PROPOSAL SIGNATURE PAGE

Type or Print the following information.

| | PROSPI | ECTIVE CONTRACTOR'S INFORMA | TION | | | | | |
|--|--|---------------------------------|---|--|--|--|--|--|
| Company: | Southwest Arkansas Counseling and Mental Health Center, Inc. | | | | | | | |
| Address: | 2904 Arkansas Boulevard | | | | | | | |
| City: | Texarkana | State: Arkansas | Zip Code: 71854 | | | | | |
| Business Designation <i>:</i> | Individual Partnership | Sole Proprietorship Corporation | Public Service Corp Nonprofit | | | | | |
| Minority and | ☑ Not Applicable | American Indian Service-D | Disabled Veteran | | | | | |
| Women- Owned | 🗆 African American | Hispanic American Women-C | Owned | | | | | |
| Designation*: | Asian American 🛛 Pacific Islander American | | | | | | | |
| | AR Certification #: | * See Minority a | nd Women-Owned Business Policy | | | | | |
| | Contraction of the state of | VE CONTRACTOR CONTACT INFO | and the second secon | | | | | |
| Contact Perso | n: Michael Cluts | Title: E | Executive Director | | | | | |
| Phone: | 870-773-4655 | Alternate Phone: 8 | 370/582-1720 | | | | | |
| Email: | mcluts@swacmhc. | com | | | | | | |
| 🗹 NO, a reda | CONFIRMATION OF REDACTED COPY VES, a redacted copy of submission documents is enclosed. 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. 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. | | | | | | | | |
| | ILL | EGAL IMMIGRANT CONFIRMATION | N | | | | | |
| 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. | | | | | | | | |
| Prospective Contractor does not and will not boycott Israel. | | | | | | | | |
| An official authorized to bind the Prospective Contractor to a resultant contract shall sign below. The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's response to be rejected. | | | | | | | | |
| Authorized Signature: <u>Witchally</u> Links Title: Executive Director | | | | | | | | |
| Printed/Typed Name: Michael J. Cluts Date: 8-11-21 | | | | | | | | |

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

ADDENDUM 1

TO: All Addressed Vendors FROM: Chorsie Burns, Buyer DATE: July 28, 2021 SUBJECT: 710-21-0018 COMPREHENSIVE SUBSTANCE ABUSE TREATMENT SERVICES (CSATS)

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

X Change of specification(s) Additional specification(s) Change of bid opening date and time Cancellation of bid Other

CHANGE OF SPECIFICATIONS

RESPONSE PACKET page 7, Section E.3 STANDARD OF CARE item C has been removed.

RESPONSE PACKET page 7, Section **E.3 STANDARD OF CARE** item **D** last sentence has been replaced with the following: How will progress be measured and documented? (Section 2.4 C)

RESPONSE PACKET page 7, Section **E.3 STANDARD OF CARE** item E is replaced with the following: Describe your approach to aftercare and discharge planning and provide a matrix listing community resources and partners available for referral for continuation service. (Section 2.4 C)

RFP page 23, Section 3.1 C item 3 (chart) is replaced with the following:

| Information for Evaluation Sub-Sections | Maximum Raw Points Possible | Sub-Section's Weighted Percentage | * Maximum Weighted Score Possible |
|--|--------------------------------|---|--|
| E.1 Minimum Qualifications | 10 | 15 | 105 |
| E.2 Scope of Work | 5 | 25 | 175 |
| E.3 Standard of Care | 20 | 20 | 140 |
| E.4 Priority Population | 10 | 10 | 70 |
| E.5 Records and Reporting | 5 | 5 | 35 |
| E.6.Staffing | 5 | 10 | 70 |
| E.7 Subcontractors | 5 | 5 | 35 |
| E.8 Technology Requirements | 5 | 5 | 35 |
| E.9 Physical Plant | 5 | 5 | 35 |
| Technical Score Total | 70 | 100% | 700 |

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal. If you have questions, please contact: Chorsie Burns, <u>chorsie.burns@dhs.arkansas.gov</u> or 501-682-6327

8.10-L Vendor Signature Date outhwest Arkansos Courseling and Health Center Inc. Montal Company

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Authorized Signature:

Printed/Typed Name:

Michael J. Cluts

Use Ink Only.

Date: 8-11-21

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 ٠ 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. ٠

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

Authorized Signature Use Printed/Typed Name: Michael J. Cluts

•

Date: 8-11-21

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Authorized Signature: Use Ink Only. Printed/Typed Name: Michael J. Cluts Date: <u>8-11</u>-21

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

| · · · · · · · · · · · · · · · · · · · | Maximum RAW Score Available |
|--|-----------------------------------|
| E.1 MINIMUM QUALIFICATIONS | |
| A. Submit a staffing plan, including resumes showing years of experience, licenses, and certifications for all individuals identified to fill the personnel roles specified in Staffing, Section 2.7, with an organizational chart listing position titles and staff names. (Section 2.2 E) | 5 pts |
| B. Describe facility/facilities providing Comprehensive Substance Abuse Treatment services, including physical location and number of beds available for required services (Section 2.2 F) | 5 pts |
| E.2 SCOPE OF WORK | |
| A. Describe your approach to providing the full array of Comprehensive Substance Abuse Treatment services as outlined in Section 2.3 A. | 5 pts |
| E.3 STANDARD OF CARE | |
| A. What is your approach to establishing a client's income? (Section 2.4 A) | 5 pts |
| B. Describe the evidence-based practices to be used, how they are relevant to the client's care and modality of treatment, and the policies and procedures in place regarding training and continuing education of staff. (Section 2.4 B) | 5 pts |
| 6. Besoribe your approach to functific provide the intervent in the trackment process, | 5 pto |
| -addressing the requirements of Cestion 2.4 C. | |
| D. Describe your approach to ensuring that all treatment services are strengths-based, trauma- informed, holistic, culturally relevant, educational, individualized, and recovery- oriented. How will treatment goals be set? How will progress be measured and documented? (Section 2.4 C) | 5 pts |
| E. Describe your approach to aftercare and discharge planning and provide a matrix listing community resources and partners available for referral for continuation service. (Section 2.4 C) | 5 pts |
| E.4 PRIORITY POPULATION | |
| A. Provide an outline of proposed practices and procedures necessary to prioritize the populations as listed in Section 2.5 B. | 5 pts |
| B. Describe how you will ensure access to Residential Treatment Services as required in Section 2.5 H. | 5 pts |
| E.5 RECORDS AND REPORTING | |
| A. Explain how you will meet the records and reporting requirements as listed in Section 2.6. | 5 pts |
| E.6 STAFFING | |
| A. Describe how you will ensure the hiring, training, and supervisory requirements as outlined in Section 2.7 are met. | 5 pts |
| E.7 SUBCONTRACTORS | |
| A. Provide an outline of how subcontractors will be used to provide the full array of services outlined under the Scope of Work. Which areas of service will be provided by subcontractors? How will you monitor levels of service provided by subcontractors and ensure successful treatment of DHS clients? (Section 2.8) | 5 pts |
| E.8 TECHNOLOGY REQUIREMENTS | |
| A. Describe how you will meet the technology requirements as outlined in Section 2.10. | 5 pts |
| E.9 PHYSICAL PLANT | |
| A. Describe the physical plant and how you will meet the requirements as listed in Section 2.11. | 5 pts |

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 | | |
|---|--|-----------------------|--|--|
| South Arkansas Regional Health Center | 412 N. Vine | Magnolia, AR 71753 | | |
| South Arkansas Regional Health Center | 715 N. College | El Dorado, AR 71730 | | |
| Arkansas Cares | 2002 Fillmore Street | Little Rock, AR 72204 | | |
| | | | | |
| SWACMHC will subcontract with the adolescent re | sidential treatment facility which is awarded the co | ntract | | |
| SWACMHC refers clients for deto | x services to crisis stabilization ur | its NOT subcontracted | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

DAABHS Comprehensive Substance Abuse Treatment Services Regions

- Please check the region in which you are willing to provide the service. See Attachment G for map of treatment regions.
- Do not include additional information if not pertinent to the itemized request.
- Please return with your response packet.

Catchment Area 1

- Catchment Area 2
- Catchment Area 3
- Catchment Area 4
- Catchment Area 5
- Catchment Area 6
- Catchment Area 7
- Catchment Area 8

E.1. MINIMUM QAULIFICATIONS

E.1.A. (SECTION 2.2.E)

Staffing plan, including resumes showing years of experience, licenses, and certifications for all individuals identified to fill the personnel roles specified in Staffing, Section 2.7, with an organizational chart listing position titles and staff names.

SOUTWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER

E.1.A. Minimum Qualifications- staffing plan

Southwest Arkansas Counseling and Mental Health Center has in place a supervisory structure consistent with the organizational chart which is attached

- Southwest Arkansas Counseling and Mental Health Center is a private non-profit corporation overseen by a Board of Directors. This Board meets monthly to review the activities of the Center and each of the Center's programs/
- The Executive Director, Michael Cluts, oversees the everyday operations of the Center.
- The Director of Substance Abuse Services, Carlotta Powell, answers directly to the Executive Director, and oversees all administrative and clinical substance abuse services. The Director of Substance Abuse Services is responsible for ensuring the continuation of proper staffing, adequate and accessible facilities, administrative support, adequate supplies and materials and the reporting of data as required by the Division of Aging and Adult Behavioral Health Services (DAABHS).
 - River Ridge Residential Treatment Center currently has three full time counselors responsible for providing substance abuse services to clients. These counselors report directly to the Director of Substance Abuse Services. Each counselor is responsible for up to six residential clients.
 - Two counselors perform family group every other month alternately.
 - There are five outpatient counselors, Each counselor is responsible for doing screenings, intakes and assessments as well as providing outpatient and intensive outpatient counseling for adolescents and adults
 - Terry Williams, CI, is responsible for the outpatient services in Texarkana.
 - Patrician Hinojos, CI, is responsible for the outpatient services in De Queen.
 - Regina Morgan, CI is responsible for outpatient services in Hope.
 - The Office Manager, LaShea Thomas, reports to the Director of Substance Abuse Services. She is responsible for the administrative intake functions, including billing, financial assessment and data collection.
 - The House Managers/Dorm Managers work after regular business hours and weekends, supervising clients. They report directly to the Director of Substance Abuse Services. They provide no direct clinical service.
 - Detoxification Services are offered under contract with a local provider.
 - Specialized Women's Services are offered under contract with Arkansas Cares in Little Rock

• Residential Adolescent services are offered under this contract with qualified providers through subcontractors.



SmartArt Basic



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Arkansas State Board of Examiners in Counseling

Licensee: MICHAEL J. CLUTS

License: P8806008

LPC

Effective: 4/6/2021 Expires: 6/30/2023

CHAIR OF THE BOARD There Clane

RESUME

MICHAEL JOHN CLUTS

186 Central Rd. Horatio, AR 71842 (870)582-1720- home Date of Birth: 8-11-57 Marital Status: Married (870)773-4655- work

EXPERIENCE:

| 2020 to present | Southwest Arkansas Counseling and Mental Health Center, Inc. |
|-----------------|--|
| | Texarkana, Arkansas |
| | Executive Director |
| | Responsibilities-direct supervision of Clinical Director, Youth Services |
| | Program Director, Human Resource Director, Chief Financial Officer, Chief |
| | Information Officer, and Medical Director. Overall management of Center |
| | operations with approximate annual budget of 11 million dollars and with 180 |
| | employees. |
| | employees. |
| 2010 to 2020 | Southwest Arkansas Counseling and Mental Health Center, Inc. |
| | Texarkana, Arkansas |
| | Clinical Director |
| | Responsibilities- provide professional and administrative supervision and |
| | consultation for all clinic directors, site directors, Director of Substance Abuse |
| | Services, Director of Therapeutic Foster Care, Assistant Clinical Director, |
| | Director of Quality Assurance and Corporate Compliance Officer; assist |
| | Executive Director in program planning and development; assist in preparing |
| | yearly budget for board approval; serve in a public relations capacity to |
| | residents and stakeholders throughout catchment area; provide training, |
| | education, and consultative services to various groups throughout catchment |
| | area; ensure continued certification from the Arkansas Division Aging and |
| | |
| | Adult Behavioral Health Services; ensure continued accreditation by CARF |
| | International; development and maintenance of managed care contracts; |
| | development and maintenance of service contracts; participate in Mental |
| | Health Council of Arkansas committee activities; assist with purchase, |
| | maintenance, and operation of computer resources. |
| 2011 to 2021 | CARF International |
| | Tucson, Arizona |
| | Behavioral Health Administrative and Program Surveyor |
| | Responsibilities- participate on multi-disciplinary team which assesses |
| | compliance to performance standards and provide consultation to various |
| | behavioral health organizations |
| | ounavioral noath organizations |



| Arkantsas Substance Abuse Certification Board Breby Certifies Astorra Powerz Cattorra Powerz Cattorra Powerz Cattorra Powerz Cattorra Powerz Cattorra Powerz Die Bendestenni Performance, and in boing 50, jass earned recognition as a Unsee Standards of Professional Performance, and in boing 50, jass earned recognition as a Unsee Standards of Professional Performance, and in boing 50, jass earned recognition as a Certific Ultifical Supervision Last Arka and and the Certifical Supervision to be and and a supervision as a a su |
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CARLOTTA POWELL, CS-D, ADC, PR

7073 HWY 77 W Atlanta TX 75501 · 430-342-9453 cpowell@swacmhc.com

have great leadership qualities and an ability to empower those around me. I have a passion for the population I serve. I am hard-working and dedicated with 18 years' experience. Willingness to take on other responsibilities to meet team goals. Ready to help team achieve company goals.

EXPERIENCE

06/2012 – PRESENT

DIRECTOR OF SUBSTANCE ABUSE SERVICES, SWACMHC

Supervise CITs, Outpatient counselors, facilitate groups, teach classes, oversee day-to-day operations, and administrative duties. Report to Board of Directors at SWACMHC monthly financials and statistics.

05/2008 - 12/2011

COPSD SPECIALIST, COMMUNITY HEALTH CORE

Case management, worked with dual-diagnosed population, clinical assessments, treatment plans, and transported clients to hospitals

2006 -- 2008

COUNSELOR, CDU

Ran weekend groups, provided aftercare services

2003 - 2008

CIT, SWACMHC

Build treatment plans, carry case load, groups, educational lectures, and documentation

EDUCATION

05 2004

ASSOCIATE OF APPLIED SCIENCE, CONCENTRATION IN DRUG AND ALCOHOL ABUSE, TEXARKANA COLLEGE

Minored in criminal justice, president's list every semester, and a member of Phi Theta Kapa

SKILLS

Gommunication skills

Documentation

- Understand-theories-and-application-oftheories
- Clinical assessments
- Crisis Intervention

ACTIVITIES

Served on ASACB board since 2017, was secretary for 2 years, currently co-ethics chair. Was part of the development of the Three Tier Arkansas Peer Support Model. One of the first ten state trainers, as well as one of the first Peer Supervisors. Serve on the AAADAC board as a rep. for region 7. President of the One Day Club Board of Directors. Very active in service work on multiple levels in Narcotics Anonymous. Certificates: Clinical Supervision with a Distance training specialty Certified Alcohol and Drug Counselor

PEER Support through ASACB and NAADAC



Dear PATRICIA HINOJOS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2020/08/31 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

ph: 501.749.4040 • fx: 501.280.0056 • ar.asacb@gmail.com • www.asacb.com

Patricia Hinojos

Counselor in Training, SWACMHC

Texarkana, TX 75501 megapattyh@gmail.com 6186580970

• Eager to apply exceptionally well-placed proficiencies in providing support to clients with substance abuse problems, aiming to reestablish their confidence, and place in society.

Willing to relocate: Anywhere Authorized to work in the US for any employer

Work Experience

Substance Abuse Counselor in Training

Southwest Arkansas Counseling & Mental Health Center - Texarkana, AR July 2020 to Present

• Look through client histories and medical charts to determine past substance abuse problems and interventions.

• Engage clients in conversation to determine their specific problems, and treatment requirements.

• Create, develop, and implement effective plans and programs of treatment, based on the specifics of each case.

Provide counseling to patients on a one on one, group, and family basis, depending on the requirement.

- Check the efficacy of each implemented plan to determine the need for further intervention.
- Create and maintain effective liaison with external agents to acquire resources and services.
- Advise, and direct clients to required external services, providing them with referrals where needed.

Create and maintain logs of client interactions, in an accurate and confidential manner.

• Conduct psychoeducation groups designed to enhance life skills and facilitate successful transition into a life of recovery

• Engaged clients in conversation to determine their specific motivations behind their substance abuse problems.

• Took and recorded notes derived from initial evaluations, and presented them to assigned counselors.

• Assisted counselors in handling difficult cases, by performing activities such as data collection and verification.

Provided support in implementing treatment plans, based on the individual needs of each client.

• Created and maintained records of clients, their histories, and treatment plans information in a confidential manner.

Course Director

Reboot Combat Recovery - Texarkana, TX June 2018 to Present

Plan weekly lessons using a faith-based healing course designed to aid in veterans diagnosed with post-traumatic stress and their family members to cope with daily life and potential triggers that could interrupt their day-to-day routines with a view to reducing veteran suicide and divorce rates, as well as decreasing needs for medications to cope with such diagnoses

Case Manager

Community Services of Northeast Texas, inc. - Linden, TX October 2018 to February 2019

• Utilizing funds from a veteran's grant, successfully served over 75 households, ensuring timely payment of housing and/or utility bills, at an estimated amount of over \$150,000

· Established a sound working relationship with veteran clients

 Coordinated with other local agencies to arrange provision of adequate housing and financial services where appropriate

Enhanced client natural supports and resources

• Dealt with emergency cases and recommended social and financial interventions if found necessary after assessment

- Developed and updated case files as new information became available
- · Facilitated the clients in using community resources efficiently
- Coordinated with social service agencies, providing funding and service provision as each client's case required
- Introduced and developed financial planning strategies for each client as required
- Under the organization's free veteran transportation program, arranged over 100 veteran taxi rides
- Filed case information in a predefined database
- Provided reliable monthly reporting on status of veteran programs
- Ensured confidential handling of all client information
- Developed effective rapport with families in need of assistance.
- Provide direct services to veterans and their families on a monthly basis

• Deliver one to one support to veterans and family members in emergency situations such as: financial counseling; transportation assistance, fuel assistance, housing payments, utility payments, job readiness training, dental assistance and childcare assistance

• Enrolled veterans and their families in tenant-based rental assistance programs as needed to provide longer-term housing solutions designed to facilitate their ability to rise up out of poverty situations

• Identified opportunities for financial management and pointed out community resources for family and individual servicemember support.

Completed case files as per organizational guidelines.

• Publish quarterly case progress summaries.

Counselor

First Choice Pregnancy Resource Center - Texarkana, TX March 2018 to October 2018

Interview clients in order to accurately assess needs

• Accurately enter client information into center database, ensuring receipt of proper and timely goods and services

• Provide emergency services for clients unsure of whether or not they intend to proceed with their pregnancies

• Educate clients on the services provided by the clinic

• Provide crisis intervention, ensuring that the physical and emotional well-being of each patient was not compromised.

- Assess patients' mental health conditions by conferring with them and their families
- Counsel patients with emphasis on promoting mental and prenatal health
- Create and maintain patients' records, and ensuring that they are periodically updated.
- Refer patients to community resources or other healthcare specialists
- Complete case work related documentation

• Develop trusting relationships with patients and families

Administrative Assistant

Safe Harbor Christian Counseling - Pasadena, MD November 2014 to December 2015

Managed all office administration for a counselor/counselor supervisor

Cryptologic Technician Interpretive - Third Class (E-4)

U.S. Navy - Fort Meade, MD January 1993 to January 1998

Hebrew Linguist with Top Secret clearance

Education

Master of Science in Counseling in Clinical Mental Health/Licensed Professional Counseling

Texas A & M University-Texarkana - Texarkana, TX June 2018 to December 2020

Skills

- Counselor-in-Training/Addiction Counseling (2 years)
- Individual / Group Counseling (2 years)
- Problem-solving (10+ years)
- Flexibility (10+ years)
- Reliability (10+ years)
- Team Work (10+ years)
- Crisis Intervention (1 year)
- Group Therapy (2 years)
- Behavioral Therapy (2 years)
- Motivational Interviewing (1 year)
- Case Management (3 years)
- Presentation Skills (5 years)
- Conflict Management (10+ years)
- Intake Experience (5 years)
- Child & Family Counseling (1 year)

Languages

Hebrew - Intermediate

Military Service

Branch: Navy Service Country: United States Rank: E4 January 1993 to January 1998

Cryptologic Technician-Interpretive Third Class

Commendations: Hebrew Linguist with Top Secret clearance

Certifications and Licenses

DLA-20

Present

certified to assess what daily living activities are impacted by behavioral health impairments, illnesses or disabilities; where outcomes are needed to providers can address functional deficits on individual service plans



July 21, 2017

Regina Morgan 4234 Garland Ave. Texarkana, AR. 71854

Dear Regina,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of July 21th, 2017 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner, Administrator ASACB

Regina R. Morgan

107 Peccu Street Tostekaro AR (1953) Henis (270) 774-9978

OBJECTIVE: To attain employment that will enable me to utilize my professional skills as well as gain knowledge of more professional skills.

QUALIFICATIONS

I have always worked directly with the public one on one and enjoy this field. I have qualification in being a team player, supervising and being supervised. I am a hard worker and a self-motivated person that is always willing to use and gain more skills.

EDUCATION

| 2005 | Alcohol and Substance Abuse Counselor Texarkana College |
|---------|---|
| 1987-88 | Business Administration Grambling State University |
| 1986 | High School Diploma Liberty-High School |

EMPLOYMENT

| 2001-2005 | To establish and maintain rapport with the residents. To ensure the physical well being of all residents. |
|-----------|---|
| | Investigate and record any suspicious or unusual behavior. To conduct informal search of resident's belongings, and living quarters, as well as other facilities and area. |
| | To make necessary measures to prevent or intervene in any altercations or disturbance. Identify and document any violation of center rules that are not being followed. To give information or working one on one with residents, so they can successfully complete Program. |
| 1999-2001 | <i>Transportation Driver, Opportunities</i> Transported client, with accurate and detailed documentation Of clients who are on Texas and Arkansas programs. |
| 1996-1999 | ALMAR, Janitorial Service Professionally Detailed and cleaned offices, warehouse area, and living quarters. Made sure all areas are stocked with supplies and daily keeping inventory on supplies that are being issued. |
| 1993-1996 | <i>Recreation Aid, Red River Army Depot</i> Taught school age children different skill. Collected tuition fees Coordinated activities, responsible for buying supplies. Completed intakes supervised activities for children. |

| 1993-1993 | Direct Service Worker I, Evergreen Presbyterian Ministries |
|-----------------------------------|--|
| | Taught basic living skills to mentally and physically |
| | challenged individuals. |
| | Transported client, accurate and detailed documentation of charts. |
| | Coordinated activities, supervised and trained employees, |
| en anno star march a costa annaga | Monitored behaviors. |

References Upon Request

Arkansas Substance Abuse Certification Board

Hereby Certifies

TERRY WILLIAMS

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Certified Alcohol and Drug Counselor

12/27/2019 1687 12/31/2021 Expiration Date Issue Date Certificate Number President residen

Terry Williams

Certified Alcohol & Drug Counselor

💽 Texarkana, AR, 71854

🔇 (870) 648-4904



😋 terry.williams@ace.tamut.edu

Caring, empathetic Substance Abuse Counselor with 9 years of experience in residential and outpatient settings. Exceptionally talented at building rapport with different patient groups to encourage honesty and growth in recovery from substance abuse. Desire to pursue new role with PTSD veteran group. Committed to helping patients understand emotional issues underlying substance abuse patterns. Reliable employee seeking clinical supervisor position. Offering excellent communication and good judgment. Organized and dependable candidate successful at managing multiple priorities with a positive attitude. Willingness to take on added responsibilities to meet team goals. Ready to help team achieve company goals.



Skills

- Individual counseling
- Providing community referrals
- Clinical assessment
- Specimen testing
- Crisis Intervention
- Clinical Documentation
- Goal Setting
- Family therapy
- Conflict resolution
- Microsoft Office
- Teamwork
- Teambuilding
- Critical thinking
- Collaboration
- Good telephone etiquette
- Basic math
- Reading comprehension

- Computer skills
- Good listening skills
- Supervision

Work History

Substance Abuse Counselor

Southwest AR. Counseling And Mental Health Center, Texarkana, AR Responsible self-starter who communicates well and is dedicated to improving the well-being of clients. Well rounded and motivated with the ability to attend to clients, while communicating effectively. Strong work ethic. Rapidly acquires new skills. Dedicated, focused and diligent in executing and maintaining the highest level of abilities to reach planned objectives and goals.

Education

High School Diploma

Arkansas High School - Texarkana, AR

- Associate of Arts: Drug And Alcohol Abuse Counseling Texarkana College - Texarkana, TX
- **Bachelor of Arts: Psychology** Texas A&M University - Texarkana - Texarkana, TX
- Master of Arts: Mental Health Counseling Southern Arkansas University - Magnolia, AR



69)

Additional Information

Retired United States Marine 1979 - 1995; Two (2) combat tour of duty Arkansas Department of Correction 1990 Veteran Affairs 2001- 2004



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- 2010-08 2013-05
- 2013-08 2016-05

2016-08 - 2020-05

B Date of Issue 06/12/2020
 UCENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

 Date of Issue
 License No.
 Expiration Date

 06/12/2020
 4211
 12/31/21
 certifies that Mitzi L. Burton is currently licensed under the authority of Act 443 of 2009 as a State of Arkansas Board of Examiners of Alcoholism and Drug Abuse Counselors Board Administrator : : : : : :

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License Search



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Mitzi Burton, MS, LPC

3515 Arista Blvd., Apt. 723

Texarkana, Tx 75503 541-868-6254 texbian@gmail.com

EXPERIENCE

3/15/21 - Current: Licensed Professional Counselor/LADAC at SWACMHC 2904 Arkansas Blvd, Texarkana, Arkansas 71854. Planning and Development of the Medicated Assistance Treatment Program, as well as, meeting clients for individual and group therapy, to assist in staying sober, facilitate growth, and removing obstacles that get in the way of living prosperous lives.

7/20/21 - 9/15/20 Licensed Professional Counselor and SUD Counselor at Ouachita Behavioral Health on Wellness Way in Hot Springs, AR. Employed to provide individual and group counseling services to the clients enrolled in the MAT Program and assist them to achieve recovery and remove obstacles that interfere with personal growth in the community.

Program Operations Director; Gateway Recovery Center, HHI; 3900 Armour Avenue, Fort Smith, Arkansas 72903 3/1/20 - 6/15/20

Employed at Program Director at Gateway Center, an all women's facility, treating substance use disorders, as well as mental health issues, legal issues, and family support issues using ACT Therapy centering on values ad learning new ways of coping to become successful in remaining sober and parenting children. I supervised a team of 17 including clinical and direct client care staff. During this time I also participated in Program Development for a Family Recovery Program to assist supporting families involved in DHS to retain parental rights.

Director of Mental Health; Serenity Lane; 1 Serenity Lane, Coburg, Oregon 97408 - 6/30/2011- 12/16/2019

Employed , initially, as a CADCI and facilitated group and individual counseling in an Outpatient setting, created treatment plans, lectured, and was an advocate for patient services. I began working in the Mental Health Department after being employed with Serenity Lane for 3 years and was promoted to the Director of Mental Health at the beginning of 2019. We had a team of 8 clinicians and I oversaw the training and administrative needs of this team, attended staffing, and initiated the growth of mental health services in our Outpatient Offices. During this time we were able to bring the HAP Team into our facility train all of our MH Team trained in EMDR therapy. The MH Team supports and attends to a variety of co-occurring disorders to support sobriety and well-being.

QMHP; ShelterCare; 7th Street, Eugene, Oregon 97401- 5/2004-10/2007

I facilitated individual and group counseling for adults with chronic and persistent mental illness. I also created treatment plans, conducted mental health assessments, crisis management, and medication management for patients in our program.

QMHP; Northeast Texas Mental Health Mental Retardation; 1C Oaklawn Plaza, Texarkana, Texas –6/1997-8/2004

I facilitated individual and group counseling to adults with chronic mental illness in a community setting. During this time I attended Graduate School in the evenings and received my Master's Degree in Counseling. Duties included creating treatment plans, mental health assessments, attended staffing, medication management, and advocated for services.

EDUCATION

Texas A&M University-Texarkana; Master's in Counseling 1/1997 - 5/2001

Southern Arkansas University; Magnolia, Arkansas; Bachelor of Science in Biology and Sociology 9/1984 - 5/1995

SKILLS

I am trained in creating client-centered treatment plans, administrating mental health assessments, crisis stabilization, individual and group counseling, and trauma-informed counseling. I have completed training in EMDR therapy, ACT therapy, CBT therapy, and supervision. I have created and implemented anger management and trauma tracts for patients on an inpatient basis.

REFERRALS: To be provided upon request.

Certificate of Attendance

This certificate is presented to

Kimberly Cox

For attendance at

Peer Specialist Core Recovery Training

for a total of 24.00 credit hours on

November 27, 2017 -November 30, 2017 9:00 AM - 4:00 PM

Little Rock

MidSOUTH SCHOOL OF SOCIAL WORK

ROCK

UNIVERSITY OF ARKANSAS AT LITTLE ROCK



Kimberly D. Cox 340 County Road 3440 Atlanta Tx. 75551 903-796-7786 430-342-5492 Kcox0521@gmail.com

Objective - Seeking full time employment

Work Experience

2005 - 2017

Hazel Street Recovery Center dba Integrated Health 501-227-7305

Job Title: Direct Care Staff

Description: Observation of clients during daily activities, group settings and outings from the facility. Proper documentation of daily activities, and client behaviors. Reporting to clinical or supervising staff. Supervision of medication administration. Greeting families with profession and compassion. Communicating with families via phone with profession and compassion. General office duties, such as filing, answering phones, preparing documentation for next day.

| 2003 - 2005 | Stay at home mom |
|-------------|------------------|
|-------------|------------------|

<u>2001 – 2003</u> Linden Municipal Hospital 903-756-5561

Job Title: CNA

Description: Patient care (ages varied), Routine vital signs, outpatient prep for minor testing or procedures, filed documentation, recorded signs, and report to nurse and/or doctor.

| <u>1999 - 2001</u> | Golden Villa, Nursing Home |
|--------------------|----------------------------|
| | 903-796-0290 |

Job Title: CNA

Description: Patient Care, documentation, reporting to nurse.

Education

| 2016 | Texarkana College Texarkana Tx 75501 | Attending (behavioral science) |
|------|--|--------------------------------|
| 1995 | Queen City High School Queen City Tx. 75572 | High School Diploma |

Skills

Organizational, Multi-line phones, knowledge of computers, adequate typing skills, knowledge of some medical equipment, Knowledge and trained on medication abbreviation. CPR, CPI (crisis prevention intervention), and first aid training. Use of some medical equipment. Taking minutes, notes, and preparing them.


December 1, 2017

Kimberly Cox 340 CR 3440 . Atlanta, TX. 75557

Dear Kimberly,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of December 1st, 2017 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner, Administrator ASACB



October 14, 2016

Bridget Taylor 104 Citiation St. Texarkana, AR. 75501

Dear Bridget,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of October 14th, 2016 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner, Administrator ASACB



Texarkana, Texas 75501

Cell 430-342-7589

Summary

Administrative professional with several years of professional experience. Skilled in all aspects of office management and administration, organization of filing systems, use of electronic office equipment, handling multi-line phone systems, reception, data entry, coordinating with staff, scheduling appointments, accounts receivable and accounts payable, preparing and filing Texas Sales Tax, employee payroll taxes on a monthly basis. Communication skills, demonstrated through verbal and writing abilities, client relations, customer service skills and the ability to produce in-depth reports and correspondence. Seeking an opportunity with a respected organization that appreciates hard work, dedication and determination.

Skills

- Microsoft Office; Excel, Word, Power Point (70 wpm)
- Strong Communication Skills
- Computer Skills
- Research & Analytical Skills
- Decision Making
- Dependability and Accountability
- Teamwork
- Planning & Organizing
- Problem Solving/Thinking/Creativity

Experience

Tommy's Design Center Office Manager/Sales New Boston, TX 7/2008 – 6/2016

- Managed daily operation of flooring showroom, delivering personal attention to customers to ensure high level of satisfaction, to generate repeat clientele, to encourage word of mouth referrals.
- Developed rapport with customers and fostered cordial atmosphere, successfully anticipating customer needs.



Dear GINGER FINIGAN

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2020/06/18 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

GINGER FINIGAN

1415 Orleans St. Texarkana AR 71854 · 903-824-8421 gfinigan0925@gmail.com

To obtain a position with the company that will allow me to be an asset with the ability to grow professionally as well as personally.

EXPERIENCE

MARCH 2020 – PRESENT

COUNSELOR IN TRAINING, RIVER RIDGE TREATMENT CENTER

My main duty includes searching for ways to be most effective for each individual client. This is done through the intake process, individual counseling, treatment plan implementation, group counseling facilitation, as well as residential services facilitation.

FEBRUARY 2018 – MARCH 2020 ASSISTANT MANAGER, SUBWAY

My main duties revolved around customer service. My job included ensuring friendly customer interactions, preparing food as the customer wanted, and ensuring freshness of all products by labeling and monitoring dates on products. I was responsible for shift labor percentages, shift deposits and weekly product ordering.

EDUCATION

CURRENT

PSYCHOLOGY/SOCIAL WORK, TEXAS A&M

I am currently attending Texas A&M to obtain my Bachelor's Degree in Psychology with a minor in Social Work.

DECEMBER 2020

ASSOCIATES OF APPLIED SCIENCE: CONCENTRATION IN DRUG AND ALCOHOL COUNSELING, TEXARKANA COLLEGE

During my years at Texarkana College I was awarded a scholarship from the Texas Association of Addiction Professionals and graduated with honors.

SKILLS

- Adheres to certification standards
- Adheres to company standards

- Adheres to ethics standards
- Consistent
- Reliable

ACTIVITIES

I am currently registered with the Arkansas Substance Abuse Certification Board (ASACB) as a Counselor in Training (CIT). I also belong to the Arkansas Association of Alcoholism and Drug Abuse Counselors (AADAC).



August 15, 2018

Eric Parks 561 CR 1247 Linden, TX. 75563

Dear Eric,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of August 15th, 2018 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

ERIC D. PARKS

200 West Miller Street, Atlanta, TX 75551 Ericparks71@yahoo.com/eparks@swacmhc.com/parkseric1971@gmail.com

I'm working in the Substance Abuse field because I too, needed help in navigating my life in an effective manner. I am a recovering addict, my clean date in 12/28/2013, and I am truly grateful that there were counselors working in the field waiting to help learn how to live life. In 2015, as I was completing the program I was in, I thanked my counselor and told her I would do my best to continue on this journey. Today I have a passion for recovery from drugs and alcohol, and due to my experience with addiction, I feel that I am able to empathize with others without them taking advantage of me.

EXPERIENCE

AUGUST 2018

08/15/2018

COUNSELING INTERN, SWACMHC

I was accepted into the internship program on August 15, 2018 but I had been working as an intern starting approximately March or April of 2018 while working at River Ridge Treatment Center.

JANUARY 2018

01/19/2018

DORM MANAGER

I was originally hired on at River Ridge Treatment Center as a night time Dorm Manager working 4pm-12am.

AUGUST 2013

08/26/2013 PAINTER/LABORER

I began working for Larry Penny at Eagle Painting in Linden Texas, doing interior and exterior work on houses, schools, cabinets, etc.

EDUCATION

DECEMBER 2020

ASSOCIATE OF APPLIED SCIENCE CONSENTRATION IN DRUG AND ALCOHOL ABUSE COUNSELING, TEXARKANA COLLEGE

I graduated with a 3.9 grade point average after 28 years of being out of High School. It did take me 4 years to finish 2 years of school while juggling a full-time job, side business, family life with

2 toddlers and my personal recovery. My second semester of school, I was inducted into Phi Theta Kappa Honor Society and had an invitation to the International Scholar Laureate program.

SKILLS

- Strong leadership qualities
- Problem solving skills
- Interdependent

- Empathetic
- Intelligent
- Caring

ACTIVITIES

Those who know me, know I have a passion for recovery. I attend a lot of recovery-based events. Because of recovery I get to live this journey that I was so envious of while in active addiction. I get to travel to areas like Dallas, Waco, Fort Smith, Little Rock, Hot Springs and other places being of service to others in the fellowship I am a member of. I get to be a father to my children, husband to my wife and was able to be the son my mother wanted me to be before she passed. I've been a musician since the age of 16 years old, which also allowed me to travel to other states. I've written poems that were published, songs that were recorded and played on radio stations across the county and sold a patriotic song after the 9/11 attack which was titled American Pride. Music has always been my medicine. I believe that music is the purest form of freedom of speech and expression, left in the world today.



September 20, 2019

Re: Steven Shelton

Dear Steven,

The education committee of the Arkansas Substance Abuse Certification Board reviewed your official transcript from **Texarkana College.** You have been approved at the **Associate degree level**. This means <u>you have</u> <u>satisfied the 300 hour education hour requirement towards Certified ADC</u> <u>testing</u>. We **recommend** that you continue to take workshops specific to the addictions process through the MSATN program (501) 569-3071, and we **require** that you take <u>six (6) clock hours of board approved ethics</u>.

In terms of work experience, this means that you will be required to provide documentation of **two and a half years (5,000 hours)** of supervised work experience under a certified addictions counselor including a **300 hour** practicum <u>under a certified clinical supervisor</u> as noted on pg. 55 of the application and standards manual (Revision Feb. 2014) <u>www.asacb.com</u>

Please do not hesitate to contact me with any questions or concerns regarding the certification process.

Regards,

Jason C. Skinner

Jason C. Skinner ASACB Administrator

Steven E. Shelton

Texarkana, Arkansas | (903) 277-1304 | steve0bud@yahoo.com

Objective

Seeking career change that is stable and self-rewarding. The opportunity to utilize my attributes and skills in an environment that supports team activity and provides freedom for cross skill diversity is a major objective. Being of service to others is an important individual philosophy.

Education Bachelor of Applied Arts & Science | 2019/current

- Major: psychology
- Minor: sociology

ASSOCIATES IN APPLIED SCIENCE | 12/2018 | Texarkana community college

- Highest honors
- · Major: psychology
- Minor: sociology
- Related coursework: Drug & Alcohol Abuse Counselor program
- Completed practicum hours at River Ridge Treatment Center

HIGHSCHOOL DIPLOMA | 05/1992 | TEXAS SENIOR HIGHSCHOOL

- Major: General studies
- Minor: General studies
- Related coursework: N/A

Skills & Abilities

REGERSTERED COUNSELOR INTERN IN THE STATE OF ARKANSAS MANAGEMENT

- Nine years ago, I was a direct care supervisor at an adolescent male drug and alcohol abuse treatment center.
- Prior to that I was a store manager and assistant manager for 3 years for a video retail chain called Blockbuster Video.

SALES

- Top used appliance salesman of a furniture store.
- I also led in membership sales at the video store 2 years in a row.

COMMUNICATION

- Communication skills is just one of the classes I instruct at RRTC. Teaching clients how to communicate assertively.
- Motivated staff at Blockbuster to achieve sale goals by giving clear and precise directions.
- I utilized that skill at the treatment center as well to help the technicians to monitor and observe clients.

LEADERSHIP

- I have been a member of a 12-step group for over 17 years that other members look to for advice.
- I have held several positions in my career at management level.

Experience

Substance Abuse Counselor Intern |River Ridge Treatment Center| 9/2019 till present

- Instruct classes over various subjects such as Family Roles, Communications Skills and Anger Management
- Facilitate/co-facilitate Process Groups a minimum of twice a week
- Every 3 months facilitate Family Group
- Individual sessions with clients
- Creating treatment plans centered around client's needs

SALESMAN | GATEWAY FURNITURE & APPLIANCE | 01/2012 - 05/2019

- Customer service
- Load and unload freight trucks
- Display merchandise
- · Go on repossession when necessary
- · Service calls to customers houses
- · I have a keen sense of selling appliances
- I sell more used appliances than any other salesman

DIRECT CARE STAFF SUPERVISOR | HAZEL STREET RECOVERY CENTER | 3/2011-1/2012

- Supervisor over 7 direct care technicians
- Made out the schedules according to the number of clients
- Covered shifts when needed
- Overseeing the hiring or termination of Direct Care Technicians.
- I had the ability to relate with the clients better than the other DCT's because of my relations to addiction and being a male.

ASSITANT MANAGER | BLOCKBUSTER VIDEO | 02/2004 - 03/2011

- Checked inventory on a weekly basis
- Display merchandise throughout the store
- Oversaw the hiring and termination of employees
- Fulfill the store manager responsibilities when he was not there
- Was the store manager for over a year before company down sized.

Overview

A goal oriented driven individual that is putting himself through college to earn a degree in a field that he is very passionate about. Seventeen years of experience in personal relations by the means of developing supervisory skills and addiction treatment attributes. Being of service to others is not just a philosophy but a way of life as well.

Steven Shelton

41 Broadmoor Dr. Texarkana, Ark. 71854 (903) 277-1304 Steve0bud@yahoo.com

References:

Carlotta Powell

Atlanta, Tx. 75551

(430) 342-9453

Relationship: Supervisor at River Ridge

Randy Thomason LCDC

121 Marguerite Dr.

Texarkana, Ark. 71854

(903) 824-3743

Relationship: Co-worker/friend

Charles Russ

2301 Arkansas Blvd

Texarkana, Ark. 71854

(903) 319-7191

Relationship: Former supervisor

Jamie Jones

101 Redwater Rd.

Wake Village, Tx. 75501

(903) 277-0380

Relationship: Friend for over 19 years

Adam Cobb

Ogden, Ark. 71853

(903) 832-4581

Relationship: Former supervisor

E.1. MINIMUM QUALIFICATIONS

E.1.B. (SECTION 2.2F)

Description of facility/facilities providing Comprehensive Substance Abuse services, including physical location and number of beds available for required services.

SOUTWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER

E.1.B. Description of facilities providing CSATS including physical location and number of beds available for required services. (Section 2.2.F)

ARKANSAS REGIONAL MAP



In order to provide coverage to the entire catchment area, the Center has strategically placed outpatient offices to provide services throughout the 12 county area. The offices listed below are identified as to the primary counties they serve:

Texarkana – Located at 2904 Arkansas Blvd, Texarkana, AR 71854 (870)773-4655. Serves Miller, Lafayette, and Little River counties

Hope – Located at 300 East 20th St., P.O. Box 452; Hope, AR 71801(870)777-9051. Serves Hempstead, Howard, and Nevada counties

DeQueen - 1312 W. Collin Raye Drive, P.O. Box 459; DeQueen, AR 71832 (870) 584-7115. Serves Sevier, Howard and Little River Counties.

Magnolia - 412 N Vine, Magnolia, AR 71753 · (870) 235-1030. Serves Columbia, Lafayette, Ouachita counties. SERVICES PROVIDED BY SUBCONTRACTOR

El Dorado - 715 North College El Dorado, AR 71730 Phone: 870-862-7921. Serves Union, Calhoun, Dallas and Ouachita Counties. SERVICES PROVIDED BY SUBCONTRACTOR

Residential Treatment is provided at River Ridge Treatment Center, 7000 N. Stateline Ave, Texarkana, AR 72854 (870)774-1315. River Ridge serves all twelve counties. 23 beds available.

Juvenile Drug Court – There are two Juvenile Drug Courts in the catchment area, one in Hope and one in Magnolia. These will be served by the outpatient offices in Hope and Magnolia.

E.2. SCOPE OF WORK E.2.A. (SECTION 2.3A)

Description of approach to providing the full array of Comprehensive Substance Abuse Treatment services as outline in Se3ction 2.3.A

SOUTWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER

RIVER RIDGE TREATMENT CENTER

VII. PROJECT MANAGEMENT

C. Flow Chart of Services

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Client presents for Admission

Either in person or by phone

Or

Referral Source calls

Client's information is recorded on Screening Form

Based on Screening

Client can be referred to

| Outpatient | | Residential |
|-------------------------|-------------------------------|-----------------------|
| If client is in need of | If client is in need | If client is in need |
| Outpatient Services | of SWS or Adolescent | of Residential |
| Intake is completed | Residential | Admission date is |
| Client is entered into | Intake is completed. | Scheduled . Interim |
| ADMIS system | Client is entered into | Services are offered. |
| • | ADMIS system | |

| If client needs outpatient only Is Seen as needed, typically 1 time per | If client is in need of Intensive Outpatient treatment, client is seen 3 times per | If client is in need of SWS services, they are referred to one of three | If client is in need of Residential Adolescent Treatment, they are referred to one of two | Client is admitted at the soonest possible date. Intake is completed. Client is in treatment for thirty-five days. |
|--|---|--|--|--|
|--|---|--|--|--|

| week for group and 1 time per week for individual | week for two hours for group and one time a week for individual | contracted programs for admission. | contracted programs for admission. | |
|---|---|---|---|--|
| | counseling. | | | |

· ·

| Documentation is completed per session In SWACMHC EMR | Director or Clinical Supervisor are notified. They contact facility at least once per week to verfify client is still in treatment and enter billing into SWACMHC EMR to bill ADMIS | Documentation is completed daily for all activities provided in SWACMHC EMR. |
|---|--|---|
| | Documentation of services are completed in Contracting agencies Medical Record System. | |

| Supervision of Services is | Supervision of Contract | Supervision of Services is |
|--|---|--|
| done per DBHS Licensure | sites is done at least | done per DBHS Licensure |
| Standards, based on | quarterly to monitor | Standards, based on |
| counselor's credentialing | compliance with DBHS | counselor's credentialing |
| and by agency policy on Quality Assurance | Licensure standards and National Accreditation. | and by agency policy on Quality Assurance |

| Discharge or Transition is completed by primary counselor. | Discharge is completed by Contracting Agency and copy of chart is sent to SWACMHC and scanned into EMR | Discharge or Transition is completed by primary counselor. |
|--|--|--|
|--|--|--|

| If client is in need of other | Client is referred back to | If client is in need of other |
|-------------------------------|----------------------------|-------------------------------|
| service provided by | SWACMHC for continued | service provided by |

.

199 199 199

| SWACMHC, Transition | treatment or discharge | SWACMHC, Transition |
|-------------------------|------------------------|-------------------------|
| Summary is completed | planning. | Summary is completed |
| and client is referred. | | and client is referred. |

Invoice is submitted by Contracting Agency. Services are verified by serviced documented in SWACMHC EMR

All DBHS Billing is completed by SWACMHC staff

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

| Policy Area: Core Program Descriptions | Subject: Residential Treatment |
|--|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: CPD-RT |
| Revision Date: 1-21-16, 5-31-18 | Page # 1 of 10 |
| Additional Authority: CARF 2.A., 3.T., DBHS, | Review Date: 1-21-16, 9-21-17 |
| ADAP | |

Philosophy of River Ridge Treatment Center

Abstinence from alcohol and other drugs is the foundation for all services at the River Ridge Treatment Center. The staff of the RRTC also believes the treatment to facilitate the recovery process should be provided in a manner that enhances the individual worth and dignity of each client. The design of the treatment program is intended to protect the human and legal rights of each client, while maintaining the highest level of confidentiality. The RRTC maintains the belief that the most effective treatment should be offered to each client, and that the quality of treatment services should not be sacrificed to increase the quantity of services offered.

Residential care at the RRTC is based on the belief that alcohol and/or drug abuse and dependency is a treatable illness. Care is centered on the knowledge that those who successfully recover from addiction are most often those who are engaged in an ongoing, multi-modal recovery process. Residential services are the initial component in a continuum of care that stabilizes the client and forms a foundation for aftercare and outpatient follow-up.

Continuum of Care

The continuum of care for each client is based on an individualized treatment plan to ensure responsiveness to the unique needs of each client system. Group Therapy is the modality of choice for clients with appropriate intellectual and emotional functioning. A more didactic approach is also offered to include clients who would receive little benefit from group therapy, but respond well to psycho-educational content that instructive groups provide. Each treatment plan also includes individual therapy and family groups, when appropriate.

The aftercare component of the client plan includes outpatient services that are geographically accessible, and include evening hours for clients who have a work schedule that does not permit participation in daytime activities. Outpatient services are based on the knowledge that client's need continued care and support after the completion of the residential component.

The RRTC provides a minimum of 33 hours of treatment per week (Monday through Saturday), with a minimum of 6 hours of structured treatment daily, Monday through Friday, and 3 hours of treatment on Saturday. Treatment consists of any combination of the following:

- Therapeutic activities such as individual and group counseling;
- Educational activities;
- Crisis Intervention;
- Development of community living skills;
- Linkages to community resources;
- Advocacy;
- Development of social skills;
- Development of a social support network;
- Development of vocational skills; and
- Assistance in securing housing that is safe, decent, and affordable.

| Policy Area: Core Program Descriptions | Subject: Residential Treatment |
|---|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: CPD-RT |
| Revision Date: 1-21-16, 5-31-18 | Page # 2 of 10 |
| Additional Authority: CARF 2.A., 3.T., DBHS | Review Date: 1-21-16, 9-21-17 |

Training Activities

Training activities are an essential component of the recovery process at RRTC. These activities include instruction in any of the following areas:

- Community integration goals and activities;
- Identification of target symptoms;
- Factors impacting client, such as:
 - Communication Skills;
 - Degree of support and supervision required;
 - Special needs;
 - Medications;
 - o General health considerations;
 - o Religious beliefs; and
 - o Literacy
- Functional skill;
- Housekeeping/maintenance skills:
- Human sexuality;
- Incident reporting;
- Menu planning and meal preparation;
- Cultural competency and relevance;
- Sanitation and infection control;
- Safety procedures;
- Scheduling in:
 - Menu planning and meal preparation;
 - Cleaning and maintenance of appliances; and
 - Daily routines
- Maintenance of adaptive equipment: and
- Addressing special dietary needs.
- HIV, TB, STD's and Hepatitis. (Testing is provided by referral to local provider upon request) (STD testing is available through the Arkansas Department of Health by appointment upon request of the client)

Staffing

The RRTC is staffed at all times by a dorm manager. In addition, those certified or licensed by the State of Arkansas provide treatment services. These individuals may include Certified Alcohol and Drug Counselors (CADC's) and Licensed Alcohol and Drug Counselors (LADC'S) in addition to peer support specialists and licensed mental health professionals such as Psychologist and Licensed Professional Counsers.

Interdisciplinary Treatment Team

The RRTC utilizes an interdisciplinary treatment team approach for treatment planning and service delivery. Diagnostic evaluations are performed on site and/or in conjunction with outpatient services at one of community mental health centers that are part of the Southwest Arkansas Counseling and Mental Health Center, Inc. Each client's treatment team includes the client, the client's significant others (if possible) and various substance abuse and mental health professionals and paraprofessionals that are involved in service delivery to

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the client. The full treatment team may not be present at each team meeting, but all team members are expected and encouraged to contribute to the treatment plan.

Each client is assigned a primary therapist/case manager who is responsible for leading the team meetings and coordinating the treatment plan. Coordination of the treatment plan includes insuring that the client receives appropriate services from behavioral health practitioners and medical support services, according to the individual needs of the client. When a client begins treatment at RRTC, he/she has access to any services that are provided by the Southwest Arkansas Counseling and Mental Health Center, Inc.

The treatment plan is reviewed at least once every 7 days by the client and the primary therapist/case manager and/or during the treatment team meeting(s). The review of the treatment plan includes a review of the client's goals, and progress towards achievement of these goals.

Staff Presence and Support

There is always at least one staff member on duty and ready to respond to emergencies, 7 days per week, 24 hours per day. When the client census surpasses 20, there is at least 2 treatment staff members present for all scheduled treatment activities.

Community Living Components

The RRTC provides planned programs, consistent with the needs of the clients; for social, educational, and recreational activities for all clients; for daytime, evenings and weekends. The RRTC seeks to provide a specialized community living environment that facilitates the recovery process. The following community living components are included:

- A daily schedule of activities (with a description of each activity);
- Weekly meetings between clients and staff to discuss program operations, problems, plans and/or the use of program resources;
- Opportunities to participate in activities that would be found in a home setting, such as food preparation and the performance of routine household duties;
- Adequate personal space for privacy;
- Security of personal property;
- A homelike and comfortable setting;
- Evidence of individual possessions and decorations that are consistent with the personal choices and needs of the clients, except for items contraindicated by their individual treatment plans.
- Daily access to nutritional meals and snacks;
- Pharmaceutical services, as indicated; and
- Separate sleeping for clients, based on gender.

Smoking is not allowed inside the facility (Arkansas Clean Air Act of 2006), but there is a designated smoking area outside at least 25 feet from the entrances to the building. There is also a designated quiet area, as well as designated areas for clients to received visitors.

Enhancement of Employment Opportunities/Obtaining Credentials/Maintaining Credentials.

The RRTC also seeks to provide leadership to the communities within the catchment area of Southwest Arkansas Counseling and Mental Health Center, Inc., by functioning as a resource for the successful

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development of employment opportunities for people in various stages of the substance abuse disorder recovery process. All staff are expected to continue to develop professionally, obtaining at least 30 hours of approved education related to addiction and to be actively working toward obtaining certification or licensure. Staff that are licensed and/or certified, are expected to obtain necessary training needed to maintain their credentialing.

Criteria for Acceptance of Clients

The RRTC accepts clients that are NOT in need of medical detoxification, but are experiencing marked functional impairments due to drug/alcohol induced behavior. Admission priorities are as follows:

- (1) Pregnant women and injection drug users;
- (2) Client with greatest clinical need;
- (3) Clients that are residents of the catchment area (Hempstead, Howard, Lafayette, Little River, Miller, Sevier, Dallas, Nevada, Ouachita, Calhoun, Columbia and Union Counties);
- (4) Clients that are residents of other counties in the State of Arkansas; and
- (5) Clients from other states (only under agency contract, or on a "full fee" basis, paid by the individual).

Clients are accepted regardless of race, gender, sexual orientation, social preferences, cultural orientation, psychological characteristics, spiritual beliefs, HIV status, and involvement in the criminal justice system, or ability to pay (with other state residents as excepted above). Clients must be at least 18 years of age. If it is determined that needed services can be more effectively or appropriately provided elsewhere, the individual is referred.

Clients may be referred to the RRTC by themselves, family members, friends, courts, social service agencies, physicians, or other sources. Staff members attempt to cooperate with referral sources as much as possible, within the constraints of applicable confidentiality laws and ethical standards.

The RRTC is contracted by the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention (ADAP). As and ADAP funded program, the RRTC is a designated receiving facility for voluntary admissions and involuntary commitments in compliance with Act 1268 of 1995 or it successor.

When a referral is received, RRTC staff record the information from the referral source on a "Request for Services" form. The completed form is routed to the Director of Substance Abuse Services, or his/her designee for processing or placement on the waiting list, as indicated.

Substance Abuse Services to Special Populations and Minorities

It is the policy of the Southwest Arkansas Counseling and Mental Health Center, Inc. (the Center) to provide services in all programs without regard to race, religious preference, gender, or sexual preference or HIV sero status or perceived status. It is also the policy of the Center to take steps to ensure that special populations and minorities have information necessary to access these services when needed. To that end, the Center takes steps to ensure that minorities and special needs populations (e.g., pregnant and parenting women) understand the availability of services and how to access them. This information is communicated in several ways, including, but not limited to:

- Presentations to area civic clubs;
- Presentations to area church groups;

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- Maintaining a physical presence in courts;
- Communicating service availability to area Drug Courts;
- Communicating service availability to area judiciary and law enforcement, including prosecuting attorneys;
- Providing information to area AA, NA, Al-Anon and other support groups;
- Providing information to area domestic violence organizations;
- Providing information to area physicians, including obstetricians;
- Ensuring that the Board of Directors is comprised of individuals representative of the population makeup of the area served by the Center;
- Distribution of brochures and other information about Center services at area health fairs, job fairs, schools and referral sources.

Admission preferences will be provided special populations consistent with priorities established by the Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention.

The Center maintains referral relationships with other providers for services not provided by the Center. When services not provided by the Center are requested, the Center will refer clients to an appropriate provider on a priority basis.

<u>Procedures for Referring Co-Occurring Clients from River Ridge Treatment Center to Outpatient Mental Health</u> Services

Client who are receiving treatment at River Ridge Treatment Center occasionally need referral for psychiatric evaluation for the need for psychotropic medication. When the need is identified for these services, the following procedures will be followed:

Non-emergency Referrals

RRTC clients, who have an open case in a mental health program, are referred directly to the psychiatrist. A representative from RRTC will contact the Texarkana Outpatient support staff to have the appointment scheduled.

RRTC clients who do not have an open case in a mental health program will be referred to the substance abuse outpatient counselor, in the Texarkana clinic, if he/she is also a mental health professional, the client will be scheduled for a Diagnostic Assessment Update, amend the Master Treatment Plan, and have the client admitted to mental health services, prior to the client seeing a psychiatrist.

Emergency Referrals

RRTC clients who have an open case in a mental health program are referred directly to the psychiatrist. A representative from RRTC will contact the Texarkana Outpatient support staff to arrange for emergency services.

RRTC clients who do not have an open case in a mental health program will be referred to the substance abuse outpatient counselor in the Texarkana clinic, if he/she is also a mental health professional, or to the first available mental health professional if the substance abuse counselor is not available. If the substance abuse counselor is not also a mental health professional, the client will be scheduled for a

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Diagnostic Assessment Update with the mental health profession who is on walk-in duty. The counselor/therapist will initiate a Diagnostic Assessment Update, amend the Master Treatment Plan, and have the client admitted to mental health services prior to the client seeing a psychiatrist.

Medical Detoxification Services

If a client is in need of Medical Detoxification, they are referred to the closest appropriate facility. If they have third party reimbursement, they are referred to Ouachita County Medical Center or to other Hospital based programs. If they have no resources for reimbursement, they are referred to the State funded programs administered through Quapaw House, Inc.

Client Treatment Rights and Responsibilities

The specific rights and responsibilities of clients who receive services at the RRTC delineated in the General Policies and Procedures Manual. The RRTC follows the procedures outlined in the General Policies and Procedures Manual for communicating this information to the client during the initial intake/interview process.

Grievance Procedure

The RRTC endorses and follows the Southwest Arkansas Counseling and Mental Health Center's established Client Grievance Procedure, as recorded in Policy #R-2 in the General Policies and Procedures Manual. The Center's Grievance Procedure provides for instances when the client finds that this procedure is unsatisfactory, by informing clients they can notify the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention (ADAP). The RRTC also provides pens, paper, envelopes, postage and access to a telephone for the purpose of filing a grievance.

Client Orientation

The RRTC follows the client orientation policy/procedure, as recorded in Policy #SA-2 in the General Policies and Procedures Manual. The counselors completing the client's intake, along with support staff, are responsible for completing the client orientation process. They assist in the completion of the intake forms and by answering the client's questions, as they emerge, during the orientation and intake process. Staff informs clients regarding the potential cost of services and the expectation that clients accept financial responsibility for the costs, to the extent of their ability to pay.

Opening a Client Record

Center policy ensures that adequate documentation of services is maintained, and that voluntary clients formally consent to receiving the services offered at the RRTC. If the client has an existing open client record within the overall Center system, that client record is transferred to the RRTC for the duration of the client's stay. When the client is discharged from the RRTC, the client record is then transferred back to the Center location where the client will receive aftercare services. If the client does not have an open record, the RRTC will create a new record for the client. If the client has received services from the Center in the past, the RRTC will request the closed client record to gain information regarding the client's historical treatment, and is careful to use the same case number that was previously assigned to the client for the new client record.

Staff members work with clients to complete all the required paperwork, which includes the following:

- Pre-admission screening that determines eligibility and appropriateness (also see Policy SA-1). This step includes completion of the Center's Initial Clinical Interview;
- Residential Orientation Checklist;
- Client Rules Contract;

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- Consent for Treatment and Confidentiality Acknowledgement form;
- Client Orientation and Fee Agreement form;
- Insurance form (if applicable);
- Client Treatment Rights and Responsibilities form;
- Medication Data Sheet;
- Medication Inventory Record;
- Verification of Identity and Residency;
- Confidential Client Survey forms;
- Arkansas Department of Health Management Information System (ADMIS) Admission Report (AR)
- Release(s) of Information form (if applicable/indicated);
- Self-Assessment;
- Addiction Severity Index (ASI); and
- Mental Health Screening Form III Modified.

Assessment Objectives

The RRTC strives to achieve multiple objectives during the assessment process. These objectives are detailed in the General Policies and Procedures Manual.

The primary purpose of the initial clinical interview and completion of the Addiction Severity Index (ASI) is to initiate an ongoing assessment process by acquiring historical and diagnostic information.

Client disposition is established at the end of the initial assessment. Clients may be admitted for residential services, be referred for detoxification services, be referred for intensive outpatient services, be referred for regular outpatient services, or referred to another more appropriate provider. A client may also refuse additional services, or the counselor may find that admission and treatment are not indicated. The therapist or counselor intern that completes the initial assessment process may also dictate a letter of finding and recommendations to the referral source, when appropriate. The staff member also completes release of information forms, as indicated. Signatures from the client are not obtained unless the release of information form has been filled out completely. The RRTC uses the standard Center Release of Information form, as described in the General Policies and Procedures Manual.

Role of the Primary Therapist/Counselor Intern

When a client is admitted for residential services, one therapist or counselor intern is designated as the primary therapist. The primary therapist may or may not be the primary service provider to that client. The role of the primary therapist is to function as a case manager who assures quality of care, assures ready transfer of client among service modalities, follows up in case of missed appointments and is responsible for developing the client (treatment) plan to fully address the needs of the client.

Documentation of Services

The RRTC documents client information in a manner consistent with the Center policy that is entitled "Records of Person Served" the General Policies and Procedures Manual of the Southwest Arkansas Counseling and Mental Health Center, Inc.

All services that are provided to clients, as well as correspondence, and other contact activities that relate to the client's treatment are documented. The Center requires that all case activity is documented as thoroughly as

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possible, to meet professional standards of practice, and in order to provide a record of the client's progress (or lack of progress), and to support the Center's billing for services to the client.

The Addiction Severity Index (ASI) and the Initial Clinical Interview has a specific reporting format. Progress notes are generated daily for didactic class participation and for group therapy. Progress notes are also generated for each individual therapy session, collateral effort, or when other activity is billed and not otherwise documented. A progress note is also generated when significant events take place and warrant documentation (e.g... death in the client's family, illness, hospitalization, loss of job, arrest, or violation of program rules that could lead to discharge). Some of the elements that should be written in the progress notes include, but are not limited to the following:

- Summary of session;
- Observations by the treating professional;
- Changes in the client's status or situation;
- Significant events that have occurred during the client's course of treatment;
- Response to treatment (specifically related to treatment goals);
- Disposition; and
- Other comments that are relevant to the client's status.

Safeguarding Client Records

The RRTC follows strict guidelines, established by the Center for the protection of client records. The Center currently maintains an electronic record of all services. Every staff member is responsible for ensuring that client records are safeguarded and confidentiality is maintained.

Treatment/Client Plan

The RRTC uses a treatment plan approach that includes the client, to generate a comprehensive treatment plan that is individualized to meet the unique needs of the client. See Policy #TP-1 in the General Policies and Procedures Manual of the Southwest Arkansas Counseling and Mental Health Center, Inc. for additional explanation and detail.

Each treatment/client plan is reviewed in supervision sessions between the primary therapist and his/her clinical supervisor and/or in program staffing. All client plans are developed with the client, and the client is encouraged to provide as much input as possible for the treatment planning process.

Weekly Program Staffing/Clinical Supervision

The treatment plan is reviewed during weekly staffing. During this meeting, the staff reviews any problems the client may be experiencing in treatment. The client may be called into the meeting for their input as indicated. The client's progress is reviewed, and recommendations for changes in the treatment plan are implemented as indicated. The staffing also includes a review of the client's attitude and behavior.

Treatment team members recommend and encourage activities and behavior that reflect client change and growth. The Clinical Supervisor also has the opportunity to review, amend or offer suggestions for each client's individualized treatment plan. If the client is present, recommendations are made in a direct and candid style, to avoid possible misunderstandings between client and staff.

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Communication with Outside Entities

Clients are allowed communication with outside entities by phone, visitation or special arrangements, as approved by staff. Clients are allowed phone calls as outlined in the Client Handbook, which may be overseen but not directly monitored by staff, unless modified in the Treatment/Client Plan. Clients are allowed visitation as outlined in the Client Handbook, on weekends at posted hours. Visitation hours may be scheduled, at the discretion of staff, at other times and/or on special occasions. Clients may have contact at any time during the program hours with legal representatives and at prearranged times during non-program hours. Space will be made available for in person contacts that are private and confidential.

Accessibility, Health, Safety and Transportation

The RRTC follows all policies and procedures for Accessibility, Health, Safety and Transportation that are detailed in General Policies and Procedures Manual. These policies cover the following topics: Accessibility Plan, Cultural Sensitivity Training, Infection Control Training, Emergency Drills and Inspections, Access to Critical Medical Information, Plan for Reporting Incidents, First Aid Plan, Management of Medications and Medical Waste, Prohibition of Illicit and Licit Drugs, Transportation Provision, AHST Committee, Specific Policy on Accessibility, Emergency Plans and Procedures and Policy on Smoking and Tobacco Products.

All licit drugs brought into the RRTC must be signed-in and secured by staff in the appropriate locked cabinet. Drugs requiring refrigeration are stored in the refrigerator in a separate location from food or drink items, in a locked box. Upon discharge, these medications are returned to the client. All illicit drugs brought into RRTC are disposed of immediately. The disposal of illicit drugs requires two staff members to be present (one person to dispose of the drugs, the other person to witness the disposal). The information regarding the illicit drug is recorded in the client record, and the staff member in charge of disposal completes an incident report.

Client Medication

Client medication must be in an original container, and is stored to the instructions on the container. The medication cabinet is locked, unless medication is being distributed and/or the cabinet is in full view of authorized staff. Prescription medications are self-administered by the client, according to the instructions of the prescribing physician.

A medication log is used to record each self-administration of medication, and the log is maintained in the client record. The log includes the name of the medication, dose, date, time and initials of staff witnessing the dose. Each written prescription must include the name of the client, name and dose of medication, frequency and route of administration and prescribing physician's name.

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Philosophy/Goals of Intensive Outpatient

Abstinence from alcohol and other drugs is the foundation for services with respect to Intensive Outpatient Substance Abuse services. Further-more, substance abuse treatment should facilitate the recovery process being provided in a manner that enhances the individual worth and dignity of each client. The design of the treatment program is intended to protect the human and legal rights of each client, while maintaining the highest level of confidentiality. Intensive Outpatient Substance Abuse maintains that the most effective treatment should be offered to each client, and that the quality of treatment services should not be sacrificed to increase the quantity of services offered.

Intensive Outpatient Substance Abuse is based on the belief that alcohol and/or drug abuse and dependence is a treatable illness. Care is centered on the knowledge that those who successfully recovery from addiction are most often those who are engaged in an ongoing, multi-modal recovery process. A Cognitive Behavioral approach invokes a highly directive milieu and teaches the client interventions in changing cognitions, identifying dysfunctional beliefs and discovering alternative ways of living without drugs or alcohol. The service provides a Family component which gives insight to the client and family as to the effects addiction has caused on the family. Through a process of learning how to change life styles, addiction symptoms are placed in remission, and the client lives a productive life without drugs and alcohol. In addition, the client is monitored for participation in AA/NA/CA or other recovery oriented support groups, obtaining a sponsor or mentor, and working the 12 steps or a recovery program.

Aftercare services are the initial component in a continuum of care that stabilizes the client and forms a foundation for outpatient follow-up, based on the knowledge that clients need continued care and support after the completion of the Intensive Group process component. Aftercare is provided once every week for one hour. Further individual services are provided, as needed, until all goals and objectives on the Master Treatment Plan have been completed.

Criteria for Acceptance of Clients

Intensive Outpatient accepts clients that are NOT in need of medical detoxification, but are experiencing marked functional impairments due to drug/alcohol induced behavior. Admission priorities are as follows:

- (1) Pregnant women and injection drug users;
- (2) Client with greatest clinical need;
- (3) Clients that are residents of the catchment area (Hempstead, Howard, Lafayette, Little River, Miller, Sevier, Dallas, Nevada, Ouachita, Calhoun, Columbia and Union Counties);
- (4) Clients that are residents of other counties in the State of Arkansas; and
- (5) Clients from other states (only under agency contract, or on a "full fee" basis, paid by the individual).

Clients are accepted regardless of race, gender, sexual orientation, social preferences, cultural orientation, psychological characteristics, spiritual beliefs, HIV status, and involvement in the criminal justice system, or ability to pay (with other state residents as excepted above). Clients must be at least 18 years of age. If it is determined that needed services can be more effectively or appropriately provided elsewhere, the individual is referred.

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American Society of Addictive Medicine (ASAM) screening criteria is used as a tool for entry, admission and transition. This includes the following areas:

- 1. Acute Intoxication or Withdrawal
- 2. Biomedical Conditions and Complications
- 3. Emotional/Behavioral Conditions and Complications
- 4. Treatment Acceptance/Resistance
- 5. Relapse Potential
- 6. Recovery Environment

Admission preferences will be provided special populations consistent with priorities established by the Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention.

Clients may be referred to the Intensive Outpatient Substance Abuse by themselves, family members, friends, courts, social service agencies, physicians, or other sources. Staff members attempt to cooperate with referral sources as much as possible, within the constraints of applicable confidentiality laws and ethical standards.

Intensive Outpatient Substance Abuse are contracted by the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention (ADAP), Arkansas Department of Children and Family Services, Arkansas Community Corrections, and with other funding agencies or third party reimbursement.

When a referral is received via telephone, fax, or walk-in, the Intake staff record the information from the referral source on a "Request for Services" form. It is then routed to the therapist who oversees the screening process for appropriateness and eligibility for the program. A telephone screening may be more appropriate if the case arises. The client is given an appointment date and time for evaluation.

Program Entry

Center policy ensures that adequate documentation of services is maintained and that voluntary clients formally consent to receiving the services offered at Intensive Outpatient Substance Abuse. When an individual is screened:

- a. The potential client's eligibility is assessed based upon presenting problem, need for services, legal eligibility criteria, and other factors as described above.
- b. Determination is made as to the appropriateness of services sought, and whether funding is available and applicable to the client's needs.
- c. Determination as to whether the Center can provide needed services.
- d. The screening process includes:
 - 1. An interview with the potential client or referral source.
 - 2. Identification and documentation of the potential client's immediate needs.
 - 3. When applicable, a pre-admission visit to the service site by the potential client and/or legal guardian/representative.

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e. It is the policy of the Center that the screening process is uniformly applied without regard to the client's age, gender, sexual orientation, social preferences, cultural orientation, psychological characteristics, physical condition and spiritual beliefs. All staff members performing screening duties, whether the initial, administrative process or the professional clinical process, are oriented to Center policy and procedure regarding screening, and are provided with applicable training in application of the process.

Ineligibility for Services

When it is determined that an individual is ineligible for services, the person requesting the services is informed of the reason for ineligibility and is referred to an alternative service provider, whenever possible. A written record of the finding of ineligibility is made o the Request for Services form or in the appropriate electronic clinical record. If a referral source is involved in the request for services, Center staff also informs the source that the person requesting services in ineligible for Center services. A record of service requests is maintained at each Center location and in the electronic record.

Orientation

When a person requesting services becomes a Center client, the client orientation process begins. Each new client receives an orientation that includes:

- 1. An explanation of the
 - a. Client rights and responsibilities.
 - b. Process for filing a complaint (grievance) or an appeal of any decision made by the organization, and how the review process works. The explanation is to be offered in a manner easily understood by the client. If the client cannot read the material, it may be read to the client. If language is a barrier, interpretive services will be offered.
 - c. Center's outcomes process, ho the client can give input about the quality of the care he/she receives, achievement of treatment and organizational goals, and satisfaction with programming and services.
- 2. An explanation of the Center's:
 - a. Programs, activities and services.
 - b. An explanation of what the Center expects of the client, including participating in treatment, keeping appointments, and paying the client's portion of the cost of treatment.
 - c. Hours of operation.
 - d. How to access emergency services after hours.
 - e. An explanation of the Center's Code of Ethics.
 - f. An explanation of the Center's confidentiality policy and the limits of confidentiality.
 - g. For client who are mandated to receive services at the Center, a description of the applicable requirements for follow-up.
- 3. An explanation of the Center's fees, the client's financial obligations and financial arrangements available to them for services provided by the Center describing:
 - a. How a client may apply for a Fee adjustment, or apply for fee arrangements if he/she demonstrates that the assessed fees would pose a financial hardship.
 - b. The process by which the Outpatient therapist may approve of fee adjustments/waivers or fee agreements.

c. How fee adjustments are reviewed every six months.

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- 4. Familiarization with the Center's office, including emergency exits, fire suppression equipment, first aid equipment and alternative shelter.
- 5. The Center's policies regarding the use of seclusion and restraint, smoking and use of other tobacco products, the possession or use of illicit and licit drugs on the premises, and weapons brought into the Center.
- 6. The name of the staff member who is responsible for coordinating client treatment and explaining client rights, responsibilities, and any applicable program rules.
- 7. A copy of all applicable rules for programs in which the client participates, describing:
 - a. Any restrictions that may be place on the client by the program(s) in which the client participates.
 - b. Events, behaviors, attitudes or other circumstances that may lead to the suspension of client rights and privileges.
- 8. Education about advance directives, when applicable.
- 9. Identification of the purpose and process of the assessment.
- 10. A description of the Center's method for developing treatment plans, including the client's role in the process.
- 11. Information regarding transition/discharge criteria and the discharge process.
- 12. When applicable, primarily in the Psychosocial Rehabilitation Program, the new client receives an explanation of:
 - a. Expectations for consistent court appearances.
 - b. Identification of therapeutic interventions, such as sanctions, interventions, incentives, and administrative discharge criteria.
- 13. A Disclosure form, signed by the client, or by the client's parent or guardian regarding the following:
 - a. Disclosure that the services to be provided are Rehabilitative Services to Persons with Mental Illness (RSPMI), if needed;
 - b. Explanation of RSPMI eligibility including the criteria for classification as Seriously Emotionally Disturbed (SED) and Seriously Mentally III (SMI); if needed,
 - c. Brief description of RSPMI services; if needed,
 - d. Explanation that all RSPMI and substance abuse services must be medically necessary; if needed,
 - e. Disclosure that third party (e.g., Medicaid or insurance) RSPMI payments may be denied based on the third party payer's policies or rules, if insurance may cover;
 - f. Identification and definition of any services to be offered or provided in addition to the Substance Abuse care, stating whether or not there will be a charge for such services;
 - g. Notification that services may be discontinued by the client at any time;
 - h. A statement indicating that a copy of the Intensive Outpatient rules can be made available to all clients upon request;
 - i. Explanation of contact information for making complaints to the Center regarding care delivery, discrimination, or any other dissatisfaction with Substance Abuse care;
 - j. Explanation of contact information for making complaints to State or Federal agencies that enforce compliance under State and Federal statute or regulations.

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The client orientation process is documented through the completion of appropriate forms, and by the use of the Center's client handbook.

Assessment

Assessments are conducted by qualified Center staff, who are:

- a. Knowledgeable and skilled in assessing the needs of the clients.
- b. Trained to use the various tools, forms and systems implemented by the Center.

Assessments include information obtained from clients, family members/legal guardians, other parties or sources deemed appropriate and permitted by the client or other appropriate authority.

The Center uses a series of documentation forms recognized by a statewide consortium, which has designed a standardized set of documentation templates to meet CARF, JCAHCO, Medicaid, and other requirements. The primary assessment instrument includes a combination of forms that are completed by the client, or his/her representative; the support staff, with the help of the client; and again with the cooperation of the client and other sources, as appropriate. The primary assessment includes, at a minimum, information about the client's:

- a. Presenting problem.
- b. Urgent needs, including suicide risk.
- c. Strengths.
- d. Needs.
- e. Abilities.
- f. Preferences.
- g. Identification of the client's previous behavioral health services, including:
 - 1. Previous diagnosis.
 - 2. Treatment information.
 - 3. Efficacy of current or previously used medication.
- h. Information about the client's medication use, including:
 - 1. Medication use profile.
 - 2. Efficacy of current or previously used medication.
 - 3. Medication allergies or adverse reactions to medications.
- i. Medical history, including identified current medical needs.
- j. Diagnoses.
- k. Co-occurring disabilities and /or disorders.
- I. Mental status summary.
- m. Current level of functioning.
- n. Description of the client's current and historical life situation information, including the following:
 - 1. Age.
 - 2. Gender.
 - 3. Employment history.
 - 4. Legal involvement.
 - 5. Family history.
 - 6. Victim or witness of abuse, neglect, violence in history
- o. Relationships with other, including natural supports.

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- p. Issues important to the client, including sexual orientation, cultural background, ethnicity, and spiritual beliefs.
- q. Use of alcohol, tobacco, and /or other drugs and history.
- r. Need for, and availability of social supports.
- s. Need for assistive technology in delivery of Center services.
- t. Risk-taking behaviors as well as risk factors for suicide and harm to others.
- u. Education and school history and functioning.
- v. Advanced directive (when applicable).
- w. Adjustment to disabilities and/or disorders.

In addition, the primary assessments of children and adolescents include:

- a. Developmental history, including developmental age factors, motor development, and other functioning.
- b. Medical or physical health history.
- c. Culture/ethnicity.
- d. Treatment history.
- e. School history.
- f. Language functioning, including:
 - 1. Speech.
 - 2. Hearing.
- g. Visual functioning.
- h. Immunization record and status.
- i. Learning ability, Intellectual function.
- j. Family relationships.
- k. Assessment of interactions with peers.
- 1. Assessment of the impact of environmental surroundings.
- m. Prenatal exposure to alcohol/tobacco/drugs.
- n. History of use of alcohol, tobacco, or other drugs.
- o. Parental/guardian custodial status.
- p. When applicable, the willingness of parents, guardians, or other representatives to participate in services.

Assessments are appropriate for the client's age, developmental level, cultural background, and educational level. The primary assessment includes an interpretive summary that is:

- a. Based on data from the assessment.
- b. Used in development of the treatment plan.
- c. Identifies any co-occurring disabilities and /or disorders and how they will be addressed in development of the treatment plan.

The assessment process is a work in progress, not an event. Clients are continually assessed, formally and informally, for current status and progress toward achievement of their goals. This process continuously addresses:

- a. Specific needs of the particular client.
- b. The Client's individual expectations.
- c. Ongoing response to the client's changing needs.
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- d. The need to communicate results of the assessments to:
 - 1. Other personnel involved in the treatment effort.
 - 2. The client and/or his/her legal guardian or representatives.
 - 3. Other, as appropriate.
- e. Information needed to prove legally required reports and notifications.

Diagnostic Assessment Updates are conducted:

- a. Biannually for clients who are in treatment for more than a year.
- b. Following significant life changes, events, or status changes experienced by the client.

Drug Testing

Drug testing is performed routinely at admission to determine if a client is using a particular drug of abuse that may require detoxification services and to verify history presented by the clients. Drug testing is performed randomly during treatment to verify abstinence and if requested by the client. A drug test may be administered if a client's behavior demonstrates concerns about their abstinence. Staff administering random drug screens make a concerted effort to let clients know the purpose of the drug screen, often times focusing on "confirming abstinence", rather than "catching the client messing up".

Drug screens utilized are generally CLIA waived quick screen cups, with 10 to 12 panel tests built into the cups. Urine specimens are usually collected in a private restroom, where staff are outside the door to witness no water being run. Testing cups have temperature gauges to verify correct specimen temperature. Clients are present during the entire testing episode to verify chain of custody. Results are recorded in a progress note or by photocopying the cup. Clients can appeal the results of any drug screen by seeking a second screen within twelve hours of collection of the first screen at their own expense. The results of a drug screen may be considered the level of treatment needed and/or discharge, but will not be the sole factor in that determination.

INDIVIDUAL PLAN

Therapists have 21 days from the time of evaluation to perform a Master Treatment Plan. Each client works with his/her team to develop an individualized treatment plan. The Treatment Plan is prepared during the initial assessment process and is considered to be a "work in progress" that changes to address the changing needs of the client. The Treatment Plan may incorporate any of the Center services, and may include services that the client receives from other agencies/service providers. The ideal Treatment Plan demonstrates an integration of the helping processes that impact different parts of the client system as a whole.

The Treatment Plan specifies measurable goals and objectives, services to be provided, frequency of services, staff members responsible for providing the services, and any referrals that are needed. The Treatment Plan is developed with the active participation of the client and his/her guardian or representative, as appropriate. For clients with payers who require it, clients and guardians (as appropriate) will sign the Master Treatment Plan and Treatment Plan Reviews. If clients (and/or guardians) fail to participate or refuse to sign the documents, the primary therapist will document efforts to elicit participation and signatures.

The Master Treatment Plan is:

a. Developed using information form the Diagnostic Assessment, including the interpretive summary, as well as screening and crisis assessments, if applicable.

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- b. Based on the needs and desires of the client and focuses on the integration and inclusion of the client into:
 - 1. The client's local community.
 - 2. The client's family, as appropriate.
 - 3. Other support systems, such as extended family, friends, neighbors, support groups.
 - 4. Other community opportunities, as available and needed.
- c. Includes participation of the client's family, legal guardian, or other concerned representative, as appropriate and allowed.
- d. Identifies needs that cannot be provided by the Center.
- e. Specifies services to be provided by the Center/program.
- f. Specifies any referrals made for services outside the program.
- g. Is communicated to the client in a way that is understandable to him/her.
- h. Is given to the client in the form of a copy, when possible.

The Master Treatment Plan includes the following elements:

- a. Goals that are:
 - 1. Expressed in the client's own works/language, whenever possible.
 - 2. An expression of the informed choices of the client or significant others involved in the process.
 - 3. Appropriate to the client's culture.
 - 4. Appropriate to the client's age.
 - 5. Based on the client's strengths, needs, abilities, and preferences.
- b. Specific service or treatment objectives that are:
 - 1. Reflective of the client's and treatment teams expectations.
 - 2. Reflective of the client's age.
 - 3. Reflective of the client's development.
 - 4. Responsive to any co-occurring disabilities/disorders.
 - 5. Understandable to the client.
 - 6. Measureable.
 - 7. Achievable.
 - 8. Time specific.
 - 9. Appropriate to the treatment setting.
- c. Identification of specific treatment interventions to be used.
- d. Frequency of interventions.
- e. When applicable, information about, or conditions for:
 - 1. Transition to other community services.
 - 2. Community-based service options for clients in long-term residential treatment (Split Rail and Horizons of Hope)
 - 3. Termination of services.
- f. When applicable, identification of:
 - 1. Related legal requirements.
 - 2. Legally imposed fees.
- g. When applicable, a personal safety plan, completed upon admission or as soon as the need has been identified, that identifies:
 - 1. Triggers, including assessment of the risk for dangerous behaviors.
 - 2. Current coping skills.

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- 3. Warning signs.
- 4. Preferred interventions.
- 5. Advance directives, when one is presented.

The Master Treatment Plan addresses issues related to special treatment needs of clients with co-occurring disabilities or disorders in a manner that integrates the treatment into the service plan of the Center's services. Such services are provided by personnel with appropriate qualifications, or a referral to another agency or provider may be necessary.

For medically fragile clients who are in residential services, such as those operated by Split Rail RCF and Horizons of Hope RCF, and who are receiving mental health/psychosocial rehabilitation services from the Center, the Master Treatment Plan specifies:

- a. Considerations for providing services in a manner that ensures their safety.
- b. That clients are given access to services by skilled healthcare providers, including Center nursing staff and area medical providers.
- c. That services provided meet all regulatory requirements.

Treatment Plan Review: the Master Treatment Plan is reviewed at least every thirty (30) days and is modified at any time when a significant event or change in the life of the client dictates a change in treatment strategy, or when the condition of the client changes so a change in treatment strategy is necessary.

All services provided in pursuit of treatment goals are documented by progress notes which contain:

- a. Documentation regarding achievement of goals and objectives specified in the plan.
- b. Documentation of significant events or life changes experienced by the client.
- c. Documentation of the delivery of services and use of specific interventions that support the treatment plan.
- d. Transition to another level of care.

The Primary Therapist assumes responsibility for coordinating services for the client. The Primary Therapist:

- a. Is responsible for ensuring implementation of the plan.
- b. Ensures that the client is fully oriented to his/her services.
- c. Facilitates participation of the client on an ongoing basis and whenever the treatment team discusses plans, goals and the status of client care.
- d. Is alert to and identifies gaps in service, addressing these in a manner to keep the client invested and involved in his/her treatment.
- e. Shares information about and provides empowerment for client access to community resources with respect to his/her individual needs.
- f. Advocates for the client, when needed.
- g. Communicates information regarding client progress, or lack thereof, to treatment team members and other appropriate persons.
- h. Facilitates the transition/discharge planning process, including arrangements for follow-up and appropriate supportive services, including transitioning from one service area to another within the Center.
- i. Involves the family or legal guardian/representative, referral source and other community agencies, whenever possible, and/or as legally permitted/required.

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- j. Coordinates outside services with the services that are offered by the Center.
- k. Identifies the process for after-hours contact and ensures that the client understands the availability of emergency services and how to access them.
- 1. Coordinates treatment, discharge and follow-up services, with a goal of ensuring that services proceed in an orderly, purposeful and goal directed manner.
- m. Encourages, supports and promotes the participation of persons served in all treatment and discharge activities.

E.3. STANDARD OF CARE

E.3.A. (SECTION 2.4A)

Approach to establishing a client's income.

| Policy Area: Financial Planning and Management | Subject: Billing and Collection |
|--|---------------------------------------|
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Billing and Collection

Policy

The Center has ceased to operate on direct federal grant monies and operates now with state and local allocations and funds generated by the services it renders. These funds for services will still be primarily public monies but they will be obtained on an individual fee basis. Thus, the Center has established the need for an updated and refined system of billing and collection. Our basic product is service and our basic consumer is the client. Early determination of client status is important. The first staff member coming in contact with a person seeking our services (or a third party seeking our service for another) has to make this determination or refer the client(s) to someone capable of making this determination. That decision consists of:

- Are they, in fact, seeking our services (vs. information)?
- Is their problem appropriate for our services?

If our primary contact indicates that the person will become a recipient of our services, then the status of the individual changes to that of client, an informal contract has, in effect, been created and the basis for a bill has been established. If we do, at this point, have a "client" then it is imperative that the client be correctly identified for both billing and clinical purposes. Usually the primary therapist will carry out an "intake" at this point. Following this initial intake evaluation and history, the client is provided with information on third party (potential) entitlement, who, when and how much will be paid. Although the primary purpose of these procedures is to establish billing and collection information, these same procedures establish our clinical records and database.

The Center utilizes the Credible Behavioral Health software system to collect all client demographic data, schedule appointments, record all client encounters and bill services. This ensures that services are not billed unless appropriately documented.

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The billing clerk enters the appropriate billing data in the Center's information system. Any monies received are posted to cash receipts and a copy is channeled to the billing and statistical clerk for posting to the account.

All statistical data is entered in the Center's information system by the billing/statistical clerk. This is compiled monthly by the billing clerk for completion of monthly reports.

Although the mental health center has an established scaling structure and fee system. there are many instances in which a client or client's family circumstances do not fit our established policy. This results in those personnel responsible for the credit and collections area having to exercise in a skillful manner their very best judgment in determining how to establish fees in any given instance. Largely, credit and collections personnel are able to handle the greater percentage of those situations where flexibility is required. However, there are instances that occur from time-to-time in which sticky legal, political or community public relations factors enter into a situation, making a judgmental call extremely difficult. It is these instances which require an overlying organizational structure in order to give the credit and collection personnel additional input and backing, to have the best possible chance of arriving at sound judgmental decisions. In such a situation, the secretary/receptionist will refer the matter to the Director of Financial Services and the Clinic Director for a joint decision between the two of them. If an agreement cannot be reached at this level on the fee to be established, the Executive Director will be brought in as a third member of the committee and a majority decision will be made.

Minor or Non-Minor Client with Legal Guardian

In the event a non-minor client with a legal guardian or minor living with or on the premises of parents, good sound judgment cannot be made on scaling unless the parents or legal guardian are involved. This cannot be done without the client's consent. After the client has given his consent, the primary therapist can contact the parents or guardian for their consent to make payment according to their ability. If consent is not given, then the mental health center will have to use the client's ability to pay and scale accordingly. The finance office will accumulate charges in the accounts receivable system, adjust charges, and produce an adjusted bill.

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Special Billing

These consist of billing for consultations and other categories. These may be submitted by memo by the finance office showing the person or agency to bill, the service(s) furnished, the dates of service(s) furnished, the amount (if known) and any other substantiating documents (reports, evaluations, etc.). Also, VA, BIA, private insurance in some instances, and others have multiple use forms that must be completed by those involved with the authorization, medical information, and billing processes. Each person receiving one of these forms should do his/her part and immediately get it to the next party, until it ends up in the finance office for billing.

Accounting

Once an account has been established and charges accumulated, these charges remain "on the books" until credited by a payment or written off as free service, or as "uncollectable", etc. The cumulative charges when put together are known as the "aged trial balance" of the Center. In taking in money and in all money handling "sound accounting principles and practices" must be followed.

Cash Procedures

1. Data Coordinator

The mail will be opened and dated by the data coordinator for each mail delivery of the day. The data coordinator prepares the cash receipts log based on checks received and cash receipts given to him/her by the front desk staff. The data coordinator then stamps the back of the checks with the Center's endorsement stamp, including the bank name and number, the Center's name and deposit account number, marked "for deposit only". For cash received at the front desk, a cash receipt is issued. The data coordinator reviews cash receipt numbers for sequential order for those received that day. The cash receipts log, along with the original checks and cash, is then given to Chief Financial Officer for his/her review. If a receipt is missing he/she is to verify that it is marked voided and logged as a voided receipt. He/She is to also log in the last number used that day to ensure the next number in line is the first one used the following day.

2. Chief Financial Officer

The CFO typically reviews the cash collection sheet for accuracy and, as a management tool, to see the amount being paid to the Center. The CFO makes a copy of the cash receipts listing (green sheet). He/she then forwards the copy to the bookkeeping staff or A/P staff, along with the items for deposit.

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3. Accounts Payable Clerk/Accountant

The A/P or Payroll clerk prepares the deposit slip based on cash receipts and checks received that day. For checks received after the first log has been prepared a new log will be filled out for the checks that are received in the afternoon's mail. If the deposit slip has not been filled out they will be added to the deposit and again matched with the logs written up that day. If the deposit slip has been totaled then a new one is filled out where again it is matched to the log.

The CFO then takes the deposit to the bank and returns the validated deposit slip to the accountant, who compares the deposit slip with the original list.

Checks received after the cash receipts log has been prepared are given directly to the A/P clerk, who adds them to the cash receipts log and initials the change for the checks added. The accountant (who does not handle the items for deposit) then scans the cash receipts log for items to be posted directly to the general ledger, such as grant payments and other items that do not flow through the accounts receivable sub-ledger. The accountant then gives the cash receipts log to the accounts receivable clerk, who enters the billing information for A/R. The accountant has noted the items already posted to the general ledger by placing a GL number beside the amount and case number, thereby informing the accounts receivable clerk. At the end of each month, the accounts receivable clerk generates a "Cash Deposit Report", which the accountant uses, along with the original cash receipts, to match information entered into the system against what was actually deposited in the bank. After all items have been reconciled to the records, the accountant completes the monthly bank reconciliations.

4. Cash Collections from the Front Desk

Staff at the reception desk receives cash and checks from clients, and a receipt is provided to the client acknowledging the payment. The money is retained in a locked box; the key to the box is kept in the desk. Receipts are pre-numbered, providing for additional control over cash receipts. Cash receipts contain information such as sequential numbers, case numbers, and the name of the individual issuing the receipt. At the beginning of each day, the data coordinator generates a cash receipts log. At random, the accountant performs a check of the amount of money remaining in the cash boxes. The amount of money that should remain in the box at all times, less the receipts, is \$25.

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5. Areas of Cash Collection

- a. Hope MHOP Clinic Three employees handle funds.
- b. DeQueen MHOP Clinic One full-time and two part-time employees handle funds.
- c. Nashville MHOP Clinic Two employees handle funds.
- d. Texarkana MHOP Clinic Itemized in procedure listed above.
- e. River Ridge Residential Treatment Staff collects assessment fees.

All sites use the same collection procedures but, with limited numbers of staff at each site, duties are not separated. However, amounts of cash received are very limited.

6. Authorized Check Signers

| Name | Operating Account | Payroll Account |
|-----------------------------|-------------------|-----------------|
| Executive Director | X | Х |
| Chief Financial Officer | Х | Х |
| Clinical Director | Х | Х |
| Texarkana Clinic Director | Х | Х |
| Assistant Clinical Director | Х | Х |

*Two signatures are required on every check written.

Economic Counseling

The main function of economic counseling is to assist the client and family in the area of financial planning for services received from the Center. Our main concern is that treatment and services are available regardless of ability to pay. The manner in which this is accomplished greatly affects the client's acceptance of clinical care. It should be stressed that each situation is evaluated with an emphasis on the welfare of the client. It is the aim of the Center that the interview be conducted as quickly as possible with confidentiality, privacy and dignity. Every case is different and is judged individually. If the initial client contact indicates that the individual will become a recipient of our services, he or she should be interviewed for economic counseling (secretary-receptionist). If judged to be unable to give information, a member of the family or other responsible person may speak on his/her behalf.

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A fee schedule is available at each intake center.

Evaluation of Financial Status

When the client or responsible party presents him/herself for economic counseling, the policies regarding charges are explained. The client is encouraged to discuss his/her financial situation if he/she needs consideration. Some clients have funds and can pay in full for services. More often, the person wishes to give a financial statement and be evaluated to determine if he/she qualifies under the sliding fee scale, based on <u>ability</u> to pay. During this process a work sheet is completed, documenting his/her financial statement. If it is determined that there is no third party payment source and the client or family cannot afford to pay for some portion of the services, it will be established that the client is "indigent" and no, or a reduced charge, will be made. The criteria utilized in establishing "indigent" status is based upon multiple socio-economic facts, and must be justified and recorded in a narrative when the classification is used. Experience has shown that most clients are more comfortable when they know about the financial arrangements and expectations for payment. Clients residing out of state may be served, but are not eligible for any adjustment in Center fees.

Reimbursement Categories

- Medicaid established fee for services minus rejections. The Center loses monies for every rejection. It is essential that staff follow guidelines set for Medicaid to avoid rejections.
- Medicare established fee minus rejections.
- Insurance usual and customary fee plus "co-insurance" if applicable.
- Rehab service established fee.
- Juvenile service established fee.
- Public schools established fee.
- Title XX established unit cost.

E.3. STANDARD OF CARE

E.3.B. (SECTION 2.4B)

 A_{ij}

Description of evidence-based practices to be used, how they are relevant to the client's care and modality of treatment, and the policies and procedures in place regarding training and continuing education of staff.

SOUTWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER

E.3.B. STANDARD OF CARE

EVIDENCE-BASED PRACTICES

The Center is committed to providing quality treatment to meet the needs of our clients. The Center has been utilizing the following Evidenced Based Practices for the past several years

- Twelve Step Facilitation Each counselor has a manual for Twelve Step Facilitation and has been supervised in provision of this practice.
- Motivational Interviewing
- Relapse Prevention each counselor has been given a copy of "Staying Sober" a guide to Relapse Prevention by Terence Gorski. Numerous handouts and other materials are available online through Terence Gorski's web site.
- Seeking Safety Each counselor has watched a set of four DVD's to train in utilizing the Seeking Safety workbooks, which all counselors have a least five copies to use with their clients who are trying to cope with history of trauma.
- TCU Mapping
- ASAM Criteria Counselors are trained in ASAM placement criteria to identify which level of care clients are most appropriate for.
- DSM V Counselors have all been trained in use of DSM V, identifying the appropriate diagnosis which assists in identifying the most appropriate level of care.
- CIWA is an instrument to identify potential for withdrawal from alcohol and other sedative hypnotic drugs.

SWACMHC agrees to ensure that staff providing services have documented training or supervision in the identified evidence-based curricula. New staff are trained in evidence-based practices within 90 days contingent on training being available for specific training. Proof of training will be kept in the employee's personnel file.

SWACMHC agrees to ensure documentation in client files indicates that evidence-based curricula are being utilized in treatment.

SWACMHC agrees to ensure policies and procedures are in place regarding training, continuing education and supervision regarding the use of evidence-based practices.

| Policy Area: Human Resources | Subject: Staff Development |
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Policy

The Center will strive toward continuous quality improvement of care with ongoing effort to upgrade the skills of Center staff, through intensive training and supervision.

Guidelines

Each clinical staff member is assigned a supervisor or peer consultant who reviews cases on a regular basis.

Each clinical staff member will participate in a minimum of 24 hours of inservice training annually.

Each professional staff member will develop his/her own staff development plan.

The Center will present at least one major in-house staff development workshop with outside presenters annually.

The Center will encourage staff to participate in out-of-house continuing education opportunities.

The Center supports focused training on more specialized areas closely related to job functions.

Procedures

Initial and ongoing training for employees includes, at a minimum:

- a. Rights of the persons served.
- b. Person- and family-centered services, particularly the requirements for including the strengths, needs, abilities, and preferences of clients and their families in the treatment planning and review process.
- c. Promoting wellness of the persons served.
- d. The prevention of workplace violence All employees are required to attend initial and annual training updates for certification in CPI (Crisis Prevention Institute).
- e. Confidentiality requirements, including HIPAA.
- f. Cultural competency.
- g. The Center's expectations regarding professional conduct.
- h. Corporate Compliance responsibilities, including detailed information about the Federal False Claims Act, any other remedies for false claims under federal law, any and all whistleblower provisions, and information on the roles of such laws and provisions in preventing and detecting fraud, abuse and waste.

E.3. STANDARD OF CARE

E.3.C.

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E.3. STANDARD OF CARE

E.3.D. (Section 2.4.C)

Description of approach to ensuring that all treatment services are strengthsbased, trauma-informed, holistic, culturally relevant, educational, individualized and recovery-oriented.

Explanation of how treatment goals will be set.

Explanation of how progress will be measured and documented

| Policy Area: Program and Service Structure | Subject: Program Structure and Staffing |
|--|---|
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The Center is committed to providing a comprehensive array of services in order to maximize the opportunity for each person to receive needed care. The Center is dedicated to providing adequate resources to each core program to insure effectiveness and access.

1. Each Program Director maintains and updates a written plan to guide the delivery of each program/service offered by the Center. At a minimum, the plan includes the following elements:

- Philosophy of the program;
- Description of the program;
- Specific program goals;
- Descriptions of service modalities included in the program to achieve the program objectives;
- Mechanisms to address the needs of special populations; and
- Assurance that adequate resources are committed to implementation of the program and its services.

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

2. Center services are based on accepted practices that are recognized in the field. Service delivery strategies may be altered in the interest of cultural sensitivity, as deemed appropriate.

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

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

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

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

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

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

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

| Policy Area: Program and Service Structure | Subject: Program Structure and Staffing |
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| Effective Date: 1-21-16 | Policy #: PS-1 |
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describing the manner and methods for the delivery of paraprofessional services. The MHP will periodically (in accordance with a schedule tailored to the client's condition and care needs, but no less than every thirty days) personally observe the MHPP delivering services to a client. These observations will be of sufficient duration to declare whether paraprofessional services complied with the licensed mental health professional's instructions.

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

- a. Accuracy of assessment and referral skills, when applicable.
- b. Appropriateness of treatment and intervention services relative to the needs of the client.
- c. Effectiveness of services, reflected by the client reaching his/her goals, client or family assessment of improvement, or through assessments and ratings, such as the GAF or Youth Outcomes Questionnaire.
- d. Providing feedback to the supervisee for the purpose of skill enhancement.
- e. Issues related to ethical, legal or professional standards.
- f. Clinical documentation issues from direct observation or as a result of audits and compliance reviews.
- g. Cultural competency and sensitivity
- h. Identification of risk factors for suicide and dangerous behaviors.
- i. Model fidelity when implementing evidenced based practices.
- j. All areas noted as deficient or needing improvement.
- 13. Positive Approaches to Behavioral Intervention
 - a. It is the philosophy of the Center that positive relationships for the building blocks for recovery. The emphasis on building positive is viewed as necessary to model healthy relationship building and foster recovery.
 - b. It is necessary to evaluate the environments of the person served in order to have the foundation of knowledge necessary to foster a positive relationship and provide appropriate modeling.
 - c. It is the policy of the Center that all staff members are trained to use de-escalation techniques and manage client behavior in a way that models positive interaction and relationship development.
 - d. It is the goal of the Center that clients will be empowered to learn to manage their own behavior, rather than foster dependency.
 - e. Personal safety plans are developed for each individual that is at risk, and for others, as necessary.

| Policy Area: Person-Centered Plan | Subject: Treatment Plan |
|---|--|
| Effective Date: 1-21-16 | Policy #: TP-1 |
| Revision Date: 1-21-16, 12/23/20 | Page # 1 of 3 |
| Additional Authority: CARF 2.C. | Review Date: 1-21-16, 9-21-17, 12/23/20 |

Each client works with his/her team to develop an individualized treatment plan. The Treatment Plan is prepared during the initial assessment process and is considered to be "a work in progress" that changes to address the changing needs of the client. The Treatment Plan may incorporate any of the Center services, and may include services that the client receives from other agencies/service providers. The ideal Treatment Plan demonstrates an integration of the helping processes that impact different parts of the client system as a whole.

The Treatment Plan specifies measurable goals and objectives, services to be provided, frequency of services, staff members responsible for providing the services, and any referrals that are needed. The Treatment Plan is developed with the active participation of the client and his/her guardian or representative, as appropriate. For clients with payors who require it, clients and guardians (as appropriate) will sign the Master Treatment Plan and Treatment Plan Reviews. If clients (and/or guardians) fail to participate or refuse to sign the documents, the primary therapist will document efforts to elicit participation and signatures.

2. The Master Treatment Plan:

- a. Is developed using information from the Diagnostic Assessment, including the interpretive summary, as well as screening and crisis assessments, if applicable.
- b. Is based on the needs and desires of the client and focuses on the integration and inclusion of the client into:
 - (1) The client's local community.
 - (2) The client's family, as appropriate.
 - (3) Other support systems, such as extended family, friends, neighbors, support groups.
 - (4) Other community opportunities, as available and needed.
- c. Includes participation of the client's family, legal guardian, or other concerned representative, as appropriate and allowed.
- d. Identifies needs that cannot be provided by the Center.
- e. Specifies services to be provided by the Center/program.
- f. Specifies any referrals made for services outside the program.
- g. Is communicated to the client in a way that is understandable to him/her.
- h. Is given to the client in the form of a copy, when possible.

3. The Master Treatment Plan includes the following elements:

- a. Goals that are:
 - (1) Expressed in the client's own words/language, whenever possible.
 - (2) An expression of the informed choices of the client or significant others involved in the process.
 - (3) Appropriate to the client's culture.
 - (4) Appropriate to the client's age.
 - (5) Based on the client's strengths, needs, abilities, and preferences.
- b. Specific service or treatment objectives that are:
 - (1) Reflective of the client's and treatment team's expectations.

| Policy Area: Person-Centered Plan | Subject: Treatment Plan |
|-----------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: TP-1 |
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- (2) Reflective of the client's age.
- (3) Reflective of the client's development.
- (4) Reflective of the client's culture and ethnicity.
- (5) Responsive to any co-occurring disabilities/disorders.
- (6) Understandable to the client.
- (7) Measurable.
- (8) Achievable.

C.

- (9) Time specific.
- (10) Appropriate to the treatment setting.
- Identification of specific treatment interventions to be used.
- d. Frequency of interventions.
- e. When applicable, information about, or conditions for:
 - (1) Transition to other community services.
 - (2) Community-based service options for clients in long-term residential treatment (Split Rail and Horizons of Hope).
 - (3) Termination of services.
- f. When applicable, identification of:
 - (1) Related legal requirements.
 - (2) Legally imposed fees.

g. When applicable, a personal safety plan, completed upon admission or as soon as the need has been identified, that identifies:

- (1) Triggers, including assessment of the risk for dangerous behaviors.
- (2) Current coping skills.
- (3) Warning signs.
- (4) Preferred interventions.
- (5) Advance directives, when one is present.
- 4. Clients with Co-occurring Disabilities/Disorders

a. The Master Treatment Plan addresses issues related to special treatment needs of clients with co-occurring disabilities or disorders in a manner that integrates the treatment into the service plan of the Center's services.

b. Such services are provided by personnel with appropriate qualifications, and a referral to another agency or provider may be necessary.

- 5. For medically fragile clients who are in residential services, such as those operated by Split Rail RCF and Horizons of Hope RCF, and are receiving mental health/psychosocial rehabilitation services from the Center, the Master Treatment Plan specifies:
 - a. Considerations for providing services in a manner that ensures their safety.
 - b. That clients are given access to services by skilled healthcare providers, including Center nursing staff and area medical providers.
 - c. That services provided meet all regulatory requirements.

| Policy Area: Person-Centered Plan | Subject: Treatment Plan |
|-----------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: TP-1 |
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- 6. The Master Treatment Plan is reviewed every six months unless otherwise required by a third party payer, however, it can be modified at any time when a significant event or change in the life of the client dictates a change in treatment strategy, or when the condition of the client changes so a change in treatment strategy is necessary.
- 7. All services provided in pursuit of treatment goals are documented by progress notes which contain:
 - a. Documentation regarding achievement of goals and objectives specified in the plan.
 - b. Documentation of significant events or life changes experienced by the client.
 - c. Documentation of the delivery of services and use of specific interventions that support the treatment plan.
 - d. Transition to another level of care.
- 8. The Primary Therapist assumes responsibility for coordinating services for the client. The Primary Therapist:
 - a. Is responsible for ensuring implementation of the plan.
 - b. Ensures that the client is fully oriented to his/her services.
 - c. Facilitates participation of the client on an ongoing basis and whenever the treatment team discusses plans, goals and the status of client care.
 - d. Is alert to and identifies gaps in service, addressing these in a manner to keep the client invested and involved in his/her treatment.
 - e. Shares information about, and provides empowerment for, client access to community resources with respect to his/her individual needs.
 - f. Advocates for the client, when needed.
 - g. Communicates information regarding client progress, or lack thereof, to treatment team members and other appropriate persons.
 - h. Facilitates the transition/discharge planning process, including arrangements for follow-up and appropriate supportive services, including transitioning from one service area to another within the Center.
 - i. Involves the family or legal guardian/representative, referral source and other community agencies, whenever possible, and/or as legally permitted/required.
 - j. Coordinates outside services with the services that are offered by the Center.
 - k. Identifies the process for after-hours contact and ensures that the client understands the availability of emergency services and how to access them.
 - I. Coordinates treatment, discharge and follow-up services, with a goal of ensuring that services proceed in an orderly, purposeful and goal-directed manner.
 - m. Encourages, supports and promotes the participation of persons served in all treatment and discharge activities.

| Policy Area: Performance Measurement and Management | Subject: Performance Measurement and Management Policy and Procedure |
|---|---|
| Effective Date: 1-21-16 | Policy #: PM-1 |
| Revision Date: 1-19-17, 12-23-20 | Page # 1 of 5 |
| Additional Authority: CARF 1.M. | Review Date: 1-19-17, 9-21-17, 12-23-20 |

Policy

In an effort to best meet its mission, Southwest Arkansas Counseling and Mental Health Center, Inc. is committed to maintaining a performance measurement and management system. This entails a formal process of developing annual goals and objectives in order to ensure continuity of services throughout the catchment area. To this end, the Center collects data from a variety of sources, including persons served, staff members, referral sources, community members and other stakeholders.

The data collected by the Center is utilized in a way that targets information identifying:

- 1.) The needs of persons served;
- 2.) The needs of other stakeholders (staff, community members, and others) and;
- 3.) The business needs of the Center.

The data is in a format that lends itself to comparative analysis internally, using a variety of parameters and variables, as well as statewide and nationally. The Clinical Director, under the direction of the Executive Director will be responsible for maintaining the performance measurement and management system and will work with others to ensure that the data collection system addresses reliability, validity, completeness and accuracy. This can be accomplished in a variety of ways including the following:

- 1.) Utilization of the information management system within the electronic medical record software package;
- 2.) Random, representative sampling.
- 3.) Maintaining an up-to-date mailing list for the Community Needs Survey and;
- 4.) Submission of service data to the Division of Behavioral Health Services for comparative purposes.

In order to track progress, identify trends, establish meaningful budgetary plans, provide for appropriate allocation of resources and meet the needs of the communities it serves, Center management shall engage in a series of exercises designed for business function improvement. As part of this process the Center will:

- 1.) Establish performance goals for the Center, as a whole and for specific programs
- 2.) Measure performance indicators related to the goals, as well as other pertinent
 - indicators that lend themselves to broader performance analysis
- 3.) Collect and analyze data from:
 - a.) Financial information
 - b.) Accessibility status reports
 - c.) Resource allocation
 - d.) Surveys
 - e.) Risk analysis reports
 - f.) Governance reports (maintained confidentially by the Executive Director and the governing board)
 - g.) Human resources reports
 - h.) Technology analysis reports
 - i.) Health and safety reports
 - j.) Field trends
 - k.) Service delivery
- 4.) Include characteristics of persons served in data collection.

| Policy Area: Performance Measurement and Management | Subject: Performance Measurement and Management Policy and Procedure |
|---|---|
| | Policy #: PM-1 |
| | Page # 2 of 5 |
| | |

The data collected shall used to set:

- 1.) Written business function:
 - a.) Objectives
 - b.) Performance Indicators
 - c.) Performance targets
- 2.) Written service delivery:
 - a.) Objectives
 - b.) Performance indicators
 - c.) Performance targets

The Center shall measure:

- 1.) Business function performance indicators.
- 2.) Service delivery performance indicators for each program/service seeking accreditation in each of the following areas.
 - a.) The beginning of services.
 - b.) Appropriate intervals during services.
 - c.) The end of services.
 - d.) Point(s) in time following services.

For each service delivery performance indicator, the Center shall determine:

- 1.) To whom the indicator will be applied.
- 2.) The person(s) responsible for collecting the data.
- 3.) The source from which data will be collected.
- 4.) A performance target based on an industry benchmark, the Center's performance history or established by the Center or other stakeholder.

The Center's outcomes management system shall use a "plain language" outcomes management questionnaire to gather outcomes data from clients in all programs. More critically, the outcomes questionnaire shall be specifically designed with the Center's clientele in mind, with questions phrased in such a way as to eliminate confusion for clients and ensure more accurate and valid responses. The system shall allow for comparative analysis of behavioral change and/or functional improvement over time and is standardized in the sense that all programs use the same basic outcomes management questionnaires.

Procedure

The Center's performance measurement and management efforts culminate in three important documents-Annual Budget, Strategic Plan and Performance Review, and the Annual Basic Services Plan, all of which are submitted to the Board of Directors for review, final input and subsequent adoption.

The Strategic Plan and Performance Review consists of the following sections:

- A. Input from Persons Served and Other Stakeholders
- B. Financial Planning and Management
- C. Risk Management-Risk Assessment

| Policy Area: Performance Measurement and Management | Subject: Performance Measurement and Management Policy and Procedure |
|---|---|
| | Policy #: PM-1 |
| | Page # 5 of 5 |
| | |

Lastly, the Center sends a client satisfaction survey to each person a month after his or her case is administratively closed.

H. Productivity and Reports

Mental Health Paraprofessional (MHPP) productivity at the outpatient sites located at residential care facilities is computed and reported weekly as well as a staffing analysis. Mental Health Professional (MHP) productivity is computed every two weeks. Supervisors and employees have access to productivity reports.

I. Management Information System

The Center maintains an electronic health record which allows for robust reporting concerning clients and services provided. A data coordinator reviews all new entries to ensure completeness and accuracy of data.

J. Governance Reports

The individual members of the board of directors participate in a yearly self evaluation concerning the Center and their involvement as board members. In addition, the board members complete a yearly evaluation of the Executive Director.

| Policy Area: Performance Improvement | Subject: Performance Improvement |
|--------------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: PI-1 |
| Revision Date: 1-19-17 | Page # 1 of 1 |
| Additional Authority: CARF 1.N. | Review Date: 1-19-17, 9-21-17 |

1. On an annual basis the Center completes a Strategic Plan and Performance Review that includes a review of business functions and service delivery. Included in the review is an assessment of effectiveness, efficiency, service access and satisfaction, as described in the section above. The review also addresses areas needing improvement, action plans to implement needed improvements and to reach goals, and changes made to improve performance.

2. The information that is accumulated, and plans that are subsequently developed, are used to:

- a. Affirm that the Center's mission and core values are being addressed and implemented.
- b. Improve the quality of programs and services.
- c. Facilitate decision making and strategic planning by the Center.

3. Information from the Strategic Plan and Performance Review is prepared in a way that is meaningful for persons served, staff, and other stakeholders, and is made available to each of these groups.

4. Management will work together to ensure that the information regarding performance improvement is accurate.

E.3. STANDARD OF CARE

E.3.E. (Section 2.4.C.)

Approach to aftercare and discharge planning.

Matrix listing community resources and partners available for referral for continuation of services.

| Policy Area: Core Program Descriptions | Subject: Transition, Exit and Recovery Support |
|--|--|
| | Services |
| Effective Date: 1-21-16 | Policy #: CPD-SS |
| Revision Date: 1-21-16 | Page 1 of 2 |
| Additional Authority: n/a | Review Date: 1-21-16, 9-21-17 |

For all clients who are receiving substance abuse services, written transition and discharge criteria are established and included in the treatment planning and documentation process. Based on the needs of the client, in order to support his/her ongoing recovery, treatment gains, and increased integration into the community, it may be determined that the client should be referred for services in other programs within the Center or other services outside the Center, referred to a different level of care, or discharged from services within the Center. In any of these circumstances, it is the duty of the Primary Therapist to plan the transition/discharge with the active input of the client and/or the client's guardian/representative.

It is recognized that the treatment dropout rate in Substance Abuse Services is high, and client participation in this part of treatment is, therefore, frequently not achievable. Therefore, this should be clearly noted on the Transition/Discharge Summary.

It is the policy and practice of the Center that transition/discharge planning should be initiated at the earliest possible time in the planning and therapeutic process. Transition/discharge planning is incorporated into the Master Treatment Plan form to ensure that this is accomplished.

Clients who are voluntarily admitted to residential services, which are not operated by the Center, have the option to move into the community, or transfer to a program with a less restrictive setting, such as an independent living program, and it is the ultimate goal of treatment for this to be accomplished, if possible.

The Transition Plan:

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- a. Is developed with the input and participation of:
 - 1. Client.
 - 2. The client's family/guardian.
 - 3. The client's representative.
 - 4. Appropriate personnel.
 - 5. The referral source, when authorized and appropriate.
 - 6. Other community resources, as authorized and appropriate.
- b. Identifies the client's current:
 - 1. Status in terms of progressing toward his/her well-being.
 - 2. Status in terms of gains achieved toward goals/objectives during participation in the program(s).
- c. Identifies support systems and other types of services and supports needed to assist the client in continuing recovery, integration into the community, and maintaining wellness.
- d. Includes relevant information on the client's medication, if applicable.
- e. Includes information about referrals, including a contact name, telephone number, location/address, hours and days of operation, and appointment time(s), as applicable.
- f. Includes information about options available if the client's symptoms recur or if additional services are needed.
- g. Documents the client's strengths, needs, abilities, and preferences, if the client is being transitioned to provider outside of the Center.

| Policy Area: Core Program Descriptions | Subject: Transition, Exit and Recovery Support |
|--|--|
| | Services |
| Effective Date: 1-21-16 | Policy #: CPD-SS |
| Revision Date: 1-21-16 | Page #2 of 2 |
| Additional Authority: n/a | Review Date: 1-21-16, 9-21-17 |

Clients who participate in the development of the transition plan, and other participants, as applicable and appropriate, are given copies of the Transition Plan. If a client needs additional services or support, it is the responsibility of the Primary Therapist, with the assistance of case managers and/or other staff, as needed, to follow-up after transition to:

- a. Ensure continuity and coordination of services.
- b. Determine with the client whether additional services are needed.
- c. Provide referral assistance, when needed and possible.

In the case of unplanned transitions or discharges, it is the responsibility of the Primary Therapist, with assistance from case managers and other staff, as needed to follow-up to:

- a. Determine, with the participation of the client, whether further services are needed.
- b. Offer referral assistance, as needed, when possible.

When a client is removed from an Intensive Outpatient Substance Abuse program for aggressive or assaultive behavior, the Primary Therapist, with the assistance of case managers and other staff, as needed, follows up to ensure that the client has needed linkage to care, such as a referral, if the client is acceptable to a referral. In some cases, the client may not accept the referral either verbally, or follow-up with no other contacts. In this case, the referral agency may be notified. In the case of a self-referral, a follow up letter is sufficient.

For all clients leaving Center services, planned or unplanned, a written discharge summary is complete to ensure documentation of treatment episodes and results of treatment efforts. At a minimum, the discharge summary includes:

- a. Date of admission.
- b. Description of services provided.
- c. Presenting condition at admission.
- d. A description of the extent to which goals and objectives were accomplished.
- e. Description of reasons for discharge.
- f. Description of the status of the client at discharge, if known, or at last contact.
- g. Recommendations for additional services or support.
- h. The date of discharge from the program.

All clients are expected to complete all four weeks of group process and to continue with aftercare sessions until all the goals and objectives are completed on the Master Treatment Plan.

Lack of progress on treatment goals by a client is criteria for a client to be discharged non-compliant. Efforts will be made by the Primary Therapist to enhance treatment effort with client and client will be clearly informed of lack of progress on treatment goals prior to discharge.

Prior to completion of the four week group process, each client will complete a client generated aftercare plan to identify specific goals and objectives to be addressed. This will be signed by client and by the Primary Therapist.

Medical Detoxification Services

If a client is in need of Medical Detoxification, they are referred to the closest appropriate facility. If they have third party reimbursement, they are referred to Ouachita County Medical Center or to other Hospital based programs. If they have no resources for reimbursement, they are referred to the State funded programs administered through Quapaw House, Inc.

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| RIVER RIDGE Tever RIDGE Partner Primary C Docc: Docc: | Staying Clean and Sober Attending AA/NA meetings Utilizing Sponsor Utilizing Sponsor Attending After Care Spouse attending Alanon Employed Receiving Therapy/ Outpatient Treatment Receiving Therapy/ Outpatient Treatment Relapsed - when/ cause Completed 4th 5th Step - Step currently working Completed 4th 5th Step - Step currently working Reading recovery literature Reading recovery literature Butterature If Currently taking psychotropic med's what/ how much - on prior to admission to Unit If prescribed psychotropic meds while on Unit, did you receive follow-up care? If so with whom COMMENTS: | (o Months): |

-

Resource List

1. Detox Centers:

- a. New Vision PH: 479-243-2280
- b. Medical Withdrawal Management PH: 870-863-2491
- c. Physicians Behavioral Hospital PH: 318-550-0520
- d. Pulaski County Stabilization Unit PH: 501-340-6646
- e. Sebastian County Stabilization Unit PH: 479-452-6650
- f. Ouachita Chemical Dependency Unit PH: 1-870-836-1289
- 2. Community Self Help:
 - a. NA
 - b. AA
 - c. Ala-Non
 - d. DHS PH: 870-773-0563
- 3. Medical Centers:
 - a. St. Michael's Hospital PH: 903-614-1000
 - b. Wadley Regional Medical Center PH: 903-798-8000
 - c. Genesis Prime Care PH: 903-791-1110 (medical and dental)
 - d. Health Care Express PH: 870-772-9355
 - e. SHRT PH: 903-792-5924 (HIV counseling and testing)
 - f. Miller County Health Department PH: 870-773-2108
- 4. Mental Health:
 - a. River View Behavioral Health PH: 1-870-772-5028
- 5. Halfway Houses:
 - a. Jodi Bruce Sober House for Women PH: 870-403-3897
 - b. Legacy House for Men PH: 903-306-4296
- 6. Texas Referrals:
 - a. ETCADA PH: 903-753-7633

E.4 PRIORITY POPULATION

E.4.A. (Section 2.5.B)

Outline of proposed practices and procedures necessary to prioritize the populations listed in Section 2.5.B.

E.4.A. PRIORITY POPULATION

OUTLINE OF PROPOSED PRACTICES AND PROCEDURES NECESSARY TO PRIORITIZE THE POPULATIONS LISTED IN SECTION 2.5.B.

The Center agrees to comply with service provisions for priority populations and comply with required timeframes as identified by SAMHSA and in the most current version of the DBHS Rules of Practice and Procedure. The Center to prioritized admissions with:

- 1) Pregnant drug users receiving services within forty-eight (48) hours;
- 2) Intravenous drug users receiving services within fourteen (14) days.

If services are not immediately available, and clients are placed on a Waiting List, clients will be offered Interim Services until services are available.. Interim services can include, but are not limited to counseling and education about the risks of HIV, TB, Hepatitis. For pregnant women, it could include but not be limited to effects of alcohol and drug abuse on the fetus. Interim Services will meet all requirements as identified in the DBHS Rules of Practice and Procedure.

If a client is placed on a waiting list, the Center will attempt to contact this client at least every 14 days and document efforts to keep the client engaged in seeking services.

If a client cannot be placed within the required timeframes, the Center will contact DBHS for assistance in locating a clinically appropriate placement.

E.4 PRIORITY POPULATION

E.4.B (Section 2.5.H)

How SWACMHC will ensure access to Residential Treatment Services as required in Section 2.5.H

E.4.B. PRIORITY POPULATION ACCESS TO RESIDENTIAL TREATMENT SERVICES

Clients may enter the system through several avenues. They may be referred by the local court system, referred by probation or parole officers, be referred through DASEP program, be referred by the Mental Health Center, be referred by local hospital or physician, or may request services for themselves. Each person is screened for the appropriate level of care generally based on ASAM placement criteria.

If a person presents in severe distress due to drug/alcohol abuse, they are screened in person as soon as possible to assess their need for detoxification services. If a person is in need of detoxification services, they are placed in an appropriate facility under contract by the Center. Upon completion of detoxification, clients are required to return to primary residential substance abuse treatment.

- If they are appropriate for residential services and are not in need of detoxification services, they are scheduled for intake as required under the Rules of Practice and Procedure.
- If they are appropriate for Intensive Outpatient Treatment and are not in need of residential or detoxification services, they are scheduled for intake in the next treatment group.
- If they are in need of Supportive Outpatient Treatment and are not in need of a more intensive level of treatment, they will be seen PRN.

Residential services are offered through River Ridge Treatment Center. This program has been in existence since September 11, 2000. River Ridge is capable of housing twenty-four (23) clients (up to 15 men and up to 8 women). All clients are provided adequate room and board as required in DAABHS Licensure Standard for Alcohol and Other Drug Abuse.

When a client presents for residential treatment, all paperwork is completed documenting client's eligibility for services. They are seen by one of the counselors to complete documentation of client's appropriateness for treatment. This includes a psychosocial assessment (which includes their initial treatment plan), Addiction Severity Index, Mental Health Screening Form III, DBHS reporting forms, consent for treatment and releases of information. They are oriented to the program, including assignment of their primary counselor, assigned a bed and introduced to the other clients. Clients are expected to remain in the program for thirty-five (35) days. During that time, they will attend education lectures, family education classes and receive individual and group counseling (See attached program schedule). Each client receives 6 hours of clinical contact per day, Monday through Friday, and four hours of clinical contact on Saturday. Care Coordination and Discharge/Aftercare Planning is started at intake and continues as part of treatment planning process throughout treatment. A formal aftercare plan is completed prior to discharge. All clients are expected to actively engage in a support system after they leave treatment.

Partial Day Treatment is offered through River Ridge Treatment Center. Clients who are eligible and meet the appropriate criteria can attend treatment services for four to six hours a day, five days per week. Clients may be admitted to Partial Day Treatment as a step down in care from Residential Treatment. Generally for a period of one to two weeks, but could be for up to six weeks as needed. Clients continue to be assigned to their Residential counselor who is responsible for providing one hour of individual counseling per week, case management services and documenting participation on a daily basis. Clients continue to attend education lectures and group therapy daily.

Adolescent Residential Treatment services will be provided by subcontracting with the provider who wins the contract for such services. Residential Treatment for Adolescents is available on a contractual basis for Adolescents that reside in the Catchment area and present for treatment. Adolescents are initially screened through River Ridge or one of the Outpatient offices. Contact is then made with the most appropriate of contracted facilities with and an admission date is scheduled. Upon completion of treatment, clients can be seen on outpatient basis for follow up and followed for Continuing Care.

Specialized Women's Services are available on a contractual basis with Arkansas Cares for women who reside in the Catchment area and present for treatment who are pregnant or have custody of children under the age of ten. Women are initially screened through River Ridge or one of the Outpatient offices. Contact is then made with the most appropriate of the facilities contracted with and an admission date is scheduled. Upon completion of treatment, clients can be seen on outpatient basis for follow up and followed for Continuing Care.
E.5. RECORDS AND REPORTING

E.5.A. (SECTION 2.6)

Explanation of how SWACMHC will meet the records and reporting requirements as listed in Section 2.6.

E.5.A. RECORDS AND REPORTING How SWACMHC will meet the records and reporting requirements as listed in Section 2.6

A. In a manner and timeframe prescribed by DAABHS, SWACMHC will provide regular and special reports and plans within designate timeframes.

• The Director of Substance Abuse Services, Clinical Director, Director of Quality Assurance, Chief Financial Officer and Executive Director are all authorized internally to submit reports and plans as requested and as appropriate to their disciplines.

B. SWACMHC works to ensure that all DAABHS-funded services provided by SWACMHC and its subcontractors are entered into the DAABHS Data Information System by the fifth business day of the following month. The Director of Substance Abuse Services is responsible for ensuring the timely submission.

C. SWACMHC will submit the Wait List and Capacity Management Reports as directed by DAABHS and will utilize the template provided by DAABHS. The Director of Substance Abuse Services is responsible for the submission of these reports.

D. SWACMHC will submit an Annual Program Report by the due date specified by the DAABHS which has agreed to send out the mandatory format to providers no later than April 30th of each year.

E. SWACMHC will continue to submit an annual independent financial and compliance audit that conforms to the "Guidelines for Financial and Compliance Audits of Programs Funded by the Arkansas Department of Human Services."

F. SWACMHC will continue to ensure compliance with the DAABHS Incident Reporting Policy, including time frames for submission. The Chairperson for the Accessibility, Health, Safety and Transportation Committee will be responsible for ensuring compliance. The Chairperson reports to the Director of Quality Assurance through the Continuous Quality Improvement/Quality Assurance (CQI/QA)Committee. The minutes of the CQI/QA committee meetings are provided to the management team at SWACMHC and utilized for performance improvement. G. SWACMHC will continued to ensure compliance with any other reporting information requested by DAABHS within the timeframe established for that reporting purpose. Those individuals capable of responding would include the Executive Director, Clinical Director, Director of Substance Abuse Services, Director of Quality Assurance and the Chief Financial Officer.

H. SWACMHC shall ensure that its employees participate in trainings and meetings as required by DAABHS. The Clinical Director and Director of Substance Abuse Services shall be responsible for ensuring properparticipation.

| Policy Area: Records of the Persons Served | Subject: Records of the Persons Served-General |
|--|--|
| | Policies and Procedures |
| Effective Date: 1-21-16 | Policy #: REC-1 |
| Revision Date: 1-21-16,9-21-17 | Page # 1 of 2 |
| Additional Authority: CARF 2.G., HIPAA | Review Date: 1-21-16, 9-21-17 |

1. Center staff members strive to communicate information in the client record in a manner that is organized, clear, complete, current and legible. The Center strives to ensure that all staff members have access to up-to-date electronic equipment. The Center currently maintains an electronic record of all services, with few exceptions.

2. All documentation is signed by the provider. Electronic documentation is signed electronically; paper documentation is signed manually before it is scanned into the electronic medical record. Signatures on clinical documentation include the name and credentials of the provider.

- 3. The individual client record includes:
 - a. Date of admission.
 - b. Name, address and telephone number of the client's legal guardian or representative (when applicable).
 - c. Name, address and telephone number of an emergency contact person.
 - d. Name of the person coordinating services (primary therapist).
 - e. The location of any other records that may exist on the client.
 - f. Name, address and telephone number of the client's primary care physician (when applicable).
 - g. Healthcare reimbursement information.
 - h. The client's:
 - (1) Health history.
 - (2) Current medications (if any).
 - (3) Basic demographic data required for state and national statistical reporting (e.g., race).
 - (4) Documentation of client orientation.
 - (5) Assessments (Diagnostic Assessment, evaluations, and screenings).
 - (6) Master Treatment Plan and Master Treatment Plan Reviews
 - (7) Transition/discharge plan, when applicable.
 - i. A discharge summary for all clients who have terminated services with the Center.
 - j. Copies of any correspondence.
 - k. Appropriate information release forms.
 - I. Documentation of internal and external referrals (when applicable).

4. It is the policy of the Center that the Master Treatment Plan is completed by the primary therapist and signed by the psychiatrist within fourteen days after the initial service, and the Master Treatment Plan Review is signed by the staff psychiatrist within fourteen days of completion.

| Policy Area: Records of the Persons Served | Subject: Records of the Persons Served-General |
|--|--|
| | Policies and Procedures |
| Effective Date: 1-21-16 | Policy #: REC-1 |
| Revision Date: 1-21-16, 9-21-17 | Page # 2 of 2 |
| Additional Authority: CARF 2.G., HIPAA | Review Date: 1-21-16, 9-21-17 |

5. Duplicate files are not maintained at Center service sites. Case managers may maintain copies of the client's Master Treatment Plan as a tool to ensure they are providing needed services. The copies of the Master Treatment Plan are secondary documents that are used for information only. Case managers have been trained in confidentiality and are required to maintain the information in a manner that protects confidentiality.

6. The Center contracts with a national software vendor which specializes in electronic records for behavioral health providers. On August 1, 2012, any new client records were stored only in the electronic record. All client medical records are stored on the software vendor's servers which can be accessed via the internet with appropriate knowledge of the server name and the appropriate password. The software vendor is able to provide the Center with assurances of compliance with state and federal regulations concerning privacy, portability, accountability and security. In addition, the Center employs a Privacy Officer. The software has a security matrix which allows the Privacy Officer to control access to the point that employees are given the right to view only the portions of the records on a "need to know" basis. The Center has strict measures in place to ensure confidentiality when records are accessed electronically and maintains a security log for access to any part of a client medical record.

7. Client records prior to August 1, 2012 either kept in locked storage units with appropriate indexing, kept on microfilm or stored by case number on one of the Center's private servers which is backed up nightly.

9. The confidentiality of client records is provided by safeguards for the physical integrity of the record, and by releasing client records only with the consent of the client (or the client's legal representative), or pursuant to a court order. Applicable state and federal laws govern the release of confidential client information. This policy specifically includes required compliance with the Health Insurance Portability and Accountability Act and all other applicable laws, statutes, codes and regulations.

10. Every service provided to a client is documented. Diagnostic Assessments, psychological reports, Single Point of Entry screenings, Master Treatment Plans and Reviews and other services have specific reporting formats. Progress notes are generated for each therapy session, collateral effort or other activity that is billed and not otherwise documented. Progress notes are also generated when significant events transpire that warrant documentation.

11. All services must be documented in the electronic medical record by the end of the next working business day. Providers are unable to bill for any billable service until the service is appropriately completed and approved in the electronic medical record.

| Policy Area: Quality Records Management | Subject: Quality Records Management |
|---|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: QRM-1 |
| Revision Date: 1-21-16, 9-21-17 | Page # 1 of 5 |
| Additional Authority: CARF 2.H. | Review Date: 1-21-16, 9-21-17 |

The Center performs three types of record reviews: Service-to-Billing Audits, Medical Records Audits and Utilization Review. Service-to-Billing Audits are performed in conjunction with the Center's Corporate Compliance efforts as described elsewhere in this Policies and Procedures Manual.

1. MEDICAL RECORDS AUDIT

The Medical Records Audit is an ongoing process through which the auditor reviews approximately 10% of the Center's medical records each year. Audits are completed monthly at each site, with a report prepared and presented to the Clinical Director and the CQI/QA Committee on a quarterly basis. The audit targets documentation of services and seeks to determine if required documentation is present and meets Center, accreditation, provider and other applicable standards and requirements. Records are generally chosen at random, unless a problem area or particular area of interest has been identified and specific areas, locations, or personnel are targeted for closer scrutiny.

Reviews are performed by the Medical Records Auditor, who selects a random sample of records from each mental health professional's caseload, on a quarterly basis. The auditor completes the Medical Records Audit checklist for each record reviewed and provides a summary of the results to the primary therapists, who then correct the deficiencies.

Results of these reviews are used to confirm that services are being documented consistently, to identify problem areas in documentation, to provide feedback for supervision, and to identify training needs. This information can be viewed as a broad representation of the Center's performance, or it can be broken down to represent specific locations, professional groups or individual performance.

2. UTILIZATION REVIEW

The Center implements a Utilization Review Plan for mental health and related service programs. The plan has been approved and adopted by both professional staff and the Board of Directors.

The Utilization Review Committee is charged with responsibility for the overall monitoring of:

- a. Quality of services as documented in the medical record.
- b. Appropriateness of services rendered by the Center.
- c. Patterns of service utilization that might affect quality of services, utilization of Center resources, or that would impact the Strategic Plan of the Center in terms of programming.

All cases of individuals receiving mental health services are subject to review. It is the policy of the Center that all clients receive services that reflect appropriate and effective utilization of staff and facilities to best meet the needs of the clients.

The Chair of the Utilization Review Committee (URC) is delegated responsibility for the implementation of the Utilization Review Plan.

| Policy Area: Quality Records Management | Subject: Quality Records Management |
|---|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: QRM-1 |
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| Additional Authority: CARF 2.H. | Review Date: 1-21-16, 9-21-17 |

The Utilization Review Committee meets at least quarterly. The Committee is composed of the Medical Director (or his/her designee) and six (6) non-medical clinicians representing the various disciplines employed by the Center (Psychologists and Psychological Examiners, Master Social Workers, Licensed Professional Counselors, Nurses and Substance Abuse Counselors). The Chair is selected by the Committee or may be appointed by the Clinical Director if requested by the Committee members serve for two (2) years, with three (3) members rotating off the Committee each year. Members may be re-appointed with the approval of the Committee Chair and the member in question.

The Data Coordinator attends the meeting and serves in an ex-officio capacity as secretary of the Committee.

A staff member is never the sole reviewer of the services for which he/she is responsible.

Method of Review

This is accomplished through review and evaluation of client records. All primary therapists participate in monthly reviews of records, as assigned by the committee. Each clinician reviews one record per month, completes the review form, and submits the form to the Data Coordinator. The Utilization Review Committee then reviews the reports in the quarterly meetings. Staff members do not review records that involve their own assigned clients.

- 1. Records are selected for review based on the following criteria:
 - a. Records by random selection of outpatient clients who:
 - 1) Initiated treatment during the past six months; or
 - 2) Have been receiving services for over two years; or
 - 3) Are classified as "substance abuse" clients; or
 - 4) Are Youth Services clients who have received mental health services within the last six (6) months (two cases).
 - b. (Up to twenty-nine cases are reviewed in this category.)
 - c. Records by random selection of clients who have received inpatient services within the past six months (three cases).
 - d. Records by random selection of clients who have been in Psychosocial Rehabilitation/Community-based Rehabilitation for a period of 30 days (visits), and who have not been previously reviewed within the last two years (four cases).
 - e. Records by random selection of clients who have been seen on a one-time-only or emergency/walk-in basis within the last six months (four cases).
 - f. Records by random selections that have been closed within the previous six months (nine cases).

| Policy Area: Quality Records Management | Subject: Quality Records Management |
|---|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: QRM-1 |
| Revision Date: 1-21-16, 9-21-17 | Page # 3 of 5 |
| Additional Authority: CARF 2.H. | Review Date: 1-21-16, 9-21-17 |

2. Records are chosen without prior knowledge of the primary therapist and placed in charge of the data coordinator until such time as the committee member is able to review the content. This action is intended provide a more accurate representation of chart content than to allow the primary therapist to make corrections prior to the review. Upon review, the record is then returned to the director of medical records to be secured until the scheduled committee meeting.

It is the goal of the Center to review 200 records per year in this manner.

Factors to be Considered

- 1. Admission (Intake) Justified:
 - a. Could a more appropriate service be provided by another existing community source?
 - b. If a person is found to be ineligible for services:
 (1)Was the person informed as to the reasons?
 (2)Was the referral source informed as to the reasons?
 (3)Were recommendations made for alternative services?
 - c. Was screening adequate to warrant admission to a Center program for additional services?
 - d. Was there undue delay in scheduling a return for service following screening?
 - e. Was assessment thorough, complete and timely?
 - f. Were risk factors adequately assessed and result in a safety plan when appropriate?
- 2. Utilization Justified:
 - a. Length of Treatment (Service)
 - (1) Was status assigned appropriately?
 - (2) Was length of treatment appropriate to the problem and treatment course?
 - (3) Was length of treatment prolonged or shortened because of third party or any other payment factor?
 - (4) Was client participation based on truly informed consent?
 - b. Evaluation/Staffing
 - (1) Were all evaluations and staffings necessary?
 - (2) Were reports of results prompt?
 - (3) Do evaluations identify the problems to justify an adequate client (treatment) plan and to insure optimal utilization of staff skills?
 - c. Treatment Plan
 - (1) Does the Treatment Plan include a statement of the problem(s) and need(s) of the individual, both immediate and long-term, describing intact functions which can serve as assets for therapeutic exploitations?
 - (2) Are treatment plan goals created utilizing informed and active client input based on history of symptoms and client expectations of treatment?
 - (3) Are treatment plan goals quantitative and measurable, with a realistic time frame to accomplish objectives?
 - (4) Does the Treatment Plan include a program of specific modalities, psychotherapy, pharmacotherapy, vocational training and/or rehabilitation potentials?
 - (5) Does the Treatment Plan include a program that encourages involvement of the client's significant other(s)?
 - (6) Does the Treatment Plan include, when indicated, referral for additional services through other agencies?

| Policy Area: Quality Records Management | Subject: Quality Records Management |
|---|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: QRM-1 |
| Revision Date: 1-21-16, 9-21-17 | Page # 4 of 5 |
| Additional Authority: CARF 2.H. | Review Date: 1-21-16, 9-21-17 |

- (7) Does the Treatment Plan include a description of the staff's involvement and any expected response(s) to the services to be rendered?
- (8) Does the Treatment Plan reflect or include a discharge/aftercare plan?
- (9) Are the goals and objectives of the Treatment Plan based on the assessment that was performed when program services were initiated?
- (10) Are the services that have been offered based on the goals and objectives that are specified in the Treatment Plan?
- (11) Was the client offered/provided a copy of the treatment plan?
- (12) Was the treatment plan reviewed and updated in accordance with Center policy?
- d. Does the use of any pharmacotherapy reflect appropriate prescriptions, dosages and required laboratory studies?
- e. Is the diagnosis/clinical impression appropriate, with regard to logical substantiation and accuracy?
- f. Do progress notes effectively document the course of treatment, demonstrating treatment compatible with diagnosis, consideration of prior treatment, progress toward achievement of treatment goals, and active involvement of the client?
- g. Were transition issues addressed with the client prior to a change in level of care or change in programs?
- h. Is the quality of documentation in accordance with adopted standards (sufficiently informative to reflect client progress)?
- i. Is follow-up performed according to Center policy, including follow-up for missed appointments and follow-up to referral source (when appropriate)?

Operational Procedures for Utilization Review Functions

Records are chosen without prior knowledge of the primary therapist and placed in charge of the Data Coordinator until such time as the committee member is able to review the content. This action is intended provide a more accurate representation of chart content than to allow the primary therapist to make corrections prior to the review. Upon review, the record is then returned to the director of medical records to be secured until the scheduled committee meeting.

- a. Records are distributed to the reviewing members of the Utilization Review Committee. Reviewers should have access to the records at least seven (7) days prior to the scheduled URC meeting.
- b. The data coordinator completes Utilization Review Committee Worksheets for each record, to assure that each step in the process is completed in a timely fashion.
- c. Utilization Review Committee recommendations and conclusions are reflected in writing on the Utilization Review Report, and serve as the basis for Committee minutes and/or reports.
- d. The Utilization Review Summary Sheet is completed by the data coordinator and returned for filing in client's record.
- e. The URC secretary insures that photocopies of each completed URC Worksheet are distributed to the primary therapist/case manager and his/her immediate clinical supervisor for indicated action, if any.

| Policy Area: Quality Records Management | Subject: Quality Records Management |
|---|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: QRM-1 |
| Revision Date: 1-21-16, 9-21-17 | Page # 5 of 5 |
| Additional Authority: CARF 2.H. | Review Date: 1-21-16, 9-21-17 |

- f. Each primary therapist/case manager communicates in writing to the URC, a report of actions accomplished to rectify any documentation or clinical service deficiencies found. Such written report is provided to the URC to insure completion of "old business" during the next scheduled meeting.
- g. Comments are recorded, in writing, in the space provided on the URC Worksheet to serve as a permanent record. Such review and comment serves as the focus of attention for full committee discussion.

Reports and Minutes

Minutes of all Committee meetings are prepared by the secretary, signed by the URC Chair, and forwarded to the Continuous Quality Improvement/Quality Assurance (CQI/QA) Committee, Clinical Director, Medical Director and Executive Director. Minutes are structured as follows:

- a. Date, time, location, names of persons attending (members, others);
- b. Approval of minutes (prior meeting);
- c. Old Business (status of previous client record/service deficiencies);
- d. New Business:
 - Number and types of records reviewed according to URC procedure; description of cases reviewed in which utilization was questioned, recommendations were made, or actions were taken by the Committee. (Cases/clients are referred to by identifying number only.)
 - 2) Documentation of any other pertinent discussions, recommendations, or actions.
- e. Adjournment; and
- f. Signature of the Chair.

Results are quantified, and this information is incorporated into the report. The CQI/QA Committee uses the results in the evaluation and planning process, and to identify training needs.

Disciplinary Action

Failure of any Committee member to perform his/her assigned duties may result in suspension and/or loss of employment in accordance with Center Personnel Policies and Procedures.

Failure of staff to comply with the recommendations of the Utilization Review Committee within ten working days will result in a letter of reprimand being issued to the primary therapist, copied to his/her personnel file and the program supervisor. If corrections are not adequately addressed within ten additional days the Clinical Director and the Executive Director will be notified to take corrective action. A second letter of reprimand from the URC chair will be issued to the primary therapist, program supervisor, and the personnel file. The primary therapist has ten working days from the second disciplinary action to make the necessary record corrections or be suspended without pay from professional activities at the Center for three working days. The primary therapist will be subject to termination if the chart corrections are not adequately accomplished within ten days of completing the suspension.

E.6 STAFFING

E.6.A. (SECTION 2.7)

Description of how SWACMHC will ensure the hiring, training, and supervisory requirements as outlined in Section 2.7 are met.

E.6.A. STAFFING

How SWACMHC will ensure hiring, training and supervisory requirements as outlined in Section 2.7 are met.

A. SWACMHC has a Human Resources Director as well as a payroll clerk who are responsible for ensuring contractual compliance in regard to hiring and allowing only properly hired, licensed and/or credentialed people the capability of logging into SWACMHC network resources and allowing persons to bill for services. In addition, the Privacy Officer is in charge of setting security limits within the organization's electronic health record.

B. SWACMHC utilizes a cloud-based software application to ensure that staff providing treatment-related services have current licenses or certifications as well as completion of required continued education. All certificates and current licenses are contained in the employee's personnel file.

C. SWACMHC meets the CARF standards concerning the training of crisis prevention intervention, cardiopulmonary resuscitation and first aid. SWACMHC strives to exceed the standards set forth by the State of Arkansas and by CARF. Depending on the program, more than one person trained in each of these areas is always present at each location when the location is open for business.

D. (The Center subcontracts detoxification services)

E. All licensed/certified employees working within the Substance Abuse treatment programs longer than six months are certified in Motivational Interviewing.

F. Criminal background and maltreatment backgrounds checks are completed as required by DAABHS. Those records are contained in the personnel files of each employee. SWACMHC utilizes a cloud-based software application to ensure compliance.

G. SWACMHC's policy is to evaluate all employees after the completion of a six-month probationary period and annually thereafter, for job performance, job growth, skill development, core competencies and possible wage increase. The Center's cloud-based software program helps to ensure compliance to internal and external regulations and/or policies,

H. SWACMHC has a policy and procedure regarding staff development and encourages all employees to attend ongoing training, especially in evidence-

based practices. Evidence of training is kept in the employees' personnel files as well as in the Center's cloud-based software program. Human Resources is responsible for maintaining personnel files.

I. SWACMHC has a Licensed Alcohol and Drug Counselor (LADAC) Supervisor who provides ongoing supervision to those requiring such. The LADAC Supervisor is responsible for maintaining supervision records.

J. The Human Resources Director, with the assistance of clinical supervisors, work to ensure that all staff, interns, or volunteers are qualified for their positions or responsibilities based on job-descriptions and also ensure that all undergo appropriate background checks relevant to the population served. Human Resources utilize source verification for licensed or certified personnel.

K. SWACMHC has policies and procedures in place regarding the training, continuing education required of staff, as well as the required use of evidence-based programs.

L. SWACMHC ensures that appropriate employees participate in trainings and meetings as required by the DAABHS. Compliance is usually the responsibility of the Program Director or Clinical Director.

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

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

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

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

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

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

| Policy Area: Human Resources | Subject: Personnel-General |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: HR-31 |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

Inter-staff Relationships

Each employee has been secured by the Center to meet certain specific needs as outlined in his/her job description. Employee attention must be given to his/her specific tasks or to those assigned to the employee by his/her supervisor. On occasion, there will be overlapping areas of work or times when the employee will be given other responsibilities in the absence of another employee. Cooperativeness and a cheerful attitude between staff members is necessary for the Center to function effectively.

Licensure

All requirements for currently validated licensure or certification for professionals will be strictly fulfilled by employees in professions that require licensure.

Membership in Organizations

All employees are encouraged to belong to and participate in their respective professional organizations.

Civic Clubs

All employees are encouraged to belong to and participate in civic clubs within the local community.

Gratuities

Employees of the Center are not permitted to accept tips or gifts from clients, or from firms which do business with the Center.

| Policy Area: Human Resources | Subject: Recruitment and Retention |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: HR-3 |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

It is the policy of the Center to employee highly qualified personnel to best serve the needs of the clients and the Center. The Center follows its policies and applicable legal requirements in selection of personnel. The Center is an Affirmative Action/Equal Opportunity Employer.

- a. The Center actively recruits qualified employees as needed to maintain adequate staffing. Recruitment strategies vary, depending upon the level of expertise and licensure required.
- b. The Center works to retain a high quality staff by providing a quality work environment, competitive benefits, continuing education and growth opportunities, and opportunities for advancement.
- c. Trends are a source of interest and concern with regard to personnel turnover. Center management monitors trends through employee feedback, biannual climate surveys, and salary surveys. These issues are addressed on an ongoing basis, as well as more formally in the strategic planning and budget preparation process.

Skills and Characteristics

- a. It is the policy of the Center to hire individuals who possess the necessary skills to provide the highest quality of service to clients. Documentation of training is maintained in all personnel records. Skills and characteristics required to assist clients in achievement of treatment goals and support the Center in accomplishment of its mission are identified in job descriptions.
- b. Personnel are required to complete training in a defined set of competencies on an annual basis. These are monitored and reported on by the Human Resources Manager.
- c. All new personnel receive formal orientation and initial training prior to beginning their duties. Specific competency training must be completed before the employee can successfully complete the probationary period.
- d. The Center provides liberal support to personnel for continuing education and skill development, consistent with their duties and/or with the development of new skills to prepare them for promotion or changes in responsibilities.

| Policy Area: Human Resources | Subject: Employment Applications |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: HR-6 |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

Policy

New hire applicants shall be recruited to meet the staffing needs of the Center.

Guidelines

All applicants, on or before the beginning of employment, will complete the agency application blank for composite data collection of personnel information.

All applicants will be subject to reference, transcript, and investigations prior to employment, and the result of these findings will be filed within the individual's personnel file.

All resumes and applications of prospective employees who are not hired should include notations as to why the prospective employee was not hired and date interviewed, if applicable.

The Executive Director, as delegated by the Board of Directors, will recruit, employ, promote, demote, lay off or terminate individual employees.

Procedure

Each person interested in being considered for a position within the agency shall complete an Application for Employment. The application should be utilized to the fullest extent during interviews and background investigations.

An employee shall not be placed on the payroll or permitted to work until a <u>completed application form is on file and</u> <u>all other employment papers have been completed</u>.

Inactive Application for Employment Forms on file in the Personnel Office may be disposed of after being reviewed periodically. The applications considered of value, such as those for key personnel positions, or other professional classifications, may need to be retained longer.

*Disqualification of Applicants

Applicants may be disqualified and/or rejected for employment for any one (1) or more of the following reasons:

- Applicant is found to lack any of the minimum qualification requirements.
- Applicant fails required examination (i.e., clerical skills, health).
- Applicant is addicted to or it is determined that he/she uses narcotics or intoxicating liquors habitually or to excess.
- Applicant made false statements on the Applicant for Employment Form, or attempted to practice deception or fraud in connection with submitting the application.
- Applicant does not meet the minimum age requirement contained herein.
- Applicant has been convicted of an infamous crime or a crime involving moral turpitude that is related to any of his/her assignments.

| Policy Area: Human Resources | Subject: Classification of Employees |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: HR-5 |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

<u>Policy</u>

All employees will be classified according to the work they perform and the licensure and qualifications required for their particular job duties.

<u>Guidelines</u>

All employees will be classified as full-time, part-time, tenured, temporary, consultant, or probationary. Employees will be further classified as exempt or non-exempt, as dictated by their job duties.

Procedure

Full-time employees are those employees who work a normal 40-hour week.

Part-time employees are those employees who work less than 40 hours per week, but usually not less than 16 hours in any one workweek.

Temporary employees are those employees hired for a short period of time, specifically to complete a given task.

Consultants are employed for a specific period of time to perform a specific service or services.

Probationary employees are those in their first six-month period after initial employment or promotion to another position.

Exempt employees are those employees who normally are classified as administrative or professional employees, and are paid a monthly or yearly salary, and are not subject to any over-time provisions in the law.

Non-exempt employees are those employees usually of a non-professional classification, who, even though quoted a monthly or yearly salary, are in actuality paid an hourly salary multiplied by the number of hours worked in any one work period. Non-exempt employees are subject to the Federal Wage and Hour Laws and as such, are entitled to time and one-half for any hours worked over 40 hours in any one work period.

| Policy Area: Human Resources | Subject: Personnel File Requirements |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: HR-8 |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

Personnel Policies are available to all staff members through the Center's information network. Paper copies of the policies are provided at each service location, as much as possible. However, maintaining updates in all locations is difficult to coordinate, so staff are encouraged to rely on the network version as the most up-to-date and reliable resource.

Personnel records are secured and maintained by the Human Resources Manager. All of the required information will be collected before or upon the day of appointment. The office file shall include:

- Completed Application Form;
- References Reports of reference given by the applicant from former employers, and from other sources who are able to provide meaningful information about the applicant are submitted on <u>prior approval only</u> to the Executive Director, Personnel Officer, or Program Director;
- Criminal Background Checks, as applicable

• Subsequent Personnel Actions – All personnel actions, including the following: Performance Evaluations – Standard evaluation forms and/or narrative memorandum evaluations;

reaf of training in Emergenery Services policy and recordings if a staff member has an cal

- Proof of training in Emergency Services policy and procedures, if a staff member has on-call responsibilities;
- Any other pertinent data such as additional education achievements, licenses, certifications, or significant correspondence. These are to be updated as required (such as renewal license);
- Educational Attainments Proof is obtained from the appropriate educational institution, including letters and/or copies of diplomas or other verification of educational attainment listed on the application.
- Professional Personnel Professional personnel shall have the following additional information: State Authority – A letter from the licensing Board or certification Board, if any, giving the present status of license or certification;

License/Certification/Diploma – A photocopy of license or regular certificate or diploma as applicable.

- Non-citizen Requirements If the applicant is not a citizen of the United States of America, the file shall contain a copy of all pertinent data regarding citizenship status from the Immigration Authorities. Required documents include a declaration of intention (INS Form), and any additional pertinent information that may be obtained by reasons of facts disclosed by the foregoing.
- Other documentation as required by law.

| Policy Area: Human Resources | Subject: Performance Management |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: <i>HR-12</i> |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

Policy

The Center will promote the job growth of its employees through the regular assessment of skills and potential.

Guidelines

All employees will be evaluated after the completion of a six-month probationary period, and annually thereafter, for job performance, job growth, skill development, and possible determination of salary increments.

Procedures

Performance evaluations are performed on all employees of the Center. Evaluations are:

- (1) Based on job functions and required competencies;
- (2) Kept in individual personnel files;
- (3) Performed by the immediate supervisor in collaboration with the employee, with ample opportunity for the employee to provide input;
- (4) Used to assess performance related to objectives established in the previous evaluation and to establish new performance objectives for the coming year and
- (5) Performed at the end of the probationary period and on the anniversary date of employment or promotion thereafter.

The employee's anniversary date may be altered at times of changes in job function, upon promotion, or upon transfer. Either Form A—Clinical Evaluation, or Form B—Administrative/Clerical Evaluation, will be utilized. The evaluation process will be based on job functions, as well as basic areas of performance such as timeliness, public relations, policies and procedures, communications, reliability and dependability, initiative and other areas. The evaluation will include a review of performance goals established in the previous evaluation and progress thereto. Also included in the evaluation process will be a review of the employee's job description to see that it is current; updates will be made, as necessary, during this process. The staff member evaluated should read the evaluation, clarify any questions or points of confusion, add comments, identify performance objectives for the coming year, identify training needs, and sign and date the evaluation.

After review and discussion of staff evaluations, the evaluation forms will be submitted to the appropriate Program Director for review, and then to the Executive Director.

The Executive Director or his/her designee will submit the completed evaluation form and attached Document of Evaluation review Form to the Administrative Office for filing in the personnel folder of the employee.

The evaluation form(s) will be reviewed annually and merit raises, subject to availabilities of monies and authorization of the Board, will be distributed.

Contract employees are evaluated annually to:

- a.) Assess their performance of their contract duties.
- b.) Ensure that they are following policies and procedures.
- c.) Ensure that their services and documentation meet CARF standards and Center policies and procedures.

| Policy Area: Human Resources | Subject: Staff Development |
|------------------------------|--------------------------------------|
| Effective Date: 1-21-16 | Policy #: <i>HR-23</i> |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: | Review Date: 1-21-16, 9-21-17 |

Policy

The Center will strive toward continuous quality improvement of care with ongoing effort to upgrade the skills of Center staff, through intensive training and supervision.

Guidelines

Each clinical staff member is assigned a supervisor or peer consultant who reviews cases on a regular basis.

Each clinical staff member will participate in a minimum of 24 hours of inservice training annually.

Each professional staff member will develop his/her own staff development plan.

The Center will present at least one major in-house staff development workshop with outside presenters annually.

The Center will encourage staff to participate in out-of-house continuing education opportunities.

The Center supports focused training on more specialized areas closely related to job functions.

Procedures

Initial and ongoing training for employees includes, at a minimum:

- a. Rights of the persons served.
- b. Person- and family-centered services, particularly the requirements for including the strengths, needs, abilities, and preferences of clients and their families in the treatment planning and review process.
- c. Promoting wellness of the persons served.
- d. The prevention of workplace violence All employees are required to attend initial and annual training updates for certification in CPI (Crisis Prevention Institute).
- e. Confidentiality requirements, including HIPAA.
- f. Cultural competency.
- g. The Center's expectations regarding professional conduct.
- h. Corporate Compliance responsibilities, including detailed information about the Federal False Claims Act, any other remedies for false claims under federal law, any and all whistleblower provisions, and information on the roles of such laws and provisions in preventing and detecting fraud, abuse and waste.

E.7. SUBCONTRACTORS

E.7.A (SECTION 2.8)

Outline of how subcontractors will be used to provide the full array of services outlines under the Scope of Work which indicates the following:

- Which areas of services will be provided by subcontractors;
- How SWACMHC will monitor levels of service provided by subcontractors and ensure successful treatment of DHS clients.

E.7.A. SUBCONTRACTORS

WHICH AREAS WILL BE SERVED BY SUBCONTRACTORS?

South Arkansas Regional Health Center will provide outpatient substance abuse treatment, interim services and intensive outpatient treatment per contractual arrangements. This center will provide services in the following counties: Dallas, Calhoun, Columbia, Nevada, Ouachita, and Union.

Arkansas Cares will provide specialized women's services per contractual arrangement for the entire Region 7 catchment area.

HOW WILL SWACMHC MONITOR LEVELS OF SERVICES PROVIDEL BY SUBCONTRACTORS AND ENSURE SUCCESSFUL TREATMENT OF DHS CLIENTS?

The Director of Substance Abuse Services will audit service documentation for each admission and monitor levels of service. The Billing Supervisor will also monitor levels of service. Treatment success will be monitored during aftercare provided by SWACMHC and during post discharge follow up. The Director of Substance Abuse Services will make perform an annual site visit to each subcontractor location in order to ensure clients are receiving quality services in good, safe environments. The Director of Substance Abuse will also ensure that each subcontractor continues operations with appropriate certification and accreditation.



Division of Provider Services & Quality Assurance

Community Services Licensure and Certification https://humanservices.arkansas.gov/about-dhs/dpsqa

PO Box 8059, Slot S408, Little Rock, AR 72203-8059 501-320-6287 · Fax: 501-682-8551



06/26/2020

Regina Pierce South Arkansas Regional Health Center- El Dorado 715 North College Avenue El Dorado, AR 71730

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is 33753. Your previous license number is 488. Your previous vendor number is 25232.

The following service location is associated with this provider:

715 North College Avenue El Dorado, AR 71730

New Certification #: 33753

Certification Dates: 01/30/2019 - 01/30/2022

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA/Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones Assistant Director Division of Provider Services and Quality Assurance Community Services Licensure and Certification Johnathan. Jones@dhs.arkansas.gov

| E Dorado maintain and operate a Arkansas | License Effective: 01/30/2019 License Expires: 01/30/2022 | on the premises located at | is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a <u>N/A</u> capacityAlcohol and Other Drug Abuse Treatment Programs | South Arkansas Regional Health Center-I | This Is to Certify That | License Number: 33753 | ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance | |
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Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S408 Little Rock, AR 72203-1437 P: 501.682.2441 F: 501.682.8155 HUMANSERVICES,ARKANSAS,GOV

October 12, 2020

SOUTH ARKANSAS REGIONAL HEALTH CENTER 715 N. COLLEGE AVE EL DORADO, AR. 71730

Re: Renew Licensure

Dear SOUTH ARKANSAS REGIONAL HEALTH CENTER :

Please find enclosed license number 35617. This is issued for the following location(s):

412 N VINE, ST MAGNOLIA, AR 71753

If you have any questions, please contact me at (501) 683-6972 or larry.porter@dhs.arkansas.gov.

Sincerely,

Larry Porter Jr.

cc: DAABHS - Tanya Giles, Christina Westminster, Tascha Peterson DXC – Courtney Tipple, Audrey Orange, Daphne Burkins OMIG – Tamera Belin file

> P.O. Box 8059, Slot S408 + Little Rock, AR 72203-1437 + 501.682.2441 HUMANSERVICES.ARKANSAS.GOV

| License Effective: 07/01/2020 License Expires: 06/30/2023 | 9 1 | is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a N/A capacity ALCOHOL AND OTHER DRUG ABUSE TREATMENT PROGRAMS | SOUTH ARKANSAS REGIONAL HEALTH CENTER | License Number: 35617 | ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance | |
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E.8 TECHNOLOGY REQUIREMENTS

E.8.A. (SECTION 2.8)

Description of how SWACMHC will meet the technology requirements as outlined in Section 2.10

E.8. TECHNOLOGY REQUIREMENTS How SWACMHC meets the technology requirements as outlines in Section 2.10

The Center agrees to ensure technology capabilities as required by DAABHS.

The Center has had a fully functioning Electronic Health Record, Credible, since 2012.

The Center's records are all maintained electronically, including consents, notifications, receipts, etc; and are available immediately upon request if properly authorized.

The Center has a Privacy Officer who works to ensure adequate security, confidentiality, back-up and disaster recovery preparedness. The Privacy Officer also works to ensure the system meets all applicable Federal Standards including requirements for back-up, security and disaster recovery preparedness. The Privacy Officer publishes an annual HIPAA compliance manual which addresses the above referenced factors.

The Center maintains a twenty-four hour emergency phone number, seven days a week to assist with emergency situations and to access emergency services. This number is posted at all main entrances of each facility. Policies are in place outlining the training and management of handling emergency calls. All licensed mental health professionals receive initial and ongoing training regarding crisis intervention. The Emergency Services Coordinator monitors and reviews the provision of emergency services.

| Policy Area: Records of the Persons Served | Subject: Breach of Confidentiality |
|---|--------------------------------------|
| Effective Date: 2009 | Policy #: REC-2 |
| Revision Date: n/a | Page # 1 of 3 |
| Additional Authority: American Recovery and | Review Date: 1-21-16, 9-21-17 |
| Reinvestment Act of 2009, HITECH Act, HIPAA | |

On February 17, 2009 the American Recovery and Reinvestment Act of 2009 "the Stimulus Bill" was signed into law by the federal government. As a result of this Bill, funds were made available to promote the use of Electronic Health Records (EHR) by physicians and hospitals; this portion of the bill is known as the Health Information Technology for Economic and Clinical Health Act, or the HITECH Act.

The HITECH Act's notification requirements for breaches of unsecured Protected Health or Personal Information (PHI) apply to entities subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), their business associates, and non-HIPAA covered vendors of personal health records (PHR). The Breach Notification regulations take effect on September 23, 2009.

Under HIPAA, the organization is expected to protect the confidentiality of personal information from unauthorized access whether it pertains to its patients, employees or others. These components of protection include physical, technical and administrative safeguards that are part of the Center's annual HIPAA compliance audits.

A breach is considered to be the acquisition, use, access or disclosure of PHI that has compromised the security or privacy of such information [HITECH Act at § 13400 (1)(A). In accordance with the recently published guidance offered by the Department of Health and Human Services, the following policy is implemented:

The Breach Notification guidelines are designed to:

-Notify affected individuals that their health information has been breached

-That an assessment of risk exposure has been conducted

-A risk of harm to individuals may exist as a result of the risk assessment

-To improve privacy and security practices in organizations

In an effort to protect the information we obtain and prevent the unauthorized disclosure of such information, the Center adheres to the following policy:

The Center adheres to an information security program that addresses security incidents including unauthorized access to or the acquisition of personal and protected health information.

Risk Assessment

The Center will investigate all breaches of PHI in an effort to mitigate the harmful effects of unauthorized disclosure whether the information involved is determined to be secured or unsecured.

| Policy Area: Records of the Persons Served | Subject: Breach of Confidentiality |
|---|--------------------------------------|
| Effective Date: 2009 | Policy #: REC-2 |
| Revision Date: n/a | Page # 2 of 3 |
| Additional Authority: American Recovery and | Review Date: 1-21-16, 9-21-17 |
| Reinvestment Act of 2009, HITECH Act, HIPAA | |

Investigation of a Potential Security Breach

During the course of investigation, the chain of events will be reviewed and documented. If it is determined that a material breach in security has occurred, the Chief Executive Officer will be immediately notified. After a debriefing of the security response team, and at the discretion of the Chief Executive Officer, law enforcement may become involved. The security response team consists of the following staff:

Chief Executive Officer Chief Information Officer Chief Financial Officer Technical Support Specialist Accessibility, Health and Safety Chairman

The security response team will make every effort to contain the breach and to lessen the severity of those affected. All compromised accounts will be "flagged" if feasible and procedures implemented to verify the identity and information of anyone requesting services under a flagged account.

Notification to Affected Individuals

To insure timely notice to affected individuals, the Center will inform individuals about security breaches that have resulted in their personal information being acquired by unauthorized persons within 10 business days. If we are unable to identify the specific individuals whose information was accessed or acquired, all those in the categories likely to have been affected will be notified. This notification will be provided unless law enforcement authorities advise that such notification would impede their investigation. In these instances, notification will be provided as soon as feasible.

In accordance with the Final Rule that became effective September 23, 2009, if there is a breach of <u>less than 500 individuals</u> protected health information, the Center will:

-Notify individuals when their health information has been breached and an assessment identifies that there is a risk of harm due to the breach.

-Provide an annual report to the Department of Health and Human Services of any such breaches.

If there are situations where more than 500 individuals protected health information has been breached, the Center will:

-Notify individuals when their health information has been breached and an assessment identifies that there is a risk of harm due to the breach.

-Notify the media and the Department of Health and Human Services.

-The Secretary of the Department of Health and Human Services is required to publish a list online of covered entities that experience breaches of unsecured protected health information of more than 500 individuals.
| Policy Area: Records of the Persons Served | Subject: Breach of Confidentiality |
|---|--------------------------------------|
| Effective Date: 2009 | Policy #: REC-2 |
| Revision Date: <i>n/a</i> | Page # 3 of 3 |
| Additional Authority: American Recovery and | Review Date: 1-21-16, 9-21-17 |
| Reinvestment Act of 2009, HITECH Act, HIPAA | |

In accordance with Section 13402(f) of the HITECH Act, the breach notification will include:

1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;

2. A description of the types of unsecured PHI that were involved in the breach (such as full name, SSN, date of birth, home address, account number, driver's license numbers, financial account numbers or disability Code);

3. The steps individuals should take to protect themselves from potential harm resulting from the breach;

4. A brief description of what the covered entity is doing to investigate the breach, to mitigate losses, and to protect against any further breach; and

5. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll free telephone number, email address, or postal address.

Contacting Law Enforcement:

If it is believed that the breach involved illegal activities, the Center will report the incident to the appropriate law enforcement agencies. In providing information to law enforcement, we will indicate our intentions to notify affected individuals within 10 business days.

Credit Reporting Agencies:

In the event of a breach involving Social Security numbers, driver's license or state identification numbers, affected individuals will be advised to place a fraud alert on their credit file and order a free credit report from Equifax, Experian and Trans Union credit reporting agencies.

E.9 PHYSICAL PLANT

E.9.A (SECTION 2.11)

Description of physical plants and how SWACMHC will meet the requirements as listed in Section 2.11

A.

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

| Policy Area: Health and Safety | Subject: Health and Safety General Policy |
|---------------------------------|---|
| Effective Date: 1-21-16 | Policy #: HS-1 |
| Revision Date: 1-21-16 | Page # 1 of 2 |
| Additional Authority: CARF 1.H. | Review Date: 1-21-16, 9-21-17 |

Policy

It is the policy of the Center to provide services to clients in a manner free of architectural, attitudinal and employment barriers. The health and safety of all clients and staff members is protected. The Center maintains ongoing attention to safe practices, reduction of health and safety risks, and an overall concern for the health and safety of the persons served and personnel. Services are provided in environments that are safe, comfortable and conducive to the therapeutic process. All transportation services are provided in safe vehicles that are operated by staff members who are well trained in the safety and physical upkeep of the vehicles. Health and safety requirements of all local state and federal requirements are met. The Center promotes practices that ensure the safety of clients and staff:

The Center provides services, such as off-site interventions, in the communities it serves. The safety of the client and staff are protected by virtue of guidelines and training, provided at orientation and as part of the continuing education process. Procedures are defined below:

In the delivery of adult and children's off-site intervention services, Center staff members are frequently required to deliver in-home services. The safety and welfare of these employees is paramount. As such, it is the policy of the Center to require that all employees that provide in-home services receive training and certification in Crisis Prevention/Intervention, First Aid and Cardiopulmonary Resuscitation. Program Directors ensure that all case managers are appropriately trained prior to the delivery of in-home services.

Furthermore, it is the policy of the Center that no employee knowingly places him/herself in a situation that represents a potential threat to physical health, welfare or safety. Employees are protected by the Center's general liability insurance coverage, while providing in-home services, as long as they act within the scope of their official duties and do not act irresponsibly or negligently while providing such services.

It is the policy of the Center that clients in environments that present risks are provided with information to promote their safety in case of emergency. Evacuation information is available in all locations, and clients are to be frequently included in safety drills.

Procedures

All staff members receive initial and annual competency-based training in:

- a. Health and safety practices.
- b. Identification of unsafe environmental factors e.g. blood borne pathogens.
- c. Emergency procedures.
- d. Evacuation procedures.
- e. Identification and reporting of critical incidents.
- f. Medication management for medical personnel.
- g. Reducing physical risks.

Records of such training are maintained in personnel records and records maintained by the chairperson of the Accessibility, Health, Safety, and Transportation Committee (AHST).

| Policy Area: Health and Safety | Subject: Health and Safety General Policy |
|---------------------------------|---|
| Effective Date: 1-21-16 | Policy #: HS-1 |
| Revision Date: 1-21-16 | Page # 2 of 2 |
| Additional Authority: CARF 1.H. | Review Date: 1-21-16, 9-21-17 |

Assignment of Responsibilities

- a. The primary authority for assuring accessibility of services, health and safety for clients and staff and safe transportation of clients to and from services at the Center is the Accessibility, Health, Safety and Transportation (AHST) Committee. Staff members responsible for implementation at each site are designated committee members, or other designated staff members appointed by the AHST Committee. In the absence of an AHST committee member, or designee, the AHST Chairperson will assume the responsibility for enforcing the program.
- b. The AHST Committee consists of the chairperson and members located at Split Rail, Horizons of Hope, River Ridge, DeQueen/Nashville, Hope, Texarkana and Jefferson House.
- c. The AHST chairperson is responsible for reviewing the Center's Health & Safety policy annually and recommending necessary updates.
- d. The AHST chairperson is responsible for reviewing the Health & Safety sections of the Center's Strategic Plan annually and recommending necessary updates.
- e. The AHST chairperson, in cooperation with the AHST committee, is responsible for reviewing the Center's critical incidents annually and providing written assessment and recommendations.
- f. The Center does not operate a Community Housing program. Outpatient mental health services are provided within residential care facilities operated by a private owner at Split Rail RCF and Horizons of Hope. However, emergency drills and evacuation drills are performed as in other Center owned/operated sites for the safety of staff and clients.

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

| Policy Area: Health and Safety | Subject: Safety Inspections and Unannounced |
|--|---|
| | Tests |
| Effective Date: 1-21-16 | Policy #: HS-5 |
| Revision Date: 1-21-16 | Page # 1 of 1 |
| Additional Authority: CARF 1.H., OSHA, | Review Date: 1-21-16, 9-21-17 |
| Insurance Carrier | |

SAFETY INSPECTIONS

Comprehensive Health and Safety Inspections - External

- a. The Center has an external inspection at least annually at all locations where services are provided. These inspections may involve safety inspections, health inspections, fire inspections or a general inspection by the Center's insurance carrier.
- b. Results of the inspections are conveyed in written reports that include, at a minimum: identification of the area inspected; recommendations for improvement, by area; actions taken in response to the recommendations.
- c. Records of all external inspections will be kept by the AHST Chairperson for a minimum of 12 months.

Comprehensive Health and Safety Inspections - Internal

- a. On at least a quarterly basis, all Center facilities test portions of the overall emergency plan and perform self-inspections, conducted by members of the AHST Committee or other designated staff members.
- b. A written report is generated that includes, at a minimum, identification of the area inspected; recommendations for improvement, by area; actions taken in response to the recommendations.
- c. Records of all internal inspections will be kept by the AHST Chairperson for a minimum period of 12 months.
- d. Employees are responsible for inspecting their work stations for potential hazards. Potential and/or real hazards will be reported in writing to the respective AHST committee member. The AHST committee will recommend corrective action to be taken.
- e. Hazard/Inspection reports will be filed and maintained by the AHST chairperson until all discrepancies are corrected or at least 12 months, whichever is longer.
- f. Documentation will include:
 - 1. Date of inspection
 - 2. Name of inspector
 - 3. Issues found
 - 4. Person responsible for corrections and
 - 5. Estimated date of corrections.

UNANNOUNCED TESTS OF EMERGENCY PROCEDURES

- a. Tests of all emergency procedures are conducted annually, at all sites where the Center provides services, for all work shifts, with the exception of school-based sites, where school district procedures will be followed.
- b. When evacuations are included in the drills, actual evacuations to alternate sites may be practiced to a limited extent. Simulated evacuations may be utilized as an alternative.
- c. Tests of all emergency and evacuation procedures are analyzed and critiqued, and
- d. Recommendations are made to staff for improvement, or current practices are affirmed.
- e. Critiques, recommendations or affirmations, and resulting changes are noted in writing.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER

2.11 PHYSICAL PLANT REQUIREMENTS How SWACMHC meets the requirements as listed in Section 2.11

- The Center has existing policies and procedures to ensure all services are provided in a safe, secure, and healthy environment in compliance with relevant licensure standards set by the DPSQA.
 - Copies of most recently DPSQA certifications are attached to this RFP
- The Center maintains compliance with all physical plant requirements as specified in the most current version of the Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs. This compliance is monitored by local health a safety committee members who report to the Accessibility Health, Safety and Transportation Committee.
- The Center ensures that all service site utilities are maintained in proper working condition and agrees to notify DAABHS within 24 hours of any issues with facility utilities. The director at each SWACMHC site is responsible for ensuring all utilities are maintained in proper working condition.
- Physical facility repairs are completed only by appropriately qualified persons or technicians who are bonded.
- The Center works to ensure that all utilities are properly repaired within 72 hours of a determination that a deficiency exists. If utilities are inoperable, the Center has appropriate plans to continue services at an alternate facility and would notify DAABHS immediately.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

E.9.A. PHYSICAL PLANT Description of facilities providing services.*

• Texarkana Outpatient, Intensive Outpatient and Interim Services

- o 2904 Arkansas Blvd
- o Terry Williams, LADAC
- o Mitzi Burton, LPC, LADAC (MAT Lead Clinician)
- o Services collocated with outpatient mental health clinic
- Serves Miller, Lafayette and Little River counties

• De Queen Outpatient, Intensive Outpatient and Interim Services

- o 1312 W. Collin Raye Drive
- Patricia Hinojos, CIT (soon to be LAC also)
- Services collocated with outpatient mental health clinic
- Serves Sevier county

• Hope Outpatient, Intensive Outpatient and Interim Services

- \circ 300 E. 20th St.
- o Regina Morgan, CIT
- Services collocated with outpatient mental health clinic and youth services program
- o Serves Hempstead, Howard and Nevada counties
- Drug court involvement

• River Ridge Residential Treatment Facility

- o 7000 N. Stateline, Texarkana, AR
- Carlotta Powell, Director
- o 23 bed co-ed treatment facility
- o Serves clients primarily from Region 7

• Subcontracted Providers

- South Arkansas Regional Health Center provides outpatient, intensive outpatient and interim services in their Magnolia and El Dorado outpatient offices.
 - 412 N. Vine, Magnolia, AR
 - Serves Columbia, Lafayette, and Ouachita counties
 - 715 North College, El Dorado, AR
 - Serves Union, Calhoun, Dallas and Ouachita counties.

*All facilities properly licensed and maintained. All facilities are handicapped accessible.

Survey Accreditation Detail

As of 12/17/2020

Survey Number:

107856

5/31/2022

24997

Company Number: Accreditation Decision:

Three-Year Accreditation

Accreditation Expiration Date:

Company Submitting Application:

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

Program Summary:

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

Outpatient Treatment: Mental Health (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)

Residential Treatment: Integrated: SUD/Mental Health (Adults)

Companies with Programs:

Southwest Arkansas Counseling and Mental Health Center, Inc. (24997)

2904 Arkansas Boulevard

Texarkana, AR 71854

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

Crisis Intervention: Mental Health (Children and Adolescents)

Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

Outpatient Treatment: Mental Health (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)

Ashdown Clinic (321316)

420 East Hamilton Road, Suite 10 Ashdown, AR 71822 Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Outpatient Treatment: Mental Health (Adults) Outpatient Treatment: Mental Health (Children and Adolescents)

Survey Accreditation Detail

As of 12/17/2020

Horizons of Hope RCF (39113)

707 East Greenwood Street Hope, AR 71801 Case Management/Services Coordination: Mental Health (Adults) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Outpatient Treatment: Mental Health (Adults)

Jefferson House - Southwest Arkansas Counseling and Mental Health Center, Inc. (304945)

3005 East 39th Street Texarkana, AR 71854 Case Management/Services Coordination: Mental Health (Adults) Community Integration: Mental Health (Adults)

Nashville Clinic (26952)

201 East Hempstead Street, Suite 1 Nashville, AR 71852 Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Mental Health (Adults) Outpatient Treatment: Mental Health (Children and Adolescents)

River Ridge Treatment Center (246452)

7000 North State Line Avenue Texarkana, AR 71854 Residential Treatment: Integrated: SUD/Mental Health (Adults)

Southwest Arkansas Counseling and Mental Health Center, Inc. - Lewisville Clinic (39114)

110 East Fourth Street, Suite #5 Lewisville, AR 71845 Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Mental Health (Adults) Outpatient Treatment: Mental Health (Children and Adolescents)

Survey Accreditation Detail

As of 12/17/2020

Southwest Arkansas Counseling and Mental Health Center, Inc. (26949)

300 East 20th Street Hope, AR 71802 Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents) Outpatient Treatment: Mental Health (Adults) Outpatient Treatment: Mental Health (Adults)

Southwest Arkansas Counseling and Mental Health Center, Inc. (26950)

1312 West Collin Raye Drive De Queen, AR 71832 Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents) Outpatient Treatment: Mental Health (Adults) Outpatient Treatment: Mental Health (Adults) Outpatient Treatment: Mental Health (Adults)

Split Rail RCF (39112)

1658 Highway 371 West Prescott, AR 71857 Case Management/Services Coordination: Mental Health (Adults) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Outpatient Treatment: Mental Health (Adults)

Company Count:

| | | | 000 | and operate a | | Arkansas. | • | , , , | |
|--|-----------------|-------------------------|--------------------------------------|--|---|-----------------|-----------------------------|-------------|--|
| NSAS DEPARTMENT OF NAN SERVICES Division of Provider Services & Quality Assurance | 33765 | ifty That | Arkansas Counseling and WHC, IncHope | is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a | Alconol and Utiler Urug Abuse freatment Frograms 300 East 20th St. Hope, AR. 71801 | Hempstead | License Expires: 11/30/2022 | | |
| ARKANSAS DEPART HUMAN SER Division of Provi & Qualit | License Number: | This Is to Certify That | insas Counselin | Arkansas Department of | Alconol and Utiler Jrug 300 East 20 | , County of | 11/30/2019 | E | |
| | | Í | Southwest Arka | / granted a license by the | capacity on the premises located at | Hope, AR. 71801 | License Effective: | | |
| | | | <i>U</i>) | is hereby | uo uo | | NAME OF COMPANY | | |

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| | | | | | Rueyrex | in and operate | | | _, Arkansas. | | |
|-------------------------|---|--------------------|-----------------------|-------------------------|--|--|---|-------------------------------------|-----------------------------------|---|--|
| A DUANCAS DEDADTMENT OF | HUMAN SERVICES Division of Provider Services | & Quanty Assurance | License Number: 33074 | This Is to Certify That | st Arkansas Counseling and MHC, IncTexarkana | is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a | Alcohol and Other Drug Abuse Treatment Programs | lises located at2904 Arkansas Blvd. | kana, AR 71854 , County of Miller | License Effective: 11/30/2019 🚦 License Expires: 11/30/2022 | |
| | | | | | Southwest | is hereby granted | N/A capacity | on the premises I | Texarkana, | A STREET L | |





License Number: 33760

This Is to Certify That

Southwest Arkansas Counseling and MHC, Inc.

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

| | | N/A capa | sity | Alcohol and Other Dru | s Abuse Treatment Program | ns | |
|--|--------------|--|--------------------|---------------------------|---------------------------|-------------|--|
| | | on the pr | emises located at | 131 | 2 W. Collin Raye Dr. | | |
| | | | eQueen, AR 71832 | , County of | Sevier | , Arkansas. | |
| | Stan O | | License Effective: | 07/01/2019 Lice | 1se Expires: 06/30/202 | 22 | |
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Arkansas Department of Human Services Behavioral Health Services Division of Aging, Adult &



Presents this certification for

Southwest Arkansas Counseling and Mental Health Center

is designated as a

Community Mental Health Center for Arkansas

This Certification is validated by contractual agreement with the Division of Aging, Adult and Behavioral Health Services and extends from July 1, 2020 through June 30, 2027 if the contract remains in effect.

Director of DABHS

The mission of the Division of Behavioral Health Services is to care for and improve the health of Arkansans through an integrated system of prevention and treatment for mental health and substance abuse.



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III. State of Arkansas Certificate (Articles of Incorporation)

IN THE CIRCUIT COURT OF MILLER COUNTY, ARKANSAS

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

No.

ARTICLES OF INCORPORATION

OF

THE SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

ARTICLE .I

The name of the corporation is The Souchwest Arkansas Counseling

and Mental Health Center, Inc.

ARTICLE 11

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The period of duration of this corporation shall be perpetual.

ARTICLE III

distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 195% or the corresponding provision The corporation is organized exclusively for religious, charitable, and educational purposes, including, for such purposes, the making of of any future United States Internal Revenue Law.

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

are here after promulgated and adopted in harmony and in conformance to these Articles objectives stated above and in related religious, charitable and educational ы 0 work according to the provisions of its By-laws, as the same are, of Incorporation and the laws of the State of Arkansas.

ARTICLE IV

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

ARTICLE V

corporation, dispose of all of the assers of the corporation exclusively for the Upon the dissolution of the corporation, the Board of Directors shall, purposes of the corporation in such manner, or to such organization or organizaorganized and operated exclusively for charitable, educations, religious, after paying or mabine provision for the payment of all of the lishtateres of tions

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

ARTICLE VI

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

ARTICLE VII

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

ARTICLE VIII

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

ARTICLE IX

The number of directors constituting the initial Board of Directors

of the corporation is seventeen (17), and the names and addresses of the persons

who are to serve are:

Sister Carmelita Brett 315 East Fifth Street Texarkana, Arkansas 75502 Edwin Dodson 6 Colonial Dríve Texarkana, Arkansas 75502 Herbert Wren 804 East 12th Street Texarkana, Arkansas 75502

4302 Sanderson Lane Texarkana, Arkansas 75502 Ed Trice

Ermer Pondexter

1600 Beech Texarkana, Arkansas 75502 Beverly Powell 1711 Laurel Texarkana, Arkansas 75502

Fage Three.

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| · · · | John Harrison Route 1 Gillham DeQueen, Arkansas 71832 | Dwight Jones Grove Street Nashville, Arkansas 71852 | Ellen Kaufman Box 398 Ashdown, Arkausas 71822 | Margie Woods Route 1 Hope, Arkansas 71801 | Bill Butler Route 1, Box 362 BB Hope, Arkansas 71801 | | × | The names and addresses of the incorporators of the corporation | John Harrison Route 1 Gillham DeQueen, Arkansas71832 | Ed Trice 1600 Beech Texarkana, Arkansas 75502 | IN WITNESS WHEREOF, the undersigned have hereunto set their hand the day of <u>deptember</u> , 1979. | John Harrison John Harrison Ed Trice | · · · | | |
|-------|---|---|--|--|--|--------------------------|-----------|---|---|--|--|---|-------|---|--|
| | Roland Pigee Post Office Box 216 Stamps, Arkansas 71860 | Walter J. Leeper Route l Horatio, Arkansas 71843 | Joe Holcombe Ball 612 West Rempstead Nashville, Arkanses 71852 | Peggy Wiley Micks Road Ashdown, Arkansas 71822 | W. T. Keys Post Office Box 52 Hope, Arkansas 71801 | One vacancy to be filled | ARTICLE X | The names and addresses of the | Edwin Dodson * 6 Colonial Drive Texarkana, Arkansas 75502 | Sister Carmelita Brett 315 East Fifth Street Texarkana, Arkansas 75502 | | - & Den Dodson - M. Co. / Breen / Lat Carmer Les Breet | | Ľ | |
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STATE OF ARKANSAS COUNTY OF MILLER

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ACKNOWLEDGMENT

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

13 th day WITNESS my hand and seal as such Notary Public on this ____ .979.

Les ptem Z Z

My commission expires: 200 170

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Miller County, K. Kur

Arkansas