage them in recommended treatment.

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

As triage occurs for each Mobile Crisis assessment, some situations and service needs will extend beyond the scope of our service array. In those instances, direct referral or referral information will be made to other more appropriate resources that are best equipped to meet the individual's service need. The referral is always documented as a part of the Mobile Crisis assessment. There is a section within the Crisis Intervention form that allow for documenting when a referral is made to an alternative service modality.

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

We enjoy a cooperative relationship with our local medical center (JRMC) that is probably unique to any other CMHC. Agency Staff Psychiatrists have staff privileges at JRMC and can admit patients directly to the Psychiatric Inpatient Unit, as well as provide psychiatric evaluation and treatment services during their inpatient stay through daily rounding. We receive a report daily from JRMC that lists all admissions and discharges from the unit. With the discharge information, follow-up phone contacts are made with discharged patients to encourage continuity of care through outpatient services within the targeted seven (7) day timeframe. Current statistics for this fiscal year show that 73% of persons being discharged from JRMC are admitted or seen for continuing outpatient care following discharge. New Beginnings is the designated substance abuse contractor for this area. When persons are being discharged from substance abuse residential care they often are referred to our Agency for outpatient substance services. We anticipate there will be an increase in the number of referrals over the next few months because of an enhancement in our collaborative effort with New Beginnings, CASA because of a recent change in their subcontractor options. We also provide the same comprehensive post discharge and aftercare services to anyone referred to the Agency from the Arkansas State Hospital.

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

**As mentioned above, our community partner and provider for psychiatric hospitalization services is Jefferson Regional Medical Center. Our on-call personnel perform a screening on all persons who may be considered for psychiatric hospitalization and then consults with the on-call Psychiatrist for final disposition. Persons 18 years of age and older requiring psychiatric hospitalization are able to access that care upon the recommendation of the Mobile Crisis team indicating that is the level of care needed to stabilize. Staff Psychiatrists then admit directly to the Psychiatric Unit. Admission to the Psychiatric Unit is based primarily on the patient need and not whether there is a payment source. Both JRMC and our Agency are private, non-profit entities whose mission is to assure persons in our service area can access appropriate health care. Following the month end, JRMC provides a report of all persons admitted to the Psychiatric Unit during the month. That report not only provides demographic information about the patients, but additionally their diagnosis and reimbursement source. The report from JRMC, along with our internally generated monthly Crisis Services Report (based on crisis screenings), enables the Agency to confirm admissions based on recommendations and to meet all reporting requirements currently requested by DAABHS for the Crisis Services Report. For individuals who are identified as having no payment source, the Agency reimburses the hospital at an agreed upon daily rate for the total number of inpatient days for each person in the self-pay category. JRMC does have a contractor who automatically processes Medicaid applications for individuals who do not have a payment source. A high percentage of those individuals usually do later become eligible for Medicaid coverage. So, even when the Agency has previously paid for the hospital days, those are often credited back to the Acute Care Funds after Medicaid has become a reimbursement option.**

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.

**SEABHS does not have plans at this time to directly provide Therapeutic Communities or Acute Crisis Unit services. We have entered into a subcontract with Birch Tree Communities for Therapeutic Communities services. We had planned to also subcontract with the Pulaski County Crisis Stabilization Unit, but that requirement was removed from the final draft of this bid solicitation, although it remained in the Expanded Services section. If our interpretation of the revisions is incorrect, we can secure the subcontract for Acute Crisis Unit services. We do plan to continue to make referrals to the Pulaski County CSU when that is an appropriate treatment option. We have confirmed with the Director of the CSU that the CSU is willing to accept referrals from our Agency.**

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.

**The Agency's intent is to provide the full array of services available to any client or persons who are waiting on admission to ASH. The client's treatment plan and prescribed services remain in place. The fact they are awaiting admission to ASH does not in any way modify the treatment regimen they will receive from our Agency. Alternatively, persons who are discharged from ASH will be given priority admission status (within 7 days of hospital discharge) as are all other acute care setting discharges. The Agency acknowledges the chronicity of the illness for this population and that intensive services are required to make their transition to the community setting successful. The Act 911 client is afforded all the same admission and treatment services.**

- 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.

**The Agency has a proven track record of meeting all requirements of the SPOE screening process, that level of performance has been in place, reliable, and consistent for more than 45 years of providing services in our communities. We routinely track as a CARF performance measurement our face-to-face response time on crisis services—our current statistics in this performance area is an overall average wait time of 23 minutes for the face-to-face screening. Our Crisis Intervention document is completed simultaneously with the occurrence of the crisis event. SPOE assessments will be completed fully and accurately and submitted in a timely manner.**

- 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.

**As stated above regarding this same question, there is no service interruption, change in service array, or service delivery because an individual is waiting admission to ASH. In reality, the wait time for ASH admission is often long and unless the person is court ordered to do so, ASH admission is not usually a viable option.**

- 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.

**Clients who are being discharged from ASH will be admitted into active client status. As their mental health diagnosis and treatment planning occur, care coordination through QBHP services will definitely be included in their plan of care. Care coordination efforts will include assisting with enrollment for insurance coverage, when needed. Individuals discharging from ASH often have high service needs, and depending on their natural support systems, some clients have extremely high needs. Due diligence and effort will be exerted by SEABHS staff to assure continuity of care and to keep the client engaged in on-going service utilization with the goal of community stabilization. They will be provided any medically necessary services, such as those**

available through Outpatient Behavioral Health Services and the Adult Behavioral Health Services for Community Independence.

e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. **The Agency affirms that it will accept referrals of all ASH discharges into treatment, regardless of their ability to pay. SEABHS has never refused services to person being discharged from ASH and has no intent to begin doing so.**

f. Provide services to Community-based 911 Status Clients regardless of the payor source. **Southeast Arkansas Behavioral Healthcare System is prepared to and commits that it will accept the referral of 911 Status Clients for community-based services. The Agency agrees to accept individuals with this status regardless of their payment source or their ability to pay. They will be provided any medically necessary services, such as those available through Outpatient Behavioral Health Services and the Adult Behavioral Health Services for Community Independence.**

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.

**The Agency enters into contractual arrangements with a duly licensed and qualified professional, who has completed the prescribed training to meet the standards required for performing the above-noted evaluations. The contractor provides these evaluative services on an as-needed and per evaluation basis.**

**SEABHS has the capability to provide any requested reporting data in the manner, format, and timeframes as may be required.**

b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. **The forensic psychologist has been duly informed of all newly implemented timeframes and has committed to provide all completed reports within those specified timelines. The Agency is also implementing tracking and monitoring systems to assure compliance with all administrative functions of this process.**

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

**SEABHS has described in E.3.C.a above how it intends to maintain personnel to fulfill the Forensic Evaluation referrals. Should there be an interruption in the contractor's services, the Agency will implement immediate recruitment efforts to retain the services of another evaluator. Further, SEABHS commits that it will incorporate all resources available to it to make any such replacement of a forensic evaluator within the thirty (30) day timeframe.**

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

**According to Section 2.3.2 D. 3., page 28 of 44, of the Final Request for Qualification, it is stated, "FORP services shall not begin or be performed**

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without a letter of referral or an approval form submitted by ASH to the CMHC.”

**SEABHS commits to follow the appropriately designed protocol for referral to FORP services. In the past, referral for services has initiated with the DAABHS and/or ASH system, and the above statement seems to indicate that will continue. In any event, SEABHS will follow the designed referral process.**

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.

**SEABHS is currently providing restoration services to those individuals who have been deemed unfit to proceed with the criminal justice or legal process. Our staff has received the training curriculum for this program provided by the ASH staff and have been fulfilling the FORP duties and responsibilities for at least five years now. It is our intent to continue to serve this population. Staff will be provided training to refresh and enhance their awareness of the expected contact time intervals and when reports and recommendations are to be provided to designated Forensic Program personnel.**

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

**Agency staff are qualified, credentialed, and trained to deliver the educational restoration component required in the FORP services. The FORP designated personnel are backed up and supported by the full array of Agency services and multi-disciplined staff available for consultation and treatment services. This positions us capable of providing any medically necessary behavioral health services to individuals at any stage of their hearing or trial process, or the wait time that may be inherent for those processes to occur.**

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

**Duly trained and qualified staff are currently employed by SEABHS to perform these services.**

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

**As described in our medical records system management section, EVERY service that is delivered by any Agency staff member has a corresponding visit type documentation which allows for the entry and description of the details, responses, and progress of the individual who is being provided services, as well as the observations and comments of the provider. DAABHS specified criteria is included in this documentation. We currently have a standing system in operation whereby each week (or sometimes less frequently based on frequency of contacts), the Medical Records Administrator automatically sends progress notes to the designated FORP staff person. This routine submission of progress reports would continue if awarded this contract to assure compliance with all required timelines.**

- e. Provide Individual Outpatient Restoration according to the RFQ requirements.

**As stated in c. above, trained and experienced staff is already performing the functions required under the FORP services. SEABHS's intent is to continue providing educational instruction working toward the goal of restoration of fitness to proceed within the legal structure. Services will also include Care Coordination, which encompasses wide-ranging services and activities, many of which are intended to assist the client in navigating through the legal system and fulfilling all obligations of court appearances. Other services/activities may be helping with linkage to other systems as well as making referrals to other resources when those may be of benefit in meeting the client's overall goals and objectives.**

**FORP clients will have access to the full spectrum of behavioral health services offered by the Agency; these may include psychotherapy, marital/family/group counseling, medication management, Mental Health Diagnosis, Psychiatric Assessment, Psychological Evaluation, and treatment planning.**

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

**At such time, based on progress reports and documentation by the FORP staff, as it is determined the client has been restored to competency, a recommendation will be made for referral for Act 310 Forensic Re-Evaluation. When that referral is received, an Act 310 Re-Evaluation will be scheduled with the contract Forensic Evaluator at the earliest possible date. In the interim of making the referral for 310 Re-Evaluation and that being completed, the FORP staff will continue to provide monthly face-to-face contact with the client.**

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

**SEABHS will implement tracking procedures to assure that any FORP client who has not been restored to competency within a six (6) month period from the date of the original court order will be referred to the ASH for admission. This referral will be accomplished by submitting a request to the DAABHS Forensic Services Program Director for consideration of the request. In the interim, SEABHS will continue to provide all medically necessary behavioral health services and Care Coordination services as deemed appropriate and beneficial.**

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

**Southeast Arkansas Behavioral Healthcare System has the staff and resources to render a Psychiatric Evaluation on any FORP client referred for said service. SEABHS will offer scheduling at the earliest possible date available, and will timely submit the completed evaluation to designated staff at ASH/DAABHS.**

**SEABHS has infrastructure, personnel, and data reporting capabilities to fulfill all reporting requirements of the FORP Program.**

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.

**Dating back to 2013 when it secured a direct In-Person Assistor contract with the Arkansas Insurance Department, Southeast Arkansas Behavioral Healthcare System has recognized the importance of connecting uninsured clients with the Department of Human Services to seek enrollment for health insurance coverage. From that time forward, we have continued to dedicate staff time and Agency resources toward assisting clients with insurance enrollment. SEABHS plans to continue to provide support, coordination, and transportation services when needed to connect clients with the health insurance enrollment opportunity. This coverage is not only important in meeting their behavioral health care needs but equally important in meeting their total health care needs. Care coordination (Qualified Behavioral Health Provider) services extend beyond the insurance enrollment aspect. QBHPs are further working with clients to maintain stability of their illness, through accessing other community support systems such as housing, food and nutrition, and any ancillary services which will foster their success in the community.**

- 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.

**Southeast Arkansas Behavioral Healthcare System offers a full array of services that are consistent with those listed in the Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals. The services range from crisis screening and assessment to full outpatient evaluation services, such as the Mental Health Diagnosis, Psychological Evaluation, Psychiatric Diagnostic Assessment, and Treatment Plan services. Other services such as Individual, Family, Marital, and Group Counseling services are available to provide continuing support as the client establishes, along with professional recommendations, their plan of care for management of their behavioral health or psychiatric illness. For those persons with the highest level of care need, the Agency offers Qualified Behavioral Health Provider and Rehabilitative Day Services to support stabilization within the community setting. If awarded funding through this RFQ for Region 11, the Agency will employ and utilize peer and family support staff services as an added service component. All services are provided in accordance with the recommendation of the individual client's treatment plan and, as such, have been diagnosed and deemed to be medically necessary services. Documentation for each service delivered is a requirement within our service delivery system. Compliance with this requirement is monitored by designated Medical Records personnel. SEABHS recognizes these contract funds to be the payor of last resort, and will exert diligent effort to secure payment for services through any and all third-party sources, such as insurance carriers. Even in the event of insurance coverage, efforts will be made to obtain an extension of benefits to the fullest extent possible before utilizing contract funds.**

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

**The RFQ states the CMHC may provide Club House or Drop-In Services to individuals. It is not our intention at this time to offer those services. As an alternative service for clients needing a higher, more structured level of care referral will be to the Agency's Rehabilitative Day Services program.**

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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.

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**Southeast Arkansas Behavioral Healthcare System is currently offering services to the First Episode of Psychosis (FEP) population. In an effort to identify persons who might fall into this category of clients, we have questions embedded within our Crisis Intervention and Mental Health Diagnosis forms, specifically asking staff to assess if this is an FEP situation. Any client identified as FEP will have access to the Center's service options and be provided services that are inclusive of Care Coordination, Evidence-based Therapy Services, and Family Education and Support.**

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

**SEABHS will begin its education and outreach in the community by developing literature which will inform, educate, and heighten awareness of FEP-related symptoms and promote early identification. Our Agency will conform with the stated requirement of engaging in at least twice monthly community education events. The targeted audience for many of these events will begin with high school counselors and teachers, college counseling centers, primary care physicians' offices, law enforcement, juvenile court and juvenile probation officers, detention centers, and emergency departments. Each of these audience groups will receive contact at least every six (6) months. A log will be created to record the date, audience, and type of presentation that is provided at each occurrence of an education and awareness event. Literature will also include the treatment options available to persons who may be experiencing FEP symptoms and in need of treatment intervention.**

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

**SEABHS has a designated staff member who has agreed to work with the FEP population group. Upon identification and referral for treatment, an active case record will be created. Within that case record, documentation of all services provided will be recorded. The target population for this service will be any client who is not a member of a PASSE, whose insurance benefits do not cover FEP services, and for whom there is no other source of reimbursement. Care Coordination will be offered by both the Mental Health Professional and Qualified Behavioral Health Provider as a treatment approach to enhance problem solving skills, to improve the client's ability to seek solutions for practical problems, assisting with developing abilities to navigate other systems and resources that will be needed to contribute to their progression. Evidenced-based therapy services will be provided by a Licensed Clinical Social Worker (LCSW), who has 26 years of behavioral health experience and is fully trained and prepared to offer an evidence-based program of Cognitive Behavioral Therapy for Psychosis (CBT-P). Another component of treatment will be Family Education and Support, including Psychoeducation and support services with members of the client's family. The Agency has two full-time Staff Psychiatrists and two APRNs; one Psychiatrist and both APRNs previously participated in the training opportunities made available through the Division for pharmacotherapy protocols. SEABHS is currently in the process of providing training to its staff in the areas of Supportive Employment and Supportive Housing; they should be fully capable by the start of the contract to provide these services. As with any service provided under the provisions of this contract, the CMHC funds will always be the payor of last resort. As with any**



**other individual that has no payment source, FEP clients will be guided and assisted with seeking application for insurance coverage through either the Medicaid system, Medicaid expansion, or other such options as may be available for obtaining insurance coverage.**

**The CMHC does not intend currently to implement Club-house or Drop-in Model services.**

**Ongoing assessment of suicidality will be completed at each visit for FEP persons; this assessment will be recorded in the visit documentation. SEABHS already meets monthly reporting requirements for the FEP Program, but that reporting will be expanded to include all elements of information as specifically listed in this RFQ. Within the Agency's electronic health record (EHR) system there is also housed the infrastructure and capabilities to accommodate data management/reporting and financial support for client services tracking and billing. Collectively, these systems will allow SEABHS to meet the timeline established for reporting FEP information in the format requested.**

**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.**

**Southeast Arkansas Behavioral Healthcare System has already developed a Resource Guide; that directory has been in existence for more than 20 years with periodic reviews and updates to assure that the information is current and reflective of available services. In preparation for our upcoming CARF visit in the next month or so, the Resource Guide was recently update, and we elected to add it to our website as an information source for a wider audience.**

- 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.**

**SEABHS has developed a variety of informational brochures that are designed to educate the general public regarding our service array, hours of operation, how to access services in general and Crisis Services in particular. SEABHS continually seeks opportunities and venues within which to distribute this information.**

**Each year during May Is Mental Health Awareness month, the Agency engages in an all-out effort to promote a greater understanding and awareness of mental illness and the role the CMHC plays in addressing the mental health needs of the citizens and communities in our Region. An open reception event is held at the Center with everyone in our communities invited to participate in our celebration and awareness event. Much of the focus of the May events is directed toward removing the stigma associated with mental illness.**

**During various times of the year, the Agency makes presentations to local civic clubs, such as Rotary; SEABHS was included on the Leadership Pine Bluff community tours during 2018; and the CEO usually is invited to speak to the local "Coffee With the Chiefs" event during the month of May to educate about CMHC services. We willingly participate in any such community educational endeavors when invitations are extended. We are also a United Way partner agency and, as such, the local**

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**campaign drive each year affords many opportunities to get our message out to the community at large. Prior to the details of this RFQ becoming available, the Agency had already recognized the need to enhance its public information, marketing campaign efforts and is currently in discussions on what are the best approaches for achieving our target goals. While we believe we have done a more than adequate job in the public information sector, efforts will be enhanced to assure full compliance with the specifications of the RFQ. These will be operational by contract start date.**

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

**Southeast Arkansas Behavioral Healthcare System can easily demonstrate its support of a Consumer Council in that we have had an active Council in place for at least 15 to 20 years. The Council has a formal organizational structure, with elected officers. The Council is encouraged to advocate for persons with mental illness and promote advocacy on behalf of the mentally ill. The Consumer Council plays a significant role in our annual May Is Mental Health Awareness events by serving as hosts for the reception and designating a member of the Consumer Council to serve as Master of Ceremonies for the event. On past occasions, Consumer Council members have chosen to share their life experience from the perspective of a person with mental illness.**

**In prior years, the Agency has participated in parent training activities when requested to do so by DCFs staff and were provided monetary support to carry out those activities. So, staff and the clinical team have experience in this realm.**

**SEABHS has an extensive history of being responsive to major community tragedy events, as well as more singular, individual situations. Agency staff were in the lead role during the cluster of suicides that occurred in Sheridan several years ago; staff were dispatched to Jonesboro in response to the school shooting that occurred there; staff were sent to the site of the airplane crash in Little Rock. It is a common and pretty regular occurrence that SEABHS is requested to come on site in response to tragedies that occur within our local school settings, as well as work sites where tragic events or sometimes deaths occur.**

**Southeast Arkansas Behavioral Healthcare System has been a leader in developing resources to provide alternatives to incarceration. Many individuals are detained in jails because other service options are limited or non-existent. Southeast Arkansas Behavioral Healthcare System began working initially with the adult detention center in Pine Bluff to better educate its staff on mental illness. The CEO has previously been involved in periodic training sessions with detention center personnel on recognizing the signs and symptoms of persons with mental illness. Developing this relationship with the detention center provided alternatives to incarceration; critical to changing attitudes and approaches to intervening in mental health situations is recognizing the need for treatment. This same relationship and service availability has been extended to all of the detention centers in our Region.**

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

**Southeast Arkansas Behavioral Healthcare System has over more than 50 years proven itself to be a community-based and community-oriented agency. Our beginnings as an organization began because of the vision and foresight of a group of individuals within our community who saw the need for mental health services on a**

local basis. From that vision of community leaders began the development of Southeast Arkansas Behavioral Healthcare System, Inc. The Agency has grown and diversified, expanded services and service areas, but it has never lost its identity as a community agency. SEABHS has deeply entrenched partnerships with all facets of the community service agencies. This includes United Way agencies, the general medical hospitals in our service area (our collaboration with Jefferson Regional Medical Center is not mirrored in any other Region), the physician community, Juvenile and Circuit Courts, and local law enforcement agencies, particularly Pine Bluff Police Department and the Jefferson County Sheriff's Department. This list is not exhaustive but signifies some of the community partners. This is also evidenced by the letters of support submitted by many of these community partners.

Our Board and staff are representative of the composition of the communities we serve. Given that fact and in alliance with our stated goals and objectives, the Agency's operations are strength-based, culturally competent, and culturally sensitive to the needs of the citizens, the stakeholders, and the community at large.

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.

**Southeast Arkansas Behavioral Healthcare System does not plan to pursue the development of Mental Health Courts during this funding cycle. Mental Health Courts have been successful in many areas and this is an option we definitely would like to pursue at a future date.**

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).

**As a part of the intake admission process, all client services are reviewed for financial responsibility. An explanation of the billing processes is reviewed with the client and information is retrieved and stored in the client's record to allow timely and accurate billing of services to third party reimbursement sources. For clients that do not have any form of payor source, and other eligibility options have been explored and exhausted, consideration is given to whether the individual meets eligibility for Title XX coverage.**

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

**As an over-arching operational practice, limitations on service access or the density of services a person is able to receive at Southeast Arkansas Behavioral Healthcare System is not primarily driven by the individual's reimbursement source. We do attempt to be wise in business operations in the interest of maintaining continued longevity in operation. With that being said, persons who are placed on the SSBG Title XX reimbursement will have access to the Agency's full comprehensive service array. Urgency and service need are paramount in the decisions made regarding service provision. Having been a Community Mental Health Center for a long period of time, we have experienced that service delay or service limitation often creates crisis situations.**

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**Our philosophy is intervention at the earliest possible indication reduces escalation of symptomatology and the need for higher level, more costly services. The SSBG Title XX Services and funding will be available to children, youth, and adults who meet the eligibility criteria. Services provided under the Title XX Block Grant will include Diagnosis, Treatment Planning, Individual and Group Outpatient Services, Group, Partial Day Treatment, and Medical Evaluation and Pharmacologic Medication Management. In addition to these basic mental health services, Supportive Services for Children and Families will be provided. Those allowed services include: Identification/Assessment/Reassessment and Care Plan, On-Site Intervention, Off-Site Intervention (these paraprofessionals services have different service names after OBHS), Crisis Stabilization Intervention, Collateral Intervention (no longer exists but provided as new QBHP services), Rehabilitative Day Services, and Diagnosis and Evaluation. The Southeast Arkansas Behavioral Healthcare System currently has all of these services in place and does not anticipate any barriers to continuation of those services if awarded this contract.**

c. Complete the DHS 100 Form.

**In determining eligibility for SSBG Title XX payment of services, preliminary questions are asked regarding household income and number of persons in the household. If it appears the individual meets eligibility criteria, SEABHS staff proceed with completing the DHS 100 Form. A copy of the completed 100 Form is maintained in the client record to document eligibility for services and supports under this program. No billing for services or supports is provided to the client or their family without have a completed DHS 100 Form in the client record.**

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

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

- a. Ensuring the following services are available directly or through a sub-contractor:

i. Partial Hospitalization.

**Southeast Arkansas Behavioral Healthcare System does not have adequate staff to meet required staffing patterns, nor has it identified sufficient numbers of clients that could benefit from this service to implement this service program directly. Therefore, SEABHS has entered into a subcontract with Ouachita Behavioral Health and Wellness for these services. Optimally, the service provider would be closer, but we are not aware of another service provider in our Region offering this service.**

ii. Peer Support.

**If awarded this contract funding, Peer Support staff will be employed to deliver these expanded services.**

iii. Family Support Partner.

**If awarded this contract funding, Family Support Partner staff will be employed to deliver these expanded services.**

iv. Supported Employment.

**Training is currently scheduled with Agency staff to enable the delivery of this service directly. (Occurred on March 8, 2019)**

v. Supported Housing.

**Training is currently scheduled with Agency staff to enable the delivery of this service directly. (Occurred on March 8, 2019)**

vi. Therapeutic Communities.

**Southeast Arkansas Behavioral Healthcare System has subcontracted for the provision of this service with Birch Tree Communities.**

vii. Acute Crisis Units.

**According to the revised information in the Final Draft of the RFQ, this service is no longer a required expanded service. If there has been a miscommunication on this issue, the Agency's intent had been to subcontract with Pulaski County CSU. The subcontract was rescinded after issuance of the Final Draft. We still plan to make referrals to the Pulaski County CSU when that service is needed.**

viii. Aftercare Recovery Support

**Aftercare Recovery Support services will be provided directly by Agency staff members.**

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.

**Much time and effort are devoted to securing patient psychotropic medications. For even those that have reimbursement sources, often there is still the requirement to supply requested information, choose alternative medications that are on the formulary, or meet other regulatory mandates—this is the first effort. For other patients with no coverage or that cannot afford their co-pay, pharmaceutical samples and patient assistance programs are the next resource. When none of these are a viable resource, the Agency on a limited basis, expends CMHC funding to purchase psychotropic medications. This option is considered and approved when it appears to be an alternative that will lead to stabilization or prevent further deterioration in the person's condition and functioning. Only the actual cost of the medication is costed to these**

**contract funds. Again, this is done on a very limited bases, most of the time an alternative is available for securing the medication.**

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

**Southeast Arkansas Behavioral Healthcare System agrees to provide Medication Assisted Treatment in each county within the contracted Region, if awarded these funding dollars.**

#### **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.

**Southeast Arkansas Behavioral Healthcare System has described in various other sections of this RFQ its collaborations with a wide-range of stakeholders in the proposed Region. First and foremost is our Collaborative Agreement with Jefferson Regional Medical Center. Through that arrangement, we have direct access to beds in a local Psychiatric Unit. JRMC contacts SEABHS for behavioral health screening of all individuals presenting through the Emergency Department for determination of the most appropriate disposition of screening. Staff Psychiatrists are on staff at JRMC and provide inpatient medical services to persons on the Psychiatric Unit. Following discharge from JRMC, a higher degree of continuity of care is experienced since the relationship between patient and doctor has already been established. We have a school based behavioral health agreement with Star City School District. This includes a Mental Health Professional being embedded within the school setting three days of the week for direct student services and consultation with school personnel. We have an agreement with the Cleveland County Head Start Program to provide behavioral health consultation, along with observation services for this early childhood group (this is delivered at three different locations in Cleveland County). We are a subcontractor for New Beginnings, CASA to provide substance abuse treatment services in the counties within our Region. In collaboration with the Sixth Division Juvenile Court, our staff are members of the Juvenile Drug Court team; individual, family, and group counseling services are also provided by Agency personnel to the persons in Juvenile Drug Court. We are also a major referral source for behavioral health services from the Sixth Division Juvenile Court; we enjoy a very positive, mutually beneficial relationship with Judge Brown and the Probation Officers in that Court. We have been a long-time community partner with Jefferson Comprehensive Care; there have been many collaborative efforts through the years with HIV projects and in behalf of mutually shared clients. There are many other stakeholder relationships that have been developed and have continued to deepen through partnerships that benefit the clients we serve and the communities we serve—this is our mission statement.**

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- 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.

**Southeast Arkansas Behavioral Healthcare System has been solidly entrenched in serving persons within the jail systems in our Region since 2012. We have telemedicine connectivity with the detention centers in three of the five counties in our Region; two separate facilities in Jefferson County. Access to consultation and treatment is readily accessible and has been a stabilizing factor for the detention center personnel. Individuals that are incarcerated are afforded access to treatment services the same as any other person in the Region in need of behavioral health services.**

**Quarterly meetings have been initiated with Jefferson Regional Medical Center personnel to develop strategies for reducing recidivism on Psychiatric Unit readmissions and increasing percentages of persons being discharged getting immediately connected with outpatient services. These meetings are in the early stages, but we are identifying issues, barriers, and reviewing statistics to see where opportunities for change exist.**

**Within the proposed contracted Region, there are two community colleges and one four-year college. We see this as presenting a great opportunity as relates to potential FEP clients. We already have relationships established with these institutions in other areas, such as their nursing programs, and will seek to expand those relationships to provide extensive education and information about the FEP population group.**

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

**SEABHS is of the opinion that the increased public information and awareness efforts should yield benefits toward creating solutions in this area. The nucleus of community supports for the Pine Bluff and Jefferson County area are linked together within the United Way Partner Agency network. A goal will be to enhance our client base knowledge regarding these services and supports. The other four counties in the Region are much smaller in terms of population and community support systems, particularly so for Cleveland and Lincoln Counties. The Agency will continue to look for opportunities to support the development of any support systems that may be beneficial to this client population. We are a "community partner" not solely a behavioral health provider; this means we support and share the mission of getting individuals in our community the service supports that are needed to improve their quality of life.**

- 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.

**Southeast Arkansas Behavioral Healthcare System, Inc. has the full array of medically necessary services available to the communities in this Region. Part of the challenge of preventing deterioration of clients and enhancing their functioning is the cyclic nature and challenges with maintaining compliance with behavioral health treatment. As stated, the nature and chronicity of the illness is inherent with non-compliance issues. The Agency has implemented systematic call reminder systems, as well as individualized reminder calls, the effectiveness of which is a partial success at best.**

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

**Southeast Arkansas Behavioral Healthcare System has an excellent working relationship with the Sixth Division Juvenile Court (covers Jefferson and Lincoln Counties). SEABHS is a frequent referral source for the Court for both juveniles and family members that are involved in the court system. Early intervention in the juvenile's situation is a goal for both entities to avoid removal from the home setting. SEABHS also works with the Juvenile Courts in Arkansas and Grant County but to a lesser degree. SEABHS receives many referrals from the DCFS agencies within the proposed Region; some of these cases are cross-overs from Juvenile court and other cases are not. A goal of both referring party and the treatment provider is addressing and removing to the extent possible barriers to the child remaining in the home with the parent/guardian.**

**As it always has, Southeast Arkansas Behavioral Healthcare System will continue to provide crisis screening services to the child and youth population. If the CMHCs can be the gatekeeper for crisis screening for this population (i.e., not permitting direct inpatient and residential care admissions without a CMHC screening), there is great opportunity to reduce the placements that occur outside of the home.**

**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.

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**The philosophy of continuing education will be the basis for the staff development program; that all learning is enhanced in an informal, nonthreatening environment; that everyone is a resource person who can be responsible for assisting others to learn; and that learning is more effective if a person is actively involved.**

**The staff development and in-service training programs will be utilized to:**

- (1) **Encourage staff to pursue on-going education in their field on a continual basis.**
- (2) **Provide educational input to staff to stimulate interest in learning new skills.**
- (3) **Provide an opportunity for the staff to deepen their knowledge and increase their skill in understanding human behavior.**
- (4) **Enable staff members to keep abreast of new techniques, acclimation of new staff, facilitate their understanding of the Center, and establish a basis for communication.**
- (5) **Make available the most effective treatment for consumers.**

**The central objectives of staff development/in-service training will be:**

- (1) **To design and implement programs for the staff which focus on professional growth and development in areas related to behavioral healthcare services.**
- (2) **To provide educational opportunities for gaining knowledge and a better understanding of current behavioral healthcare treatment concepts.**
- (3) **To accomplish the goal of providing initial and on-going training updates for all personnel, including such topics as the rights of the persons served, person and family centered services, the prevention**



**E.5.A. -- a. Continued:**

**of workplace violence, confidentiality requirements, cultural competency, and expectations regarding professional conduct. Much of this training will be provided through an Agency designed curriculum accessible on the Relias Learning system. Each employee is provided log-on access to this learning site, where the assigned courses are completed by the employee within specific timeframes established by the Human Resources Department. Hourly employees will be provided time on-site during the course of the work day to complete this required training.**

**For on-site staff development and training opportunities, a staff person selected and so designated by the President & CEO will coordinate all internal employee staff development and in-service training programs. The objectives of staff development and in-service training will be accomplished by:**

- (1) Utilization of Agency staff to conduct training sessions or presentations through staff meetings, viewing training films, or reviews of literature.**
- (2) Securing outside sources, i.e., pharmaceutical companies, other treatment providers, etc. to conduct training sessions on topics of interest that may be appropriate for Agency personnel.**

**In addition, the staff will be encouraged to take advantage of professional, clinical, and administrative conferences and meetings by professional organizations, to the extent possible, and when it does not significantly interfere with Agency operations.**

**It is the policy of this Agency that the Administration, medical staff, and other mental health professionals implement and carryout an on-going and effective staff development/in-service training program.**

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

**On-going staff development is a requirement to receive and maintain CARF accreditation. To meet this required standard, the Agency has designed a training curriculum accessible through our Relias Learning system site. Each employee is given a login to access that site and assigned a curriculum program that is consistent and applicable to their role within the Agency. Completion of training is monitored by the Human Resources Director and summary reports are filed within each employee's personnel record. For on-site, in person training opportunities, certificates of attendance are always created for the presenter's signature to verify the training occurred. Sign-in sheets are maintained to confirm staff attendance. Copies of the individual certificates for each person attending is filed in their personnel record.**

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

**The expenditure of funds awarded through this contract are monitored continuously by the Chief Financial Officer. Approval of access to the CMHC funds for payment of services may only be authorized by the CFO or the CEO. The CFO is responsible for verifying eligibility for payment of any funds through this contract award. The funds are only utilized when persons have no other reimbursement source, and they have not been able to obtain coverage under Medicaid or Medicaid expansion. Continuous, on-going efforts are made to find all other options for reimbursement of services provided to the uninsured or underinsured.**

<p><b>Any service provided to clients through SEABHS programs is only delivered by personnel that are appropriately trained and credential. Staff delivering a service must at least meet the minimum required licensure status and possess the credentials to perform that service. Documentation that confirms licensure and credentials is required from all direct service providers and maintained in employee personnel records. In addition, the Agency conducts direct source verification of all licenses of Agency personnel as a routine process.</b></p> <p><b>Southeast Arkansas Behavioral Healthcare System requires, and monitors for compliance, that all personnel remain within their scope of practice for any services delivered to clients.</b></p>	

**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.

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**A case record will be established on each individual receiving services at Southeast Arkansas Behavioral Healthcare System. For consumers admitted May 1, 2008 and thereafter, an electronic health record (EHR) will be maintained. Certain forms, correspondence, records, reports, etc. are required to assure adequate casework and continuity of care.**

**For persons entering treatment prior to the above date, the existing paper record will be maintained for a period of ten (10) years post discharge without any active episode of services. At the end of that time period the paper record will be destroyed through the means of shredding the documents contained in the record, unless it is the record of a child who has not yet reached age 25.**

**A consumer will be considered to have an active case when the following information has been received: Name, address, date of birth, referral source, and date of referral; or through the screening process, it is determined the individual is an appropriate referral. When this information is received and/or this determination is made by a staff member, a case number will be assigned. The assigning of case numbers occurs through an automatically generated number from the EHR system. Communication with Medical Records may also be necessary to determine if a person has been a consumer in the past.**

**During the intake process, all required admission forms will be completed, and the electronic signature of the client obtained on any forms requiring signature. The consumer will be assigned to a primary therapist, who will follow the person through their treatment program to assure continuity of care. The consumer will also be given a copy of the Agency handbook regarding client rights and other information regarding expectations of both the Agency and consumer.**

**A master card was created for clients admitted prior to June 1, 2012 containing basic demographic and diagnostic information. The master cards obtained until the above date will be filed in a central location in Medical Records in alphabetical order and retained indefinitely. This procedure has been discontinued with the ability to store and access this information through the electronic format.**

**EHR records are now stored off-site by a third-party vendor on a server that hosts the software system. Paper case records will be filed in a central location, which is Medical Records, in alphabetical order in the filing system used by Medical Records.**

**The filing, maintaining, security, and protection of all client records will be the responsibility of the Medical Records Administrator. The Medical Records Administrator and the MIS Director/IT Department will have shared responsibility for security of the EHR records.**

In the provision of services, a staff member will be responsible for maintaining contact with a consumer. Under normal circumstances, the primary therapist will have the responsibility for seeing that the consumer keeps appointments, etc. and assuring that maximum benefit is gained by the consumer from services provided. Contact must be made with a consumer at least once each ninety days. In the event that contact has not been made in a ninety-day period, a closing note will be made in the case record and the case will be closed.

A case will be closed from active status when it has been determined by the primary therapist that all necessary services have been provided which have enabled the consumer to reach their treatment goals, their level of functioning has improved, or the consumer is no longer engaged in treatment. An entry will be made in the discharge summary as to how this was determined.

At such time that a case is closed, a Discharge Summary will be completed. The Discharge Summary shall include: the consumer's name, case number, date of admission, date of termination, presenting problem, clinical resume', final diagnosis, referrals (if applicable), and follow-up plans.

All electronic records, including those in "inactive" status, are stored within the computer system that hosts the Agency's EHR. When a paper record has been closed, the case record will be filed alphabetically according to the year in the closed files. The case record will be stamped as to the date and year closed.

Psychological testing will be scored, interpreted, and results entered on a separate document titled Psychological Evaluation report as soon as the results are determined. Profile sheets and scoring form for the personality inventory test and the remaining test data materials will be stored in the Medical Records Department.

#### All Case Records

All case records of the Agency will contain:

- (1) Request for Clinical Services (if scheduled appointment)
- (2) Informed Consent for Treatment (signature required from both parent/guardian and minor for substance abuse records)
- (3) Acknowledgement of being informed of Client Complaint or Grievance Policy
- (4) Acknowledgement of being advised of Client Rights
- (5) Authorization for Release of confidential information, if applicable (signature required from both parent/guardian and minor for substance abuse records)
- (6) Privacy Rights Notice
- (7) Consent to Inspect Records
- (8) Fee Agreement Expectations
- (9) Emergency Contact Information
- (8) Authorization to Conduct Follow-up Survey
- (9) Medication Agreement
- (10) Mental Health Evaluation/Diagnosis
- (11) Master Treatment Plan
- (12) Treatment Plan Reviews
- (13) Psychological Evaluation when necessary
- (14) Psychiatric Diagnostic Assessment when necessary
- (15) Corresponding documentation for any Agency-billed service,

- i.e., case notes, progress notes, etc. with each document having standard information of date of service, specific time (starting and ending time of session), and the content of session
- (16) Discharge Summary

**EHR RECORDS**

In the EHR environment, all service documentation is stored electronically within the record containing information specific to the client. Each client record contains a “Nav Bar”, within which there are divided segments of information stored. This information includes the Profile, Diagnosis, Medications, Visit List, Emergency Contact, financial and billing data, etc. The “Nav Bar” provides quick access to key treatment information without the necessity to review treatment documentation visit by visit.

Each document that may be required to be included as a part of a client record and each service that is provided has a corresponding form created to store documentation. The forms are accessed through the Visit List within the EHR system by the designated staff member responsible for completing the document or by the provider of the service. Once the form is initiated (Begin Visit), the staff completes documentation following the format of the suggested elements of documentation to assure quality of care and to meet the mandates specified by accreditation and certification entities, as well as third-party reimbursement sources.

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

All services rendered will be documented utilizing the EHR system, described above in a. Each service type has a stored template that allows entry of the details of the service delivered. There is flexibility within the system to allow for individualization of the service specific to each client. The EHR also has the capability to capture and produce data reports to enable SEABHS to meet all reporting requirements, both in format and within the specified timeframes.

**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.

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Consumer complaints are never ignored. Consumers have the opportunity to report any treatment-related problems to Southeast Arkansas Behavioral Healthcare System and receive prompt review, impartial consideration, and equitable disposition of their complaints or grievances.

Southeast Arkansas Behavioral Healthcare System has an employee assigned as the Client Advocate for the Center. During admission, the consumer is shown the Client Rights statement and the telephone number of the Client Advocate. To lodge a complaint, the consumer must submit the complaint in written form to the Client Advocate. Alternatively, if there appears to be a conflict of interest in submitting the complaint to the designated Client Advocate, then the aggrieved party may elect to submit the written complaint to the Corporate Compliance Officer. The Agency has a form that may be used for this purpose. The complaint should be presented within five (5) working days of the occurrence. Grievable matters are those complaints by a consumer regarding a treatment related problem, dissatisfaction or protested action of his/her mental health treatment. Non-grievable matters are those complaints by a consumer regarding conditions which are beyond the control of Southeast Arkansas

Behavioral Healthcare System, matters set by law, matters that are governed by regulations or executive order, and Board-approved Southeast Arkansas Behavioral Healthcare System policies and procedures. The complaint is evaluated and investigated, as appropriate, by the Client Advocate who provides feedback within three (3) working days to the consumer concerning any action taken or not taken. The Client Advocate will maintain a brief, informal record of this matter. If the consumer does not think the issue is resolved, the consumer has the right to appeal to the President & CEO of Southeast Arkansas Behavioral Healthcare System. All appeals shall include a statement describing the specific reasons for appeal. Reasons must include how the alleged action/condition adversely affects the consumer. The President & CEO will attempt to resolve the grievance/complaint in a mutually satisfactory manner within five (5) working days of receipt of the written statement. The decision made by the President & CEO will be final as to resolution of the matter by this Agency.

If a consumer chooses to use agencies outside Southeast Arkansas Behavioral Healthcare System to resolve complaints, grievances or other issues, any proceedings instituted under this Southeast Arkansas Behavioral Healthcare System policy will immediately cease and be deferred to that agency for disposition.

All persons involved in the grievance process shall respect the confidentiality of all communications and the right to privacy. Information concerning these matters shall be disclosed only to persons who have a need-to-know as determined by the Client Advocate and/or President & CEO.

If the complaint concerns quality of care, safety or clients' rights, the Client Advocate must inform the President & CEO and develop recommendations or a plan of action to correct the situation. Persons, who remain unsatisfied with the Agency's resolution of a grievance/formal complaint, may contact external sources for further review, such as the Deputy Director, Division of Aging, Adult, and Behavioral Health Services, 700 Main Street, Little Rock, Arkansas 72201-4608, phone number 501-686-9166 or the Disability Rights Center, phone number 800-482-1774.

A log will be maintained listing all formal complaints filed by persons against the Agency. At intervals of no less than once per year, the information listed on the log will be analyzed by the Corporate Compliance Officer to determine if there are trends noted regarding the service delivery system, the staff (individually and collectively), or other matters of concern related to services and the provision thereof.

<p><b>E.8 QUALITY ASSURANCE</b></p>	
<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p> <p><b>Southeast Arkansas Behavioral Healthcare System has a functioning Utilization Review/Quality Improvement Committee. This is a Committee composed of staff members who are conducting peer reviews of services and quality of services. The process and functions of the Utilization Review/Quality Improvement Committee are described in this following section.</b></p>	<p>5</p>

**The objectives of this URQI Committee are:**

**To insure the most effective utilization of all the Agency's staff and services through the results of specific review procedures.**

**To insure an objective, systematic monitoring system evaluating the quality and appropriateness of patient care, identifying acceptable levels of care, recommended actions to improve care, and resolve problems that have been identified which fit into the objectives.**

**The President & CEO shall be responsible for the implementation of the Utilization Review Plan/Quality Improvement Committee by appointing the members of the committee (hereinafter referred to as URQIC). The President & CEO shall, through available sources, keep the committee informed of any regulations regarding third-party policy which affects utilization and review. The President & CEO will assure the implementation of committee recommendations in administrative, procedural, and organizational matters in recommendation to the Board of Directors for its consideration.**

### **Committee**

**A. Composition - The Utilization Review Plan/Quality Improvement Committee shall consist of at least one person from each of the following disciplines:**

**Member of the medical staff**

**Director of Clinical Services**

**Satellite Center County Directors**

**Mental Health Professionals, the number to be determined based on workforce required to accomplish the**

**Committee's responsibilities**

**Licensed or Certified Psychologist/Psychological Examiner**

**Medical Records Administrator**

**Nursing Personnel**

**Additional staff person from one of the Satellite Centers (if possible)**

**Accreditation/Corporate Compliance Officer**

**The Chairperson and the Secretary shall be appointed by the President & CEO from the members of the committee and shall be so appointed on an annual basis on July 1 of each year. Persons who may be selected from the Satellite Centers to serve on the committee will be appointed on a rotating basis, beginning July 1 of each year.**

**B. Conduct of Business - The entire committee will meet at least once a month. More frequent meetings by the review committee as a whole or subcommittees and smaller groups or individuals will be held as deemed necessary to carry out the functions described below. Four members shall constitute a quorum and can transact business.**

### **Functions and Methods of Review and Study**

**A. Method of Selection of Charts for Review - Cases to be reviewed will be a combination of a comprehensive review of an individual mental health professional's records and cases that are randomly selected which will include a cross-representation from all mental health professionals. The list to be used for the random sampling review will be produced and the sampling drawn from that list. In addition to the**

aforementioned, special requests from the President & CEO, program directors, medical staff, or the URQI Committee as a whole may be chosen.

**B.** The committee will review and assess the completeness of the clinical records being reviewed using a checklist form (Review Sheet). The number of cases selected for review shall be 10% of all cases opened during the past month.

**C.** The committee performs an in-depth review of the quality of services rendered as reflected in the clinical record. Special requests for review may involve a greater or lesser number of charts. The UR/QI Review Sheet shall be used to record all relevant deficiencies or comments and be sent to the primary therapist the day after the committee review is conducted.

The primary therapist shall be responsible for addressing and correcting the identified deficiencies in the case records. The dated and signed checksheet, with notations that deficiencies have been corrected with copies of those corrections attached, shall be returned prior to the next regular scheduled URQIC meeting; the committee shall document the results of that review and maintain appropriate records.

**D.** Follow-Up of the Utilization Review Sheets from the prior meeting shall be conducted monthly. At each monthly meeting, the previous month's deficiencies that were received shall be checked with the verification documents noting the corrections(s). If the response is unsatisfactory, a second notice shall be sent to the primary therapist for a satisfactory response to action requested. If at the end of a second five (5) working day period the therapist's response is unsatisfactory, the matter shall be directed to the appropriate supervisor's attention.

**E.** The first section of the Utilization Review Sheet is completed by the Medical Records Administrator or her designee prior to the monthly meeting. This section is a review of basic chart documentation requirements and admission paperwork, some of which are completed by the Admissions Specialists during the Intake process. Other items reviewed:

- Tier1/Insurance or Master Treatment Plan and Treatment Plan Updates are completed timely and have client, parent/guardian (if applicable), and physician signatures within fourteen (14) days of admission for Tier 1/Insurance Treatment Plans or within fourteen (14) days of the date the Master Treatment Plan is created. The Master Treatment Plan will be created after the client has been tiered through the Independent Assessment process.
- Interpretation of Diagnosis to include an explanation of the client's diagnosis and recommended treatment.
- Psychiatric Diagnostic Assessment and Psychiatric Diagnostic Assessment Update (if applicable). These reports must contain sufficient information to substantiate all diagnoses given and have appropriate signatures.
- Psychological testing completed (if prescribed).
- Appropriate Release of Information forms signed by the client (parent/guardian) are contained in the record for any confidential information released.

**F.** Part 2 of the Utilization Review Sheet is completed by committee members during the course of the regular meeting. Each member of the committee is assigned cases from those selected to review for content and quality of services provided. Factors considered during this phase of the review include:

- Has follow-up been conducted for missed/failed appointments (phone calls or letters)



and documented.

- **Mental Health Evaluation completed prior to services being delivered--and it contains a comprehensive assessment of client's mental condition, a complete diagnosis, and has all required signatures.**
- **The record contains a Tier 1/Insurance or Master Treatment Plan with goals and objectives that are clinically relevant to the problems identified in the Mental Health Evaluation. The Master Treatment Plan also must have the essential elements of client participation, noted preferences for treatment, family involvement (when appropriate), and all services ordered are being provided.**
- **Treatment Plan Updates (Reviews) must reflect documentation showing progress or lack of progress in achieving treatment goals and those are to be monitored using measurable objectives which are documented. If progress is not noted, there must be modifications in the treatment plan or justification for continuing the same goals documented when there has been no progress.**
- **Therapy notes shall be individualized to the client and specific to documenting the services being provided to that client. Included in this documentation shall be the severity of the client's illness and that all services ordered are medically necessary. Documentation must be included which indicates whether the client is benefitting from the treatment as ordered.**
- **In addition, therapy notes must always document the client's response to treatment, and, if appropriate, family identification and engagement for clients under age 18 must be documented. Therapy notes shall include any identified barriers to family involvement and ways those barriers might be overcome.**
- **The documentation shall reflect a professional, medically necessary service being delivered and should not be conversational in content.**
- **The intervention provided by the Mental Health Professional or Paraprofessional must also be included in the service documentation.**
- **If services from other providers are indicated, has the appropriate referral been made.**

**G. The final phase of the review process is completed by the Medical Staff member on the committee. This portion of the review shall look at:**

- **Psychiatric Diagnostic Assessment contains sufficient information to substantiate all diagnoses identified in the Mental Health Evaluation and Treatment Plan.**
- **For clients under age 18, the Psychiatric Diagnostic Assessment includes an interview with the parent/guardian, and the parent/guardian is identified by name.**
- **All subsequent physician and APRN notes include the client's severity of illness and that all services are medically necessary for this client; the services being provided are individualized to the client and specific to the services being provided; include statements that reflect family identification and engagement in treatment for clients under age 18; and the client's response to treatment.**
- **The record must contain documentation that all prescribed medications are justified and dosage is appropriate, with lab studies and frequency of those when required. Further, the physician and APRN shall document that the client and parent/guardian, as appropriate, have been informed of the benefits and side effects of medication.**

**Minutes of the monthly and called meetings are prepared by the Secretary and forwarded to all members with a copy to Administration. Minutes shall include data on level of review, number of cases and reports reviewed, discussion of those questioned, disposition recommended, and all other pertinent recommendations.**

In addition to the above process, beginning in July 2018, the Agency designated a staff member to assume the role of Utilization Management oversight. That staff member is performing routine, focused reviews of adequacy of services and sufficiency of clinical documentation to prove medical necessity.

Within other Agency systems---Crisis Intervention Services---recurring crisis services, hospitalizations, repeated Emergency Department visits are monitored. Once those situations are identified, notification is made to assigned treatment team members to develop plans to more adequately address treatment needs and interrupt the recurring cycle.

#### **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.

**Southeast Arkansas Behavioral Healthcare System, Inc. affirms it will only utilize the DAABHS funds for the population defined in Section 2.3.2 of this RFQ.**

- 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).

**If SSBG funding is utilized for the purchase of services outside of our realm of Agency operations, supports, or other purchases, SEABHS requires that the expenditures be substantiated by the submission of a receipt verifying the funds were actually used for the intended purposes. Many times, the Agency's QBHPs are involved in this process and they assist the client and family with securing the intended purchases and retain the receipts for our records. Any funding given directly to the client is coupled with a clear explanation that it is a requirement they return receipts for the funds that are expended. A separate folder is maintained for retention of each SSBG funding request and all related information, including the DHS 100 Form, internal requests for issuance of checks, and receipts to verify purchases are stored in that folder.**

- 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.

**Southeast Arkansas Behavioral Healthcare System, as a matter of routine, initiates credentialing for each staff member with all payment sources for whom they meet the credentialing requirements. SEABHS has a designated staff person whose responsibility it is to complete all applications and supply all information required to payment entities to obtain approved provider status with that company or payor. It is further this staff person's responsibility to monitor and re-credential Agency staff in accordance with the periodic timeframes established by the payment sources.**

**SEABHS has long operated within the framework that the CMHC contract dollars are only used as the payor of last resort. During each client's intake admission process, information is obtained regarding all third-party payment sources to enable billing for services. Staff are also confirming eligibility and that any such insurance coverage is currently active. Annually (or at other such times as the Agency becomes aware of a change or loss of coverage), clients are interviewed for financial updates to make sure the Agency has the most current information regarding insurance coverage. As an on-going process, when billing**

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is rejected from any previously identified reimbursement source, Agency staff contact the client to obtain updated information or guide them in courses of action that may be helpful in restoring coverage. Only in the event, when no other source of payment is identified, or the person's coverage does not include the recommended and medically necessary services does the Agency utilize the CMHC funding.

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

**Southeast Arkansas Behavioral Healthcare System, Inc. attests it will undergo an annual independent audit. The services of an external certified public accounting firm will be retained to perform the audit. A copy of the final audit will be provided to all required entities as required to conform to the funding for this CMHC funding. This has long been a contract performance requirement that has been fully met.**

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

**Southeast Arkansas Behavioral Healthcare System believes that it is critical to have behavioral health services easily accessible in the individual's home community. The lack of transportation, both public and via private vehicles, is a major barrier to many clients keeping appointments and remaining compliant with their treatment plan. SEABHS operates Satellite Centers currently in three of the covered counties in its Region. The costs of operating those facilities with offering access to the full array of Agency services requires considerable financial investment. With the specific requirement in this RFQ that certified offices be operated in all counties in the Region, a significant amount of this CMHC funding will be utilized to locate suitable office space, secure equipment, and staff a location in the additional county (Cleveland County).**

**For the reviewer's information, it should be noted that Southeast Arkansas Behavioral Healthcare System has shared an embedded relationship with the local FQHC in Cleveland County since 2010. A SEABHS staff member is scheduled to be in that county location two days per month; his available professional time is drastically underutilized. Clients who live in Cleveland County have been given the option of receiving services in that location over this extended period of time to achieve full utilization of the Mental Health Professional's service time and that has been declined repeatedly, preferring to come to the Pine Bluff Center or the Star City Center. Nonetheless, although it is not the optimum way to utilize these funds, the Southeast Arkansas Behavioral Healthcare System will open a site in Cleveland County. Other providers (The Pat Center and New Beginnings Behavioral Health) have used Cleveland County as an opportunity to get approved as an RSPMI provider in the past, only as a way to open the door to the 50 mile radius rule. The service sites in Cleveland County are short-lived and only for a brief time because there are not adequate numbers of clients to operate a site in that county.**

**CMHC funding will be directed to the following infrastructure costs: Internet connectivity to Satellite locations; wifi and cell phone costs to support use of the electronic health record (EHR) system in remote locations away from office; server and support costs for operation of EHR; lost direct service time traveling to Satellite Center locations; utility costs and repair/maintenance costs associated with upkeep of Satellite Center locations. Considerable funds will be directed to the establishment of a new office in Cleveland County—facility rental costs, furnishings, equipment (computers, telephones), all associated start-up costs, advertising/marketing costs of new location, service availability, recruitment of staff to enable services in that location; evidenced-based training for staff.**

**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.

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**The goal and basic mission of the Agency is to improve the consumer status by setting both short-range goals and long-range goals. It is the policy of the Board of Directors to develop and periodically review the goals which will guide the development of future services and the allocation of resources. Priorities will have to be established because the accomplishment of goals may exceed the capacity and resources of the Agency.**

**The Agency staff and its affiliates will be expected to develop their projects within the general framework of goals and priorities.**

- **Services will be made available as close to a person's residence as possible. In some instances this will not be financially feasible because of the rural areas and sparse population.**
- **The Agency's overarching goal is to provide the best possible care for consumers in the service area.**
- **All persons in the service area will have available to them the most qualified staff within the means of the Agency to provide services.**
- **The Agency will concern itself with all human services which affect the emotional well-being of persons in the service area.**
- **The Agency will attempt to finance its programs by all financial means available to it.**
- **Continue to promote the concept of community-based behavioral health services, as the treatment approach that is the most efficient, offers the most comprehensive access to care, and the best outcomes for the client.**

**Under the Community Collaboration and Partnerships section (2.4) many of these relationships were described in detail. Southeast Arkansas Behavioral Healthcare System has been operating as a Community Mental Health Center for over 50 years. This longevity has allowed the Agency, its Board, and staff to establish and sustain many community and stakeholder partnerships. Particularly noteworthy in those community partnerships is our multitude of collaborative efforts with Jefferson Regional Medical Center (copy of Affiliate Agreement attached).**

**SEABHS is a subcontractor for New Beginnings Substance Abuse Treatment to provide substance abuse services in the Region. SEABHS has formerly been a direct contractor with the State of Arkansas for alcohol and drug treatment services and this has been part of our service system long before integration of services was discussed much. We are embarking upon deeper collaborative efforts with New Beginnings at the writing of this RFQ, as we will now be their sole subcontractor for substance abuse services in this Region.**

**Southeast Arkansas Behavioral Healthcare System has an Affiliate Agreement with the Cleveland County Head Start Program, whereby we provide observation and consultation to all program locations in Cleveland County, those being Rison, Woodlawn, and Kingsland. This arrangement for behavioral health consultation from Agency professional staff has been active for 20 or more years. Agency staff are able to routinely observe children in this program which creates the opportunity for early intervention and referral for treatment when it is felt behavioral health services are needed.**

**SEABHS and the Star City School District have developed a mutually beneficial collaborative effort for the students in that District. In the beginning, this was done more on an informal referral basis. During the last two school years, the District sought, and we agreed to provide, a Mental Health Professional that is embedded within the school setting. The Mental Health Professional rotates between the three school campuses and provides behavioral health services to the students on-site with the least interruption in their educational curriculum.**

**This Agency is the designated treatment provider for the Sixth Division Juvenile Drug Court Program; two staff members of SEABHS also act as members of the Drug Court Team. In addition, the Juvenile Judge for the Sixth Division relies on the services provided by Southeast Arkansas Behavioral Healthcare System as a referral source for juvenile and families needed treatment services. The Judge is very vocal about expressing support for and satisfaction with services offered by the Agency.**

**Many other less formalized collaborations with community partners are in existence. For children and adolescent population, one of our largest referral sources is the physician community (PCPs). We have direct telemedicine capability with four different detention centers in our Region, which afford persons who are incarcerated access to behavioral health services. There are good, viable working relationships with all segments of the law enforcement agencies in the Region, they rely on our professional services to assist with management of the mentally ill population. There is good collaboration in place with the school districts in our Region; crisis intervention services are frequently requested. We strive to develop good working relationships with the local DCFS personnel (this is challenging in Jefferson County because of the high turnover rate in DCFS staff).**

- 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.

**Some of the unique challenges we have identified in this Region are mostly socioeconomic factors of low income, lack of affordable housing for the low-income population, high unemployment primarily caused by unskilled labor force, limited community resources to support programs and change in circumstances for the youth and children. Many of the children and youth we provide services to are from single parent households and there is a lack of engagement and interest by a large percentage of the parents in improving the quality of life for their children. Too often the parents want to hand off the responsibility of fixing their children to us and other health care and human service providers.**

**Our effort to address these challenges will be to continue to build on the excellent community collaborations and partnerships that have been established. This will be accomplished through continuing our stated mission of providing access to care in the consumer's own community within the service setting that is the least restrictive and promotes recovery through natural community supports and those that can be**

**developed in response to identified community challenges.**

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## **SUB-CONTRACTORS**

**Memorandum of Agreement Between  
Southeast Arkansas Behavioral Healthcare System and  
Ouachita Behavioral Health and Wellness**

WHEREAS, Southeast Arkansas Behavioral Healthcare System (SABHS) is a non-profit community mental health center serving persons with mental illness in Southeast Arkansas; and


WHEREAS, Ouachita Behavioral Health and Wellness (Provider) is also a non-profit community mental health center serving persons with mental illness in Central Arkansas; and

WHEREAS, both entities have similar interests in meeting the needs of Arkansas' citizens and wish to be able to utilize resources of each other;


NOW THEREFORE, both OBHAW and Provider agree to the following:

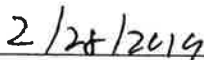
1. Each party is familiar with the services offered by the other party and shall exchange specific contact information in order for each party to make referrals to the other party.
2. SABHS shall, where appropriate, refer individuals to Provider as needed for the service of Partial Hospitalization.
3. This agreement does not create any on-going obligation, financial or otherwise, to the other party but merely creates a relationship for purposes of referrals.

AGREED, this the 1st day of March, 2019.

  
\_\_\_\_\_  
Kathy Harris, CEO  
Southeast Arkansas Behavioral Healthcare  
System

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Robert Gershon, Ph.D., CEO  
Ouachita Behavioral Health and Wellness

  
\_\_\_\_\_  
Date



## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is made on 2/2/19 by and between Birch Tree Communities, Inc., 1781 Old Hat Springs Highway, Benton, Arkansas, 72018, and Southeast Arkansas Behavioral Healthcare Systems, Inc, 2500 Rike Drive, Pine Bluff, Arkansas, 71603. The parties hereby bind themselves to undertake a Memorandum of Agreement ("Agreement") under the following terms and conditions:

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

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

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

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

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

Southeast Arkansas Behavioral Healthcare Systems, Inc. shall perform the following obligations:

#### Pre-Tiering Requirements

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

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

#### Evaluation Term

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

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

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

#### Medicaid Eligibility Status

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

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

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

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

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

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

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

**MEMORANDUM OF AGREEMENT SUMMARIZATION.**

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

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

**AUTHORIZATION AND EXECUTION.**

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

This agreement shall be signed by Birch Tree Communities, Inc., and Southeast Arkansas Behavioral Healthcare Systems, Inc., and shall be effective as of the date first written above.



First Party Signature

2/21/19

Date

Birch Tree Communities, Inc.



Second Party Signature

Date

Southeast Arkansas Behavioral Healthcare Systems, Inc.

## **ATTACHMENTS**

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM, INC.  
PINE BLUFF, ARKANSAS  
BOARD OF DIRECTORS  
2019**

**Mr. Noel "Bud" Bryant, Chairperson**  
P. O. Box 9224  
2201 Cherry Ridge  
Pine Bluff, AR 71611  
Email: [nfblaw@cablelynx.com](mailto:nfblaw@cablelynx.com)

Fax 535-0347  
Cell 550-4102  
534-2148

**Ms. Leah Carter**  
2104 McCracken Street  
Stuttgart, Arkansas 72160 Cell 501 352-7770  
Email: [carterbrothers72160@gmail.com](mailto:carterbrothers72160@gmail.com)

**Mr. Jack Jones, Vice Chairperson**  
810 McDaniel Street  
White Hall, AR 71602

Cell 692-6400

**Ms. Donna Clinton**  
209 Grant 3505 Cell 942-6122  
Sheridan, AR 72150 942-3218

**Ms. Vickey Davis, Treasurer**  
Relyance Bank  
P. O. Box 7878  
Pine Bluff, AR 71611  
Email: [davisv@relybank.com](mailto:davisv@relybank.com)

Work 540-4954  
Home 535-7222  
Cell 718-8769

**Dr. Horace Green**  
1420 West 43<sup>rd</sup> Avenue  
Pine Bluff, AR 71603 Cell 550-3340  
Email: [horacelgreen70@gmail.com](mailto:horacelgreen70@gmail.com) 534-6210

**Rev. Robert Thompson, Secretary**  
4001 King Richard Circle  
Pine Bluff, AR 71601  
Email: [minrjt51@sbcglobal.net](mailto:minrjt51@sbcglobal.net)

Cell 540-9576  
Home 540-0188

**Ms. Pamela England Martin**  
P. O. Box 126  
Rison, AR 71665 818-8909  
Email: [pjmartin126@gmail.com](mailto:pjemartin126@gmail.com) 325-7503

**Angela Andrade, Ph.D.**  
University of Arkansas at Pine Bluff  
1200 North University Drive,  
Mail Slot 4988  
Pine Bluff, AR 71601  
Email: [andradea@uapb.edu](mailto:andradea@uapb.edu)

575-8184  
Cell 541-8501

**Mr. Daryl Scott**  
100 Woodscott Road  
Pine Bluff, AR 71603  
Email: [dscott@cablelynx.com](mailto:dscott@cablelynx.com) Cell 718-7009

**Mr. Russell Barker**  
P. O. Box 7009  
Pine Bluff, AR 71601 541-1022  
Email: [russell.barker@simmonsbank.com](mailto:russell.barker@simmonsbank.com)

**Mr. Matthew Soto**  
P. O. Box 8367  
1403 West 37<sup>th</sup> Avenue  
Pine Bluff, AR 71611 541-0020  
Email: [msotog@fai-pb.com](mailto:msotog@fai-pb.com) Cell 413-8888

**Ms. Connie Boutwell**  
1107 Oak Hill Drive, Apt. B  
White Hall, AR 71602 Cell 540-9237  
Email: [cmb71602@gmail.com](mailto:cmb71602@gmail.com); [mimiconnie725@gmail.com](mailto:mimiconnie725@gmail.com)

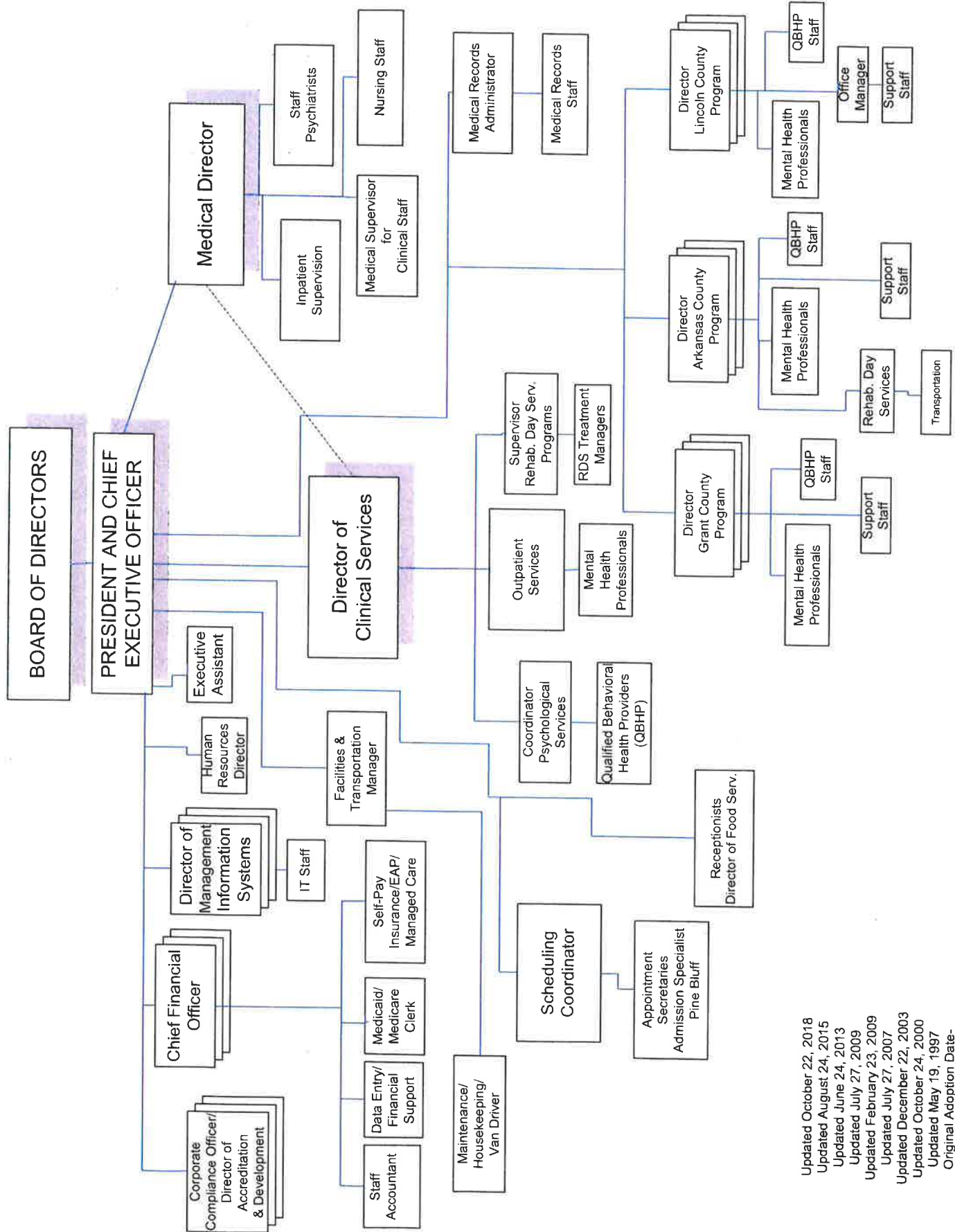
**Mr. Reid Stewart**  
Central Moloney, Inc.  
P. O. Box 6608 Cell 550-9764  
Pine Bluff, AR 71611 Work 543-6590  
Email: [rstewart@centralmoloneyinc.com](mailto:rstewart@centralmoloneyinc.com)

**Ms. Melissa Bumpass**  
P. O. Box 342 628-5320  
Star City, AR 71667 Cell 543-9309  
Email: [lccollector@yahoo.com](mailto:lccollector@yahoo.com)

**EMERITUS**  
**Mrs. Vivian S. Howard**  
1316 West 2nd Street  
Pine Bluff, AR 71601 534-1506  
Arkansas Relay 1-800-285-1121

# SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM, INC.

## Section E.1.B d. Attachment



Updated October 22, 2018  
 Updated August 24, 2015  
 Updated June 24, 2013  
 Updated July 27, 2009  
 Updated February 23, 2009  
 Updated July 27, 2007  
 Updated December 22, 2003  
 Updated October 24, 2000  
 Updated May 19, 1997  
 Original Adoption Date -  
 April 22, 1996

**Section E.1.D. b**

**RESUMES**

**C.E.O.**

**Medical Director**

**Director of Clinical Services**

# **KATHY D. HARRIS**

---

5416 Pinnacle Lane

Pine Bluff, Arkansas 71603

Phone: (870) 879-0651/Home; (870) 534-1834/Work

**OBJECTIVE:** To be part of an organization that presents opportunities for learning and professional growth.

## **QUALIFICATIONS**

Includes a diversified employment background with extensive work history in the behavioral health management field (42 years at current employer)...exposure to a wide variety of work settings and job responsibilities...coupled with the motivation to reach the highest achievement standards...a highly responsible individual employing a mature approach to job performance...the ability to work well without supervision, as well as a dedicated member in a team environment...able to communicate ideas, both verbally and in writing.

## **EMPLOYMENT**

2010-Present      **President and Chief Executive Officer**  
Southeast Arkansas Behavioral Healthcare System, Inc.

The President & CEO is the direct representative of the Board of Directors in the management and day-to-day operation of the Agency. The Board delegates to the CEO authority and responsibility for the administration of the Center and its departments, subject only to the policies enacted by the Board of Directors or by any of its committees to which it has delegated power to act.

### **Job Functions**

- ❖ To perfect and submit to the Board of Directors, for approval, a scheme for organization of personnel and others concerned with the operation of the Center.
- ❖ To prepare or see that a budget is prepared, at least annually and more often if necessary, showing the expected receipts and expenditures as required by the Finance Committee and the Board as a whole.
- ❖ To select employees, supervise, and discharge all employees authorized by the budget.
- ❖ To see that the building, the grounds, and all equipment are kept in a good state of repair, and to purchase equipment and supplies as needed to carry on the day-to-day operation of the program.



- ❖ To supervise or assign the responsibilities of certain business affairs, such as records of the financial transactions, collection of accounts, the purchase and issue of supplies, and to be certain that all funds are collected and expended to the best possible advantage. The day-to-day operation will be administered by the Chief Financial Officer under strict and close supervision of the President & CEO.
- ❖ To cooperate with the medical staff and to secure like cooperation on the part of all those concerned with rendering professional, clinical services to the end that the consumers may receive the best possible care.
- ❖ To submit or see that reports are prepared and submitted on a regular basis to the Board of Directors, or its authorized committee, periodic reports showing the service delivery and financial activity of the Agency; also, to prepare and submit any special reports that may be required by the Board.
- ❖ To attend regular meetings of the Board of Directors.
- ❖ To develop and maintain an effective program of public relations with all agencies, organizations, and the community at large for keeping the Center's programs before the public in a most acceptable manner.
- ❖ To develop and maintain a cooperative relationship with all agencies, schools, professional disciplines, organizations, and/or institutions concerned with and for those individuals needing the services of the Behavioral Healthcare System's program.
- ❖ Will serve as spokesman for the Agency regarding any communication with news media.
- ❖ To perform any other duties that may be necessary and in the best interest of the Center.

1977-2007

**Administrative Services & Director of Human Resources  
Southeast Arkansas Behavioral Healthcare System, Inc.  
Pine Bluff, Arkansas**

**Primary responsibility of working directly with assisting the Administrator in the execution of administrative functions within the Agency's operation. Duties included performing various responsibilities on behalf of the Administrator; tracking, gathering, and preparation of monthly statistical data for billing purposes and reports to the Board of Directors; attending monthly Board of Directors meetings, serving as recording secretary for all regular Board and Committee meetings; working knowledge and familiarity with Agency's Policy and Procedure**

**Manual; conducting reviews of Policy and Procedure Manual and bringing to the Administrator's attention policy revisions that may be required; maintaining cooperative working relationships with many community agencies and court systems; all aspects of human resources management, including interviewing, completing reference checks, and direct employment responsibility for some positions; conducting new employee orientation for all Agency personnel; maintaining records on utilization of employee vacation and sick leave used in preparation of payroll; supervising support staff positions and completing employee evaluations.**

**1974 -1977            Legal Assistant  
                          Bridges, Young, Matthews, Holmes & Drake  
                          Pine Bluff, Arkansas**

**Legal assistant transcribing legal documents and pleadings as dictated by the attorneys. Preparing correspondence and billings to clients and other documents as related to legal actions.**

**1972-1974            Credit Reporter and Typist  
                          Credit Bureau Services (No Longer in Business)  
                          Pine Bluff, Arkansas**

**Duties were gathering credit history on individuals as requested by clients and reporting that information to the member business.**

**EDUCATION**

**1972            High School Graduate  
                          Kingsland High School**

**CONTINUING EDUCATION**

<b>January 26-27, 1995</b>	<b>Understanding Personnel Law</b>
<b>June 23, 1995</b>	<b>Arkansas Employment and Labor Law</b>
<b>October 5, 1995</b>	<b>Personnel Law Update</b>
<b>May 10, 1996</b>	<b>How To Prepare for CARF Accreditation in Behavioral Health</b>
<b>June 4 1996</b>	<b>Personnel Law Update</b>
<b>March 18-19, 1997</b>	<b>Personnel Law Update</b>

<b>September 23-24, 1998</b>	<b>Personnel Law Update</b>
<b>January 19, 1999</b>	<b>Administering The FMLA Workshop</b>
<b>January 20, 1999</b>	<b>FMLA Update</b>
<b>March 16-17, 1999</b>	<b>Personnel Law Update</b>
<b>June 25-26, 1999</b>	<b>Transforming Outcomes Data into Management Information (CARF)</b>

# Abeer Washington

92 Dartmouth Dr., Little Rock, Arkansas 72204 (501)6071908 washingtonabeer@uams.edu

## Employment

**Southeast Arkansas Behavioral Health Services.** Start date 8/9/2011 - present

## Education

**University of Arkansas College of Medicine.** Psychiatry Residency, PGY-4, July 1, 2007- August 8, 2011.

**University of Arkansas College of Medicine.** August 2002 - May 2007.

**Master of in Science Biopharmaceutical Sciences.** University of Arkansas for Medical Sciences (UAMS), August, 2000- August, 2002.

**Bachelor of Arts in Psychology, minor in biology, and pre-med requirements.** University of Arkansas at Little Rock, Little Rock, Arkansas, August 1992 - May, 1998.

## Research and Teaching Experience

### Publications

Joseph J, Washington A, Joseph L, Kennedy RH. *Hyperhomocysteinaemia-induced atrial remodeling in hypertensive rats.* Clin Exp Pharmacol Physiol. 2004 May-Jun;31(5-6):331-7.

Joseph J, Washington A, Joseph L, Koehler L, Fink LM, Hauer-Jensen M, Kennedy RH. *Hyperhomocysteinemia leads to adverse cardiac remodeling in hypertensive rats.* Am J Physiol Heart Circ Physiol. 2002 Dec;283(6):H2567-74.

### Research Presentations and Poster Sessions

*Cardiovascular Effects of Hyperhomocysteinemia*, April 2001, UAMS, Department of Pharmaceutical Sciences.

*Effects of Hyperhomocysteinemia on Cardiac Structure and Function*, 2001 and June 2002, Thesis Defense, UAMS, Dept of Pharmaceutical Sciences.

*Cardiovascular Effects of Hyperhomocysteinemia.* March 2002, April 2002

Poster presentation in New Orleans and UAMS PharmForum, UAMS Department of Pharmaceutical Sciences.

Current research project, *Project Restore Hope*, a development devoted to decreasing post hospital suicide attempts and rates in the state.

### Teaching Experience

Baptist School of Nursing and Pulaski Technical College, Little Rock, AR.

*Instructor- Microbiology to nursing and undergraduate students.* 2004. Taught and tutored classroom and laboratory lectures of Microbiology. Created and graded exams and quizzes.

## Leadership Experience and Honors

First resident recruited to help start residency program, PRI NW, Springdale, AR 2010

Ethics Committee Resident Members 2008-present

Member and Committee Chair, NWA Mental Health Shareholders Committee, 2009-present

Recipient, Robert E. Elliott Foundation Award, 2010

Recipient, Award Scholarship to complete of Cognitive Behavioral Therapy Course, 2009

Recipient of the 2006-2007 Bruce Lee and Brandon Lee Research Scholarship

Liaison Committee on Medical Education (LCME) Self-Study Committee on Institutional Setting, 2006, UAMS. Assigned by Dean of the College of Medicine

Coordinator 2006 Health Professions Recruitment and Exposure Program (HPREP) UAMS.

President, Associate Student Government, 2002-2003, UAMS. Governing organization for entire student body.

# Bessie Smith Lancelin

3110 Allister Drive, Pine Bluff, Arkansas (870) 692-7847 71603 [bessiel@sabhs.org](mailto:bessiel@sabhs.org)

## CREDENTIALS

Licensed Clinical Social Worker, LCSW  
Academy of Certified Social Workers, ACSW  
Advanced Certified Alcohol and Drug Abuse Counselor, ACADC

## EMPLOYMENT

**Southeast Arkansas Behavioral Healthcare System, Pine Bluff, Arkansas**

### **Director of Clinical Services**

June 2000-Present

- Supervise clinical staff which includes mental health professionals and mental health paraprofessionals
- Policy writing
- Consultation and education
- Staff development training
- CASSP Coordinator
- Oversee the overall function in the absence of the CEO/President

### **Director of Substance Abuse**

January 1982 – June 2000

- Coordinated the drug program
- Assisted in the completing of drug billing
- Provided emergency care

### **Drug Counselor, Pine Bluff School District**

November 1991 – May 2005

- Policy writing
- Consultation

### **Program Director**

September 1976 – December 1981

- Supervised personnel in Alcohol Abuse Control program

### **Supervisor of Treatment**

August 1974 – September 1976

- Coordinated the total treatment program of the patients and families assigned to the Alcohol Abuse Control Program

## EDUCATION

**Masters of Social Work Degree** May 1974  
University of Arkansas at Little Rock

**Bachelor of Arts Degree in Sociology** May 1973  
University of Arkansas at Pine Bluff

## TRAINING, WORKSHOPS, ETC.

Evaluation and Treatment of Head Injury Victims  
Multi-Cultural Symposium – Florida Alcohol and Drug Abuse Association, Tampa, Florida  
Mental Health Response to Community Disaster  
Crack, Cocaine Death of a Race  
Non-violent Intervention  
Mid-South Summer School “Current Trends in Drug Treatment”  
Arkansas Substance Abuse Certification Board Training  
Arkansas Department of Corrections Substance Abuse Training  
A Holistic Approach in Working with Black Substance Abusers  
Battered Women - Southeast Arkansas Mental Health Center  
Effective Treatment Approaches with Black Clients  
Treatment of Black Substance Abusers  
Women, Infant, Children  
Drug Issues  
Post-Traumatic Stress Disorder  
DSM III, DSM IV, DSM V  
Substance Abuse from a Cultural Perspective  
Providing Mental Health Services to the Severe and Chronically Ill  
Arkansas Community Mental Health – Black Female Alcoholics  
Mental Health Services to Victims of Disaster  
Multi-Cultural Testing and Counseling  
NIAAA Training Workshop

**TRAINING, WORKSHOPS, ETC. CONTINUED**

Improving Services to Blacks  
Black Alcoholics, NCCAC  
Female Alcoholics  
Women's Task Force  
Mid-South Summer School on Alcohol Problems  
Ethics  
Motivational Interviewing  
The Lincoln Clinic Program – Acupuncture  
Matrix

**PROFESSIONAL AND CIVIC ASSOCIATION**

Governor Appointed Position to the State Licensing Board of Alcohol and Drug Abuse Counselors  
State President, CASSP (Child and Adolescent Service System Program)  
Health and Wellness Committee for Dollarway School District  
CARES Mentoring  
Jefferson County Juvenile Drug Court Clinical Team  
Regional Coordinator, Arkansas Gospel Music Heritage Month  
Past President, Jefferson County Chapter of the American Red Cross  
First Missionary Baptist Church  
Member, Delta Sigma Theta Sorority, Inc. (Past President)  
Arkansas Associations of Alcoholism Counselors  
Arkansas Certification Board for Drug Counselors  
United Way of Jefferson County  
GEMS Civic and Social Club  
Past President, Top Ladies of Distinction, Inc.  
National Association of Social Workers  
AM&N/UAPD Alumni Association  
Past Board member, Arkansas Association of Alcohol & Drug Program Coordinators and Directors  
Past Member, Women's Task Force on Alcohol and Drug Problems Advisory Counsel  
Member, Retired Senior Volunteer Program (RSVP)  
Past President and Board Member, Volunteers in Courts Contact Board  
Academy of Certified Social Workers  
Port City Players  
Chairperson, Region 4 Crack Cocaine Committee  
Services to LINKS, Inc.  
Committee Member for Sesquicentennial Committee  
Co-chairperson for All Civic Night

**AWARDS AND HONORS**

2019 Outstanding Community Jewel, Alpha Phi Alpha Fraternity, Inc.  
Appreciation Award, UAPB/AM&N Alumni Association  
Appreciation Award, Arkansas Substance Abuse Certification Board  
Certificate of Recognition, New Hope CME Church  
Certificate of Appreciation, National Alliance of Business  
Visionary Award, Delta Sigma Theta Sorority, Inc.  
Certificate of Appreciation, Volunteers in Courts

Humanitarian Service Award  
Graduate of leadership Pine Bluff  
Appreciation Award, So. Central Career College  
Certificate of Appreciation, Northside Kiwanis  
Service Award, Volunteer in Public Schools  
Outstanding Young Women of America

**CONSULTATION AND EDUCATION**

Pine Bluff School District  
White Hall School District  
Arkansas River Education Co-Op  
Gould School District  
Black Community Developers  
KCLA  
Channel 38  
Jefferson Regional Medical Center School of Nursing  
Jefferson County of Human Services

Watson Chapel School District  
Dollarway School District  
Dumas School District  
Channel 7  
KOTN  
KYDE  
University of Pine Bluff  
Southeast Arkansas College  
Numerous churches in Arkansas

References furnished upon request.

**Section E.1.E.**

## **LETTERS OF RECOMMENDATION**



STATE OF ARKANSAS



*Office of the Circuit Judge*  
*Sixth Division*

ELEVENTH JUDICIAL DISTRICT WEST

March 1, 2019

**EARNEST E. BROWN, JR.**  
**CIRCUIT JUDGE**  
JACK JONES JUVENILE JUSTICE CENTER  
301 E. SECOND AVE.  
P.O. BOX 6116  
PINE BLUFF, AR 71611  
Phone: 870-541-5461  
Fax: 870-541-5464  
Website: [www.jeffersoncircuitcourt6.org](http://www.jeffersoncircuitcourt6.org)

Arkansas Department of Human Services  
Attn: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

As a former Deputy Prosecuting Attorney and current Circuit Judge, I am very aware of the array of services provided by Southeast Arkansas Behavioral Healthcare. They provide mental health and substance abuse support for litigants in Family Treatment Drug Court, Juvenile Drug Court, and the High Risk Juvenile Male Collaborative.

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting, which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process.

Based on the above, I have no hesitation in supporting Southeast Arkansas Behavioral Healthcare's application. Please do not hesitate to contact me at 870-541-5461 if you need any additional information.

Sincerely,

A handwritten signature in blue ink, appearing to be "E. Brown, Jr.", written over the word "Sincerely,".

Earnest E. Brown, Jr.  
Circuit Judge

EEB:cw

CARLA G. WOOLEY  
TRIAL COURT ADMINISTRATOR/  
CERTIFIED COURT MANAGER  
870-541-5461

JANIS C. HARBUCK  
CERTIFIED COURT REPORTER  
870-541-5461  
COURTNEY BRENTLEY  
COURT ORDERS CLERK/  
LEGAL SECRETARY  
870-541-5461

JUVENILE SERVICES:  
INTAKE  
PROBATION  
JUAWANA JACKSON  
CHIEF JUVENILE OFFICER  
ERIC WALDEN, JR.  
ASSISTANT CHIEF JUVENILE OFFICER  
870-541-5455  
FAX: 870-541-8504



1600 West 40<sup>th</sup> Avenue  
Pine Bluff, AR 71603

(870)541-7100  
[www.jrmc.org](http://www.jrmc.org)

February 26<sup>th</sup>, 2019

Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

We share an agreement with Southeast Arkansas Behavioral Healthcare System (SEABHS) to provide inpatient hospital beds that are paid for through our Local Acute Care funding dollars (these beds/funds are for individuals that do not have any form of insurance coverage but need psychiatric hospitalization). JRMC is the preferred provider for the hospital beds. SEABHS also provides screenings and assessments to all individuals that present to our Emergency Department with behavioral health/substance abuse presenting problems. Their support and assistance includes the following services:

- Coordination and admission to the Psychiatric Inpatient Unit at JRMC
- Locating inpatient services for individuals who are under 18 years of age and ineligible for JRMC Psychiatric Unit; confirming acceptance along with providing screening information to the receiving facility
- Diverting from hospital admission persons who do not meet the criteria for inpatient admission whose service needs can be managed in the outpatient spectrum through Same Day Access Clinic or follow-up outpatient visits
- Coordinating admission to residential substance abuse facilities when that service is the most appropriate

- Access to on-call behavioral health staff 24/7, 365 days per year; this includes a Licensed Mental Health Professional with back-up by an on-call Psychiatrist
- The on-call Psychiatrist is also available for consultation with the Psychiatric Unit personnel 24/7 for in-patient care
- Psychiatrists also provide psychiatric consultation services to the entire general medical units
- SEABHS provides post hospital discharge services to all patients referred to them

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process.

Best,

A handwritten signature in black ink that reads "Letetia Jenkins DON". The signature is written in a cursive, flowing style.

Letetia Jenkins MSN, MHA, Dir. of Nursing  
1600 W. 40<sup>TH</sup>  
Pine Bluff, Ar. 71603  
PH 870541-7109 Fax 870 541-7788  
Email [Jenkinsl@jrmc.org](mailto:Jenkinsl@jrmc.org)  
Jefferson Regional Medical Center

# JEFFERSON COMPREHENSIVE CARE SYSTEM, INC.

P.O. Box 1285 • Pine Bluff, AR 71613-1285 • (870) 543-2380

www.jccsi.org

February 27, 2019

Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

Jefferson Comprehensive Care System, Inc. (JCCSI) and Southeast Arkansas Behavioral Healthcare System, Inc. have a rich history of working together for many years to provide services to clients that are mutual to both centers. JCCSI has relied heavily on this center (Southeast) to provide outpatient mental health and substance abuse services to our clients. JCCSI values the work this center provides in the community.

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process. JCCSI is honored to support this application

Sincerely,



Sandra J. Brown, MPH, MSN, RN  
Chief Executive Officer

Pine Bluff Medical  
& Dental Center  
1101 Tennessee St.  
P.O. Box 1285  
Pine Bluff, AR  
71613-1285  
Phone: 870-543-2380  
Dental: 870-543-2341  
Fax: 870-535-4716

Alzheimer Center  
309 S. Edline  
P.O. Box 37  
Alzheimer, AR  
72004  
Phone: 870-766-8411  
Fax: 870-766-8412

Redfield Center  
823 River Road  
P.O. Box 66  
Redfield, AR  
72132-0066  
Phone: 501-397-2261  
Fax: 501-397-2263

College Station Ctr.  
4206 Frazier Pike  
P.O. Box 668  
College Station, AR  
72053  
Phone: 501-490-2440  
Fax: 501-490-0156

Open Hands Center  
Healthcare for the Homeless  
3000 Springer Blvd.  
Ste. B  
Little Rock, AR  
72206  
Phone: 501-244-2121  
Fax: 501-244-2130

Little Rock Community  
Health Center  
1100 N. University  
Ste. 125  
Little Rock, AR 72207  
Phone: 501-663-0055  
Fax: 501-280-0602

North Little Rock  
Community Health Ctr.  
2525 Willow St.  
Ste. 1  
North Little Rock, AR  
72114  
Phone: 501-812-0225  
Fax: 501-812-0284



MEMBER COMMUNITY HEALTH CENTERS OF ARKANSAS



# PINE BLUFF POLICE DEPARTMENT

Chief of Police Kelvin L. Sergeant, Sr.

Asst. Chief of Police Ricky L. Whitmore

February 27, 2019

Pine Bluff Police Department  
ATTN: Officer of Procurement  
200 East 8<sup>th</sup> Avenue  
Pine Bluff, AR 71603

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-1024

Dear Procurement Office:

I am submitting this letter in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

Southeast Arkansas Behavioral has collaborated with the City of Pine Bluff and the Pine Bluff Police Department for many years. They have assisted us by doing psychological testing on potential applicants. Southeast Arkansas Behavioral is a community partner with the Violent Crimes Task Force. This is an initiative that offers mental health counseling, awareness and education to paroled (violent offenders) within our community to help stimulate them in becoming productive citizens. They provide service and access to our community 24 hour a day, 365 days per year with on-call, licensed mental health professionals.

Southeast Arkansas Behavioral is a resource to our community for behavioral health tragedies and assisting with involuntary admission. They have long-established themselves to our community with its capability and pledge to serve all individuals in need of behavioral health treatment services.

I firmly reinforce the aforementioned statement that I support Southeast Arkansas Behavioral in receiving funding for behavioral health services in Region 11.

Kelvin Sergeant  
Chief of Police

200 East 8th Avenue - Pine Bluff, AR 71601 - (870)730-2080

Kelven L. Hadley  
Deputy Chief  
Administrative Division

Billy C. Elliott  
Deputy Chief  
Investigations Division

Shirley A. Warrior  
Deputy Chief  
Service Division

Terrance B. Hopson  
Deputy Chief  
Patrol Division

"Protect with Honor and Courage. Serve with Pride and Compassion"



**Horace L. Green, MD**  
**1430 West 43<sup>rd</sup> Avenue, Pine Bluff, Arkansas 71603**  
**Cell: (870) 550-3340**  
[horacelgreen70@gmail.com](mailto:horacelgreen70@gmail.com)

February 28, 2019

Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grand, Jefferson, and Lincoln Counties).

I work with Southeast Arkansas Behavioral Healthcare System on a regular basis as a physician in Jefferson County making referrals for patients who need counselling and psychiatric services. The Center has the only pediatric psychiatrist in the referral area and offers 24 hours a day/365 days per year coverage for patients. As a pediatrician in the area, I depend on the Center to provide services for my patients. The Center is extremely helpful and reliable, providing excellent patient care.

The Center and its staff have served the stakeholders and community partners in this area of the State For over 50 ye3ars. The Agency offers a comprehensive service array and has demonstrated its Competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an On-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all Performance requirements as listed in this bid process.

Thank you for your time and consideration.



Horace L. Green, MD



## Cleveland County School District

Cleveland County Head Start/ABC Program

700 Main Street

Rison, Arkansas 71665

870-325-6324

[www.ccsdheadstart.org](http://www.ccsdheadstart.org)

February 26, 2019

Arkansas Department of Human Services

ATTN: Office of Procurement

700 Main Street, Slot W345

Little Rock, AR 72201

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

Over the past 25 years, the Southeast Arkansas Behavioral Healthcare System has provided contractual services to Cleveland County School District Head Start/Arkansas Better Chance. This contract allows a mental health professional to be on site twice a month for classroom observations and made available for parents, when requested. The mental health professional provides mental health referrals and assist in developing an Individual Education Plan through the Southeast Arkansas Educational Cooperative, as needed.

Our program values the services provided by Southeast Arkansas Behavior Healthcare System. They have proven to be a valuable resource to our program and families in providing quality mental health services.

For more than 50 years, this Center has committed to serve this area of the state by offering an array of comprehensive services in the behavioral healthcare domain and feel that Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process.

If further assistance is needed, please feel free to contact me at (870) 325-6324.

Sincerely,

A handwritten signature in blue ink that reads "Alicia Wilkie".

Alicia Wilkie

Health and Disabilities Specialist

CCSD/Head Start/ABC



# STAR CITY SCHOOL DISTRICT

Jon Laffoon, Superintendent

---

February 26, 2018  
Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

To Whom It May Concern,

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

Since our behavioral health program at Star City School District serves K-12 students and is very strong, we know this opportunity might positively impact many districts. We would love to continue to serve our students, families and community by keeping a strong partnership with the Southeast Arkansas Behavioral Health Center. They are like family in our community and serve our needs in any way that will benefit students. All districts in our region and state would benefit from a community partner like Southeast Arkansas Behavioral Healthcare System. The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Star City Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process. Please contact me if I can be of further assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read 'JL', with a long horizontal flourish extending to the right.

Jon Laffoon  
Superintendent of Schools





**STATE OF ARKANSAS**

**TERESA J. HOWELL**

*Prosecuting Attorney*

*Seventh Judicial District*

**NORMAN B. FRISBY**

DEPUTY PROSECUTOR

**STEPHEN L. SHIRRON**  
CHIEF DEPUTY PROSECUTOR

**GRANT COUNTY**  
101 West Pine, Room 2  
Sheridan, Arkansas 72150  
(870) 942-7799  
(870) 942-4611 (fax)  
February 25, 2019

Arkansas Department of Human Services

ATTN: Office of Procurement

700 Main Street, Slot W345

Little Rock, AR 72201

RE: Southeast Arkansas Behavioral

Healthcare System, Inc.

RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

In our office, The Center assists with doing forensic evaluations, involuntary commitments, drug and alcohol commitments, as well as fit to proceed and criminal responsibility evaluations.

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocated for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process.

  
Norman B. Frisby

Deputy Prosecuting Attorney

JASON TEAGUE  
Chief of Police  
870-942-4642  
Fax 870-942-4015

C.I.D.  
870-942-3112

Detention  
870-942-5512

# CITY OF SHERIDAN POLICE DEPARTMENT

304 Gatzke Drive  
Sheridan, Arkansas 72150

February 25, 2019



Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

In my current position and as a longtime member of Law Enforcement, I am fortunate to have a great professional relationship with SEABHS. Built and operational in 1998, the Sheridan Detention Center houses an average of 86 inmates daily with a maximum of 106 at this time. The needs of this population, like any other, sometimes require the attention of qualified behavioral health professionals. I have utilized the services of SEABHS on many occasions. They are polite, thorough, professional, and readily available. In terms of meeting the needs of our Community, SEABHS was proactive in offering services to us. They initiated and assisted our Facility in being equipped with telehealth equipment for easier access, 24-hours daily. This provides a layer of comfort and security for us and our population in our surroundings. Any time we have needed a Worker on site, SEABHS generously has provided that as well. They offer a wealth of resource and information to assist our Staff and our population. We appreciate their efforts and services greatly.

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the

**communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.**

**Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process.**

**Respectfully,**

A handwritten signature in blue ink, appearing to read "Shane Green", with a long horizontal flourish extending to the right.

**Shane Green, Administrator  
SHERIDAN DETENTION CENTER**

**SG:sr**

**cc**



STATE OF ARKANSAS

*Office of The Circuit Judge*

SEVENTH JUDICIAL DISTRICT  
101 WEST CENTER STREET, ROOM 109  
SHERIDAN, ARKANSAS 72150

**EDDY R. EASLEY**  
CIRCUIT JUDGE - Div. 2

PHONE 870-942-7818  
FAX 870-942-1622

February 25, 2019

Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR 72201

Re: Southeast Arkansas Behavioral  
Healthcare System, Inc.  
RFQ Bid Number: 710-19-1024

Dear Procurement Office:

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

Southeast Arkansas Behavioral Healthcare System has a long and impressive history of service in our State. I have known of and worked with SEABHS over the years in many different capacities to include as a private attorney, a Prosecuting Attorney, and a Circuit Judge. I have worked with both children and adults. I have made many referrals to SEABHS and been well pleased. I have worked with them in short-term situations as well as in long-term situations where continued services as well as updates to the Court were required. I have been well pleased with the response time, level of professionalism, and follow through SEABHS has provided. I have worked with them on Petitions of Involuntary Admission when interaction and cooperation of multiple staff members is required over time. That interaction has been immediate and positive. Regardless of the circumstances, SEABHS has been willing and able to assist in meeting the needs of our Community. They are a willing and able partner with a wealth of professional experience who can be counted on 24-hours a day to address the needs of our Community. I look forward to working with them in the future for I believe that, as a longtime member of our Community, they have a proven track record of meeting the needs we have and offering accessible services without barriers.

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to

**DARLENE WALTERS**  
CERTIFIED COURT MANAGER  
Phone: 870-942-7818

**TAMMY PROPST**  
CERTIFIED COURT REPORTER  
Phone: 501-317-8970

COUNTIES OF GRANT AND HOT SPRING

**servicing all individuals in need of behavioral health treatment services.**

**The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.**

**Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process.**

**Sincerely,**

A handwritten signature in blue ink, appearing to read "Eddy R. Easley", is written over the typed name.

**Eddy R. Easley**

**ERE/dw**



## NEW BEGINNINGS, CASA

412 York Street  
Warren, AR 71671  
Phone (870) 226-9970  
Fax (870) 226-9972



Arkansas Department of Human Services  
ATTN: Office of Procurement  
700 Main Street, Slot W345  
Little Rock, AR. 72203

RE: Southeast Arkansas Behavioral Healthcare System, Inc,  
RFQ BID #: 710-19-1024

This letter is being written in support of Southeast Arkansas Behavioral Healthcare System's application to receive funding through the above-referenced bid solicitation to provide behavioral health services in Region 11 (Arkansas, Cleveland, Grant, Jefferson, and Lincoln Counties).

New Beginnings, C.A.S.A. has worked collaboratively with SEABHS for over five years. Our organization has been able to make referrals to this agency without concern or worry about the quality of services provided. SEABHS has continually demonstrated an effort to make services available to our residential clients who are discharging to their service area. The communication between our two agencies has been open, respectful and productive. Southeast Arkansas Behavioral Healthcare System, Inc. is such an invaluable component to the lives of clients and citizens of this State.

The Center and its staff have served the stakeholders and community partners in this area of the State for more than 50 years. The Agency offers a comprehensive service array and has demonstrated its competency and commitment to serving all individuals in need of behavioral health treatment services.

The Center offers availability and access to crisis services 24 hours a day/365 days per year through an on-call system that is always manned by a Licensed Mental Health Professional and supported by an on-call Psychiatrist. The Center is responsive to the communities it serves by providing crisis response teams when tragedies occur; it promotes awareness and education regarding mental illness; advocates for persons with mental illness; and has a system in place to treat individuals in the least restrictive setting which is their local community.

Southeast Arkansas Behavioral Healthcare System has the capability, staff, and resources to meet all performance requirements as listed in this bid process. Should you need or desire anything further, please do not hesitate to contact me.

Respectfully Submitted,

Mike Knickerbocker  
Executive Director



Licensed by the State of Arkansas  
Division Behavioral Health Service



# *Birch Tree Communities, Inc.*

*A community of individuals recovering from mental illness  
and pursuing their dreams through person-centered rehabilitation.*

---

February 21, 2019

Kathy Harris, CEO  
Southeast Arkansas Behavioral Healthcare System, Inc.  
PO Box 1019  
Pine Bluff, AR 71613

Kathy Harris:

Please accept this letter of recommendation from Birch Tree Communities, Inc. in support of Southeast Arkansas Behavioral Healthcare System, Inc. response to the Arkansas Department of Human Services RFQ 710-19-1024 entitled "Crisis, Forensics, Mental Health and Community Support Services". As a community mental health provider operating in Arkansas since 1989, Birch Tree Communities shares your mission of serving adults with mental health disorders and we are well aware of the excellent care provided by your organization and the outstanding reputation enjoyed by Southeast Arkansas Behavioral Healthcare System, Inc. Specifically, Birch Tree has partnered Southeast Arkansas Behavioral Healthcare System, Inc. on several administrative and clinical projects, most recently collaborating together on the referral of people needing services in a Therapeutic Community and those in need of follow-up mental health outreach services in their home community.

I am available for follow-up contact as needed by representatives of the Arkansas Department of Human Services and can be reached as follows:

- Name/Title: Jack Keathley, Chief Executive Officer
- Mailing Address: P.O. Box 1589, Benton, AR. 72018-1589
- Phone Number: (501) 303-3112
- Email Address: [jack.keathley@birchtree.org](mailto:jack.keathley@birchtree.org)

Best wishes in your application and we look forward to our continued work together to enhance the health and well-being of Arkansas residents with mental health disorders.

Sincerely,

Jack Keathley  
Chief Executive Officer

1718 Old Hot Springs Highway • P.O. Box 1589  
Benton, Arkansas 72018-1589  
Central Telephone (all locations): (501) 315-3344 • Fax (501) 315-1388  
[www.birchtree.org](http://www.birchtree.org)

**Section E.10.A. a. Attachment**

**MEMORANDUMS**  
**OF UNDERSTANDING**  
**(AGREEMENTS)**



## **AFFILIATE AGREEMENT**

**THIS AGREEMENT is made and entered into this 1st day of March 2019, by and between the Southeast Arkansas Behavioral Healthcare System, Inc., Pine Bluff, Arkansas (hereinafter referred to as "SABHS"); and Jefferson Regional Medical Center, Pine Bluff, Arkansas (hereinafter referred to as "JRMC") and shall continue in force until amended or terminated as herein provided.**

**1. SABHS and JRMC shall cooperate and provide inpatient services to patients with psychiatric problems that would otherwise be served at the Arkansas State Hospital. JRMC will assume primary responsibility for 24-hour inpatient care. JRMC shall maintain beds designated for priority use by Center patients. It is not the intention of this Agreement that beds will be held at all times by Center patients so as to deny any unoccupied bed to a non-Center patient in need. However, SABHS patients equally in need of services with non-SABHS patient shall have priority over beds.**

**2. SABHS shall maintain a staff of qualified mental health professionals and para-professionals, which will include at least one Medical Director and/or a psychiatrist. He/She shall meet the criteria for acceptance to the JRMC medical staff and may include in addition general practice physicians, psychologists, psychological examiners, social workers, activities therapists, registered nurses, licensed practical nurses, and other qualified medical or para-medical personnel. A list of these professionals shall be provided to JRMC as they**

may from time to time request. Members of SABHS staff will be available for consultation or other professional services to any patient of JRMC upon appropriate request of any member of the medical staff of JRMC.

3. JRMC shall maintain adequate nursing staff for the beds designated for Center priority. JRMC agrees to accept patients with psychiatric diagnoses on the same basis as any other patient or categories of patients admitted to JRMC subject to the following regarding psychiatric patients.

- a. The doctor responsible for the patient's care within one element of service can, when practical and when not clinically contradicted, continue to care for that patient within another element of service.
- b. That any patient within one element of service will be transferred without delay to any other element of service, provided adequate space is available, whenever such a transfer is indicated by the patient's clinical needs.
- c. That the clinical information concerning the patient, which is obtained will be made available to those responsible for the patient's treatment within any other service offered by any other cooperating facility providing the consent of such patient is obtained.

4. JRMC agrees to cooperate fully with any other affiliate or cooperating agency of the Center in referral of patient, transfer of patients' records, and sharing of information necessary or helpful in the delivery of psychiatric care to residents of the Center's Catchment Area.

5. SABHS will reimburse JRMC at the lesser of \$450.00 per day or the actual charges incurred by that patient. JRMC agrees to accept the above reimbursement as payment in full. Patients with third-party eligibility such as

**Medicaid, Medicare, Champus, Blue Cross or other private insurance coverage or persons with a primary diagnosis of alcohol abuse, drug abuse, or developmental delay are not eligible for reimbursement by SABHS.**

**6. This Agreement may be amended by written consent of both parties. Either party may terminate this Agreement by giving thirty (30) days written notice to the other party of its intention to do so.**

**7. The parties hereto will not, on the grounds of race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status:**

- a. Deny any individual services or other benefits provided under the program;**
- b. Provide any service or other benefits to the individual which are different or are provided in a different manner from services provided to others under the program;**
- c. Subject any individual to segregation or separate treatment in any manner related to his receipt of any services or benefits provided under the program;**
- d. Restrict an individual in any way in the enjoyment of any advantages or privileges enjoyed by others receiving any service or benefits provided under this program;**
- e. Treat an individual differently from others in determining whether he satisfied any eligibility or other requirements or conditions which an individual must meet in order to receive any aid, care, services, or other benefits provided under the program;**
- f. Deny any individual any opportunity to participate in the program through the provision of services or otherwise afford him an opportunity to do so which is different than that afforded under the program.**

SABHS agrees that it will maintain in effect a policy of professional liability insurance in the amount of \$1 million and provide documentation of that coverage to JRMC.

This Agreement contains the total agreement between the parties and no amendments or waivers, expressed or implied, shall be valid without consent in writing signed by both parties.

SOUTHEAST ARKANSAS BEHAVIORAL  
HEALTHCARE SYSTEM, INC.

February 28, 2019  
Date

Kathy D. Harris  
President & CEO

JEFFERSON REGIONAL MEDICAL  
CENTER

2-28-19  
Date

[Signature]  
Chief Executive Officer

## CONTRACT

### School-Based Mental Health Service Agreement

The **Star City School District** recognizes the need for education, early intervention, and prevention services in regard to student mental, emotional and behavioral health issues. The district school wishes to have an interagency agreement for the provision of mental health services with Southeast Arkansas Behavioral Healthcare System (hereinafter- "Provider") provided during normal hours of operation for the school district.

#### RESPONSIBILITY OF PROVIDER OF MENTAL HEALTH SERVICES

- A. Documentation of compliance with licensures, certification, background checks and other related information on the mental health psychotherapists and paraprofessional staff shall be affirmed and attested to by the sworn written statement by Southeast Arkansas Behavioral Healthcare System and submitted to the **Star City School District**. The Provider shall be responsible for ensuring the professional and paraprofessional staff providing services meet all Outpatient Behavioral Health Services (OBHS) standards. The inclusion of mental health staff in a district school will be determined by the principal of the school or the superintendent of the district and the Provider's Director.
- B. Services rendered may include assessments, individual therapy, group therapy, and/or family therapy sessions, paraprofessional services with referrals, consultation, and advocacy. They may also include correspondence with other community providers and family interventions such as home visits, parent training and crisis interventions. The referral process involves school personnel completing and submitting a screening and Referral form to the Provider who will then follow the established procedure for obtaining the permission to provide services. All billing, either private insurance or Medicaid, for therapy (excluding speech therapy, occupational therapy, or physical therapy) will be the right and responsibility of Southeast Arkansas Behavioral Healthcare System.
- C. Provider's staff is available for interagency staffing and communication for those students whose treatment is required by an I.E.P. and for progress updates on each student receiving mental health services. Signed releases for the exchange of information regarding the student, treatment plan, and progress will be maintained by the district but shared with the Provider in order to facilitate continuity of care for the student. All communication, written and verbal, shall comply with all applicable state and federal laws including but not limited to HIPAA/HITECH statutes, regarding confidentiality.
- D. Provider's staff shall assess students in crisis and make appropriate referrals for the indicated level of care. Should acute hospitalization be recommended, the Provider will follow customary standards and ethical practices. The student and family shall determine whether hospitalization is used and what hospital is appropriate. The district shall not be responsible for payment of any hospitalization expenses.
- E. Mental Health providers are mandated reporters under Arkansas Law and as such shall report all suspected forms of child maltreatment. Immediately upon report being made, Provider shall give verbal notification to the student's principal and counselor of the actions.

- F. Provider will cooperate to assure access to school-based mental health services without regard to student or family insurance enrollment status, race, gender, national origin, religious affiliation, or lack thereof, economic status or other factors prohibited by the district school. Provider shall be free to bill any source available to the student or family without obligation for the school district to pay for student mental health services.
- G. Provider agrees to abide by the school district's policies as well as all applicable, federal, state and local laws and regulations governing the use of school property. The use or possession of alcoholic beverages, controlled substances, tobacco, firearms or weapons on the property is strictly prohibited and punishable by law. Prescription medication shall be administered or stored securely by the nurse.
- H. Provider shall submit reports as required by the Division of Behavioral Health Services and provide the district with an annual written outcome report of services provided to students. The staff will be available for conferences or committee meetings.

#### **RESPONSIBILITY OF DISTRICT**

- A. The district school personnel shall participate in quality improvement and customer satisfaction surveys developed by the provider to assist in program monitoring, development, and improvement with the approval of the survey instrument by the district.
- B. The district will provide internet services for the employees of Southeast Arkansas Behavioral Healthcare System.

#### **GENERAL PROVISION**

- A. The parties understand that the district school is a subdivision of the State of Arkansas and enjoy governmental immunity. Nothing in this agreement or the relationship or arrangements of the parties is intended or shall be construed to abrogate or limit this immunity.
- B. It is understood by the parties that while Provider may be permitted to provide mental health services under this agreement to students at the district school, the provision of mental health services shall not be exclusive. Each student and their family shall have the right to have mental health services outside the school setting by any provider chosen by the student or family. Nothing in this agreement shall be construed to amend or regulate any Individual Education Plan for any special education student.
- C. This agreement shall be in full effect from the time of the signing with services to commence by Provider on the date provided in writing on this agreement. The agreement shall terminate at the conclusion of any summer session following the end of the school year in which it is signed. The district school, however, may terminate this agreement with thirty days' notice to Provider if it determines it can no longer commit to the program within its educational mission and resources. Provider may terminate this agreement within thirty days of notice to the district school if there is

a reasonable determination that services cannot continue under the agreement for economic reasons or because it lacks appropriate personnel.

- D. The district school acknowledges that Provider is a Covered Entity as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The school district acknowledges that HIPAA/HITECH statutes and regulations preempt the Family Educational Rights and Privacy Act and by working with the services provider, the district school is obligated to comply with HIPAA/HITECH statutes and regulations concerning the protection, use, and disclosure of those records. Therefore, throughout the term of this agreement, the district school shall comply with the requirements of HIPAA/HITECH concerning the use and disclosure of a student's protected health information including, but not limited to (1) providing information to students about their privacy rights and how their information will be used, (2) adapting and implementing privacy procedures, (3) training employees to understand and follow privacy procedures, and (4) securing student records containing individually identifiable Health information, as that term is defined in HIPAA, so they are accessible only by those district school employees who require them to carry out their duties. Furthermore, the district school shall enter into a Business Associates Agreement regarding the protection of health information as regulated by HIPAA and applicable state laws.
- E. Confidentiality practices will adhere to the strictest guidelines of Arkansas Law and Provider ethics. Only permitted uses and disclosures of individuals Protected Health Information (PHI) will occur. Health information is legally protected from unauthorized disclosure by provider or district school served. All Protected Health Information (PHI) shall be safeguarded in a manner that meets legal and ethical privacy standards.
- F. The terms of this agreement shall not be amended or modified except by prior mutual written consent of the Parties. This document is the entire agreement of the parties and shall be binding upon the organization and its members, trustees, shareholders, partners, employees, agents, successors, and assignees.

THIS AGREEMENT made on July 31, 2018 between Southeast Arkansas Behavioral Healthcare System, Inc. (Provider) and Star City School District located in Lincoln County, Arkansas. The term of the agreement shall be from August 1, 2018 to July 31, 2019.

Provider		District (Superintendent)	
By: <u>Kathy A. Harris</u>		By: <u>[Signature]</u>	
Title: <u>President &amp; CEO</u>		Title: <u>Superintendent</u>	
Date: <u>July 31, 2018</u>		Date: <u>8/09/2018</u>	

## **SUBCONTRACT BETWEEN**

**New Beginnings C.A.S.A**

**AND**

**Southeast Arkansas Behavioral Healthcare System**

THIS CONTRACT is entered into by and between New Beginnings C.A.S.A. hereinafter referred to as the "Primary Contractor" and Southeast Arkansas Behavioral Healthcare System, hereinafter referred to as the "Subcontractor".

**Purpose:** The purpose of this agreement is to delineate areas of responsibilities/willingness and ability to perform duties described in the contract for the delivery of Adult and Adolescent Outpatient Substance Abuse Treatment Services within the Region 6 catchment area as defined by Arkansas Division of Behavioral Health Services. The Contractor agrees to provide the Subcontractor with a copy of all Terms and Conditions included in the Professional Services Contract executed with DHS. Subcontractor agrees to adhere to those Terms and Conditions.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Primary Contractor and the Subcontractor agree as follows:

### **A. Services to be Provided**

The Subcontractor is responsible for providing Adult and Adolescent and JDC Outpatient Substance Abuse Treatment Services from within Region 6 as defined by the State of Arkansas Division of Behavioral Health Services from July 1, 2018 through June 30, 2019.

#### **Specific Subcontractor obligations under this contract require that the Subcontractor:**

1. Shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that affect the subject areas of the contract. Authorities include but are not limited to Arkansas Division of Behavioral Health Services, CARF International, Arkansas Department of Human Services and Arkansas Division of Children and Family Services.
2. Shall ensure that the location of subcontractor's services and the days and times where services are being provided will be as specified to the contractor. The provider shall notify the primary contractor, in writing, of any changes in locations, days, and/or times where services are being provided. The subcontractor will secure and maintain all necessary authority and licenses to provide the services listed in this subcontract.
3. Shall comply with the staffing qualifications and requirements (including background screening), required by this Subcontract and as required by applicable law, rule or regulations, including without limitation, the regulations of the Arkansas Division of Behavioral Health Services Licensure Standards and CARF International Standards.



4. Shall ensure that all Clients under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions set forth by this contract and that all Clients meet eligibility criteria before receiving treatment services. All Clients under this subcontract must be screened by the primary contractor before services can be offered by the Subcontractor. Once screened for eligibility the primary contractor will send over referral information to the Subcontractor to setup intake and assessment. The Subcontractor will upon intake fax/scan and email over to the primary contractor the income eligibility verification showing that the Client is eligible for services if this was not verified in person by the primary contractor before the intake.
5. Shall ensure that the subcontractor follows the following performance measures:  
(Refer to Attachment 1 Performance Indicators pages 1-21).
6. The Primary Contractor shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any insurance. The payment of any deductible on any policy shall be the sole responsibility of the subcontractor providing the service.
7. Shall comply with all confidentiality and non-disclosure requirements required by applicable law, rule or regulation. Further, each party shall not use or disclose to any Unauthorized person any information relating to the business or affairs of the other party or of any qualified individual, except pursuant to the express written consent of the other party or the qualified individual, as applicable, court order, or as required by law, rule or regulation.
8. Shall provide deliverables, including reports and data as specified by the primary contractor. The failure to comply is considered a breach of contract as specified by the primary contractor and could result in denial of payment until acceptable deliverables are received.

**B. Special Provisions**

1. Shall be responsible for meeting the outcomes and performance standards as otherwise required by applicable law, rule or regulation. If outcomes are not met, technical assistance will be offered to include recommendations to assist Subcontractor in meeting outcomes.
2. Shall ensure that it will establish a grievance procedure which clients for, and recipients of, services may use to present grievances of the Subcontractors about services being provided under the Subcontractor contracts with the provider. If the grievances are not resolved at this level of authority, the Subcontractors will refer them to the Primary Contractor. The subcontractor will submit a copy of the grievance procedure to the Primary Contractor. All grievances must be reported to the Primary Contractor.
3. Shall comply with procedures for Incident Reporting to DBHS and will copy all incident reports to the Primary Contractor.
4. The subcontractor will submit a copy of their disaster plan and will be responsible for implementing the plan in case of emergencies and /or disasters when notified by Primary Contractor. Before canceling services due to weather or an emergency the Subcontractor will notify the Primary Contractor beforehand and give the Primary Contractor the plan for providing services and a projected time for services to be restarted.
5. Shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after completion of the contract or longer where required by law. In the event an audit is required by this

contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract.

6. Shall submit to the Primary Contractor two copies of their annual financial audit.
7. Shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled "Auxiliary Aids and Services for the Deaf and Hard-of- Hearing".

**D. Method of Payment**

1. Primary Contractor shall pay the Subcontractor for units of service, provided funding is available, delivered in accordance with the terms and conditions of this contract at the unit price listed on:  
  
(Refer to Attachment 2-"Substance Abuse Treatment Services and Rates") Specifies services, daily limit, annual limit, unit, plus.
2. The Subcontractor shall request payment for services delivered on a monthly basis through submission of a properly completed Invoice and report within 5 days after the first day of the following month. The Primary Contractor will track the utilization of funds each month and notify the Subcontractor if they are under or over utilization of funds. If under after the first quarter the Primary Contractor will put a plan together to ensure that the funds utilization gets to where it needs to be to meet the target of billing out the contract.
3. The Subcontractor shall participate in a Subcontractor Administrative Fee that will be assessed at issuance of the Subcontractor reimbursement payment. This fee will not exceed 10% of the total billed by the Subcontractor payable to the Primary Contractor. The Primary Contractor will hold this out of the amount received from total billing each month.
4. Primary Contractor shall not be required to pay subcontractors or other vendors if Primary Contractor does not receive payment for the corresponding services and materials from the Arkansas Division of Behavioral Health Services. This shall not mean that Primary Contractor is excused from payment unless Primary Contractor is not paid due to no fault of its own. Primary Contractor may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a subcontractor are a cause, in whole or in part, of a payment source's failure to pay Primary Contractor, then Primary Contractor may elect to apportion any payment received among subcontractors whose acts are not a cause for non-payment. Subcontractors shall not be subject to non-payment for reasons other than Primary Contractor's failure to receive its funding, unless the subcontractor has failed to comply with any terms in this contract.
5. Name and address of Payee: Attn: Finance Department

New Beginnings C.A.S.A  
412 York St  
Warren, Arkansas 71671

**G. Hold Harmless**

Subcontractor shall defend, hold harmless and indemnify the Primary Contractor from any and all liability, loss, claims, damages, costs, attorney's fee and expenses Primary Contractor may sustain, incur or be required to pay either by reason of the loss or improper use of any moneys disbursed or to be disbursed hereunder to fraud, defalcation or dishonesty on the part of any person represented or employed by the Subcontractor or its agents, representatives and/or employees.

Primary Contractor shall defend, hold harmless and indemnify the Subcontractor from any and all liability, loss, claims, damages, costs, attorney's fee and expenses Subcontractor may sustain, incur or be required to pay either by reason of the loss or improper use of any moneys disbursed or to be disbursed hereunder to fraud, defalcation or dishonesty on the part of any person represented or employed by the Primary Contractor or its agents, representatives and/or employees.

**H. Assignments and Subcontractors**

Subcontractor may not assign the responsibility of the Contract to another party or subcontract any of the work contemplated under this Subcontract, unless so specified in an attachment, or unless the Subcontractor obtains the prior written approval of Primary Contractor. No such approval shall obligate the Primary Contractor for more than the total dollar amount stated in this Subcontract. All such assignments and subcontracts shall be subject to the conditions of this Subcontract and to any conditions Primary Contractor deems necessary.

**I. Termination**

Conditions governing the termination of this Subcontract include:

1. Termination at Will. Either party providing thirty (30) days written notification, unless a lesser time is mutually agreed upon in writing, shall accomplish termination of this contract, at the shall of the Primary Contractor or the Subcontractor, without cause. That notification shall be delivered by certified mail, return receipt requested.
2. Termination for Lack of Funds. Termination for lack of funds, when such termination has been affected on the Primary Contractor by Arkansas Division of Behavioral Health Services this shall be accomplished by the Primary Contractor with no less than twenty- four (24) hour notice in writing delivered to the Subcontractor by certified mail, return receipt requested.
3. Termination for Cause. Termination for cause, breach or non-performance may be accomplished by the Primary Contractor with no less than twenty-four (24) hour notice delivered to the Subcontractor by certified mail, return receipt requested. The determination of cause, breach or non-performance of contract shall be made by the Primary Contractor's Board of Directors. Termination for cause may include any of the following events:
  - a. If Subcontractor is suspended or becomes disqualified from providing the services, found to be negligent or to have caused harm to a qualified individual, or otherwise is subject to disciplinary action which materially adversely affects the Subcontractor's ability to perform the services under this Subcontract.

- b. If Subcontractor (or its officers or directors) is convicted of or pleads guilty, no contest or otherwise admits to any crime involving a morally corrupt act or practice or any felony offense.
  - c. If the Subcontractor makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceeding or has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed within 120 days after the commencement thereof.
4. Continuation of Services. The Primary Contractor (Network Development and Clinical Services) shall work with the current subcontractor prior to cancellation date to ensure all consumer needs are identified and appropriate placements and transportation needs has been arranged. The subcontractor shall maintain communication with the Primary Contractor on the process of transferring consumers until all consumers are placed.

**J. Curative Clause**

Any disputes concerning performance of this contract that cannot be resolved informally shall be reduced to writing and delivered to the President of the Primary Contractor's Board of Directors requesting resolution through Board action. When the Board action fails to resolve the dispute as described, the Primary Contractor and Subcontractor agree to seek independent mediation and to accept and abide by the findings of the mediator as the final recourse. The cost of mediation will be paid for by the Subcontractor and the selection of the mediator is at the sole discretion of the Primary Contractor.

**K. Effective and Ending Dates**

This contract shall begin on July 1, 2018, or on the date on which the contract has been signed by the last party required to sign it, whichever is later. It shall end at midnight, local time in Warren, Arkansas, on June 30, 2019.

By signing the contract, the parties agree that they have read and agree to the entire contract.

THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this 5 page contract and attachments to be executed on the date and year below.

**PRIMARY CONTRACTOR**

New Beginnings, C.A.S.A

Approved By: *[Signature]*

Witness: *[Signature]*

Date: 8/31/18

**SUBCONTRACTOR**

Southeast Arkansas Behavioral Healthcare System

Approved By: *[Signature]*

Witness: *[Signature]*

Date: August 31, 2018

## **MENTAL HEALTH PROFESSIONAL SERVICE AGREEMENT**

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THIS AGREEMENT, IS MADE AND ENTERED INTO AS OF THE 1<sup>ST</sup> DAY OF SEPTEMBER 2018, BETWEEN THE CLEVELAND COUNTY SCHOOL DISTRICT/CLEVELAND COUNTY HEAD START PROGRAM IN RISON, ARKANSAS, AND SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM, INC., 2500 RIKE DRIVE IN PINE BLUFF, AR.

**THE SCHOOL AND CONTRACTOR AGREE THAT THE SCOPE OF THE AGREEMENT IS DESCRIBED HEREIN:**

- THE HEAD START CHILDREN WILL BE OBSERVED IN THEIR PHYSICAL SURROUNDINGS TWO (2) TIMES PER MONTH.
- A MENTAL HEALTH PROFESSIONAL WILL BE AVAILABLE DURING THIS TIME TO MEET WITH PARENTS, UPON REQUEST.
- A MENTAL HEALTH PROFESSIONAL WILL PROVIDE IN-SERVICE TRAINING FOR STAFF ON AN AS-NEEDED BASIS.
- THE MENTAL HEALTH PROFESSIONAL WILL PRESENT A PROGRAM, FREE OF CHARGE, AT THE BEGINNING OF THE PROGRAM YEAR TO ACQUAINT PARENTS OF THE WORK HE/SHE WILL BE DOING WITH HEAD START.
- IF IT IS FOUND THAT CHILD/CHILDREN NEED MORE OBSERVATION OR ASSISTANCE, THE MENTAL HEALTH PROFESSIONAL WILL MAKE A REFERRAL TO THE HEAD START MENTAL HEALTH SPECIALIST, WHO WILL MAKE AN APPOINTMENT FOR THE DIAGNOSTIC EXAMINATION TO CONFIRM THAT EMOTIONAL PROBLEMS DO NOT HAVE A PHYSICAL BASIS. IF NO PHYSICAL BASIS IS FOUND, APPOINTMENTS WILL BE SCHEDULED AT SOUTHEAST BEHAVIORAL HEALTHCARE SYSTEM, INC. A PERMISSION FORM WILL BE SIGNED BY THE PARENT/GUARDIAN PRIOR TO THE FIRST APPOINTMENT.
- THE MENTAL HEALTH PROFESSIONAL WILL ASSIST IN HELPING DEVELOP AND IEP (INDIVIDUAL EDUCATION PLAN) FOR CHILDREN DIAGNOSED AS HAVING A PROBLEM.
- THE MENTAL HEALTH PROFESSIONAL WILL ASSIST IN PLANNING THE MENTAL HEALTH PROGRAM AND ADVISE STAFF IF A CHILD NEEDS FURTHER DEVELOPMENTAL SCREENING BY THE SOUTHEAST ARKANSAS EDUCATION SERVICES CO-OP. HE/SHE WILL SERVE ON OUR HEALTH SERVICES ADVISORY COMMITTEE.

**THE SCHOOL AGREES THAT:**

- COMPENSATION WILL PAID TO THE CONTRACTOR BY THE CLEVELAND COUNTY SCHOOL DISTRICT/CLEVELAND COUNTY HEAD START FOR THE DUTIES LISTED ABOVE AT THE RATE OF \$250.00 PER DAY. ADDITIONAL FOLLOW-UP SESSIONS, IF NEEDED, WILL BE SCHEDULED WITH THE CONTRACTOR AT THE SPECIFIED RATE OF \$250.00 PER DAY.
- COMPENSATION WILL BE RENDERED TO THE CONTRACTOR WHEN THE EVALUATION REPORT IS RECEIVED BY THE CLEVELAND COUNTY PUBLIC SCHOOL/CLEVELAND COUNTY HEAD START PROGRAM, FOLLOWING DELIVERY OF SERVICE.

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM, INC.**  
**2500 RIKE DRIVE**  
**PINE BLUFF, AR 71613**

  
\_\_\_\_\_  
**DIRECTOR**

**CLEVELAND COUNTY PUBLIC SCHOOL/CCHS**  
**P.O. BOX 600/700 MAIN STREET**  
**RISON, AR 71665**

  
\_\_\_\_\_  
**SUPERINTENDENT**

**CLEVELAND COUNTY HEAD START/ABC PROGRAM**  
**P.O. BOX 600/700 MAIN STREET**  
**RISON, AR 71665**

  
\_\_\_\_\_  
**HEAD START/ABC DIRECTOR**

**INTERNAL REVENUE SERVICE**

**VERIFICATION OF**

**TAX EXEMPT STATUS**



P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248359979  
Dec. 03, 2014 LTR 4168C 0  
71-0360221 000000 00

00020762  
BODC: TE

SOUTHEAST ARKANSAS BEHAVIORAL  
HEALTHCARE SYSTEM INC  
% KATHY D HARRIS  
PO BOX 1019  
PINE BLUFF AR 71613



020128

Employer Identification Number: 71-0360221  
Person to Contact: Ms. Sene  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 21, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1964.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



020128.512696.302604.14878 1 MB 0.435 530  
•••••



SOUTHEAST ARKANSAS BEHAVIORAL  
HEALTHCARE SYSTEM INC  
% KATHY D HARRIS  
PO BOX 1019  
PINE BLUFF AR 71613

020128

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,  
EVEN IF YOU ALSO HAVE AN INQUIRY.



The IRS address must appear in the window.  
0248359979

BODCD-TE

Use for payments

Letter Number: LTR4168C  
Letter Date : 2014-12-03  
Tax Period : 000000



\*710360221\*

INTERNAL REVENUE SERVICE  
P.O. Box 2508  
Cincinnati OH 45201  
•••••

SOUTHEAST ARKANSAS BEHAVIORAL  
HEALTHCARE SYSTEM INC  
% KATHY D HARRIS  
PO BOX 1019  
PINE BLUFF AR 71613

710360221 XC SOUT 00 2 000000 670 000000000000

# **OBHS CERTIFICATIONS**

# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**2500 RIKE DRIVE**  
**PINE BLUFF, AR 71603**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11129

BHA License Number: 130



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**2500 RIKE DRIVE**  
**PINE BLUFF, AR 71603**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11129      Specialty Vendor Number: 11055  
BHA License Number: 130      Specialty Vendor Certificate: 053



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance





# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## **Division of Provider Services and Quality Assurance**

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**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**3004 WEST 34th STREET**  
**PINE BLUFF, AR 71603**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11128

BHA License Number: 129



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**121 COMMERCIAL DRIVE "B"**  
**STUTT GART, AR 72160**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11130

BHA License Number: 131



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance





# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**121 COMMERCIAL DRIVE "B"**  
**STUTT GART, AR 72160**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11130      Specialty Vendor Number: 11056  
BHA License Number: 131      Specialty Certificate Number: 054



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## **Division of Provider Services and Quality Assurance**

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE  
612 EAST ARKANSAS STREET  
STAR CITY, AR 71667**

**Dates of Certification: 07/01/2018 - 12/31/2019**

**Vendor Number: 11131**

**BHA License Number: 132**



**Sherri Proffer, RN**

**Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance**





# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE  
612 EAST ARKANSAS STREET  
STAR CITY, AR 71667**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11131      Specialty Vendor Number: 11057  
BHA License Number: 132      Specialty Certificate Number: 055



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**301 NORTH OAK STREET**  
**SHERIDAN, AR 72150**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11132

BHA License Number: 133



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance





# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE**  
**301 NORTH OAK STREET**  
**SHERIDAN, AR 72150**

Dates of Certification: 07/01/2018 - 12/31/2019

Vendor Number: 11132      Specialty Vendor Number: 11058  
BHA License Number: 133      Specialty Certificate Number: 056



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance

