

**Counseling Associates**

**Crisis and Forensic  
Mental Health  
Services RFQ-  
Original**

**Bid # 710-19-1024**

**Respondents Contact Person: Lee Koone, LCSW  
Cell: 501-208-2382. Lkoone@caiinc.org  
3-15-2019**



**COUNSELING**  
**ASSOCIATES**

**RESPONSE DOCUMENTS 1.7A-5a**

**RESPONSE SIGNATURE PAGE**

**SIGNATURE PAGE**

Type or Print the following information

| PROSPECTIVE CONTRACTOR'S INFORMATION   |   |  |   |   |       |
|--|---|--|---|---|-------|
| Company:                               | Counseling Associates, Inc.   |  |   |   |       |
| Address:                               | 350 Salem Road - Suite 9  |  |   |   |       |
| City:                                  | Conway  | State:   | AR  | Zip Code:   | 72034 |
| Business Designation:                  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Partnership                     | <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Corporation   | <input type="checkbox"/> Public Service Corp<br><input checked="" type="checkbox"/> Nonprofit |   |       |
| Minority and Women-Owned Designation*: | <input checked="" type="checkbox"/> Not Applicable<br><input type="checkbox"/> African American | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American<br><input type="checkbox"/> Pacific Islander American | <input type="checkbox"/> Service Disabled Veteran<br><input type="checkbox"/> Women-Owned |       |
| AR Certification #: _____              |   | * See Minority and Women-Owned Business Policy   |   |   |       |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION  |                          |                  |                         |
|---|--------------------------|------------------|-------------------------|
| <i>Provide contact information to be used for bid solicitation related matters.</i> |                          |                  |                         |
| Contact Person:   | Brian W. Davis           | Title:           | Chief Executive Officer |
| Phone:  | (501) 328-2222 Ext. 2252 | Alternate Phone: | (256) 683 -3320 (Cell)  |
| Email:  | bdavis@cainc.org         |                  |                         |

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

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

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

Authorized Signature: Brian W. Davis Title: Chief Executive Officer  
Use Ink Only.

Printed/Typed Name: Brian W. Davis Date: March 14, 2019



**COUNSELING  
ASSOCIATES**


**RESPONSE DOCUMENTS 1.7A-5b**

**SECTION 1-5: AGREEMENT AND COMPLIANCE PAGES**

## SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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


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

|                       |   |        |                |
|-----------------------|---|--------|----------------|
| Vendor Name:          | Counseling Associates, Inc.   | Date:  | March 14, 2019 |
| Authorized Signature: |  | Title: | CEO            |
| Print/Type Name:      | Brian W. Davis  |        |                |

## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

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


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

|                              |   |               |                |
|------------------------------|---|---------------|----------------|
| <b>Vendor Name:</b>          | Counseling Associates, Inc.   | <b>Date:</b>  | March 14, 2019 |
| <b>Authorized Signature:</b> |  | <b>Title:</b> | CEO            |
| <b>Print/Type Name:</b>      | Brian W. Davis  |               |                |

**SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE**

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

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

|                       |   |        |                |
|-----------------------|---|--------|----------------|
| Vendor Name:          | Counseling Associates, Inc.   | Date:  | March 14, 2019 |
| Authorized Signature: |  | Title: | CEO            |
| Print/Type Name:      | Brian W. Davis  |        |                |



**COUNSELING  
ASSOCIATES**

**RESPONSE DOCUMENTS 1.7A-5c  
PROPOSED SUBCONTRACTORS FORM**



## 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            |
|------------------------------|------------------------------|-----------------------------|
| Conway Behavioral Health     | 2255 Sturgis Road            | Conway, AR 72034            |
| MidSouth Health Systems      | 2707 Browns Lane             | Jonesboro, AR 72401         |
| Birch Tree Communities       | 1718 Old Hot Springs Highway | Benton, AR 72018            |
| The BridgeWay                | 21 Bridgeway Road            | North Little Rock, AR 72113 |
|                              |                              |                             |
|                              |                              |                             |
|                              |                              |                             |
|                              |                              |                             |
|                              |                              |                             |
|                              |                              |                             |

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

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

|                              |   |               |                |
|------------------------------|---|---------------|----------------|
| <b>Vendor Name:</b>          | Counseling Associates, Inc.   | <b>Date:</b>  | March 14, 2019 |
| <b>Authorized Signature:</b> |  | <b>Title:</b> | CEO            |
| <b>Print/Type Name:</b>      | Brian W. Davis  |               |                |



**COUNSELING**  
ASSOCIATES

SIGNED ADDENDUM TO RFQ

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-320-6511

**ADDENDUM 1**

**DATE:** February 25, 2019

**SUBJECT:** 710-19-1024 Crisis and Forensic Mental Health Services

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

**Change of specification(s)**

\_\_\_\_\_ Additional specification(s)

\_\_\_\_\_ Change of bid opening date and time

\_\_\_\_\_ Cancellation of bid

Other – Removing the following language from section 2.3.2 C, page 26, of the RFQ.

\* Information provided on forensic services is under review and may be subject to revision for future posting.

**BID OPENING DATE AND TIME**

Bid opening date and time **will not be changed.**

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BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at [nawania.williams@dhs.arkansas.gov](mailto:nawania.williams@dhs.arkansas.gov) or 501-320-6511

  
\_\_\_\_\_  
Vendor Signature

March 14, 2019  
\_\_\_\_\_  
Date

Counseling Associates, Inc.  
\_\_\_\_\_  
Company



**COUNSELING**  
**ASSOCIATES**

**RESPONSE DOCUMENTS 1.7A-Se**  
**FORM F-1 & F-2: CONTRACT GRANT DISCLOSURE FORM**

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

**SUBCONTRACTOR:** \_\_\_\_\_ **SUBCONTRACTOR NAME:** \_\_\_\_\_ **Contractor for which this is a subcontractor:** \_\_\_\_\_

YES  NO

Estimated dollar amount of subcontract: \_\_\_\_\_

IS THIS FOR:

**TAXPAYER ID NAME:** Counseling Associates, Inc.  Goods?  Services  Both?

**YOUR LAST NAME:** Davis **FIRST NAME:** Brian **MI:** W

**ADDRESS:** 350 Salem Road - Suite 9

**CITY:** Conway **STATE:** AR **ZIP CODE:** 72034 **COUNTRY:** UNITED STATES OF AMERICA

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

### FOR INDIVIDUALS\*

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

| Position Held                    | Mark (✓)                 |                          | Name of Position of Job Held<br>(senator, representative, name of board/commission, data entry, etc.) | For How Long? |             | What is the person(s) name and how are they related to you?<br>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.) |          |
|----------------------------------|--------------------------|--------------------------|---|---------------|-------------|---|----------|
|                                  | Current                  | Former                   |   | From<br>MM/YY | To<br>MM/YY | Person's name(s)  | Relation |
| General Assembly                 | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |
| Constitutional Officer           | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |
| State Employee                   | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |

None of the above applies

### FOR A VENDOR (BUSINESS)\*

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

| Position Held                    | Mark (✓)                 |                          | Name of Position of Job Held<br>(senator, representative, name of board/commission, data entry, etc.) | For How Long? |             | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? |                        |                     |
|----------------------------------|--------------------------|--------------------------|---|---------------|-------------|--|------------------------|---------------------|
|                                  | Current                  | Former                   |   | From<br>MM/YY | To<br>MM/YY | Person's name(s)   | Ownership Interest (%) | Position of Control |
| General Assembly                 | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |  |                        |                     |
| Constitutional Officer           | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |  |                        |                     |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |  |                        |                     |
| State Employee                   | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |  |                        |                     |

None of the above applies

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

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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

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

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

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

Signature Brian W Davis Title Chief Executive Officer Date March 14, 2019  
Vendor Contact Person Brian W. Davis Title Chief Executive Officer Phone No. 501-328-2222 Ext 2252

**AGENCY USE ONLY**

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



**COUNSELING**  
**ASSOCIATES**

**RESPONSE DOCUMENTS 1.2**  
**EQUAL OPPORTUNITY POLICY**

## **NONDISCRIMINATION AND EQUAL OPPORTUNITY EMPLOYER**

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### **PURPOSE**

To publish the official policy of Counseling Associates Inc. (CA) regarding equal opportunity employment and nondiscrimination of persons served and staff members

### **POLICY**

Nondiscrimination in staff employment and employment practices.

CA is committed to providing equal opportunity employment opportunities without regard to race, color, religion, disability, gender identity or expression, marital status, genetic information, sexual orientation, age, national origin or status as a covered veteran. This policy applies to all terms and conditions of the employment, including but not limited to: hiring, placement, promotions, termination, layoff, recall, transfer, leave of absence, compensation and training.

Toward that end, all personnel transactions will be accomplished in accordance with the Equal Opportunity Act of 1972 and in compliance with the nondiscrimination provisions of all applicable federal, state and local regulations. It is the obligation of every CA employee to comply in practice with the spirit and intent of this policy. Any employee found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Nondiscrimination in providing treatment to persons served.

It is the policy of CA to admit and treat all persons served without regard to race, sex, age, color, gender identity or expression, creed, national origin, disability or ability to pay. This policy applies to all CA programs and facilities and is considered to be as critical as the appropriate admission, continued stay and discharge criteria in making decisions regarding the course of treatment for persons served.

### **PROCEDURES**

Questions, comments or concerns about discrimination or unfair treatment of persons served or CA staff members are encouraged and should be brought to the immediate attention of supervisory or management staff. The Privacy Notice required by HIPAA and the Corporate Compliance Program has been established to assist in this process.

If any employee believes that his or her rights have been violated, the procedures for resolution described in the "Employee Grievance" should be followed. If those procedures do not produce satisfactory results, an appeal may be made to the Equal Employment Opportunity Commission, St. Charles Avenue, New Orleans, LA 70130 or by seeking counsel from a private attorney.



If a person served believes that his or her rights have been violated, the procedures for resolution described in the “Person served Rights and Responsibilities” handout (given to all persons served as part of the orientation process) should be followed.

*Revised: 1-16-17*



**COUNSELING  
ASSOCIATES**

**RESPONSE INFORMATION FOR EVALUATION SECTION**

**E.1. VENDOR QUALIFICATIONS SELECTION**

## **E.1.A REGION SELECTION**

## SELECTION OF REGIONS

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

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

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

**OBHA Certifications by County:**

- Cleburne - BHA & SAT: Vendor # 11302 / License # 212
- Conway - BHA & SAT: Vendor # 11137 / License # 138 / Specialty Vendor #11060 / Specialty License # 058
- Faulkner - BHA & SAT: Vendor # 11136 / License # 137 / Specialty Vendor # 11059 / Specialty License # 057  
 BHA: Vendor # 11134 / License # 135  
 BHA: Vendor # 11434 / License # 376
- Johnson - BHA & SAT: Vendor # 11138 / License # 139 / Specialty Vendor # 11061 / Specialty License # 059
- Perry - None
- Pope - BHA & SAT: Vendor # 11139 / License # 140 / Specialty Vendor # 11062 / Specialty License # 060  
 BHA & SAT: Vendor # 11133 / License # 134 / Specialty Vendor # 11075 / Specialty License # 074  
 BHA & SAT: Vendor # 11186 / License # 187 / Specialty Vendor # 11076 / Specialty License 075
- Searcy - BHA & SAT: Vendor # 11346 / License # 334 / Specialty Vendor # 11119 / Specialty License # 118
- Stone - BHA & SAT: Vendor # 11345 / License # 333 / Specialty Vendor # 11118 / Specialty License # 117
- Van Buren - BHA & SAT: Vendor # 11301 / License # 303 / Specialty Vendor # 11133 / Specialty License 133
- Yell - None

## **2.2 COMMUNITY MENTAL HEALTH CENTER QUALIFICATIONS**

- **OBH Certification-Agency Medicaid Number: Medicaid Provider Agency number is 116375726. See attached OBH accreditation information by site. We are licensed in each outpatient site as an OBH Mental Health Provider and as an OADAP/OBH Substance Abuse Provider. In addition, we are also CARF certified in both Mental Health and Substance Abuse Services in each location.**
- **Counseling Associates has complied with all CMHC standards since inception and then revision in 1990. Our former CEO, Mary Eleese Schreiber, was the chairperson of that committee who developed the standards for the CMHC's in Arkansas.**
- **NON-PROFIT STATUS DOCUMENTATION ATTACHED**
- **2019 CARF ACCREDITATION ATTACHED**

Internal Revenue Service

District Director

Date: FEB 25 1993

Counseling Associates Inc  
Post Office Box 1398  
Russellville, AR 72801-1398

Department of the Treasury  
Returns Program Management  
Staff - Taxpayer Assistance  
Post Office Box 1055  
Room 1109 - Stop 570-D  
401 West Peachtree St., NW  
Atlanta, GA 30370

Person to Contact:  
Cynthia Smith  
Telephone Number:  
(404) 331-4989  
Date of Inquiry: 02/10/93  
Refer Reply To: RPM:ED:TPA  
EIN: 23-7198398

FFM:

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal income tax.

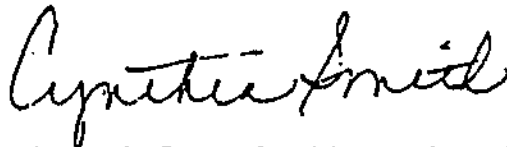
You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter of November, 1970. You were further determined not to be a private foundation within meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely,



Exempt Organizations Coordinator

March 12, 2019

Lee Roberson Koone, LCSW  
Counseling Associates, Inc.  
350 Salem Road, Suite 1 and 9  
Conway, AR 72034

Dear Mrs. Roberson Koone:

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

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

This accreditation will extend through March 31, 2022. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

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

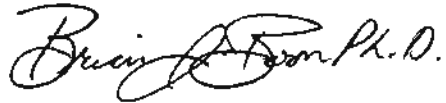
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to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

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

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

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

Sincerely,

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

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

Enclosures



# Program(s)/Service(s) by Location

## **Counseling Associates, Inc.**

350 Salem Road, Suite 1 and 9  
Conway, AR 72034

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)  
Out-of-Home Treatment: Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: AOD/MH (Adults)  
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

## **Clarksville Outpatient Clinic**

1021 East Poplar Street  
Clarksville, AR 72830

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

## **Clinton Outpatient Clinic**

2526 Highway 65 South, Suite 201  
Clinton, AR 72031

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

## **Conway CSP and Emergency Services Clinic**

855 South Salem  
Conway, AR 72034

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

**Counseling Associates, Inc.**

106 Mountain Place Drive  
Mountain View, AR 72560

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

**Counseling Associates, Inc.**

316 Highway 65 North  
Marshall, AR 73650

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

**Day Rehab-Lighthouse**

1402 East 16th Street  
Russellville, AR 72802

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

**HAVEN - Conway**

1701 Donaghey Avenue  
Conway, AR 72032

Out-of-Home Treatment: Mental Health (Children and Adolescents)

**Heber Springs Outpatient Clinic**

115 South Third Street  
Herber Springs, AR 72543

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

**Morrilton Outpatient Clinic**

6 Hospital Drive  
Morrilton, AR 72110

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

**Morrilton Outpatient Clinic**

8 Hospital Drive  
Morrilton, AR 72110

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

**Russellville Outpatient Clinic**

110 Skyline Drive  
Russellville, AR 72801

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)  
Out-of-Home Treatment: Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: AOD/MH (Adults)  
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

**Therapeutic Foster Care**

2504 West Main, Suite C  
Russellville, AR 72801

Case Management/Services Coordination: Mental Health (Children and Adolescents)  
Crisis Intervention: Mental Health (Children and Adolescents)  
Out-of-Home Treatment: Mental Health (Children and Adolescents)

# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

**Division of Provider Services and Quality Assurance**

This certificate acknowledges the completion of the Arkansas State Certification Process

**COUNSELING ASSOCIATES, INC.**

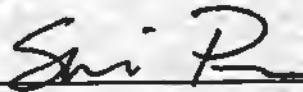
**115 SOUTH 3RD STREET**

**HEBER SPRINGS, AR 72543**

**Dates of Certification: 09/01/2018 - 06/30/2019**

*Vendor Number: 11302*

*BHA License Number: 212*



Sherri Proffer, RN

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



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

**Division of Provider Services and Quality Assurance**

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**COUNSELING ASSOCIATES, INC.**

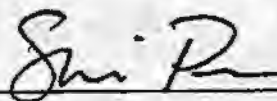
**115 SOUTH 3RD STREET**

**HEBER SPRINGS, AR 72543**

**Dates of Certification: 09/01/2018 - 06/30/2019**

*Vendor Number: 11302*

*BHA License Number: 212*



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



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

**Division of Provider Services and Quality Assurance**

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**COUNSELING ASSOCIATES, INC.  
8 HOSPITAL DRIVE  
MORRILTON, AR 72110**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11137*

*BHA License Number: 138*



**Sherri Proffer, RN**

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



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

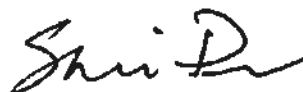
**Division of Provider Services and Quality Assurance**

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**COUNSELING ASSOCIATES, INC.  
8 HOSPITAL DRIVE  
MORRILTON, AR 72110**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11137      Specialty Vendor Number: 11060*  
*BHA License Number: 138      Specialty Certificate Number: 058*



Sherr Proffer, RN

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



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

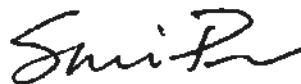
## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**COUNSELING ASSOCIATES, INC.**  
**350 SALEM ROAD, SUITE 1**  
**CONWAY, AR 72034**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11136*  
*BHA License Number: 137*



Sherr Proffer, RN

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





# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.**  
**350 SALEM ROAD, SUITE 1**  
**CONWAY, AR 72034**

Dates of Certification: 07/01/2018 - 09/30/2019

*Vendor Number: 11136      Specialty Vendor Number: 11059*  
*BHA License Number: 137      Specialty Certificate Number: 057*



Sherri Proffer, RN

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# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

**Division of Provider Services and Quality Assurance**


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**COUNSELING ASSOCIATES, INC.  
1701 NORTH DONAGHEY  
CONWAY, AR 72034**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11134*

*BHA License Number: 135*



**Sherri Proffer, RN**

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



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

**Division of Provider Services and Quality Assurance**

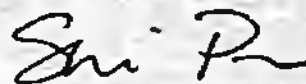
This certificate acknowledges the completion of the Arkansas State Certification Process

**COUNSELING ASSOCIATES, INC.  
855 SOUTH SALEM RD.  
CONWAY, AR 72034**

**Dates of Certification: 01/02/2019 - 06/30/2020**

*Vendor Number: 11434*

*BHA License Number: 376*



\_\_\_\_\_  
Sherri Proffer, RN

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



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

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**COUNSELING ASSOCIATES, INC.**


**1021 POPLAR STREET**

**CLARKSVILLE, AR 72830**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11138*

*BHA License Number: 139*



**Sherri Proffer, RN**

**Assistant Director Community Services Licensure and Certification**

**Division of Provider Services and Quality Assurance**



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.**  
**1021 POPLAR STREET**  
**CLARKSVILLE, AR 72830**

Dates of Certification: 07/01/2018 - 09/30/2019

*Vendor Number: 11138      Specialty Vendor Number: 11061*  
*BHA License Number: 139      Specialty Certificate Number: 059*



Sherri Proffer, RN

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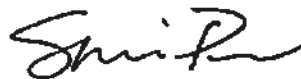
**110 SKYLINE DRIVE**

**RUSSELLVILLE, AR 72801**

Dates of Certification: 07/01/2018 - 09/30/2019

*Vendor Number: 11139*

*BHA License Number: 140*



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification  
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# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.**

**110 SKYLINE DRIVE**

**RUSSELLVILLE, AR 72801**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11139      Specialty Vendor Number: 11062*  
*BHA License Number: 140      Specialty Certificate Number: 060*



Sherri Proffer, RN

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



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

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

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**COUNSELING ASSOCIATES, INC.  
2504 WEST MAIN STREET, SUITE C  
RUSSELLVILLE, AR 72801**

Dates of Certification: 07/01/2018 - 09/30/2019

*Vendor Number: 11133*  
*BHA License Number: 134*



**Sherri Proffer, RN**

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





# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.  
2504 WEST MAIN STREET, SUITE C  
RUSSELLVILLE, AR 72801**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11133      Specialty Vendor Number: 11075  
BHA License Number: 134      Specialty Certificate Number: 074*



Sherri Proffer, RN

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# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.**

**1402 EAST 16th STREET**

**RUSSELLVILLE, AR 72801**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11186*

*BHA License Number: 187*



Sherri Proffer, RN

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# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.**

**1402 EAST 16th STREET**

**RUSSELLVILLE, AR 72801**

**Dates of Certification: 07/01/2018 - 09/30/2019**

*Vendor Number: 11186*

*Specialty Vendor Number: 11076*

*BHA License Number: 187*

*Specialty Certificate Number: 075*



Sherri Proffer, RN

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**COUNSELING ASSOCIATES, INC.**

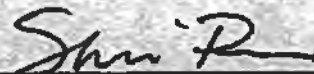
**316 HWY. 65 N**

**MARSHALL, AR 72650**

**Dates of Certification: 10/31/2018 - 06/30/2019**

*Vendor Number: 11346*

*BHA License Number: 334*



Sherri Proffer, RN

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



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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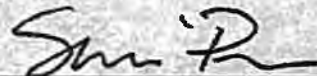
**COUNSELING ASSOCIATES, INC.**

**316 HWY. 65 N**

**MARSHALL, AR 72650**

**Dates of Certification: 10/31/2018 - 06/30/2019**

*Vendor Number: 11346 Specialty Vendor# 11119*  
*BHA License Number: 334 Specialty Certificate# 118*



Sherri Proffer, RN

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Division of Provider Services and Quality Assurance



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

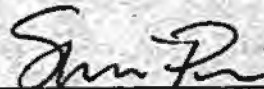
**Division of Provider Services and Quality Assurance**

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**COUNSELING ASSOCIATES, INC.  
106 MOUNTAIN PLACE DRIVE  
MOUNTAIN VIEW, AR 72560**

**Dates of Certification: 10/31/2018 - 06/30/2019**

*Vendor Number: 11345*  
*BHA License Number: 333*



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



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

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**COUNSELING ASSOCIATES, INC.**  
**106 MOUNTAIN PLACE DRIVE**  
**MOUNTAIN VIEW, AR 72560**

**Dates of Certification: 10/31/2018 - 06/30/2019**

*Vendor Number: 11345 Specialty Vendor# 11118*  
*BHA License Number: 333 Specialty Certificate# 117*



Sherri Proffer, RN

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



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.  
2526 HWY 65 SOUTH - SUITE 201  
CLINTON, AR 72031**

**Dates of Certification: 09/01/2018 - 06/30/2019**

*Vendor Number: 11301*

*BHA License Number: 303*

*Chaf Grappe for Sherri Proffer*

Sherrri Proffer, RN

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





# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

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**COUNSELING ASSOCIATES, INC.**  
**2526 HWY 65 SOUTH - SUITE 201**  
**CLINTON, AR 72031**

**Dates of Certification: 09/01/2018 - 06/30/2019**

*Vendor Number: 11301      Specialty Vendor Number: 11133*  
*BHA License Number: 303      Specialty Certificate Number: 133*

*Chef Grappe for Sherri Proffer*

Sherrri Proffer, RN

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



Search Results: Counseling Associates



| <u>Provider ID</u> ▲  | <u>Provider Name</u>      | <u>Provider Type</u>          | <u>Taxonomy</u> | <u>Address</u>                | <u>City</u>  | <u>State</u> | <u>Zip Code</u> |
|---|---------------------------|-------------------------------|-----------------|-------------------------------|--------------|--------------|-----------------|
| <a href="#">1417109703 (NPI)</a><br><a href="#">137650726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES     | REHABILITATION CENTER (RSPMI) | 261QM0801X      | 855 SOUTH SALEM RD            | CONWAY       | ARKANSAS     | 72034-0000      |
| <a href="#">1649381120 (NPI)</a><br><a href="#">116375726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X      | 110 SKYLINE DRIVE             | RUSSELLVILLE | ARKANSAS     | 72801-3362      |
| <a href="#">1093967465 (NPI)</a><br><a href="#">137648726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X      | 1021 POPLAR STREET            | CLARKSVILLE  | ARKANSAS     | 72830-4428      |
| <a href="#">1962654251 (NPI)</a><br><a href="#">137649726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X      | 350 SALEM ROAD                | CONWAY       | ARKANSAS     | 72034-7525      |
| <a href="#">1760634067 (NPI)</a><br><a href="#">137653726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X      | 2504 WEST MAIN STREET SUITE C | RUSSELLVILLE | ARKANSAS     | 72802-0000      |
| <a href="#">1356593651 (NPI)</a><br><a href="#">137654726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X      | 1402 EAST 16TH STREET         | RUSSELLVILLE | ARKANSAS     | 72802-2648      |

|   |                           |                               |            |                       |               |          |            |
|---|---------------------------|-------------------------------|------------|-----------------------|---------------|----------|------------|
| <a href="#">1326290610 (NPI)</a><br><a href="#">137659726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X | 1701 DONAGHEY         | CONWAY        | ARKANSAS | 72032-2511 |
|   |                           |                               |            |                       |               |          |            |
| <a href="#">1144179413 (NPI)</a><br><a href="#">137661726</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X | 8 HOSPITAL DRIVE      | MORRILTON     | ARKANSAS | 72110-4510 |
| <a href="#">1144701848 (NPI)</a><br><a href="#">229826526</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X | 115 S 3RD ST          | HEBER SPRINGS | ARKANSAS | 72543      |
| <a href="#">1295216737 (NPI)</a><br><a href="#">229827526</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X | 316 HWY 65 NORTH      | MARSHALL      | ARKANSAS | 72650-0000 |
| <a href="#">1013498542 (NPI)</a><br><a href="#">229828526</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X | 106 MOUNTAIN PLACE DR | MOUNTAIN VIEW | ARKANSAS | 72560      |
| <a href="#">1457832172 (NPI)</a><br><a href="#">229829526</a><br>(Atypical/Medicaid ID) | COUNSELING ASSOCIATES INC | REHABILITATION CENTER (RSPMI) | 261QM0801X | 2526 HWY 655 STE 201  | CLINTON       | ARKANSAS | 72031      |



**Division of Provider Services & Quality Assurance**  
 Community Services Licensure and Certification

**Counseling Associates, Inc. Vendor #, Site Closed, and Location**

| <i>Provider Name and Address Site</i>   | <i>Date Closed</i> | <i>Stote License #</i> | <i>State Vendor #</i> |
|---|--------------------|------------------------|-----------------------|
| Counseling Associates, Inc.<br>2504 West Main, Russellville, AR                                   |                    | 134                    | 11133                 |
| Counseling Associates, Inc.<br>1701 North Donaghey, Conway, AR                                    |                    | 135                    | 11134                 |
| Counseling Associates, Inc.<br>1622 North Donaghey, Conway, AR                                    | 11/27/2018         | 136                    | 11135                 |
| Counseling Associates, Inc.<br>350 Salem Rd, Suite 1, Conway, AR                                  |                    | 137                    | 11136                 |
| Counseling Associates, Inc.<br>8 Hospital Drive, Morrilton, AR                                    |                    | 138                    | 11137                 |
| Counseling Associates, Inc.<br>1021 Popular St., Clarksville, AR                                  |                    | 139                    | 11138                 |
| Counseling Associates, Inc.<br>110 Skyline Drive, Russellville, AR                                |                    | 140                    | 11139                 |
| Counseling Associates, Inc.<br>1402 E. 16 <sup>th</sup> St., Russellville, AR                     |                    | 187                    | 11186                 |
| Counseling Associates, Inc. - Heber Springs<br>115 South 3 <sup>rd</sup> . St., Heber Springs, AR |                    | 212                    | 11302                 |
| Counseling Associates, Inc.<br>2526 Hwy 65 South, Suite 201, Clinton, AR                          |                    | 303                    | 11301                 |
| Counseling Associates, Inc.<br>2504 West Main St. Suite 9. Marshall, AR                           | 10/26/2018         | 304                    | 11303                 |
| Counseling Associates, Inc. - Mt. View<br>113- B North Peabody, Mountain View, AR                 | 11/02/2018         | 332                    | 11344                 |
| Counseling Associates, Inc. - Mountain View<br>106 Mountain Place Drive, Mountain View, AR        |                    | 333                    | 11345                 |
| Counseling Associates, Inc.<br>316 Hwy. 65 N., Marshall, AR                                       |                    | 334                    | 11346                 |
| Counseling Associates<br>855 Salem Road, Conway, AR   |                    | 376                    | 11434                 |

Source: DPSQA Directory

BB/01/22/2019

## E.1.B COMPANY BACKGROUND

### **Vender Qualifications: Qualifying Experience Including: (a. Date Established and c. Total Number of Employees)**

Counseling Associates, Inc., a private non-profit agency, provides a continuum of mental health and ancillary support services for adults, families, children and adolescents as part of its overall mission as a Community Mental Health Center. Counseling Associates, Inc. was established in 1972, 47 years ago. CA was the first Community Mental Health Center in Arkansas to receive a CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation. CA has received eight three-year accreditations, and went through a 9th credentialing cycle on February 20-22, 2019 for both mental health and substance abuse. CA was approved for an additional 3-year accreditation. CA is governed by a Board of Directors who provides oversight to the agency. Counseling Associates, Inc. also received the *Quality Commitment Award* from Arkansas Quality Award Program in 1996. Counseling Associates, Inc. is an Arkansas Medicaid OBH Provider; our *Medicaid Provider Agency number is 116375726*.

Counseling Associates, Inc. (CA) is accredited by the Arkansas Department of Provider Services and Quality Assurance (DPSQA) as an OBH Agency with additional accreditation through Office of Alcohol and Drug Abuse Prevention (OADAP) for substance abuse, which enables us to provide mental health and substance abuse services to the residents of a ten county catchment area (Conway, Cleburne, Faulkner, Johnson, Perry, Pope, Searcy, Stone, Van Buren and Yell). CA accepts Medicaid, Medicare, private insurance, self-pay, and other funding sources as the person qualifies. CA also is a Health Services Corp agency with 9 of our 10 counties qualifying for rural and underserved areas.

CA has a total of 230 employees with 173 of those being direct service employees. We employ a wide variety of staff members to meet the needs of the clients we serve including clinicians with the following credentials: PhD, LCSW, LPC, LPE-I, LMFT, LMSW, LAC, LPE and LADAC. These staff members work with a varied population including infants to elderly; both those with and without reimbursement, professionals as well as those that are under privileged, functionally challenged, those with co-occurring substance abuse and mental health disorders, juvenile drug court, chronically mentally ill, families, foster care, 911/forensics, emergency services, those with mental health and development disabilities that are able to benefit from treatment; we serve those that present at the clinics if they have a DSM 5 diagnosis and can benefit from treatment/meet medical necessity. CA is able to offer internal supervision to these staff members through our seasoned and experienced LPC, LCSW and PhD supervisors.

Additionally, we have a variety of medical personnel who provide the medical oversight and prescribing services; these staff members have a variety of degrees as well to meet the demands we have as a community mental health center: Board Certified Child and Adult Psychiatrists (two of which serve as our Child and Adult Medical Directors), Neonatologist, Psychiatric Advanced Practice Registered Nurses, Advanced Practice Nurses, Registered Nurses and Licensed Practical Nurses. In addition, bachelor's level QBHP's, day rehabilitation staff,

intervention specialists, wraparound specialists, therapeutic foster care providers and peer and youth support specialists round out our clinical staff. Clinicians are supported by experienced support staff that monitor technical compliance, quality assurance, utilization review, and medical records to ensure that CA complies with all applicable standards.

Counseling Associates provides a full continuum of community based mental health and substance services to persons served from infant mental health to the elderly including all ages in between. The following principles reflect the fundamental treatment approach for the persons/families we treat.

**Access to Care:** Information about CA services are available in a multitude of forums for easy access by clients, families, referral sources, payers and other stakeholders. Information is available on CA Website, CA Facebook Page, Arkansas Mental Health Council Website, through marketing materials provided to local stakeholders such as schools, DHS, courts, primary care, hospitals, etc. Educational material is available on the above sites; also, in our Outpatient Client Handbook and the CA Credible Patient Portal, there are resources and educational information in both print and web versions.

**Collaborative Care:** CA encourages an integrated treatment model for all programs for the services delivered with the expectation that cross communication occurs regularly among treatment providers, primary care physicians and other stakeholders to ensure that there is an exchange of information about the plan for the person served. Effective communication amongst the treatment teams address emergent and ongoing issues, facilitates continuity of care and ensures that the person served is involved in the decisions concerning his/her care.

**Evidence Based Treatment:** Services provided at CA are reflective of models and strategies based on accepted practice in the field and incorporate current research, a variety of evidence based practices and clinical practice guidelines.

## **E.1.Bb Board of Directors**



# **COUNSELING ASSOCIATES**

## **Board of Directors**

Counseling Associates is governed by a diverse Board of Directors who represent six counties in our catchment area. This will soon reflect all ten counties.

**Paul Dielmann, Board Chair**

**Mike Newman, Vice Chair**

**Julia Frost, Secretary/Treasurer**

### **Johnson County**

Maribel C. Baker

Julia Frost

### **Conway County**

Alice Hines

Mike Newman

### **Faulkner County**

Lori Ross

Ritchie Howell

### **Pope County**

Bob Veach

Dr. Anthony Davis

### **Perry County**

Paul Dielmann

Judge Andy Gill

### **Yell County**

Harold Pyle

Montie Sims

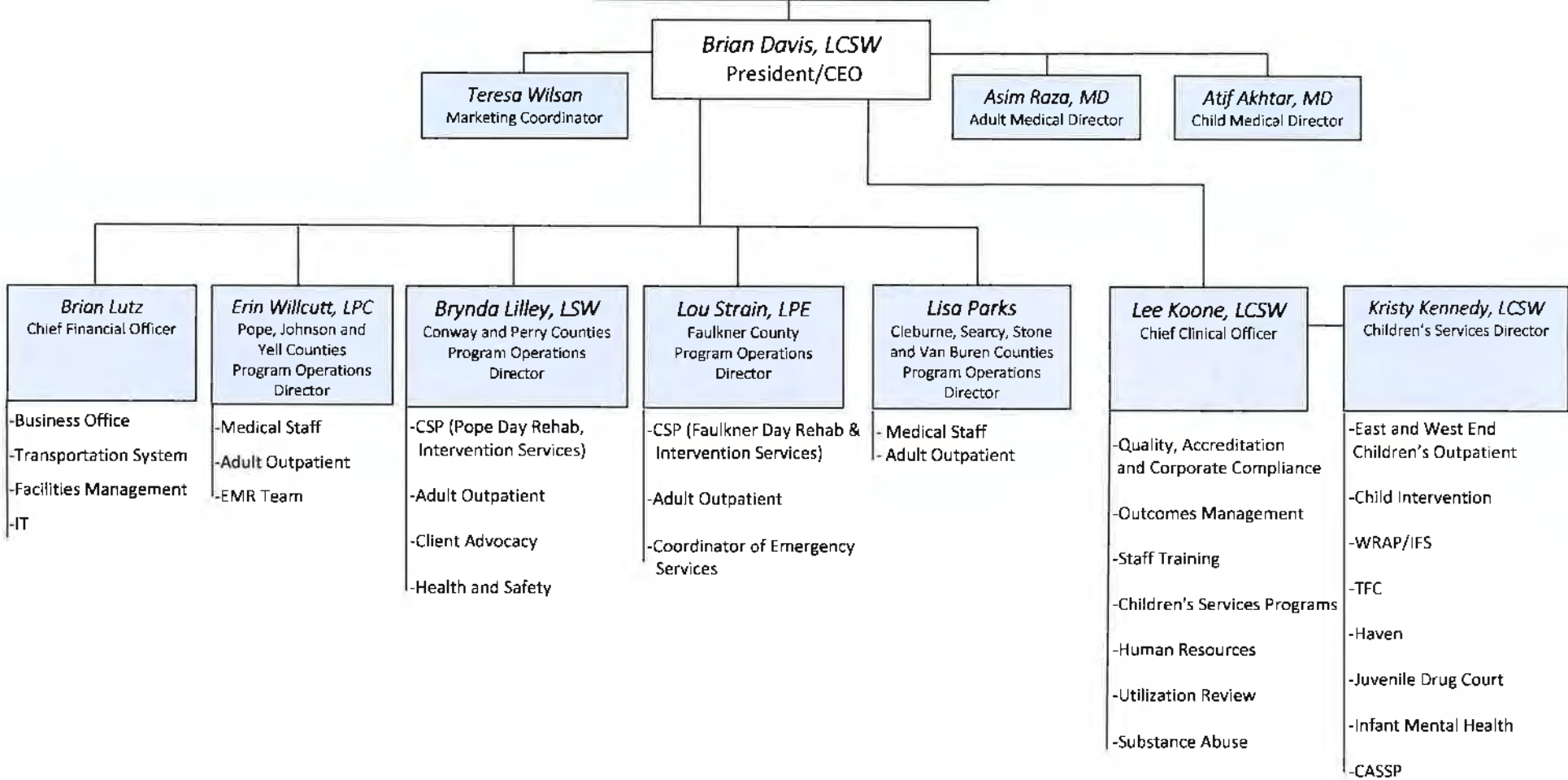


## **E.1.Bd Organizational Chart**



# COUNSELING ASSOCIATES

## Board of Directors



## **E.1.C PAST PERFORMANCE**

### **2.2 A: Experience and Work Performed**

As a Community Mental Health Center, we have provided services to clients of all walks of life with all types of problems since 1972. We have served over the past fiscal year 7,736 clients in our six counties and with the addition of four new counties; we anticipate serving well over 10,000 clients and families this fiscal year. CA's philosophy states any psychiatric disorder and/or any substance use disorder may occur in any person, regardless of age, gender, or socioeconomic status. Effective responses must be tailored to the needs of the person, instead of consumers needing to fit the specifications of the program. Integrated, continuous treatment relationships, using evidence-based interventions, should be developed to support the client/family with a balance of appropriate interventions and care. CA currently provides outpatient and rehabilitative services to the following populations across our 10 county region.

Counseling Associates also finds pride in the many exceptional services and supports. CARF recognized a multitude of strengths of our agency during our recent survey to include:

- The leadership is continually assessing the needs of the community and implementing approaches to meet those needs.
- CA has a good reputation in the community it services and maintains positive relationships with community organization and is committed to strong partnerships and collaborative efforts with stakeholders statewide.
- CA recently purchased a building to provide space to enhance our ability to provide community integration, groups, drop-in or clubhouse type program to better meet client needs. The locations includes a store with donated items, clothing, food, resources.
- The organization's fundraising campaign for Haven, a group home for girls, raised over two million dollars slated to be completed in 2019.
- Evidence based services are provided through PCIT.
- The organization has Open Access to services, reducing the number of no-show appointments for intake. Clients value the opportunity to walk in when in need of services and be assessed and admitted without a long wait.
- Case managers are well trained and go above and beyond to support clients with their many needs to improve resiliency, recovery and wellness.
- CA is an active participant in community coalitions. These bring community leaders together to discuss and plan for interventions to better meet behavioral health needs.
- With the Preferred closing, CA has undergone major change, which resulted in opening of 4 new sites and seeing over 1000 new clients. This is has been a major

transition but CA has made this process as smooth as possible for clients and staff alike.

- The organization has a strong sense of commitment to both clients and staff.
- The organization has a great deal of longevity among its leadership, which is a result of good communication, training, and transparency regarding its vision and upcoming changes.
- Clients interviewed all reported feeling respected and like that staff members genuinely care about them. Clients speak positively about their therapists and other providers and the ability for support when needed.
- The organizations First Episode Psychosis program benefits clients, families and community through early intervention and education and leads to improved levels of functioning and supports.
- The Juvenile Drug Court Program, has been successful in maintain the same team of probation officers, judges, and other legal professionals which has contributed to the positive gains attained by the program.
- CA recognizes the benefits of lived experience and as a result successfully recruited an experienced Certified Peer Support Specialist from another state. As a result, the influence of the unique perspective of a person in recovery is afford to staff and clients. Additionally, as a result of her extensive work experience as a peer specialist, she is selected to contribute a module for use in the State's Peer Specialist Training Program.
- Through its Therapeutic Foster Care Program, CA has a long history go providing child and family centered, community based wraparound services for children and families in concert with DCFS and in accordance with state and national standards. The consistency and longevity of the foster parents and homes ensure ongoing structured nurturing environments supported by ongoing training and opportunities for respite care to reduce burnout.

## **POPULATIONS SERVED**

### **Under 4 Population**

We continue to expand evidence based services to other populations of children specifically the 2-5 year olds through the Early Intervention Grants and to expand the number of sites in which we are providing services. The program provides consultation, therapy services, teacher education, staff training, parent education, training, and screening of programs and students. We currently have two staff that provide consultation with daycares within our six original counties that have part of their time covered under Project Play contracts with UAMS. We were one of the original grantees of the Early Intervention Demonstration Grant with UAMS.

We have been providing services in preschools for over 20 years. We provided services to 125 children/families under five throughout our six counties and we have staff trained to provide these services in the four new counties as well through certification with OBH. We have 17 staff certified to provide services through infant mental health and approximately five more preparing to go through additional training. Staff are trauma trained and certified through PCIT, CPP and TFCBT. This area is growing significantly. We have PCIT rooms in four clinics (which serve six counties) with plans on expanding services to the other clinics in our area.

#### **4-12 Population and Youth 12-18 Population (Clinic, Home and School Based)**

We have served 2,200 children and adolescents ages 6-17 and their families, foster families and guardians. Services are provided in over 60 schools, in the family homes, in over 30 TFC homes, and in the community. We have extensive services for youth and families including individual, group, and family therapies; psychoeducation, child and youth support, behavioral assistance, youth support specialist, **trauma informed care**, Wraparound, summer and afterschool programs, youth peer support and substance abuse. Parenting classes are provided and are open to the public. CA has an extensive wraparound program/treatment approach that is used for multi-agency high need families in efforts to maintain children in their least restrictive setting.

#### **Adult 18-65 Population**

We have served 5200 adults over the past fiscal year just in our original six counties; we anticipate serving at a minimum of 2000 more this fiscal year. We have extensive services for adults and their families including individual, group, and family therapies; psychoeducation, day rehab, adult life skills, First Episode Psychosis, peer support specialist, trauma informed care, and substance abuse.

#### **Adult 65 and Over Population**

We have served 300 adults over 65 years of age this past fiscal year just in our original six counties. We have services for the elderly population and their families including individual, group, family therapies and medication management.

#### **First Episode Psychosis (FEP)**

CA has a FEP Coordinator, Jay Gentry, LPC-S who has attended multiple trainings through DBHS and the Mental Health Council on CBT-P Evidence Based model. He has trained all clinical staff in each of our locations on First Episode Psychosis and this evidence based treatment protocols. We have also required staff attend training at the Mental Health Institute on this topic. We have minimum of one clinician in each location that provide individual, group and family therapy to this population, again based on needs of the client. We currently follow FEP

guidelines for treatment and medication management. Additionally, we provide education within our communities on FEP and early awareness.

### **Chronically Mentally Ill (including 911, Restoration and Forensic Services)**

CA continues to meet the needs of the Seriously Persistent Mentally Ill population through a Recovery Oriented philosophy and a continuum of care. This is done by having an integrated team approach of psychiatric, therapy, group, intervention specialist, peer support, day rehab working with support systems and the community. This also includes consumer advocacy.

The philosophy behind the recovery is to be in normal situations and being the healthiest. This is not only physical and mental health but also emotional and spiritual with a good sense of belonging, and purpose. All of this is individualized for each person's recovery is personal and goal driven by what is important to them.

Services at CA are reflective of the Recovery model with the treatment being client centered, strengths based in efforts to empower and instill hope to those consumers we serve. Clinical staff address the whole person through our assessment and treatment planning process joining with the client and family to ensure that all needs are met.

We have served over 150 adults in our day rehab and intervention services in FY 2018.

Additionally, we have hired a two peer support specialists to cover the majority of our ten county area.

CA has served eight persons who have conditional releases/911 status over the past year. They have individual treatment goals and live independently in the community with support from families and the treatment team and as appropriate, any member of the team may see them in their living situation. Staff including administrators, clinicians, psychiatrists, and intervention specialists work closely with State assigned monitors to adhere to court ordered treatment to ensure a positive outcome. A multidisciplinary approach is used to communicate all aspects of their compliance in a weekly staffing.

**Consumer Council:** CA has worked with our consumers in the development and maintenance of a long term Consumer Council. Bi-laws are established, members vote on officers and meetings (with minutes) are held on a monthly basis. This group has worked on numerous projects for fundraising by selling T-shirts, cookbooks and other items in efforts to help decrease the stigma of mental illness. Advocacy on a local and state level has also been a priority for this group. Participating in State rallies, meeting with local government, writing letters to legislators on key issues have empowered them to be heard.

**Forensics:** Counseling Associates has a long history of working with court ordered populations to assist them with their court requirements and also their mental health issues. The forensic evaluation is the first point of contact for the community mental health center and the accused.

These evaluations are originated by the court and referred to CA by Division of Behavioral Health Services. Population are following:

- Person with a mental illness who are incarcerated in city or county facilities.
- Person released from the above facilities from state detention facilities.

Since July 1, 2016, Dr. Ed Stafford has completed 291 evaluations, testified upon request and met the training requirements of DBHS.

**Restoration:** Many times the forensic evaluation will determine that the person served is incapable of adequately understanding the court processes or participation in their defense. In these circumstances, the Court has the option through a 310 Order for the person served to receive restoration education services through our agency. When ordered CA provides clinical and medically necessary behavioral health and court education to these individuals. Since July 2016, Counseling Associates' staff have trained and tested 59 total restoration clients in detentions, community and CA clinics. CA restoration team reports regularly to the DBHS, but most importantly the restoration team advocates for the mentally ill inmates that need mental and medical care outside of the detention.

**Psychosocial Rehabilitation Program:** CA's psychosocial rehabilitation program provides day treatment services to assist persons served in becoming more independent in their living environment, given their emotional and mental capabilities. The program addresses the areas of social, leisure, education, community and work through a community-based component. Services are offered during week days and include: individual therapy (if warranted), access to psychiatric and pharmacological services, group psycho educational activities, pre-vocational and vocational training, skill development, income maintenance entitlement assistance, referrals for medical and dental assistance, transportation support and case management. CA administers psychosocial rehabilitation programs in Marshall, Conway and Russellville.

### **Peer Support**

CA utilizes peers in the efforts to provide education, hope, healing, advocacy, self-responsibility, and empowerment to those we serve. Peer support is a consumer centered service provided by individual over 18 to youth and adults; peer self identify as someone who has participated in services and thus is able to provide expertise not replicated by professional trainings. We currently have three Peer Support Specialists. Two work with adults and one is a Youth Support Specialist. We have served over 80 clients in our peer support program.

### **Co-Occurring MH/SUD and Substance Use**

Therapist along with intervention specialist help persons (adults and adolescents) with co-occurring illnesses address their special needs including supportive services, transportation and

other life skills that relieve stressors and barriers for them to participate in treatment options whether they be residential or individual outpatient services. We assist clients in referrals to more intensive levels of care as needed and we also assist with transition back into the communities when someone is leaving residential care. We have a variety of services to meet the needs of this population across our ten county area including individual, family and group therapies; court ordered treatment, STR services, Juvenile Drug Court in three locations, DCFS substance abuse services for families. Psychiatric services are available to meet the medical needs. We treat the whole person. We served over 1300 individuals last fiscal year with co-occurring diagnoses.

### **DCFS Emergency Shelter/Residential Treatment Program (Adolescents)**

Counseling Associates, Inc. operates a 12-bed shelter/residential treatment program for female children and adolescents in foster care, ages 6 through 18 in a group home setting. The program, licensed by the State of Arkansas through the Department of Human Services Child Care Facility Review Board, provides supervision, shelter, food, clothing, transportation, recreation, intervention services, individual and group therapy, medication evaluation/management and independent living services. HAVEN is located in Conway and was established in 1986.

### **DCFS Therapeutic Foster Care**

The therapeutic foster care program provides community-based, family oriented, integrated services to children and youth (up to age 18) that are severely emotionally or behaviorally disturbed. Children over age 18 can continue to receive therapeutic foster care if the child remains in school and/or foster care beyond their 18<sup>th</sup> birthday. The program accepts referrals from the Arkansas Division of Children and Family Services. CA has operated this program for over 25 years.

### **DCFS Intensive Family Services**

IFS is primarily intended for families whose children are in imminent risk of an out of home placement but may include under certain circumstance families who have already experienced an out of home placement and reunification is planned. Services, provided in the home and school, are a mix of counseling and support services aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. Services are intensive and incorporate the wraparound treatment approach. CA has operated this program for over 10 years.



## **DCFS Adult Counseling Contract**

Counseling Associates, Inc. has been the provider for the following counties in our catchment area for the DCFS Counseling Contract for the past three years: Conway, Faulkner, Perry, Pope, Yell and Johnson counties. Counseling Services, provided in the clinic, community and home, are intended for families whose children are in imminent risk of an out of home placement but may include under certain circumstance families who have already experienced an out of home placement and reunification is planned. Services are a mix of counseling and support services aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. We were recently awarded a contract to expand these services in our new area encompassing Van Buren, Stone, Cleburne, and Searcy; also, we were awarded the ability to provided substance abuse treatment to this population across all ten counties.

## **SERVICES PROVIDED**

### **Individual Treatment Process**

Persons seeking treatment at CA in the above programs and age groups will be assessed by a clinical staff person during the initial appointment during which time a person centered plan will be developed with the person to best meet the identified treatment needs. These Outpatient Counseling Services are delivered at CA by the clinical staff in order to deliver the evidence based treatment models identified.

### **OUTPATIENT SERVICES: CA provides all of the following services.**

Outpatient counseling is available to persons in need of assistance in dealing with mental health, relational and substance abuse problems. Included in the outpatient “umbrella” of services are adult and children’s counseling individual, group, marriage and family therapy, screening, referral and aftercare, and evaluation and diagnostic services. CA has had experience as a CMHC, RSPMI, DCFS, OADAP and now OBH provider since our inception in 1972.

Outpatient services are available in Perry, Yell, Johnson, Conway, Faulkner, Cleburne, Stone, Searcy, Van Buren and Pope with services offered during regular office hours, evenings to accommodate the needs of persons served and their families. Yell and Perry counties have been served out of Pope and Conway Counties historically. CA is in the process of obtaining and establishing office space in these two counties to be up and operating at the time of the contract start date.

Services are also provided in a variety of locations including but not limited to the home, foster homes, clinics, school, physician office, community, clinic, jails, DHS offices, etc.; efforts are made to meet the client/family in most appropriate place for treatment.

- **Mental Health Assessment by Clinician**
- **Psychiatric Assessment by Physician/APRN:** This service may be done in the office with the prescriber or it may be done via telemedicine.
- **Person Centered-Master Treatment Plan**
- **Master Treatment Plan Review**
- **Individual Therapy**
- **Family Therapy**
- **Group Therapy**
- **Psychoeducation**
- **Multi-Family Group Therapy**
- **Trauma Informed Care: DBT, CPT, CPP, PCIT, TFCBT, EMDR**
- **Parenting Classes**
- **Medication Management:** Office based or via telemedicine.
- **Behavioral Assistance, Adult Life Skills, Life Skills, Group Life Skills**
- **Child and Youth Support**
- **Rehab Day**
- **Outpatient Substance Abuse Services:** Services are available to meet the needs of those individuals struggling with co-occurring substance abuse and mental health concerns and those with just substance abuse concerns. We offer individual, group, family/marital, psychoeducation and medication management.
- **Peer and Youth Support Specialist:** Peer Support, Youth Support and Family Support are available based on needs of persons served.
- **Psychological Evaluations**
- **Medication Assisted Treatment:** CA currently provides MAT in our four Northern counties: Searcy, Stone, Cleburne and Van Buren and we are in the process of getting other prescribers trained in order to provide this service across our entire area.

## **CONTRACT BACKGROUND & HISTORY**

CA has numerous contracts with various entities within Arkansas including, DHS/DBHS, DCFS, DHS/ADAP, UAMS, and Quapaw. We have no current litigations or corrective actions on these contracts. Over the past three years, CA had one CAP with DBHS in emergency services in Conway County, which was resolved timely. CA was named in a lawsuit along with a local hospital and police department in Faulkner County on an emergency service. This was settled out of court with the insurance company and other parties.

**\*DHS Contracts**

| <b><u>DBHS Consolidated Contract</u></b>                |                  |
|---|------------------|
| <b>Client and Community Services (CCS)</b>              | <b>\$765,174</b> |
| <b>Per Capita (crisis/acute mental health services)</b> | <b>\$55,214</b>  |
| <b>CSP Part-A/Local Acute Inpatient</b>                 | <b>\$829,588</b> |
| <b>MHBG-Adult</b>                                       | <b>\$642,865</b> |
| <b>MHBG-Child</b>                                       | <b>\$134,234</b> |
| <b>CASSP</b>  | <b>\$133,077</b> |
| <b>SSBG</b>   | <b>\$71,729</b>  |
| <b>Therapeutic Counseling</b>                           | <b>\$90,381</b>  |
| <b>Forensic Evaluations</b>                             | <b>\$88,000</b>  |

**Client and Community Services (CCS)**

CCS funds will be used to provide free and discounted medically necessary services to uninsured and underinsured individuals within the region, regardless of ability to pay. The available service array will include Tier 1 and Tier 2 services, as defined by the Medicaid OBH manual. A formal Sliding Fee Scale policy will be employed in which scaled discounts will be granted to uninsured persons based on household size and income. CCS funds will be used as a last resort behind other potential sources, such as the Therapeutic Counseling contact.

CCS funds will also be used to provide translation services for non-English speaking consumers and interpretation services for visual and hearing impaired individuals.

In addition to the service-oriented uses described above, CCS funding will be used for various community purposes, including behavioral health services to victims, survivors and first responders of natural disasters and tragedies, awareness contacts with community stakeholders, support for local Community Councils for behavioral health consumers, and to fund travel and other overhead costs to extend behavioral health services into underserved rural areas of the region.

**Per Capita and CSP Part A: Crisis Intervention Emergency Services/Mobile Crisis Team**

CA's crisis intervention/emergency services are based on the philosophical belief that problems experienced by people rarely conform to the convenience of the "normal" workday. Further, CA believes that when emergency situations arise, they must be dealt with immediately in order to promote the stabilization of persons with acute symptoms of emotional distress. The primary services offered under the crisis intervention/emergency service "umbrella" include: emergency assessment and referral, telephone intervention manned 24-7, face-to-face intervention, and medication revision. The program operates on a 24-hour basis and is staffed

by a mobile crisis team of licensed mental health professionals, with physician backup, who provided almost 1500 screenings last fiscal year in our six counties, with four additional counties this number will be well over 2000 this fiscal year. Our mobile crisis team triages clients into the least restrictive services through our outpatient program and same day access, and refers for substance abuse services. If necessary, inpatient referrals are made in order to protect the client/others. Court orders are obtained and court appearances are a part of the services we provide. CA is the single point of entry into ASH and provides services to those being discharged from ASH including but not limited to Care Coordination, Coordination of Discharge Planning with ASH personnel and follow up outpatient treatment.

### **24/7 Crisis Hotline, Assessment and Referral to Inpatient Psychiatric Hospitalization**

CA provides the inpatient psychiatric treatment services through contractual arrangements at the Arkansas State Hospital in Little Rock and other private psychiatric facilities across the state. Referrals to inpatient facilities are made when a person served is suicidal, homicidal or gravely impaired. CA utilizes our CSP Part-A contract funds to reimburse local acute care hospitals for clients without reimbursement per state standards. CA has two crisis lines, one for the lower six counties including Faulkner, Conway, Perry, Yell, Pope and Johnson and one for our northern counties including Van Buren, Cleburne, Stone and Searcy. This crisis line is done in a joint collaboration with Mid-South Health Systems and Ozark Guidance Center. We also have a separate warm line for our entire region through this joint crisis line set to begin implementation on 3-15-19.

### **MHBG-Adult and Child**

In accordance with State guidelines, ten percent of Mental Health Block Grant (MHBG) funds will be set aside for First Episode of Psychosis (FEP) services. This set-aside will be used to cover a portion of a Licensed Mental Health Professional's salary and benefits to coordinate FEP services and to plan and conduct semi-monthly community education and awareness events within the region.

The primary focus of MHBG funding will be to provide medically necessary services to uninsured and underinsured individuals between the ages of fifteen and thirty-four who are experiencing a First Episode of Psychosis. The service array available to these individuals will include care coordination, evidence-based individual and group therapy, psychoeducation, evidence-based pharmacotherapy, and supported employment and education.

The secondary focus of MHBG funding will be to provide medically necessary services to uninsured and underinsured individuals who meet criteria for Serious Mental Illness (SMI) and Seriously Emotionally Disturbed (SED).

The services provided to individuals using MHBG funds will consist primarily of Tier 2 services defined in the Medicaid OBH manual, as Tier 1 services will generally be covered by a separate Therapeutic Counseling contract.

### **CASSP/Wraparound and SSBG for Children**

The CASSP/Care Coordinating Council (CCC) Regional Planning Team, chaired by CA is a multi-agency collaborative, which includes children's staff from the community mental health center, staff representatives from child-serving agencies and organizations, family members and other community support representatives. The team meets at a minimum of quarterly to address community level behavioral health issues associated with providing an effective community-based system of services for children and adolescents with serious emotional disturbance and their families.

CA coordinates the development of all Wraparound/CASSP Teams (including CASSP MAPS and CASSP Wraparound Teams), based on the children that are part of the target population of children and adolescents that reside within the CMHC catchment area. Each team will be local, individualized and reflective of the youth/family's needs as to who will make up the team. CA has ongoing efforts to actively encourage referrals for Local Service Teams through contacts with the juvenile courts, DCFS, schools and other agencies. The CASSP Coordinator has ongoing efforts to educate local agencies regarding children's mental health issues and the purpose of CASSP.

CA has three full time positions in our North, East and West regions for Wraparound Specialist. They are responsible for intense monitoring of the wraparound plans and ensuring that services are identified and accessed. They work in conjunction with the youth's existing treatment team including the case manager, and will function in an adjunct role to promote the wraparound plan.

SSBG funds are utilized per state guidelines to assist with implementing wraparound plans for families. Services such as mentoring, tutoring, basic needs, etc. are provided to ensure the family has the best possibility of success in meeting their goals. All documentation is kept including receipts for all services provided.

### **SSBG: Adults**

CA utilizes SSBG funds for adults that are uninsured or underinsured per state guidelines. Funding it to provide psychiatric services such as psychiatric evaluations and medication management appointments. Additionally, day rehab has been provided and intervention services for the chronically mentally ill to maintain these individuals in the least restrictive setting and prevent deterioration of functioning levels.

### **Therapeutic Counseling**

Through contracts with the state for our ten county region, CA provides outpatient counseling services to those clients who are uninsured that present to our agency. Services include assessments, treatment planning, individual, group and family therapies, which are provided in the home, community and clinic setting. CA serves U4 through the elderly with the following issues: mental health, substance abuse, LBGTQ, Personality Disorder, Chronically Mentally Ill, Co-Occurring MH/DD and MH/SUD, DCFS. CA provides the following specialty services across our catchment area: Trauma Informed Care, Substance Use Treatment, Motivational Interviewing, LBGTQ specific services, Infant Mental Health including PCIT and CPP; EMDR, DBT, and Certified Play Therapy.

### **Forensics/Restoration/911**

CA has served eight persons who have conditional releases/911 status over the past year. They have individual treatment goals and live independently in the community with support from families and the treatment team and as appropriate, any member of the team may see them in their living situation. Staff including administrators, clinicians, psychiatrists, and intervention specialists work closely with State assigned monitors to adhere to court ordered treatment to ensure a positive outcome.

**Forensics:** Counseling Associates has a long history of working with court ordered populations to assist them with their court requirements and also their mental health issues. The forensic evaluation is the first point of contact for the community mental health center and the accused. These evaluations are originated by the court and referred to CA by Division of Behavioral Health Services. Population are following:

- Person with a mental illness who are incarcerated in city or county facilities.
- Person released from the above facilities from state detention facilities.

Since July 1, 2016, Dr. Ed Stafford has completed 291 evaluations, testified upon request and met the training requirements of DBHS.

**Restoration:** Many times the forensic evaluation will determine that the person served is incapable of adequately understanding the court processes or participation in their defense. In these circumstances, the Court has the option through a 310 Order for the person served to receive restoration education services through our agency. When ordered CA provides clinical and medically necessary behavioral health and court education to these individuals. Since July 2016, Counseling Associates' staff have trained and tested 59 restoration clients in detentions, community and CA clinics CA restoration team reports regularly to the DBHS, but most importantly the restoration team advocates for the mentally ill inmates that need mental and medical care outside of the detention.

## **\*DCFS Contracts**

### **Therapeutic Foster Care (\$946,000)**

Our TFC program has been under contract with DCFS for over 25 years. The program has on contract 29 foster families to provide the therapeutic foster care service. We have served 100 children in the past three years in our program, many of whom have been successfully reunified with their families or have been adopted. The clinical staff within the program have been trained extensively in TFCBT, CPP, EMDR, and treatment of reactive attachment disorder. We have also been training with our TFC parents and staff on Trust Based Relational Intervention.

### **HAVEN (\$72,000 Emergency Shelter and \$168,000 for Residential Treatment)**

HAVEN, established in 1986, is our emergency shelter for females licensed to accommodate 12 youth at one time who have been referred by DCFS. HAVEN has an alternate license as a residential group home. HAVEN has a residential treatment services contract with a staffing pattern the same as HAVEN emergency shelter.

HAVEN has worked with our youth for years to assist them in learning independent living skills necessary for many of our client who will be aging out of the system. We have a comprehensive mental health treatment component that is trauma focused and strengths based. We have also been training with our staff on Trust Based Relational Intervention. We have served 300 girls in foster care at the HAVEN program over the past three years.

### **Intensive Family Services (\$98,000)**

IFS is primarily intended for families whose children are in imminent risk of an out of home placement but may include under certain circumstance families who have already experienced an out of home placement and reunification is planned. Services are a mix of counseling and support services aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. Services are behaviorally oriented, immediate, intensive, short-term, in-home, crisis intervention, and family education. Services are designed to work with families with multiple and severe problems. Primary treatment emphasis is in teaching skills to family members so that the families can learn to function more successfully on their own. We have served 322 families in IFS over the past three years.

### **DCFS Adult Counseling Contract (\$204,000)**

Counseling Associates, Inc. has been the provider for the following counties in our catchment area for the DCFS Counseling Contract for the past three years: Conway, Faulkner, Perry, Pope, Yell and Johnson counties.

Counseling Services are for families whose children are in imminent risk of an out of home placement but may include under certain circumstance families who have already experienced

an out of home placement and reunification is planned. Services are a mix of counseling and support services aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. Services are behaviorally oriented, immediate, intensive, short-term, in-home, crisis intervention, and family education. Services are designed to work with families with multiple and severe problems.

We currently have two full time staff in this program including the Coordinator. We have served 1341 individuals referred by DCFS for therapy over the past three years from across our catchment area.

**\*DHS/OADAP Contracts**

|   |                  |
|---|------------------|
| <b>CSATS</b>  | <b>\$126,555</b> |
| <b>CSATS-SABG-TREATMENT &amp; JUVENILE DRUG COURT CLEBURNE COUNTY</b> | <b>\$170,000</b> |
| <b>CSATS SABG-SWS</b>   | <b>\$26,000</b>  |
| <b>STR OPIOID RESPONSE</b>  | <b>\$76,700</b>  |
| <b>DASEP QUAPAW CONTRACT FOR 6 SOUTHERN COUNTIES</b>                  | <b>\$225,234</b> |
| <b>DASEP 4 NORTHERN COUNTIES</b>                                      | <b>\$76,000</b>  |
| <b>JUVENILE DRUG COURTS/QUAPAW SUBCONTRACT-FAULKNER AND POPE</b>      | <b>\$25,000</b>  |

**CSATS-Treatment/Juvenile Drug Court (JDC) and Specialized Women’s Services (SWS)**

We have a variety of services to meet the needs of this population across our ten county area including individual, family and group therapies; court ordered treatment, STR services, Juvenile Drug Court in three locations, DCFS substance abuse services for families and Multiple Offender/Court Ordered groups. Psychiatric services are available to meet the medical needs. We treat the whole person. We work with those coming out of incarceration, out of residential treatment and those referred by self or other stakeholders. We have two substance abuse coordinators on staff as our agency is divided into regions. CA contracts with residential providers for SWS and residential services. Quapaw does subcontract with CA for two of our three JDC programs.

**STR Opioid Response/Medication Assisted Treatment**

CA has developed with UAMS and the state a MAT program in our four northern counties of Cleburne, Stone, Searcy and Van Buren. We have a master’s level mental health professional and an LADAC therapist who works collaboratively with our psychiatrist to provide Medication Assisted Therapy (MAT) therapy along with weekly outpatient substance abuse treatment. Medication used as a part of MAT may be purchased for uninsured and underinsured clients. Office Visits with physician for MAT services and therapy with the substance abuse provider is a required .



### **DASEP (North and Southern 6 subcontracted through Quapaw Contract)**

CA operates an Alcohol Safety Program for persons convicted of driving under the influence (DUI) of alcohol or other intoxicants. Services provided as part of the Alcohol Safety Program include: screening and assessment, referral, safety education class for first time offenders, advanced class for second time offenders, multiple offenders group and court-liaison/reporting. The program is funded through a contract with the Division of Behavioral Health and provides services in Pope, Johnson, Yell, Conway, Faulkner, Searcy, Van Buren, Cleburne, Stone, and Perry Counties.

### **EVIDENCE BASED PRACTICES**

CA has clinicians trained in implementing the following evidence based practice across our catchment area:

- **PCIT-Parent Child Interaction Therapy**
- **CPP-Child Parent Psychotherapy**
- **TFCBT-Trauma focused Cognitive Behavioral Therapy**
- **EMDR**
- **MAT-Medication Assisted Treatment**
- **FEP-First Episode Psychosis**
- **Brainspotting**
- **Trust Based Relational Intervention (TBRI)**
- **CPT-Cognitive Processing Therapy**
- **Motivational Interviewing**

## **E.1.D RESPONDANTS KEY PERSONNEL**

### **a. Qualifications and Credentials of Key Personnel**

See attached resumes and licenses of the key personnel at Counseling Associates. All staff have had over 5 years of experience in their roles as CEO, CCO and Psychiatrists. Brian Davis, LCSW, CEO has had 12 years of experience as a CEO in Alabama prior to coming to CA 2 years ago. The Medical Directors have been psychiatrists at CA for many years. Our long time Medical Director, Richard Sundermann, MD, retired in June 2018 and his position was filled by these two physicians, one specializing in children, Atif Akhtar, MD, the other in adult services, Asim Raza, MD. Dr. Akhtar, is a Board Certified Child and Adolescent Psychiatrist; Dr. Raza is a Board Certified Psychiatrist. Lee Koone, LCSW, has been in the role of CCO for the past 4 years. Prior to that, she held the position of Compliance, Utilization Review and Children's Director for 18 years.

### **b. Resumes of CEO, CCO (Chief Clinical Officer) and Adult and Child Medical Directors**

**SEE ATTACHED RESUMES, LICENSURE INFORMATION**

# Brian W. Davis

---

835 S. Donaghey - #1616, Conway, AR, 72034  
(501) 328-2222 Ext. 2252 (w) / (256) 683-3320 (c) / bdavis@caiinc.org

## Career Summary

A respected leader with a history of advancement in the non-profit healthcare industry. Demonstration of commitment and perseverance has contributed to long-term successful outcomes while dedication to ongoing personal and professional development has fostered new and innovative ways to manage change and work effectively with a wide variety of stakeholders.

## Experience

May 2017 – Present

Chief Executive Officer  
Counseling Associates, Inc.  
Conway, Arkansas

Responsible for the strategic development and daily operation of a \$13 million non-profit community behavioral healthcare organization with 225 employees serving over 10,000 people annually across 10 counties. CEO reports directly to a Board of Directors comprised of 17 community volunteers.

October 2005 – May 2017

Chief Executive Officer  
WellStone Behavioral Health  
Huntsville, Alabama

Responsible for the strategic development and daily operation of a \$14 million non-profit community behavioral healthcare organization with 300 employees serving over 9,000 people annually. CEO reports directly to a Board of Directors comprised of 12 community stakeholders appointed by local city and county government.

January 2000 – September 2005

Chief Clinical Officer / Executive VP  
Ozark Guidance  
Springdale, Arkansas

Responsible for the strategic development and daily operation of behavioral health services to over 10,000 children and adults annually across 4 counties.

May 1985 – December 1999

Mental Health Paraprofessional / Professional  
Ozark Guidance  
Springdale, Arkansas

## **Education & Licensing**

|          |   |   |              |
|----------|---|---|--------------|
| May 1990 | Masters of Social Work<br>University of Arkansas @ Little Rock    | Licensed Certified Social Worker<br>Licensed Master Social Worker | 1994<br>1990 |
| May 1985 | Bachelors of Social Work<br>University of Arkansas @ Fayetteville | Licensed Social Worker  | 1985         |

## **Professional Development & Recognition**

|                |  |
|----------------|--|
| 2017 – Present | Board of Directors, Mental Health Council of Arkansas<br>Conway Area Leadership Institute – Conway, Arkansas   |
| 2014 – 2016    | Founding member of the Alabama Behavioral Health Alliance, LLC.<br>Board of Directors, Alabama Community Care  |
| 2011 – 2013    | Board President, Alabama Council of Community Mental Health Boards<br>Board of Directors, North Alabama Community Care                               |
| 2008 – 2010    | Community Action Partnership – Distinguished Community Service Award<br>Huntsville/Madison County Leadership Class 20                                |
| 2005 – 2007    | NASW – North Alabama Chapter – Social Worker of the Year<br>NAMI – North Alabama Chapter – Professional Service Award                                |
| Prior to 2005  | University of Arkansas – Part-time faculty in Rehabilitation & Social Work<br>Certified in healthcare & behavioral healthcare management (ACHE/ABHM) |

## **Community Involvement**

|                |   |
|----------------|---|
| 2017 – Present | New Life Church – Conway, AR  |
| 2005 – 2017    | Church of the Highlands; Downtown Rotary; United Way; Partnership for a Drug-Free Community; Council for Faith & Mental Illness; Our Place. |
| Prior to 2005  | Fellowship Bible Church NWA; Crisis Intervention Center; Fayetteville Boys & Girls Club; Morgan Nick Foundation.                            |

**References Available Upon Request**



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: July 10, 2017

Brian Wayne Davis, LCSW  
835 S. Donaghey Apt. # 1616  
Conway, AR 72034

Dear Brian;

The Board is pleased to notify you of your licensure as a Licensed Certified Social Worker. You are now entitled to all rights, privileges, and responsibilities prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 8504-C, is subject to renewal July 31, 2019 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (August 1, 2017 - July 31, 2019). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please print and keep a copy of the Laws and Regulations for reference.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Harold Dean, LCSW  
Chairman of the Board

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

If lost or stolen, an additional card may be requested by written request and a check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No.

8504-C

Expiration Date:

07/31/2019

Brian Wayne Davis LCSW

835 S. Donaghey Apt. # 1616

Conway AR 72034

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

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

**ANGELA LEE ROBERSON KOONE L.C.S.W.**

**10 Jonathan Drive  
Morrilton, Arkansas 72110  
(501) 354-1471-home  
(501) 208-2382-cell**

**EDUCATIONAL  
BACKGROUND**

**University of Arkansas at Little Rock  
Graduate School of Social Work, Little Rock, Arkansas**  
Graduation Date: May 13, 1994  
Major: Master's Degree in Social Work

**Hendrix College, Conway, Arkansas**  
Graduation Date: June 1992  
Major: Sociology

**Sacred Heart High School, Morrilton, Arkansas**  
Graduation Date: June 1986

**LICENSURE**

**Licensed Certified Social Worker: November, 1997  
Licensed Master's Social Worker: October, 1994**

**WORK  
EXPERIENCE**

**COUNSELING ASSOCIATES, INC.  
Morrilton, Arkansas**

**DIRECTOR OF CLINICAL SERVICES, QUALITY,  
ACCREDITATION AND CORPORATE COMPLIANCE  
January 2015-Present**

Design, implement, revise, and oversee all administration and clinical systems necessary to ensure continued accreditation of CARF and licensure as required by DBH, RSPMI, OADAP and DCFS. Responsible for all Medicaid projects, transitions, etc. including Benefit Arkansas, APS, First Health, Value Options and Transformation.

Oversee the organization's corporate compliance program. In this capacity, responsible for monitoring performance with the organization's corporate compliance plan; scheduling, monitoring and developing CAP's of all audits conducted as part of the corporate compliance program and funding sources/licensure. Periodically report to the President/CEO and/or Board of Directors as required.

Oversee, monitor, and direct the organization's quality assessment/assurance activities including oversight of the organization's outcomes management system, Program Improvement Committee, Quality Assurance Committee,

Technical Compliance Committee and development of annual organizational plans for quality improvement and annual management reports. Coordinate and oversee outcome management and make periodic reports to CAI management and the Board of Directors.

Developed the agency's Utilization Review Program. Responsible for daily management of the Utilization Review Program and implementation of compliance and clinical best practice standards. Participate as member of the executive management team.

Conduct and/or oversee staff training (i.e. new employee, confidentiality, essential learning, etc.

Oversee and monitor all reports relevant to the delivery of clinical services.

Responsible for Agency Accreditation with a variety of licensing and accreditation bodies including DCFS, Child Welfare, DBHS, RSPMI, Medicaid, CARF, OADAP.

Supervision of Human Resources Department and all Clinical Staff Members, including emergency services, documentation, compliance.

Supervision of Children's Director and all children's programs including staffing, budgets, contracts, training.

Policies and procedures manual compliance, annual reports per CARF and DBHS, annual Strategic Plan development.

Act as agency liaison at meetings with Medicaid, provider led groups, MHCA, Beacon and other community providers.

Supervision of Human Resources Coordinator, monitoring compliance with standards and management of employee concerns.

**DIRECTOR OF CHILDREN'S SERVICES/UTILIZATION  
REVIEW/COMPLIANCE  
January 1997-2015**

Supervision of all children's services including CASSP/Wraparound Program, Intensive Family Services, Therapeutic Foster Care, 12 bed male emergency shelter, 12 bed female emergency/residential shelter, outpatient children's case managers and therapists, school based mental health programs, respite programs, summer and afterschool programs, family preservation programs, Early Intervention Programs, and children's outpatient programs.

Responsible for oversight of all agency Medicaid audits, Medicaid compliance, technical and clinical documentation.

Supervision of Clinical Staff Members, including emergency services, documentation, compliance.

Electronic Medical Records Team Leader, developed all children's forms, training of all staff, in house trainer.

Research and development of programs in response to community need, including the development of proposal, grants and budgets for presentation to community collaborators. Preparation of proposals for agency programs related to children's services.

Preparation of all children's programs for CARF certification. Preparation of Counseling Associates for Benefit Arkansas, First Health, Value Options and APS managed Medicaid programs over multiple years.

Review and manage monthly financial status of all Children's Programs and submit budget recommendations for the fiscal year. Make recommendations for the annual marketing and educational plan. Develop budgets for each children's program.

Act as liaison with community and statewide leaders. Including presentations on service proposals, CAI programs, fund raising.

Serve as CASSP Coordinator for the catchment area; developed and implemented CASSP regional and county teams. Completion of all CASSP required reporting.

Ensure that all performance indicators/licensing standards for Counseling Associates, Inc. state contracts were followed, including CASSP, TFC, DYS, Emergency Shelter, and Residential Treatment contracts.

Preparation of state and local program grants and proposals.

Responsible for the interviewing, hiring, training, and supervision of all children's program staff. Provide on-call services, and emergency client assessments and interventions.

Paraprofessional/Professional Trainer. Train all clinical staff on documentation, paperwork completion, and managed care preparedness.

Collaborate with the Division of Behavioral Health on the First Health Managed Care Project, DCFS Policy on Mental Health Services and APS Managed Care Project. Appointed to represent Arkansas Mental Health Council on the Value Options/Medicaid State work group on Inspection of Care and Retrospective Audit Work Group.

Member of State CASSP Coordinating Council, representative on the Children's Mental Health Council Subcommittee, APS Outpatient Advisory Committee, and Mental Health Council Standardized Documentation Committee, SOC SSS Committee participant.



Quality and Compliance oversight for children's services; monitoring, managing and implementation of all agency wide Medicaid guidelines; preparation of agency for Medicaid Recoupment Audits; agency oversight of all Medicaid and Children's Services audits; utilization management. Oversight of Medical Records and chart compliance with state and federal standards. Oversight of Children's Services Quality program. Developed and manage compliance specialist within agency who monitor all Medicaid requirements.

Provide clinical and administrative supervision for MSW interns and LMSW staff; in addition, coordinate all Social Work interns for the agency in collaboration with UALR.

**COUNSELING ASSOCIATES, INC.**

**Morrilton, Arkansas**

**January 1995-January 2000**

**OUTPATIENT CHILDREN'S THERAPIST**

Provided individual, family and group therapy to children and adolescents. Acted as liaison and advocate for clients and families between families, schools, and other appropriate agencies. Developed sexual abuse groups, social skills groups and school based groups for children and adolescents. Participation in multi-disciplinary team staff meetings. Completed paperwork according to agency standards. Provided emergency crisis interventions and screenings.

**ST. MARY'S HOSPITAL, REHABILITATION UNIT**

**Russellville, Arkansas**

**June 1994 to January 1995**

**REHABILITATION SOCIAL WORKER**

Performed initial intake assessments for new clients. Coordinated and led weekly staff meeting involving a multi-disciplinary team. Conducted and coordinated family conference. Prepared and arranged patient discharge plans. Provided weekly individual sessions with patients. Supervised bachelor's level intern. Leader of community group focused on improving options for people with disabilities. Organized weekly/quarterly peer review. Maintained social service documents according to CARF regulation.

**ARKANSAS CHILDREN'S HOSPITAL**

**FAMILY TREATMENT PROGRAM**

**August 1993-May 1994**

**SOCIAL WORK 2<sup>ND</sup> YEAR INTERN**

Provided assessments, individual, group and family therapy to families of incest, including victims, non-offending parents, siblings, and sexual offenders.

Collaborated with outside agencies regarding client needs. Participated in multi-disciplinary staffings. Completion of appropriate paperwork

**BRIDGEWAY HOSPITAL**  
**August 1992-May 1993**  
**SOCIAL WORK FIRST YEAR INTERN**

Provided intake assessments for individuals admitted to the dual diagnosis unit, and to the child and adolescent unit. Developed and implemented client discharge plans following recommendations from the treatment team. Participated in multidisciplinary staffings and groups. Completed appropriate paperwork.

**PROFESSIONAL  
ORGANIZATION  
MEMBERSHIP**

- \*Committee for Care Coordination for Medicaid Managed Care 2017
- \*Chair of Mental Health Council of Arkansas Children's Subcommittee (2003-2008, 2012-2015)
- \*Mental Health Council of Arkansas ADHOC Committee with Arkansas Medicaid
- \*Mental Health Council of Arkansas PDC Committee (2012-present)
- \*Value Options Retrospective Audit Committee for Arkansas
- \*Value Options Inspection of Care Audit Committee for Arkansas
- \*APS Medicaid Managed Care Quality Improvement Committee participant
- \*APS Advisory Committee Appointee
- \*DBHS Appointed to work on Levels of Care for Arkansas-First Health U21 Initiative
- \*Mental Health Council of Arkansas Clinical Standardized Documentation Committee-past 6 years
- \*Mental Health Council of Arkansas Single Point of Entry-U21 Subcommittee Chair (3 years)
- \*First Health Managed Care Quality Improvement Committee Participant
- \*Field Instructor of UALR MSW Program (2001-present)
- \*NASW Member
- \*State CASSP Team Member (1995-2015)
- \*State CASSP Vice Chair (2003-2005; 2007)
- \*State CASSP Chairperson (2007-09)
- \*Mental Health Council of Arkansas Children's Subcommittee Member (1995-Present)
- \*FFTA Member
- \*Benefit Arkansas Clinical Advisory Committee
- \*Regional CASSP Team Coordinator (1995-present)

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



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

November 13, 2017

Angela Lee Roberson-Koone, LCSW  
#10 Jonathan Dr.  
Morrilton, AR 72110

Angela Lee Roberson-Koone, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **December 1, 2017** through **November 30, 2019**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**November 30, 2019**) you must obtain 48 hours of social work continuing education between the dates of **December 1, 2017** through **November 30, 2019**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



Arkansas  
Social Work License Card

License No.

1318-C

Angela Lee Roberson-Koone, LCSW

#10 Jonathan Dr.

Morrilton AR 72110

Expiration Date:

11/30/2019

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

A handwritten signature in blue ink, appearing to read "Lynn - Margaret - ...".

Chairman



**COUNSELING  
ASSOCIATES**

**JOB DESCRIPTION**

**MEDICAL DIRECTOR**

**OVERVIEW**

The Child/Adult Medical Director is a board-eligible/certified psychiatrist with an unrestricted license to practice in Arkansas and specialized skill and knowledge to diagnose and treat a wide array of behavioral health disorders. The Medical Director is a senior clinician with at least 10 years of practice in the field and is responsible for the clinical/medical oversight of service delivery across the organization's service area. The Medical Director will primarily utilize their time in providing direct services to identified patients and will report to the Program Operations Director at the location where they primarily office. The Medical Director will adhere to the AMA professional Code of Ethics and promote a culture of service delivery that is compliant with all relevant regulatory standards. The Medical Director will assist in evaluating/establishing clinical protocols as needed and will partner with the organization's Chief Executive Officer and Chief Clinical Officer to promote collaborative relationships with key community stakeholders.

**PSYCHIATRIST DUTIES**

1. Perform psychiatric assessments and medication management as scheduled by the organization;
2. Complete required clinical documentation in a timely manner as required by the organization.

**MEDICAL DIRECTOR DUTIES**

3. Provide direct care and consultation regarding the organization's most complicated clinical cases, including afterhours emergency consultation as needed;
4. Provide consultation with clinical staff as needed regarding emergency situations or other questions of clinical care and act as the Collaborating Physician for Nurse Practitioners as needed;
5. Oversee care planning and service delivery in adherence with established regulations by facilitating regular multidisciplinary staffing meetings/consultation with clinicians;
6. Oversee the organization's Quality Assurance and Performance Improvement processes, with a focus on issues related to medical/psychiatric care and peer review, nursing, pharmacy, labs, and infection control;
7. Assist as needed in the development/modification of protocols regarding medications or other clinical care, organizational policies/procedures, staff development/training, service development, and special projects.

*Handwritten signature and date: 6/28/18*

## CURRICULUM VITAE

### PERSONAL INFORMATION:

**NAME:** ASIM RAZA, MD, FAPA  
Diplomate, American Board of Psychiatry and Neurology

**HOME ADDRESS:** 1801 Champlin Drive, #112  
Little Rock, AR 72223

**PHONE:** (501) 821-9380

**CELL PHONE:** (501) 278-6366

**OFFICE:** Counseling Associates, Inc.  
350 Salem Road, Suite 1  
Conway, AR 72034  
Phone: 501-336-8300  
Fax: 501-329-3572

**MEDICAL EDUCATION:** University of Punjab, Rawalpindi Medical College  
Rawalpindi, Pakistan  
Graduated in January, 1983

### POSTGRADUATE TRAINING & CLINICAL STAFF APPOINTMENTS:

**January 7, 2003 – Present** Psychiatrist  
Counseling Associates, Inc.  
Conway, Arkansas  
Responsibilities include psychiatric evaluation, medication management and follow up of patients on an outpatient basis with various psychiatric disorders, substance use disorders, and those in legal system. Patients include the general adult population with Medicaid, Medical and managed care insurance reimbursements.

**January 1998 – October 2003** Staff Psychiatrist  
North Arkansas Human Services Systems, Inc.  
Searcy, Arkansas  
Was obligated to work in Health Physician Shortage Area. Responsibilities included evaluation, medication management and follow up of patients on an outpatient basis at the Searcy Psychiatric Clinic. Patients included all age groups including child, adolescent, and geriatrics besides general adult population.

**July 1996 – June 1997** Chief Resident  
Department of Psychiatry, UMKC – School of Medicine  
Kansas City, Missouri  
Was elected Chief Resident during the 4<sup>th</sup> year of Psychiatry Residency Training for period of one year.  
Responsibilities included making the on-call schedule for all residents and for conducting monthly resident meetings, as well as meeting with the Training Director, arranging seminars for residents and other social activities. As Chief Resident, I was a member of the Training Committee, Medical Students Education Committee and the Medical Records Committee.

July 1993 - June 1997

**Resident in Psychiatry:**  
**Department of Psychiatry**  
**University of Missouri-Kansas City School of Medicine**  
**Kansas City, Missouri**

University of Missouri-Kansas City School of Medicine/Western Missouri Mental Health Center Residency Training Program includes one year rotating internship in neurology, internal medicine, psychiatry, and three years of acute and chronic inpatient care of all age groups, emergency psychiatry, forensic psychiatry, child and adolescent psychiatry, community psychiatry, outpatient medication clinic, individual psychotherapy, family therapy, group therapy, training in alcohol and substance abuse, psychiatric consultation at Truman Medical Center and forensic psychiatry at St. Joseph State Hospital, St. Joseph, Missouri.

April 1996 – January 1997

**On-Duty Psychiatrist:**  
**Weekends and holidays at Osawatomie State Hospital,**  
**Osawatomie, Kansas**

Duties included evaluation, admission, and management of new patients as well as psychiatric and medical care of 300 inpatients including Geriatrics, Child, and Adolescent Substance Use, and Medical Units.

January 1984 - December 1992

**Medical Officer:**  
**Department of Medicine, Cantonment General Hospital,**  
**Rawalpindi, Pakistan**

Responsibilities included evaluation of new admissions admitted in medical units, their treatment, inpatient management, and follow up on an outpatient basis, rounds with attending physicians and house staff, doing emergency calls in ER as well as consultation to other departments.

January 1983 – December 1983

**Internship/House Physician:**  
**Department of Medicine, Rawalpindi General Hospital,**  
**Rawalpindi, Pakistan**

Duties included round the clock care of inpatients assigned. Management of variety of patients including cardiac, pulmonary, gastrointestinal, nephrology, neurology, oncology, infectious diseases and ER rotation to learn management of all kinds of medical emergencies.

**CERTIFICATION:**

**Board Certified, American Board of Psychiatry and Neurology**  
**September 2000, Recertified February 2010.**

FLEX, December 1993

ECFMG Certification, October 1992

**LICENSURE:**

Licensed to practice in the following states

- 1 ARKANSAS
- 2 KANSAS – Inactive

**TEACHING EXPERIENCE:**

As Resident, Department of Psychiatry: Taught medical students.  
As Medical Officer, Department of Medicine: Duties included supervision and teaching of house physicians on rotation.

**HONORS:**

1. Name included in 2002-2003, 2004-2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014. Editions of "A Guide to America's Top Psychiatrists", by Consumers Research Council of America, publishers of Consumers Guide.
2. **Fellow American Psychiatric Association.**
3. **Chief Resident**, Department of Psychiatry, UMKC School of Medicine 1996-1997
4. **President**, Residents Association of Western Missouri for year 1996-1997.
5. **MIT - Representative** from Western Missouri District Branch to American Psychiatric Association, 1996-1997.
6. **Wyeth Ayerst Resident Reporter** at APA Annual Meeting May 4-9, 1996, New York, New York.
7. **Eli Lilly Fellow** at the 7<sup>th</sup> U.S. Psychiatric and Mental Health Congress, November 17-20, 1994 at Washington, D.C.

**AWARD:**

Recipient of "**PFIZER PSYCHIATRY RESIDENTS OF THE YEAR AWARD 1997**".



# ARKANSAS STATE MEDICAL BOARD

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

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

Asim Raza, M.D.  
350 Salem Road  
Suite 1  
Conway, AR, USA 72034

Registration Year: 2018      Active/Unlimited

No.: E-1309      Issued: 6/6/1997      Expires: 4/30/2019

Below is your registration card to be carried with you.

You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.

Please keep this form; this is your receipt for proof of payment for your Arkansas license renewal for reimbursement and tax purposes.

You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).



Arkansas State Medical Board  
1401 West Capitol, Suite 340  
Little Rock, AR 72201

Registration Year: 2018      Active/Unlimited

No.: E-1309      Issued: 6/6/1997      Expires: 4/30/2019

Asim Raza, M.D.  
350 Salem Road  
Suite 1  
Conway, AR, USA 72034



**Atif Akhtar**

45 Iona Way, Batesville, AR 72501

atifakhtar@hotmail.com • Cellular 870-834-4649 • Home 870-793-3481

**Experience**

White River Medical Center, Batesville, AR 2003 to Present

**Staff Psychiatrist**

Helped develop the first ever Child Psychiatric clinic in the hospital including devlpment of the staff and improving the patient census

Islamabad Private Hospital, Islamabad, Pakistan 1993 to 1997

**General duty Medical officer**

Was taking care of patients with all medical problems.

**Education**

King Edward Medical School, Lahore, Pakistan 1993

**MBBS**

Completed medical school and all the rotations in various disciplines of medicine including Psychiatry

**Affiliations**

American Academy of Child and Adolescent Psychiatry

American Medical Association

**Licenses**

Arkansas Medical Board. E-3145

Michigan Board of Medicine

**Training**General Psychiatry Training, Michigan State University/ KCMS, Kalamazoo, Michigan, 1997 to 2001.

Developed the various rotations for the program and was involved in establishing objectives of those rotations

Fellowship in Child and Adolescent Psychiatry, UAMS, Little Rock, AR, 2001 to 2003. Was involved in developing the call schedule and coordinating concerns between the fellows and the staff**Honors**Best research of the year, Michigan State University.

First award in reserch in psychiatry at the annual reseach day

Chief Resident in General Psychiatry, Michigan State university/ KCMSMember of residency review committee, Michigan State University, 2000 to 2001. Helped the residency program get a full accreditation from American College of Graduate Medical Education**WRMC**

developed research protocols for delirium for medically sick patients

Gave talk on ADHD and its relevance to Children

**Batesvite Public school**

Talk on pervasive Developmental disorders

**Professional References**

Mark Clark Phd, Psychologist at Child and Youth Pediatric Development

John Webber, Child Psychiatrist and associate director at Youth Home Inc



# ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

Atif Mahmood Akhtar, M.D.  
350 Salem Road  
Suite 1  
Conway, AR, USA 72034

Registration Year: 2019                      Active/Unlimited


No.: E-3145              Issued: 2/8/2002              Expires: 2/28/2020

Below is your registration card to be carried with you.

You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.

Please keep this form; this is your receipt for proof of payment for your Arkansas license renewal for reimbursement and tax purposes.

You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).

|   |  |
|---|--|
|  | <b>Arkansas State Medical Board</b><br>1401 West Capitol, Suite 340<br>Little Rock, AR 72201 |
| Registration Year: 2019   | Active/Unlimited   |
| No.: E-3145   | Issued: 2/8/2002      Expires: 2/28/2020   |
| Atif Mahmood Akhtar, M.D.<br>350 Salem Road<br>Suite 1<br>Conway, AR, USA 72034     |  |

## **E.1.E LETTERS OF RECOMMENDATION**



**The Leader in Mental Health Care**

---

February 21, 2019

Brian W. Davis, Chief Executive Officer  
Counseling Associates, Inc.  
350 Salem Road – Suite 9  
Conway, AR. 72034

Mr. Davis:

Please accept this letter of recommendation from Mid-South Health Systems in support of Counseling Associates' response to the Arkansas Department of Human Services RFQ 710-19-1024 entitled "Crisis, Forensics, Mental Health and Community Support Services". As a community mental health center operating in Arkansas since 1968, Mid-South shares your mission of serving children and adults with mental health and/or substance use disorders and we are well aware of the excellent care provided by your organization and the outstanding reputation enjoyed by Counseling Associates. Specifically, Mid-South has partnered with Counseling Associates on several administrative and clinical projects, most recently collaborating together on the transition of Preferred Family Health contracts, jointly operating a centralized call center that handles both emergency and warm line calls, and several memorandums of agreement for referrals to and from intensive mental health and substance abuse treatment.

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

- Name/Title: Ruth Allison Dover, Executive Director
- Mailing Address: 2707 Browns Lane, Jonesboro, AR., 72401
- Phone Number: (870) 972-4058
- Email Address: [radover@mshs.org](mailto:radover@mshs.org)

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

Sincerely,

Ruth Allison Dover  
Executive Director



# *Birch Tree Communities, Inc.*

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

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February 21, 2019

Brian W. Davis, Chief Executive Officer  
Counseling Associates, Inc.  
350 Salem Road – Suite 9  
Conway, AR. 72034

Mr. Davis:

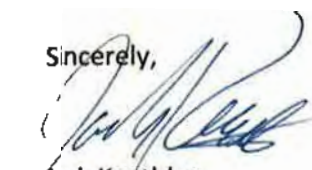
Please accept this letter of recommendation from Birch Tree Communities, Inc. in support of Counseling Associates' response to the Arkansas Department of Human Services RFQ 710-19-1024 entitled "Crisis, Forensics, Mental Health and Community Support Services". As a community mental health provider operating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

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

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

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

Sincerely,

  
Jack Keathley  
Chief Executive Officer

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

# Ozark Guidance

February 21, 2019

Brian W. Davis, Chief Executive Officer  
Counseling Associates, Inc.  
350 Salem Road, Suite 9  
Conway, AR 72034

Dear Mr. Davis:

Please accept this letter of recommendation from Ozark Guidance in support of Counseling Associates' response to the Arkansas Department of Human Services RFQ 710-19-1024 entitled "Crisis, Forensics, Mental Health and Community Support Services". As a community mental health center operating in Arkansas since 1970, Ozark Guidance shares your mission of serving children and adults with mental health and/or substance use disorders and we are well aware of the excellent care provided by your organization and the outstanding reputation enjoyed by Counseling Associates. Specifically, Ozark Guidance has partnered with Counseling Associates on several administrative and clinical projects, most recently collaborating together on the transition of Preferred Family Health contracts, jointly operating a centralized call center that handles both emergency and warm line calls, and establishing a memorandum of agreement to share staff in underserved rural areas of the state.

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

- o Name/Title: Laura H. Tyler, Chief Executive Officer
- o Mailing Address: P.O. Box 6430, Springdale, AR 72766
- o Phone Number: (479) 750-2020
- o Email Address: [laura.tyler@ozarkguidance.org](mailto:laura.tyler@ozarkguidance.org)

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

Sincerely,

  
Laura H. Tyler  
Chief Executive Officer

## CENTRAL OFFICE

P.O. Box 6430  
2400 S. 48th Street  
Springdale, AR 72766-6430  
Tel: (479) 750-2020  
1-800-234-7052  
Fax: (479) 751-4346

## SERVICE LOCATIONS

Bentonville: Tel: (479) 273-9088, Fax: (479) 845-2111, 2508 SE 20th St., Bentonville, AR 72712  
Berryville: Tel: (870) 423-2758, Fax: (870) 423-3199, P.O. Box 28, 208 Hwy. 62 West, Berryville, AR 72616  
Fayetteville: Tel: (479) 695-1240, Fax: (479) 695-1242, 60 W. Sunbridge, Fayetteville, AR 72703  
Huntsville: Tel: (479) 738-2878, Fax: (479) 738-1132, 1104 N. College, Huntsville, AR 72740  
Rogers: Tel: (479) 725-6000, Fax: (479) 878-1766, 1200 W. Walnut St., Suite 1400, Rogers, AR 72756  
Siloam Springs: Tel (479) 524-8618, Fax: (479) 524-5197, P.O. Box 544, 710 Holly St., Siloam Springs, AR 72761  
TDD 1-800-545-1833, ext 591

*Ozark Guidance is committed to the non-discriminatory delivery of services by race, religion, age, color, sex, disability or national origin*



## Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

February 26, 2019

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health Services to indigent clients and families with the primary goal of maintain individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

The Arkansas Department of Health's Suicide Prevention program collaborates with Counseling Associates on the following:

- Continue to build upon our existing Memorandum of Agreement (MOA) and future MOA's to enhance continuity of care, outcomes, and follow-up, for youth ages 10-24 that are at risk of suicide in health care systems.
- Assist in suicide prevention efforts for improving suicide risk-assessments, management and treatment through use of evidence-based practices
- Report information through intentional collection of program outcomes, Early Identification and Referral Form data, and clinician surveys.
- Encourage community-based settings to implement effective programs and provide education that promotes wellness and prevention of suicide and related behaviors.

I am very hopeful that Counseling Associates will be awarded funding. I can be reached as needed at [Amanda.thomas@arkansas.gov](mailto:Amanda.thomas@arkansas.gov) and (501) 614-5234

Sincerely,

  
Mandy Thomas

Injury and Violence Prevention Section Chief  
Arkansas Department of Health



Breanne McLendon  
P.O. Box 3557  
Conway, AR 72033  
501-733-8024  
[wsca@conwaycorp.net](mailto:wsca@conwaycorp.net)

February 25, 2019

Dear Department of Human Services,

My name is Breanne McLendon and I am the Executive Director of the Women's Shelter of Central Arkansas. With our partnership with Counseling Associates, our residents receive high quality care and resources that is instrumental in their healing process. Counseling Associates has always been willing to go above and beyond to provide services to our residents.

I am writing this letter in support of Counseling Associates and their proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Thank you for your time.

Sincerely,

Breanne McLendon  
Executive Director

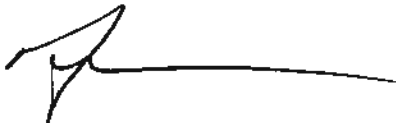


February 11, 2019

Dear Department of Human Services;

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and their families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,



Leslie "Bubba" Arnold, President

CHI St. Vincent Morrilton



February 25, 2019

To: Department of human services

From: Mary Hagenlocker, RN  
Case Management, CRMC  
2302 College Avenue  
Conway, AR 72032

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and in the least restrictive settings.

We at Conway Regional Medical Center have a great working relationship with Counseling Associates. They are very prompt in assisting us and do so in a very professional manner. Working with their agents is a pleasure, their experience and knowledge is top notch and allow us to have a smooth transfer of care when needed.

If you have any questions, please feel free to call, 501-730-1589.

Respectfully,

A handwritten signature in black ink that reads "Mary Hagenlocker RN". The signature is written in a cursive style with a large, looping initial "M".

Mary Hagenlocker RN



Conway Behavioral Health  
2255 Sturgis Road  
Conway, Arkansas 72034  
(501) 205-0011

February 21, 2019

Department of Human Services  
PO Box 1437  
Little Rock, Arkansas 72203

Department of Human Services:

This letter is being written in support of Counseling Associates, Inc. and their RFQ proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and in the least restrictive environment.

As an inpatient behavioral health facility that serves the same communities as Counseling Associates, Inc., we have seen firsthand how they have enhanced the health of these communities through their rehabilitative focus. Counseling Associates, Inc. ensures rapid follow-up with clients in need, whether a warm hand off from our team or a hospital discharge. They offer a continuum of care that provides for the needs of the patient in the setting that will most lead them toward recovery.

Sincerely,

A handwritten signature in blue ink that reads "Ron Mays".

Ron Mays  
Chief Executive Officer  
Conway Behavioral Health

## Darci Englin

---

Saint Mary's Regional Medical Center | Turning Point Adult Behavioral Health Unit  
1808 W. Main Street, Russellville, AR 72801 | 479-967-0701 | darci.englin@saintmarysregional.com

March 11, 2019

**Dear Department of Human Services:**

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Counseling Associates, Inc. is vital in providing care for our discharged patients and remain as the front line organization for many of our communities' seriously mentally ill. We appreciate Counseling Associates' relationship with our inpatient facility and all of us feel that we work well together.

Sincerely,



**Darci Englin MSN, RN-BC**  
**Program Director, Turning Point Behavioral Health Unit**

**INTERNAL MEDICINE**  
Robert Wilkerson, M.D.

**FAMILY MEDICINE**  
Michael D. Koone, M.D.  
Peter J. Post, M.D.  
Jack Lyon, M.D.

**MMC**   
**Morrilton Medical Clinic**  
10 Hospital Dr  
Morrilton, AR 72110  
(501) 354-0052

**FAMILY MEDICINE**

Charles E. Howard, M.D.  
Kyle Trauth, M.D.  
Lydia Trauth, M.D.  
Dustin A. Creech, M.D.

February 4, 2019

To Whom it May Concern:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Counseling Associates has been delivering professional mental health services for forty plus years as a community mental health center. They provide therapy, psychiatric and crisis services as well as case management services in Conway and Perry Counties. They employ a staff of highly professional and competent staff to serve their clients.

I have worked with Counseling Associates for more than twenty years in my role as a primary care physician here at Morrilton Medical Clinic. They have always been supportive of my patients, by offering their assistance with the appropriate mental health services.

Counseling Associates has a long history of community involvement and service. They have successfully serviced numerous contracts and grants that benefited the population of their catchment areas. They have an excellent reputation for working with and providing services to the school systems here in Conway and Perry Counties.

Counseling Associates' experience and their ability to deliver the highest level of service ensures a successful outcome to any program they are involved with. My experience has been that Counseling Associates provides services that surpass expectations. I have no reservations in supporting them in this effort.

Please feel free to contact me for any additional information that may be needed.

Sincerely,



**Michael D. Koone, MD**  
**Family Practice Physician**  
**Morrilton Medical Clinic**

**Conway Children's Clinic**  
*Pediatrics*

2505 College Avenue  
Conway, AR 72034  
Office: 501-327-6000  
Fax: 501-450-7559

*Pebble Sutherland, M.D., F.A.A.P.*  
*Kelly Staley, M.D., F.A.A.P.*  
*Chris Killingsworth, M.D., F.A.A.P.*  
*Debbi Wingfield, A.P.R.N., C.P.N.P.*  
*Misty Birdwell, A.P.R.N., F.N.P.*  
*Lisa Martin, A.P.R.N., F.N.P.*  
*Kirsten Kravitz, A.P.R.N., C.P.N.P.*  
*Shauna Tankersley, A.P.R.N., C.P.N.P.*  
*Linda Post, A.P.R.N., C.P.N.P.*

Conway Children's Clinic  
2505 College Avenue  
Conway, AR 72034  
501-327-6000

March 7, 2019

Dear Department of Human Services,

Conway Children's Clinic is a 9-provider pediatric clinic. We have referred pediatric patients for services with Counseling Associates for several years.

This letter is being written in support of Counseling Associates and their proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,



Dawn Sutherland M.D.

2/5/19

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

A handwritten signature in blue ink that reads "Charles Grinder APRN". The signature is fluid and cursive, with a long horizontal line extending from the end.

Charles Grinder, FNP-C APRN

**Eric G. Spann, MD | Charles Grinder, APRN**



**BOSTON  
MOUNTAIN**  
RURAL HEALTH CENTER, INC.

## **Debbie Ackerson, CEO**

P.O Box 1030, Marshall, AR 72650

870-448-5733

[debbieackerson@bmrhc.net](mailto:debbieackerson@bmrhc.net)

February 4th, 2019

**Dear Department of Human Services,**

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Our organization has successfully partnered with Counseling Associates for many years, which has afforded us the opportunity to expand behavioral health care services to our patient population.

Again, Boston Mountain Rural Health Center, Inc. fully supports funding for Counseling Associates, as we recognize the vital healthcare services it offers.

Sincerely,

---

Debbie Ackerson, BA/HCA, AS/BA  
Chief Executive Officer



**Office of Prosecuting Attorney**

**Tom Tatum, II**

**Fifteenth Judicial District**

**Post Office Box 1599**

**Danville, Arkansas 72833**

**(479) 495-4550 / Fax (479) 495-7992**

**Marcus Vaden  
Chief Deputy**

**Tyler Barham  
Deputy**

**Ben Caruth  
Deputy**

**Mark Johnson  
Deputy**

**Cory Wells  
Deputy**

**Matt Ketcham  
Deputy**

February 8, 2019

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Yours Very Truly,



Ben Caruth  
Deputy Prosecuting Attorney

BC/rjs



## Conway County Detention Center

30 Southern Valley Dr.  
Morrilton, Arkansas 72110  
Phone: 501.354.9627  
Fax: 501.977.1929

Mike D. Smith, Sheriff  
Cell: 501.208.1566  
[mikesmith01@conwaycounty.org](mailto:mikesmith01@conwaycounty.org)

Alex Campbell, Chief Deputy  
Cell: 501.208.4911  
[a\\_campbell@conwaycounty.org](mailto:a_campbell@conwaycounty.org)

Shane West, Jail Administrator  
Cell: 501.208.1476  
[e-shanewest@conwaycounty.org](mailto:e-shanewest@conwaycounty.org)

Yolanda Atkinson, Adm. Assistant  
[yatkinson@conwaycounty.org](mailto:yatkinson@conwaycounty.org)

02.19.2019

Dear Department of Human Services,

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute hospitals, and psychiatric residential treatment.

SHERIFF MIKE SMITH, Conway County

  
\_\_\_\_\_  
Jail Administrator, Conway County



**TROY B. BRASWELL, JR.**  
CIRCUIT JUDGE

2<sup>ND</sup> DIVISION • 20<sup>TH</sup> JUDICIAL DISTRICT  
FAULKNER COUNTY JUSTICE BUILDING  
510 SOUTH GERMAN LANE

MAILING ADDRESS:  
801 LOCUST STREET  
CONWAY, ARKANSAS 72034

**THAI MCBEE**  
TRIAL COURT ADMINISTRATOR  
thal.mcbee@faulknercounty.org

**LEEANNA BROWN**  
CHIEF OF STAFF  
Lbrown@faulknercc.org

**LEIGH COFFMAN**  
COURT REPORTER  
leigh.coffman@faulknercounty.org

PHONE: 501-450-4931  
FAX: 501-329-4934

February 26, 2019

Dear Department of Human Services,

I am Leeanna Brown, Chief of Staff, at the 20<sup>th</sup> Judicial District 2<sup>nd</sup> Division Circuit Court. Counseling Associates has for many years been an asset to Juvenile Court here in Faulkner County. I was more than thrilled to recently gain their services across the district to include Van Buren and Searcy County as well. They have provided specific services to our drug court since its beginning in 2009. Services such as counseling for the juveniles as well as the parent, teen groups, parent support groups, case workers to provide more intensive services in the home, wrap-around services and parenting classes. Many of these services are for all the youth within our court system, not just drug court participants. They have an excellent staff that works well with my juvenile officers to provide the absolute best services to every youth we have in common. This has been detrimental to the continued success of Juvenile Court and our clients. It is partnerships such as this that truly make a difference.

So it is my pleasure to write this letter in support of Counseling Associates and their proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and more importantly, out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

A handwritten signature in blue ink that reads "Leeanna Brown".

Leeanna Brown  
*Leeanna L. Brown*  
Chief of Staff  
20<sup>th</sup> Judicial District-2<sup>nd</sup> Division Circuit/Juvenile  
801 Locust Street (Mailing Address)  
510 S. German Lane (Physical Address)  
Conway, AR 72034  
(501)328-5922 (Office)  
(501)450-4957 (FAX)  
(501)499-1487 (Cell)



# FAULKNER COUNTY SHERIFF

Sheriff Tim Ryals

Chief Deputy Matt Rice

**02/05/2019**

***Dear Department of Human Services,***

**My name is Monte Munyan and I have been employed by the Faulkner County Sheriff's Office for over four years as an LPN. During this time I have interacted with several outside agencies which assist in the medical care of our detainees. I am writing to you today to let you know what a valued partnership we have with Counseling Associates.**

**The variety of health issues we see in the jail keep us busy so it is a relief to know that we can count on the staff at Counseling Associates to be there when our most troubled detainees need them. Counseling Associates' screeners often come to our facilities performing detailed evaluations of detainees who exhibit symptoms of mental illnesses. The mental health screener is then required to testify at court explaining their findings to the judge. When the court has the information provided by Counseling Associates, either through forensic evaluation, during an emergency committal or other procedures, the court is then able to make the best life changing decisions for those detainees who have found themselves in a critical situation.**

**Often times the court orders our detainees to be sent out to treatment facilities which requires their staff to secure an open bed in an appropriate program. Beds are few and needs are many, which makes it difficult at times, but as advocates for our detainees, they accomplish placements in a timely a manner. When a facility receives one of our detainees that has been court ordered to receive mental health treatment, I believe they are appreciative of the work Counseling Associates has done prior to their arrival.**

**As long as I hold this position I hope to continue working with the caring staff at Counseling Associates.**

**Monte Munyan LPN  
monte.munyan@fcso.ar.gov  
FCSO Unit One  
501 450-4914  
Fax 450-0080**

# STONE COUNTY SHERIFF

stonecountysheriff.com



Date: 02/05/2019

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk Green", is written over a horizontal line.

Kirk Green  
Jail Administrator  
Stone County Sheriff's Dept.  
1009 Sheriff's Ln.  
Mountain View, AR. 72560  
Phone: (870)269-3825  
Fax: (870)269-2299  
[kgreen@stonecountysheriff.com](mailto:kgreen@stonecountysheriff.com)

LANCE BONDS  
1009 SHERIFF'S DRIVE MOUNTAIN VIEW, ARKANSAS 72560  
OFFICE: 8702693825/ FAX: 8702692299

**Blake Wilson**  
*Chief Deputy*



**Rowdy Sweet**  
*Jail Administrator*

**Shane Jones**  
*Sheriff*

---

James Linker  
#3 Emergency Lane  
Russellville, Ar. 72802

Dear Department of Human Services

I am writing this letter in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and or their families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals and psychiatric residential treatment.

Sincerely:

Lt. James Linker  
Support Services Division  
Pope County Sheriff's Department  
Phone 479-968-2558 or 479-264-8242  
email: [jlinker@popecoso.net](mailto:jlinker@popecoso.net)

February 4<sup>th</sup>, 2019



## **FIFTH JUDICIAL DISTRICT**

**Pope County**

**Juvenile Probation/Intake**

200 West Main Street  
Russellville, AR 72801  
479-967-1520 Phone

---

March 8, 2019

RE: Counseling Associates, Inc.

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families within our community. It has been my experience, that Counseling Associates works in an efficient manner to provide necessary community-based services in an effort to maintain individuals within the community and out of secure confinement in local jails, acute care hospitals, and psychiatric residential treatment.

The Pope County Juvenile Probation/Intake Office has developed a great working relationship with Counseling Associates and often times relies on them for services to our juvenile population and their families in the form of individual, family, group counseling, and Juvenile Drug Court services. Additionally, Counseling Associates provides crisis intervention that allows the probation office to facilitate additional services and recommendations as opposed to juvenile detention or placement in an acute care setting.

Counseling Associates has been an active stakeholder in advisory roles within our local system and is a trusted partner in our mission to provide validated and evidenced based services to our community.

If you have any questions, please do not hesitate to contact me.

Regards,

A handwritten signature in blue ink, appearing to read "John Riley".

John Riley  
Chief Probation Officer/  
Juvenile Drug Court Coordinator  
Fifth Judicial District  
Juvenile Division

cc: file



FAULKNER CIRCUIT COURT  
20<sup>TH</sup> JUDICIAL DISTRICT  
JUDGE TROY B. BRASWELL  
2ND DIVISION  
JUVENILE JUSTICE BUILDING  
801 LOCUST STREET  
CONWAY, ARKANSAS 72034  
Phone: 501.328.5968 / Fax: 501.450.4957

**Date: February 4, 2019**

**Dear Department of Human Services:**

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

**Sincerely,**

A handwritten signature in blue ink that reads "Leslie Dawes".

**Leslie Dawes**  
Drug Court Coordinator  
Faulkner County Juvenile Court





# Jim Harness

Searcy County Judge

---

PO BOX 1370  
200 SOUTH HWY 27  
MARSHALL AR 72650

870-448-3554  
FAX 870-448-2935  
searcycojudge@yahoo.com

February 5, 2019

Dear Department of Human Services,

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

A handwritten signature in blue ink that reads "Jim Harness".

Jim Harness  
Searcy County Judge

*Special Services Learning Center, Inc.*

SHARON MASSEY, DIRECTOR  
406 HIGHWAY 65 SOUTH  
MARSHALL, AR 72650  
PH: 870-448-2046; FAX: 870-448-5362  
E-MAIL: SPECIALSERVICES@WINDSTREAM.NET

March 08, 2019

Re: Grant for RFQ Proposal

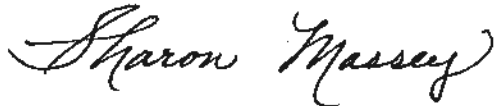
To Whom it May Concern:

I would like to offer my support to Counseling Associates and their RFQ proposal to deliver Behavioral Health services in Searcy County.

As Director of Special Services Learning Center, Inc., serving the needs of handicapped and disabled clientele who are often times dual diagnosed, we see the need for this service in our rural community on a regular basis. The well-being of our clients is of paramount concern for me. Services in our area prevent the inconvenience of our clients and families having to travel out of their community for these services.

I sincerely hope this grant can be awarded .

Respectfully submitted,



Sharon Massey, Director  
Special Services Learning Center, Inc

# Independent Living Services

## Administration

P.O. Box 1070  
Conway, Arkansas 72033

phone: 501-327-5234  
fax: 501-548-6432

March 7, 2019

Dear Department of Human Services:

I am the Executive Director of Independent Living Services, Inc. which is located in Conway, Arkansas. We partner with Counseling Associates to ensure that our residents receive high quality mental health counseling and resources. These resources are extremely valuable to the individuals we serve and allow them to live safely within the community. Without the services of Counseling Associates, many of the individuals we serve would not be able to reside in the community.

I am writing this letter in support of Counseling Associates and their proposal to deliver behavior health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Please let me know if you have any additional questions. You can reach me at either 501 327-5234 x 302 or [elissa@indliving.org](mailto:elissa@indliving.org).

Sincerely,



Elissa Douglas  
Executive Director  
Independent Living Services, Inc.



**Councilmen**

**Sonny Woods  
Jason Bradford  
Francie Busbee**

**CITY OF MARSHALL**

**Kevin J. Elliott, Mayor  
Vickie Fountain, Recorder**

**Councilmen**

**Reanna Ragland  
Geraldine Littleton  
Tad Ogden**

Mayor Kevin Elliott  
102 W College  
P.O. Box 1420  
Marshall, AR 72650

February 4, 2019

Dear Department of Human Resources:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,



Kevin Elliott  
Mayor of Marshall Arkansas

*City of Leslie*

516 Main Street  
Leslie, Arkansas 72645

P.O. Box 366  
(870) 447-2240

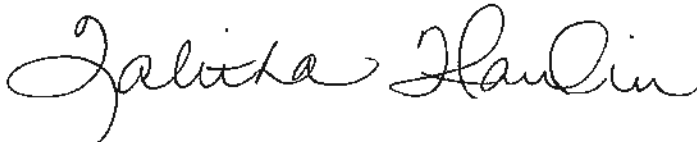
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**February 5, 2019**

**Dear Department of Human Services:**

**This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavior Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.**

**Sincerely,**



**Talitha Hardin**  
**Mayor, City of Leslie**

**Cc: file**  
**th**



**SEARCY COUNTY SCHOOL DISTRICT**

*Alan Yarbrough - Superintendent*

*952 Highway 65 North*

*Marshall, AR 72650*

*Phone: 870-448-3011*

*Fax: 870-448-3012*

February 4, 2019

Arkansas Department of Human Services,

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

A handwritten signature in black ink that reads "Alan Yarbrough". The signature is written in a cursive, flowing style.

Alan Yarbrough  
Superintendent  
Searcy County School District



*"Educates, Equips, and Empowers all students to be productive, contributing members of their school, their community, and their world"*

**Brittany Turner**

**Office of Special Services**

**P.O. BOX 928**

**1006 S Arkansas Ave**

**RUSSELLVILLE, AR. 72811**

**Tel: 479-890-5733**

**Fax: 479-968-8606**

February 4, 2019

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment. Russellville School District has contracted with Counseling Associates for a number of years. This includes providing individual sessions within the schools and monthly meeting with Administrators.

We have worked hand in hand to support the behavioral and mental health needs of students in our District.

Sincerely,

Brittany Turner

Director of Special Services

# MOUNTAIN VIEW SCHOOL DISTRICT

210 High School Drive  
Mountain View, Arkansas 72560



Phone (870) 269-3443  
Fax (870) 269-3446

February 6, 2019

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

A handwritten signature in black ink that reads "Rowdy Ross". The signature is written in a cursive style.

Rowdy Ross  
Superintendent

## BOARD OF EDUCATION

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**A PROMISE OF OPPORTUNITY AND EXCELLENCE**





**ARKANSAS**  
**DEPARTMENT OF HUMAN SERVICES**  
**STONE COUNTY**

1821 E Main St Mountain View, AR 72560  
870-269-4321 □ FAX 870-269-4324

02/07/2019

Dear Department of Human Services:

This letter is being written in support of Counseling Associates and their RFQ proposal to deliver Behavioral Health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals, and psychiatric residential treatment.

Sincerely,

*Dillian Smith*

Dillian Smith  
County Administrator



February 26, 2019

Dear Department of Human Services:

This letter serves as our formal support of Counseling Associates, in their response to an RFQ to deliver behavioral health services to indigent clients and families in Arkansas.

Should you have questions about relationship between The BridgeWay Hospital and Counseling Associates, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "Bruce Trimble", written over a horizontal line.

Bruce Trimble, MA, APR  
Director of Business Development



**CONWAY MEDICAL GROUP**

437 Denison • P.O. Box 10553  
Conway, AR 72034  
Ph: (501) 327-1325  
Fax: (501) 327-1328

Laura A. Massey, M.D.  
Jarrett B. Lea, M.D.  
Billy McBay, M.D.

D. Billy R. McBay  
437 Denison  
Conway, Ar. 72034  
501-327-1325 fx 501-327-1328

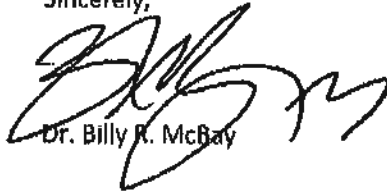
02/26/2019

Dear Department of Human Services,

I would like to introduce myself to you and let you know I use Counseling Associates for multi issues with my patients, and will continue to utilized your facility.

This letter is being written in support of Counseling Associates and their proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and out of jails, acute care hospitals and psychiatric residential treatment.

Sincerely,

  
Dr. Billy R. McBay





605 Salem Road Suit B 2

Phone : (501)358-6990

Fax: ( 501)358-6942

**Subject: Counseling Associates**

To whom it may concern.

I am writing this letter to appreciate all the help I received from the Counseling Associates in Conway. I have started the Providence Family Medicine clinic last year (2018) in Conway, Arkansas. Previously, I was a hospitalist in Conway Regional Hospital for seven years.

I have been very fortunate to be so close to Counseling Associates and have been helped by them numerous times. Counseling Associates has helped me deal with the psychiatric issues of my patients that include generalized anxiety disorder, depression, psychosis, PTSD and other behavioral issues.

I follow on these patients when they come back from the Counseling associates and they have nothing but praise for Counseling Associate.

Psychiatric issues are major part of care in a primary care setting. WE see patients on a regular basis that need more intensive behavioral therapy and psychotherapy that we can not provide in our office setting and we are so happy to have Counseling Associates close to us and we refer patient to them.

Again, as a hospitalist, Counseling Associate have helped me in evaluation of suicidal patients and recommended about their discharge planning.

I will tell Counseling Associates to keep up the good work and let use know if they have anything that we can do to help the patients.

Dr. Mohammad Idris MD

Board certified Family physician.

02/28/2019

A handwritten signature in blue ink, appearing to read "M. Idris", is written over the typed name and title. The signature is fluid and cursive.



United Way of Central  
Arkansas Agencies

- Arkansas Preschool Plus
- Arkansas Single Parent  
Scholarship
- Bethlehem House
- Blackbird Academy
- Boys & Girls Club of  
Faulkner County
- Childcare Aware
- Children's Advocacy  
Alliance
- Community Action  
program of Central  
Arkansas  
CAPCA
- Center for Exceptional  
Children- Step by Step
- Community  
Connections
- Community Service Inc.
- Conway Cradle Care
- Faulkner County  
Council on Aging
- Faulkner County  
Juvenile Court
- Haven House
- Hope & Compassion
- Milestones Inc.
- Perry County Senior  
Center
- Women's Shelter of  
Central Arkansas

Counseling Associates  
350 Salem Rd. #1  
Conway, AR 72034

March 5, 2018

Dear Lou,

As our employee campaigns come to an end this year, we want to Thank you so much for helping conduct the United Way employee payroll deduction campaign.

Your company's participation helps us provide important programs, resources, and services to the people who need them most. You help improve the lives of people you know, people who live in your neighborhood and work alongside you.

Being part of a community means supporting each other and making the world a better place. And that's exactly what our United Way Annual Campaign achieves, thanks to hundreds of donors like you.

The funds collected go directly to programs and services that help build people -- a fact we can all be proud to rally around.

Without you, the United Way of Central Arkansas would not be such a positive force throughout our community.

Thank you for the role you play in enriching the lives of so many families and individuals.

United Way currently funds 29 programs within 20 agencies here in Faulkner, Perry and Van Buren counties.

We appreciate your contribution to the United Way and look forward to working and supporting this great community with you as our community partner.

Respectfully,

*Maret Cahill-Wicks*

Maret Cahill Wicks  
Executive Director

*Natalie Arnold*

Natalie Arnold  
Resource Director

2018 Board of Directors

Bret Carroll Jason Culpepper Sara Goodman Sena Lovette-Crafton  
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Kim Slaughter Debbie Townsend

## **E.2.A GENERAL SERVICE DELIVERY: RFQ SECTION 2.1**

The Human Services Center of West Central Arkansas, later to be named Counseling Associates (CA), was incorporated in 1972 to assist the state Department of Mental Health in transitioning patients from the Arkansas State Hospital to community-based care. With the development of a comprehensive community support system for adults with a serious mental illness and children/adolescents with a serious emotional disturbance, Counseling Associates is now a leading provider of behavioral health services for Medicaid beneficiaries in a 10 county area (Region 2) and acts as the single point of access to psychiatric inpatient care for people without a payor source.

In regards to meeting the requirements listed in Section 2.1 of RFQ 710-19-1024, Counseling Associates will provide community-based care to people without insurance, to those who are underinsured, and to people waiting on admission to or discharged from services at the Arkansas State Hospital. In addition, CA will work to divert people from hospitalization, jail, or emergency rooms when clinically and legally appropriate. We will accomplish these goals by providing a robust community support program in every county of our region that consists of care coordination, individualized community-based intervention services, rehabilitative day services, and psychiatric treatment as needed. In addition, we will dedicate trained and qualified personnel to provide 24/7 mobile emergency assessment and triage and we will actively collaborate with key community stakeholders (hospitals, detention centers, etc.) to promote system-of-care planning and open communication regarding the access of emergency behavioral healthcare assistance.

Counseling Associates will provide Recovery-Oriented Treatment that helps people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Services will be provided, such as peer support, supported employment, supported housing, and drop-in centers, which are founded on the belief that recovery is possible. These services will be designed to help people manage their own health, maintain a stable and safe place to live, participate in meaningful daily activity that gives them a sense of independence, and have relationships that provide supportive social networks. Counseling Associates' services will be responsive and respectful to the culture and beliefs of those served, will actively address diversity, and will seek to reduce health disparities in access and outcomes.

Counseling Associates will continue to emphasize emergency assessment and triage, as evidenced by the 2,000 emergency screenings we are on pace to provide in FY 2019, through the provision of mobile crisis services throughout our 10 county region. These highly trained and competent service providers will refer clients to follow-up outpatient treatment, assist with inpatient placement and payment as necessary, and refer to regional Crisis Stabilization Units as medically indicated. In addition, Counseling Associates will work closely with DHS personnel in coordinating care for clients awaiting admission to the Arkansas State Hospital and will provide aftercare treatment for those being discharged from the Arkansas State Hospital, regardless of payor source or circumstance.

## **E.2.B GENERAL SERVICE DELIVERY: TELEMEDICINE**

CA has telemedicine in use in all of our current locations across our catchment area. It is our intention to also offer telemedicine in Perry and Yell counties once those sites are in operation, which will be completed, prior to contract implementation. We have utilized telemedicine for many years and have found it to be an effective method of providing quality psychiatric care to many clients in rural settings. Members in rural areas oftentimes face more obstacles to obtaining services and support than those in urban areas. The problems of service access often result from geographic, economic, and cultural factors. In sparsely populated areas, travel expenses increase the costs of both providing and obtaining care. Geographic and professional isolation make rural communities less attractive to mental health workers. It is difficult to recruit and retain specialists, who tend to concentrate in larger urban areas. The use of video-conferencing technology is one strategy to improve the accessibility of psychiatric services to rural areas. This technology has been used to link specialists to rural areas for the management of persons served. The following policies outline our telemedicine program and security measures that we have in place to meet HIPAA, CARF and OBH standards and describe our protocols and procedures.

### **TELEMEDICINE POLICY**

Telemedicine is the use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Telemedicine is an enabling technology, developed to enhance access to health care for rural and underserved populations. Telemedicine is becoming more widespread, less costly, and brings a prescriber to an area that most likely is not covered by psychiatric care, using real-time, two-way interactive audio-video transmission. It does not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a client, or a consultation between two health care practitioners, although these activities may support telemedicine services. All organizations/providers must be assessed and approved through the credentialing and re-credentialing process of University of Arkansas for Medical Sciences.

### **PROCEDURES**

1. Prescribers are trained in the use of telemedicine prior to the use of any device. Prescribers have access to information at each of the locations on key contacts, personnel, phone numbers, addresses, emergency protocols, etc. to ensure smooth delivery of services. The IT department is responsible for maintaining all equipment both onsite and at remote locations.
2. CA obtains written informed consent from the persons served to practice telemedicine. Standard practice is for the Primary Therapist to explain and review what telemedicine is and how the process will work to help alleviate any concerns of the persons served. Relevant information will be provided.

3. There will be no audio recording, video recording or photography of the person served during the use of the telemedicine equipment.
4. There will be no use of monitoring devices during the use of telemedicine. The environment should be accessible and private.
5. The prescriber will provide the person served with timely and accurate prescriptions by use of mail, phone, and electronic transmission to the pharmacy, and/or fax.
6. Federal Schedule II controlled drugs will be written by the prescriber and sent via mail to the clinic for pick up by client unless a FOB has been activated per Credible/DEA guidelines allowing the prescription to be sent electronically.
7. In the event that the person served refuses telemedicine services, or if the illness/safety of the person served prevents the use of telemedicine, then the person served will be give possible options for treatment. These options may include but not limited to seeing a prescriber face to face at the current site, seeing a prescriber face to face at another CA facility if one is not available at the current site or possible referral to another behavioral health organization who can best meet the needs of the person served. Requests will be forwarded to the POD who in cooperation with the person served, the primary therapist and the prescriber will develop a plan of care to best meet the needs of the person served.
8. To ensure the proper functioning of the telemedicine equipment, prior to daily use, the equipment should be checked at both the originating site and remote site for availability and functioning.
9. CA will have a facilitator at each site to assist person served throughout the process. There should at all times be a guardian or caregiver with persons under the age of 18 or if the adult has a legal guardian, they should also participate. Everyone should be introduced at the session to ensure proper communication between all parties.

## **TELEMEDICINE SECURITY PROGRAM POLICY**

CA has adopted this Telemedicine Security Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as modified by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") (hereinafter HIPAA); the Department of Health and Human Services ("DHHS") security and privacy regulations; and CARF accreditation standards; as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements.



CA will practice telemedicine in appropriate cases only in accordance with the law, medical ethics, and accreditation requirements. All personnel involved in telemedicine must take necessary actions to safeguard the privacy and confidentiality of persons served involved in telemedicine.

CA's telemedicine equipment is obtained and leased through state required partners at UAMS. The Physician connects to the UAMS network with a secure Cisco Jabber client. Once connected, they enter a Private Meeting Room. From the clinic the UAMS e-link cart connects to the same Private Meeting Room. Arkansas e-Link transmits data containing PHI for its member institutions that are entities covered by HIPAA. However, Arkansas e-Link does not routinely access or maintain ongoing storage of that PHI. (78 Fed. Reg. 5571-5572.) As such, Arkansas e-Link is not subject to HIPAA liability and obligations as a business associate and is not required to execute a business associate agreement.

#### **PROCEDURES**

1. CA's telemedicine agreements with the Prescribers have been reviewed for legal sufficiency and to ensure that the particular telemedicine arrangement does not constitute the unauthorized practice of medicine.
2. Ensure that authority to practice telemedicine is appropriately granted in the physician credentialing process.
3. CA obtains written informed consent from the persons served to practice telemedicine.
4. IT Security Officer will ensure that telemedicine communications are secure and protected from breaches of confidentiality.
5. IT Security Officer will ensure the establishment of video and image links to the correct location(s).
6. IT Security Officer performs necessary telemedicine information asset maintenance.

## **E.3.A SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.A**

### **CRISIS EMERGENCY RESPONSE**

Counseling Associates (CA) believes in the uniqueness of each individual who seeks mental health services. Though problems may be similar, each person presents his or her own variation based on their particular situation and background. This requires that emergency/crisis services be flexible to meet the needs of those who request these services. Flexibility may mean that the clinician travels at odd times to various locations or simply has to be more creative in the resolution of the emergency/crisis situation.

**PROCEDURE-These are the current procedures at CA for Emergency Services/Mobile Crisis Teams.**

#### **Mobile Crisis Team (Day Time and After Hours)**

CA has a team of licensed mental health professionals, all who have been trained extensively in Crisis Services, that provide emergency coverage across our ten county areas. CA has specified day-time screeners who assess those in crisis during the workdays. Additionally, after hours coverage is managed through a rotation approach of screeners and supervisors being on call to cover crisis referrals.

The goal of Emergency Mobile Crisis/Crisis Intervention Services is to provide the best possible solution to those requesting services, aimed at the assessment and immediate stabilization of persons with acute symptoms or emotional distress. CA's mobile crisis teams provide individualized triage services to any individual experiencing a Psychiatric Crisis or Behavioral Crisis without a payor source for medically necessary services. This may be accomplished through referral to CA facilities or community resources. Services are available 24 hours a day 7 days a week including weekends and holidays.

The specific objectives of the program include the following:

1. To ensure the safety of persons served through behavioral stabilization and prevention of deterioration in level of functioning.
2. To serve the person in the least restrictive environment
3. To enhance effectiveness of services delivered to persons served.
4. To improve the quality of life by access to service delivery system.
5. To optimize client satisfaction with services delivered.

## **Clinical Supervision/Medical Backup**

The CA Emergency Coordinator provides the following administrative and clinical oversight to the Emergency Crisis Program:

- Complete monthly acute care reports and submit to DBHS
- Manage hospital contracts including annual renewals
- Manage hospital billings, authorize, and submit to financial office
- Assist with discharge arrangements
- Provide 24/7 consultation and emergency backup
- Maintain census information for acute care reports
- Maintain monthly schedules
- Review and sign SPOEs
- Recruit and train new emergency staff
- Manage screener contracts including new and renewals
- Coordinate quarterly meetings/training requirements for emergency staff
- Collaboration with Medical Directors and Chief Clinical Officer.

CA Medical Directors are accessible by phone for afterhours emergencies. During the day, the treating Medical Doctor or APRN is contacted if it is a current or past client.

## **Population Served**

Mobile Crisis population:

- All adults, youth, and children (regardless of age) experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. Additionally, all CA clients will be serve in crisis services regardless of reimbursement source.
- Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. CA currently and will continue to provide face-to-face crisis intervention and assessment services in the community setting. The community setting includes, without limitation, a home or foster home, school, or DCFS office. Crisis services must focus on stabilization of the client within the community, ensure hospital diversion when appropriate, must include a safety plan, and must include face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.

## **Referrals**

Referrals are made through a variety of sources including primary care, hospitals, emergency rooms, schools, detention, jails, police, schools, DHS, etc. CA coordinates with each entity of the most appropriate manner to provide screening and assessment based on the needs of the

person. Face to Face Screenings are to occur within 2 hours of the call for screening, unless other arrangements are agreed upon by the referral source. Phone contact is made within 15 minutes.

### **Location of Services**

A mobile crisis team of trained behavioral health professionals is available to respond to Psychiatric and (or) Behavioral Crises in the community in a place that provides safety for the individual, the community, and the team. CA provides screenings in a variety of locations based on where the person is located. This may include the clinic, physician office, detention center, jail, hospital, school, DHS office and/or home/foster home. For the DCFS population, this also includes homes, foster homes, DCF5 offices, and schools.

### **SPOE Screening Assessment Tool**

All Crisis Interventions are documented on the Crisis Intervention/SPOE form. CA utilizes the state approved screening assessment and protocol which uses age, gender, and culturally appropriate defined criteria to measure the immediate and potential safety needs (danger to self and others or gravely impaired) and the following information is included:

- CA has had multiple trainings by our Mental Health Risk Retention insurance on assessing for Suicide and Violence. We have added an in depth risk assessment that we have used and have incorporated the Safe-T into our assessment as well.
- Symptom assessment,
- Clear documentation of existing support network; corroboration of facts and collaboration with support network for assessment and feedback.
- Clinical recommendations and disposition.
- If Diversion occurs because of crisis de-escalation, treatment recommendations are documented along with appointment times, and client feedback. Crisis plans are developed
- If acute care placement occurs, location, timelines and outcomes is documented along with all attempts at placement of the client.
- If for any reason the individual needing acute placement is not placed immediately, CA continues to document attempts for placement until appropriate placement is secure and the individual is placed.
- Services are to be documented at the time of the screening but no later than 24 hours.

### **Screening Assessment Protocols**

Upon screening, the Mobile Crisis team triages the individuals into the least restrictive services including, without limitation: immediate outpatient treatment by a behavioral health professional, crisis stabilization services, referral to substance abuse detoxification, referral to

an authorized Acute Crisis Unit, if available, or admission to acute psychiatric hospitalization. Rationale shall be clearly documented for any intervention service.

Crisis intervention and stabilization services will be provided in a community setting to any screened individual until placement in an acute setting, or the individual is deemed stable by a medical or behavioral health professional and stabilization is clearly documented by one (1) or more of those professionals.

Following a screening, CA will provide any clinically necessary alternative psychiatric treatment or make a referral to the individual's current behavioral healthcare provider or care coordinator. CA will also act as the SPOE for individuals present in its Region who are being considered, voluntarily or involuntarily, for referral to the inpatient programs of the ASH.

### **Single Point of Entry/ASH**

The center will act as the single point of entry (SPOE) for all individuals in our catchment area who are being considered voluntarily or involuntarily. The SPOE screening will also be available if the person in crisis resides in a different catchment area as long as the appropriate CMHC has given authorization for the screening. The Single Point of Entry screening must occur within (2) hours of the initial request unless a different timeframe is agreed on by requesting the facility. Every effort to involve the client's family or support system in the assessment will be made, as collaborative information is important in the assessment process. The SPOE form will be completed by a qualified mental health professional and should be used for all emergency assessments.

### **Day Time Emergency**

When a person presents in crisis at the clinic demographic information will be obtained to determine if the person is an active client with the agency. If a client, CA first contact will be the primary therapist, if available. If it is not possible to connect with the primary therapist, the on-call therapist is contacted. In cases where the person in crisis is not a client the demographic information is given to the on-call therapist. Persons are screened and assessed for the most appropriate level of care.

### **After Hour Emergency**

When the clinic is closed, after hour emergency services are coordinated through the emergency crisis line. All crisis evaluation are conducted at the local emergency room or detention, which provide safety and access to medical services for the staff and the client in crisis. Using the detention and emergency room also ensures safe transportation if transfer to psychiatric inpatient is necessary.

### **Emergency Crisis Line**

Counseling Associates maintains publicly listed and publicized telephone numbers, 1-800-844-2066 (Conway, Faulkner, Johnson, Perry, Pope, Yell) and 1-800-592-9503 (Cleburne, Searcy,

Stone, and Van Buren), through which emergency care is available twenty four (24) hours a day seven (7) a week. During clinic hours, the call will be routed to the primary therapist or the on call therapist. If the call is received after hours, the person is instructed to go to the local ER or detention, and this facility will contact crisis line with client's arrival.

### **Warm Line**

In collaboration with Ozark Guidance Center and Mid-South Health Systems, CA has a warm line that will be ready for calls beginning 3-15-19. The Warm Line will be utilized for clients in need of low-threshold mental health care before they reach a point of crisis. This telephone line is (833) 236-2131 and is staffed twenty-four (24) hours a day by a QBHP's who will assist the client to identify community resources and provide connection to mental health services for non-emergent needs. These QBHP staff are trained in Mental Health First Aid USA, an evidence-based crisis training, in order to provide assistance for immediate needs and to be able to assess when it is necessary to connect client to the crisis hotline and a Licensed Mental Health Professional for assessment. The Warm Line staff will have access to a community resource list for each of the counties in the Region.

### **Felony Charges or Pending Charges**

Persons with felony charges detain at the detention cannot be discharged from that facility without court intervention. In these cases, the person can be placed on suicide precautions pending legal approval. There are no placement restrictions if the person in crisis has felony charges, but has bonded out of detention.

Jail Hold court orders may be obtained for placement in an Acute Care setting with return to the facility. CA will coordinate with the detention centers on appropriate referrals and placement.

### **Involuntary Admission/72 hour hold**

In situations where a mentally ill person is in need of immediate inpatient care due to their mental condition, the law provides for the client's safety. If admission is warranted and the person refuses to admit himself/herself, a 72-hour hold can be initiated by the doctor. An initial hearing must then be held within three business days of the filing.

### **Involuntary Petition**

In serious but non-emergent crisis situation the procedure for the involuntary admission of a mentally person is initiated by filing a petition in probate court. The petition is filed by the prosecuting attorney and a hearing is set with in three workdays. The person will be assessed using the SPOE and recommendation from emergency screener will be part of the judicial process.

### **Involuntary Drug and Alcohol**

Any person having reason to believe a person is homicidal, suicidal or gravely disabled due to drug or alcohol addiction may file a petition seeking involuntary treatment of the addicted person. Although CA may assist in this process neither SPOE assessment nor SPOE screener testimony is required. After filing, the hearing will be set in 5 days.

### **Court Testimony**

CA is responsible for completing, upon request, any paperwork or court appearances related to involuntary commitments.

### **Acute Care Inpatient Funding**

If resources for private hospitalization are available, the on-call therapist will contact the appropriate hospital for admission. If the person served does not have resources for hospitalization, the Arkansas State Hospital or referral to the Center's indigent hospital contract should be considered. Both of these services are available for an indigent person 18 year or older. CA agrees to utilize funding in the following capacity:

- If an adult is not a member of a PASSE and has no payor source to cover hospitalization, the CA may use ACF to pay for the hospitalization. This shall include individuals served by other agencies who are without funds to pay for hospitalization. CA will be financially responsible for admission and continued stays that are determined to be clinically necessary by the admitting facility.
- As an alternative diversion from psychiatric hospitalization, CA may use ACF to pay for the provision of services in a DHS certified Acute Crisis Unit. For the purpose of expenditure of ACF for treatment in a certified Acute Crisis Unit/Crisis Stabilization Unit, the CMHC may serve a Client living in a family with income up to two hundred percent (200%) of the federal poverty level and is not eligible for Medicaid

### **Hospital Diversion, Safety Planning, Referrals and Crisis Follow Up**

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

When acute hospital diversion occurs, CA develops a crisis stabilization plan with the person and/or collaborating family if available. A crisis stabilization plan documents scheduled appointments and connection with outside resources and natural supports. The crisis stabilization plan also includes the following:

- Utilize the individual's suggestions to help an individual avoid harming self or others;
- Document follow-up procedures for the individual as well as for the treatment team.
- For the DCFS population specifically, the CA makes every reasonable effort to divert from acute hospitalization. If diversion can occur, a written safety plan is developed and shared with applicable individuals (e.g. the child when age appropriate, DCFS

worker/supervisor, and adult in the child's current placement). CA will set a face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.

- Describe all diversion alternatives that the CMHC plans to make available including resources in the community to which the family can be connected.
- For a re-occurring crisis, the crisis team **must** re-evaluate the recommendations of any previous crisis and safety plans and use a collaborative approach to placing the individual and (or) providing additional treatment and (or) supportive services.

### **Hospital Follow Up/After Care Plans**

The center will make every effort to schedule a follow up appointment within 72 hours of the patients discharge from the hospital .The CA therapist will be responsible for providing any clinically necessary treatment, link to CA services or appropriate referral. Additionally, CA coordinates with community partners to ensure comprehensive aftercare planning for individuals with a Psychiatric and Behavioral Crisis who are frequently jailed or are in frequent acute crises.

### **Training/Competency**

All licensed staff will be trained in emergency services; however, anyone who is designated emergency service staff will have additional training and experience. In addition to the annual CPI, CPR and First Aid the emergency staff will attend quarterly meetings where training issues of ethics, legal aspects of crisis, professional standards, boundaries and risk assessment will be offered. All training will be documented and available for audit. The emergency staff is also charged with assisting CA staff through consultation and emergency back-up. All Emergency Crisis Team staff are assessed in several competency areas at each performance review in the following areas-the evaluations are kept in the HR files:

- Assessment Skills (Risk assessments, protective factors, suicide/violence warning signs, communicate effectively with the team and others to ensure safety)
- Collaboration with others, patient, empathic and active listening skills
- Response time to crisis calls
- Ethics, Duty to Warn and HIPAA
- Clinical Documentation
- Effective communication and working relationships with community partners
- Cultural Competency

### **Quality**

Emergency Services will have peer reviews conducted on a quarterly basis. In addition, supervisors in each location review and approve all emergency services daily to assess for appropriateness and completeness of documentation, follow up needs of the persons served and any clinical oversight necessary to ensure appropriate care is obtained.



### **E.3.B SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.B ASH (SERVICES, SPOE'S, WAITING LIST, 911 STATUS)**

CA currently serves (and has for the past 47 years) and will continue to the following population in the delivery of services relating to ASH (clients and referrals) within our Region:

1. Adults, and youth residing within our Region, who are in need of admission to ASH, awaiting an ASH bed and on the ASH waiting list, Clients referred by ASH currently receiving services at ASH who were residing in region area at time of admission and preparing for discharge to return to that region, or client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 status.

2. CA serves as the SPOE for ASH:

a. CA provides SPOE assessments for persons with serious psychiatric emergencies, voluntarily or involuntarily, for the ASH inpatient program.

b. The SPOE screening assessment occurs within two (2) hours of the initial request (unless a different time frame is agreed upon by each party) and we assess whether inpatient services at ASH are medically necessary.

- Screenings that take place outside the two (2) hour time requirement have clear documentation as to the reason. This is reviewed by supervisors after each screening.
- Our Mobile Crisis Team, which is staffed by licensed mental health professionals are all be trained with documented competency to complete the screening and are familiar with the CMHC's policy and procedures. These competencies are assessed at each evaluation period for the employee.

c. CA currently utilizes the SPOE assessment form, which is certified by DHS; in addition, we have been utilize an evidenced-based screening tool the Safe-T. We will provide the following information if the individual is screened in an inpatient/medical facility or emergency room:

- Completed SPOE/Crisis Intervention Form
- Hospital Face sheet with complete demographic/financial information.
- All Nurse and Physician progress notes.
- All Physician Orders.
- Medication Administration Records (MAR)
- Emergency Room Admission Data (if applicable).

- A signed statement by the attending physician stating that the Client is medically cleared/stable for discharge, not transfer, from the inpatient medical facility.
- Lab/EKG reports. If Client is on Clozaril/Clozapine, report **must** include WBC w/Differential dated/obtained within seven (7) of admission.
- Medical/Psychiatric Consults.
- History and Physical.
- Psychiatric Evaluation (if applicable).
- Vital Sign and Height/Weight Record.
- Court Order/Jail Hold Order (if applicable).
- Guardianship Papers (if applicable).

If the SPOE screening is completed in a clinic, the following information will be provided, along with the results of the Safe-T screening tool:

- Completed SPOE/Crisis Intervention Form with the Client's physical location for discharge after stabilization.
- Demographic/Financial Information.
- Emergency contact information.
- Discharge Location.
- Court Order/Jail Hold Order
- As necessary, any updated progress notes, physician orders, Medication Administration Records, and functional status reports.
- CA letter of authorization.

3. The CA serves Clients on the ASH waiting list in the following capacity and will continue to do so under this contract:

a. Care Coordination including pursuing insurance enrollment. Additionally, if the individual is in a detention facility or other hospital, communication and coordination with that facility is essential along with addressing any family needs. CA does have case managers trained in SOAR that will assist clients in obtaining necessary benefits based on their needs.

b. Medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals. Services may include the following: Assessment, Psychiatric Evaluation, Medication Management, Crisis Services, Case Management, and Supportive Therapy Services as needed. Also, any legal requirements that pertain to CA, such as court orders, commitment hearings, communication with attorneys, etc.

c. If appropriate, the Client may participate in CA's Club House Model.

d. When necessary, CA will be responsible for securing acute hospitalization with another provider if a bed is not available at ASH. This will include documenting all efforts toward placement.

4. CA provides Clients actively admitted at ASH and awaiting discharge with the following services currently and will continue to do so-additionally; CA will keep in communication as needed with ASH on discharge needs:

a. Care Coordination services to Clients discharging from ASH, when requested by DHS:

- Per DHS request, CA will coordinate all discharge planning efforts including, but not be limited to, services to ensure that therapy, Medication Management, and coordination of a primary care physician are in place. For all clients discharging from ASH the first appointment will be a scheduled appointment no later than seven (7) days after discharge.
- CA will verify that appropriate insurance enrollment is has been initiated prior to discharge.
- Housing and transportation shall be arranged, if applicable.

5. CA currently serves all ASH discharges referred by ASH and provides the following services:

- Care Coordination including pursuing insurance enrollment. CA does have case managers trained in SOAR that will assist clients in obtaining necessary benefits based on their needs.
- Medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals.
- If appropriate, the Client may participate in CA's Club House Model.

### **911 Client Care**

Upon completion of inpatient treatment at ASH, Clients with a 911 Status are discharged on a conditional release order that allows the State to monitor their community functioning for up to five (5) years. CA will continue to provide the necessary treatment for the 911 Status Clients regardless of payor source, who are not a member of a PASSE, or upon DHS request:

- CA coordinates with the State to ensure these Clients receive the needed treatment within the community that medication and necessary treatment is obtained and complied with according to the treatment team plan.
- The first appointment will be no later than seven (7) days after discharge.
- CA will coordinate with ASH on discharge planning, including any necessary TC services.

CA provides and will continue to provide services to Community-based 911 Status Clients referred by ASH, regardless of payor source:

- Care Coordination for those on conditional release that have no insurance or insurance other than Medicaid. CA assists Clients in pursuing appropriate insurance coverage enrollment. CA does have case managers trained in SOAR that will assist clients in obtaining necessary benefits based on their needs.
- The first appointment will be no later than seven (7) days after discharge.
- Medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals. Specifically, a continuum of care can be offered to assist these clients in remaining stable including but not limited to Peer Support, Day Rehab, Clubhouse, Medication Management, Life Skills, Substance Abuse Services, MAT services, Psychiatric Services, and traditional therapies.

## **E.3.C SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.C**

### **FORENSICS**

Counseling Associates has a long history of providing Forensic Evaluations, currently on pace to provide 140 timely evaluations in FY 2019. We plan to continue providing Forensic Evaluations to people in our 10 county region and meet the requirements listed in Section 2.3.2.C of RFQ 710-19-1024 in the following manner:

- a.** Counseling Associates will provide Act 327, Act 328, and Act 310 Forensic Evaluations to the defined population according to Arkansas law. We will do so by dedicating the required personnel to the delivery and management of effective and timely forensic services and continually engaging with DHS regarding contract performance indicators and system improvement initiatives.
- b.** Counseling Associates will provide court-ordered Forensic Evaluations according to the most recently published timeframes established by DHS. These timeframes now include the scheduling of all Forensic Evaluations within 48 hours and reporting the scheduled time/date of all appointments to DHS. In addition, it is the goal of Counseling Associates for all Forensic Evaluations to be completed with reports finalized and sent to DHS within 45 days of receipt of the original request for evaluation so that DHS will have 15 days to complete Quality Assurance checks on all documentation and still meet the 60-day timeline established by the court. Written reports will include the newly developed Treatment Recommendation form.
- c.** Counseling Associates will employ a qualified psychologist to perform Act 327, Act 328, and Act 310 Forensic Evaluations. Dr. Ed Stafford has provided Forensic Evaluations for Counseling Associates from our Conway office since 2001 and is one of the most experienced and respected forensic psychologists in the state. Dr. Stafford is now exclusively dedicated to providing Forensic Evaluations for Counseling Associates in order to keep up with the growing demand of this service. In addition, Dr. Maggie James is employed by Counseling Associates in our Russellville clinic and was recently referred to DHS for participation in the upcoming training for new Forensic Examiners. Dr. James will continue to carry a caseload for Counseling Associates but will have time dedicated to providing Forensic Evaluations to help us meet the newly established timeframes. Both Dr. Stafford and Dr. James will attend annual updates of the forensic certification course and appear in court to give testimony as required by the court or requested by DHS.
- d.** Counseling Associates will refer clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. Counseling Associates has participated in the FORP initiative since 2015 and will continue to do so

under the leadership and supervision of one of our most experienced and effective leaders, Ms. Lou Strain. Counseling Associates will provide FORP services to individuals residing in jails or in the community and will ensure comprehensive and coordinated treatment is available as medically necessary. In spite of all efforts to prevent it, should a client's condition deteriorate or they be found to be non-restorable, they will be referred for inpatient treatment and/or ASH admission as clinically indicated.

### **E.3.D SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.D FORENSIC OUTPATIENT RESTORATION PROGRAM**

Counseling Associates has a long history of providing the Forensic Outpatient Restoration Program, currently on pace to provide 108 didactic competency services in FY 2019. We plan to continue providing these services to people in our 10 county region and meet the requirements listed in Section 2.3.2.D of RFQ 710-19-1024 in the following manner:

- a.** Counseling Associates will provide Forensic Outpatient Restoration Program (FORP) services to the defined population according to Arkansas law. This will include all individuals deemed unfit to proceed with the criminal justice or legal process related to pending charges against them.
- b.** FORP services provided will include all educational, clinical, and medically necessary behavioral health services for individuals who are awaiting a hearing or trial while residing either in the community or in a jail.
- c.** Counseling Associates will provide Qualified Behavioral Health Providers (QBHPs) and/or Mental Health Professionals who have completed all DHS required training on the restoration curriculum. CA currently has 5 full-time QBHPs and MHPs across our 10 county region who have been trained in FORP services and the program is under the leadership and supervision of the same person who oversees our Forensic Evaluation program, making for a streamlined system of care that promotes maximum continuity for the clients we serve and effective and consistent communication with key community stakeholders across our 10 county region.
- d.** Counseling Associates will document all FORP services according to DHS guidelines and submit all required documentation to DHS within established timelines.
- e.** All Individual Outpatient Restoration services will be provided only with the most recently approved DHS curriculum and will be available to clients residing either in the community or in the jail. These structured educational sessions will work towards helping clients achieve mutually defined goals that are documented in a treatment plan and/or restoration progress notes. Medicaid or any other available reimbursement source will be utilized for any FORP services provided. FORP services will begin within 7 days of referral to Counseling Associates and will include care coordination and referral for a mental health evaluation, individual therapy, marital/family therapy, group therapy, psychiatric assessment, and medication management as clinically indicated. Drug screens will be available as needed and Counseling Associates uses the Certified Languages International (CLI) service to ensure all communications are available in the client's primary language.

f. Upon determination that a client has been restored to competency, a request will be submitted to DHS for approval of an Act 310 Forensic Re-Evaluation to be provided by Counseling Associates. The QBHP providing FORP services will maintain at least monthly face-to-face contact with the client while awaiting the Forensic Re-Evaluation.

g. For any clients who cannot be restored to competency within 6 months, admission to the Arkansas State Hospital will be requested while Care Coordination services continue and all medically necessary services are provided that are available under the current Outpatient Behavioral Health Services manual and Adult Behavioral Health Services for Community Independence manual. Ongoing treatment while waiting on ASH admission will be available with no less than monthly face-to-face contact.

h. Counseling Associates will provide a Psychiatric Assessment for any client who has been referred for FORP services who has not had a psychiatric evaluation within the last 6 months. All medically necessary behavioral health services will then be provided according to the established treatment plan.

As Counseling Associates has such a long history of working with court-ordered clients, we have well established policies and procedures in place that have been developed over time based on feedback from reviewers from the Commission on the Accreditation of Rehabilitation Facilities (CARF) and the Arkansas Department of Human Services – Division of Aging, Adult and Behavioral Health Services. One such policy is as follows:

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## **COURT ORDERED SERVICES**

### **PURPOSE**

The purpose of Counseling Associates Inc. (CA) is to make accessible to all service area residents those skills and capabilities necessary to more effectively cope with life's problems; regardless of race, color, religion, disability, gender, sexual orientation, age, national origin or financial resources.

### **POLICIES**

CA works with court ordered populations to assist them in meeting their behavioral health needs. While recognizing the need to maintain comprehensive systems of care, special emphasis is placed on addressing the needs of the following target populations:

- Individuals subject to Act 911 of 1989. The 911 individuals are those who have been convicted of a felony but are deemed mentally ill and not responsible at the time of the crime. These persons served are treated on the Forensic Unit of the Arkansas State



Hospital. When they are released from the hospital, they are court ordered and court monitored with the assistance of CA while living in the community setting.

- Individuals who are committed to the public mental health system by the Courts for dangerousness to others.
- Forensic populations, including persons with a mental illness who are incarcerated in city or county facilities, released from these facilities or from state detention facilities, or are on probation; except to the extent that the law provides for mental health services to be provided by the Department of Corrections or the Department of Community Punishment.
- Restoration Services: Many times the forensic evaluation will determine that the person served is incapable of adequately understanding the court processes or participating in their defense. In these circumstances, the Court has the option through a 310 Order for the person served to receive restoration services through our agency. When ordered and approved by DHS, CA will provide clinical and medically necessary behavioral health and restoration services to an individual. The restoration services are provided in the community or the community detention centers and include treating the underlying mental illness. The goal of the program is “restoring fitness” so the person served can return to forensic services of DBHS for final disposition.
- Community Punishment.
- Parenting Classes, Anger Management Classes, Multiple Offender Groups and Domestic Violence classes are provided throughout the catchment area.

## **PROCEDURES**

- CA actively seeks 911 clients and works with the 911 monitor to assist with housing, training, employment, treatment (including substance abuse treatment and relapse prevention), and medication management.
- CA provides screening services for inpatient treatment through jails as requested by law enforcement.
- CA serves clients who are in local jails with services such as therapy, intervention services and/or medication management.
- CA has a U.S. Federal Probation Contract that provides for services for those recently released from incarceration.

### **E.3.E SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.E SERIOUSLY MENTALLY ILL POPULATION**

Counseling Associates has a long history of providing services to non-Medicaid individuals who meet criteria for Serious Mental Illness and we propose to continue serving the residents of our 10 county area (Region 2) and meet the requirements in section 2.3.2.E of RFQ 710-19-1024 in the following manner:

- a. Counseling Associates will provide Care Coordination services via QBHPs employed by the organization. This service will include assisting the client in obtaining insurance, but will also include facilitating linkages to community resources and acting as an advocate for the client with community stakeholders. Counseling Associates has provided such services for over 30 years and currently employs seven full-time QBHPs who specialize in working with adults who have a serious mental illness.
- b. Counseling Associates will provide medically necessary services to non-Medicaid clients that are described in the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals. These services include but are not limited to Mental Health Evaluation, individual/group/marital/family counseling, crisis intervention, Rehabilitative Day Services, peer support services, supportive employment and housing, psychiatric assessment, medication management, therapeutic communities, partial hospitalization, crisis stabilization units, and access to inpatient treatment. All efforts will be made to secure funding from alternative reimbursement sources and all services will be documented in a timely manner according to DHS established guidelines.
- c. Counseling Associates will provide Clubhouse model services across our 10 county region to adults with serious mental illness. These services will provide social support through providing an environment that is client-led and facilitated by certified peer support specialists. Clubhouse services will be available in the community at regular times throughout the week and are intended to provide clients with a safe environment where they can develop friendships and learn positive self-care behaviors. A community resource center will be available at each Clubhouse location that includes a directory of local resources that are available to assist clients in maximizing self-determination and independence. Referral will be provided as needed to community-based support services such as housing, employment, and education and to behavioral health services available through the Counseling Associates continuum of care.

## **E.3.F SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.F FIRST EPISODE PSYCHOSIS POPULATION**

Counseling Associates currently provides services to the First Episode Psychosis population within our Region; we anticipate continuing to provide care in the following capacity if the contract is obtained:

### **Population Served**

Individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing a FEP who are underinsured or have no reimbursement will be the target population.

### **Services Provided**

CA currently has trained clinicians in each county within our region who work with the FEP population. We have participated in the training and calls throughout the inception of the FEP program. CA has and will continue to utilize the following FEP services using an evidenced-based model that includes, at a minimum, but not limited to, the following:

- a. **Care Coordination:** CA provides Care Coordination to assist with problem solving, offering solutions to address practical problems, and coordinating social services across multiple areas of need. Care Coordination collaborate with the clinician, the individual, and their family, in the clinic, community, and home settings, based on client needs. Assistance with obtaining medical care, managing money, transportation, legal concerns, and housing along with helping them to access insurance coverage.
  
- b. **Evidence-based therapy services:** Our therapists are currently using the model –CBT-P, which is the training that DBHS brought to Arkansas for training the MHC’s staff. We utilize Individual to reduce symptoms related to either (a) mental health or (b) substance use disorder, maintain or improve level of functioning, and (or) prevent deterioration. A risk assessment is done at each session to ensure that the client is not in crisis meaning they are not a danger to self, others or gravely impaired with options for safety plan development at any time. The initial intake has a very detailed risk assessment section so that plans can be made at the beginning of treatment.
  
- c. **Family Education and Support:** CA utilizes Psychoeducation to provide beneficiaries and their families with information regarding mental illness, substance abuse and to teach problem-solving, communication, and coping skills to support recovery. Additionally, helping improve

relationship building skills and communication between family members will be a focus to help improve success rates.

**d. Evidence-based pharmacotherapy:** CA doctors provide evaluation of the medication prescription, administration, monitoring, supervision, and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Medical staff monitor symptoms, side effects, and attitudes toward medication at every visit.

**e. Supported Employment and Education:** CA will provide as defined in the Master Treatment Plan, supported education/employment to facilitate the recovering person's return to work or school, as well as attainment of expected vocational and educational milestones. Peer Support and case managers will assist in this process.

**f. Club-House:** CA plans to implement clubhouse model that will be run by peers in several locations prior to the contract start date. This program will be vital for socialization, peer support, developing skills needed to interface with the community. A Resource Center will be available at each Club House for access by clients and community.

#### **Community Education and Awareness**

CA will provide at least twice-monthly community education and awareness events on First Episode Psychosis during each month the contract is in place. Ongoing public education to increase knowledge regarding symptoms and treatment options will include written literature to be distributed in the community and all activities will be documented. Publication and communication efforts will be directed to each of the following at least every six (6) months:

- a. High-school counselors/teachers and PTA meetings.
- b. College counseling centers and student disability offices.
- c. Primary care physician's offices.
- d. Law enforcement.
- e. Juvenile court and juvenile probation officers.
- f. Homeless shelters.
- g. Jails.
- h. Emergency departments.

Some additional referral sources that will be targeted include Professional, Family and Consumer Organizations (in efforts to reach families), Substance Abuse Treatment and Recovery support groups, places of worship through flyers, blast emails, blast mailings and

presentations. In addition, social media will be utilized in addition to all of the above as a secondary resource. A resource manual will be available at each clinic location for all clients, families and stakeholders; we will also have a resource manual available on our webpage for access by anyone.

CA will track all outcome requirements for FEP services including suicidality, psychiatric hospitalizations, substance use, prescription adherence, side effects of psychotropic medications prescribed, and the Client's level of functioning with regards to ability to initiate/maintain involvement in educational setting, employment setting, and social connectivity. CA will continue to submit monthly reports per DHS guidelines as we have done throughout our previous contracts.

### **E.3.G SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.G COMMUNITY BASED SERVICES AND SUPPORTS**

Counseling Associates has a long history of providing community-based support services and we propose to continue serving the residents of our 10 county area (Region 2) and meet the requirements in section 2.3.2.G of RFQ 710-19-1024 in the following manner:

a. CA dedicates one full-time position to act as Marketing Director and take primary responsibility for the development and maintenance of local behavioral health and community resource directories. These directories are developed in collaboration with other relevant stakeholders and are specific to each of the ten counties in our service area. A hard copy of the directory for each county is available for review at each Counseling Associates clinic and an electronic version is available through the organization's website. Ongoing community partnerships and collaborations are primarily facilitated by Counseling Associates hosting regularly scheduled community coalition meetings in each of our ten counties. These coalition meetings include key community stakeholders (hospitals, other behavioral health and human services agencies, detention centers, law enforcement, emergency services personnel, etc.) to promote system-of-care planning and open communication regarding the access of emergency behavioral healthcare assistance.

b. In addition to the resource directories, the CA Marketing Director is responsible for facilitating an ongoing public information and education campaign that is designed to educate the public on Counseling Associates resources, including hours of operation, contact information, and how to access services. Flyers and other promotional materials are developed and distributed at least monthly to key stakeholders (hospitals, physician's offices, civic groups, schools/colleges, other behavioral health and human services agencies, detention centers, law enforcement, emergency services personnel, etc.) via the organization's website, social media, local media outlets, advertising, mail outs, and personal contacts.

c. Counseling Associates provides support to a Consumer Council that is comprised of adults with serious mental illness that meets regularly at CA facilities and is supported by CA personnel. The purpose of the Council is to provide CA clients a voice in the development of the organization's services, policies, and procedures and to empower self-direction for everyone we serve. Participation on the Consumer Council is open to adult clients across our 10 county region and regular activities include reviewing program policies and procedures, planning and implementing social activities, providing client education and support, raising funds for special projects, and providing outreach support to clients in crisis. In addition, Counseling Associates provides regularly scheduled parent training to the community through our outpatient clinics, Intensive Family Services, and Wraparound services. We routinely respond to community

tragedies upon request, including the following over the last 3 years: suicide debriefings, trauma sessions at schools in the aftermath of student deaths and in workplace settings in the aftermath of employee deaths, Critical Incident Stress Debriefings with first responders (law enforcement, fire and rescue personnel, emergency medical technicians, nurses, etc.), and community outreach in the aftermath of severe storms and tornadoes that caused significant damage and loss of life in surrounding communities (Vilonia, Mayflower, etc.).

As Counseling Associates has such a long history of responding to tragedies in the community, we have well established policies and procedures in place to guide our response to a community tragedy. One such policy is as follows:

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## **COMMUNITY CRISIS RESPONSE**

### **PURPOSE**

To establish Counseling Associates' response to mental health emergencies in the community.

### **POLICIES**

CA will respond to community emergencies upon request, by CA contact, or through an established community crisis response team.

- All staff doing crisis response will have appropriate training and experience, including shadowing an experienced therapist.
- The crisis response will be provided off-site if requested and should be provided as soon as possible following an incident.
- All requests for intervention will be responded to within 30 minutes. Requests should be directed to the county Program Operations Director (POD) or therapist on-call. The POD should be informed of all staff activity in the community related to the emergency request.
- All crisis response activities will be documented and given to the POD.
- For profit agencies or businesses may be charged a nominal fee, however, all services are free of charge for any public agency. PODs will establish a rate as needed.

### **PROCEDURES**

- Counseling Associates will respond to requests or will initiate crisis intervention to community crisis.
- Requests will be accepted from community businesses, education, private, and public agencies (fire department, police, sheriff, hospital, etc.).

- Calls for assistance should be directed to the county Program Operations Director. If they are not available, the on-call therapist or hospital liaison will accept the call and organize the CA response to the community crisis.
- If the crisis requires more staff than are available, the POD from neighboring counties will be contacted for assistance.

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**d. Counseling Associates provides Community-Based Services and Support that is culturally competent, strength-based, and collaborative with community partners. These services are available to children, youth, and families with a demonstrated need and have included the following over the last 3 years: Angel Tree collaboration with the Morrilton Fire Department and the Century League, health fairs at local schools, parent support groups at coffee shops across our region, Family Fun Day activities, mentoring of teenage girls, and business sponsorships of identified at-risk youth and families. Counseling Associates utilizes state contract funds for jail diversion efforts thru our participation in local Juvenile Drug Courts and we are actively engaged in discussions with judges across our 10 county region about the possibility of developing mental health courts for both juveniles and adults. We hope to be providing dedicated personnel to these collaborative efforts within FY 2020.**



## **E.3.H SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.H**

### **SSBG SERVICES WITHIN THE REGION**

CA has utilized SSBG funding for years across our catchment area to provide services to children, youth and adults who meet SSBG criteria. We have delivered a mixture of traditional outpatient services along with non-traditional services provided through our CASSP/Wraparound program to youth and their families. The goals of service provision utilizing these funds are as follows per SSBG guidelines:

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
- Preventing or remedying neglect, abuse, or exploitations of children and adults unable to protect their own interest or preserving, rehabilitating, or reuniting families.
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.
- The secondary focus of SSBG funding will be to provide medically necessary services to uninsured and underinsured individuals who meet criteria for Serious Mental Illness (SMI) and Seriously Emotionally Disturbed (SED) along with SSBG Criteria.

Prior to services being provided, the client/family must complete the DHS 100 and meet requirements; SSBG funds are utilized prior to other payor sources for eligible services. Our programs and billing office keep all receipts for services that are non-traditional in nature and all clinical services are documented in the Credible EMR system.

#### **CASSP/Wraparound Program and SSBG for Children**

CA continues to provide a strong Wraparound/CASSP program across our catchment area. Through our Wraparound Specialists, CA coordinates the development of all Wraparound/CASSP Teams, based on the children that are part of the target population of children and adolescents that reside within the CMHC catchment area. Each team is family driven and youth guided and reflective of the youth/family's needs.

Wraparound Specialists are responsible for intense monitoring of the wraparound plans and ensuring that services are identified and accessed. They work in conjunction with the youth's existing treatment team including the case manager, and will function in an adjunct role to promote the wraparound plan. The goal of wraparound is to prevent and intervene through

services and supports to support children and families in efforts to prevent or ameliorate the consequences of abuse, neglect, violence, mental illness, substance abuse within the family and to prevent any unnecessary removals from the home.

SSBG funds are utilized per state guidelines to assist with implementing wraparound plans for families. Services such as mentoring, tutoring, basic needs, etc. are provided to ensure the family has the best possibility of success in meeting their goals. All documentation is kept including receipts for all services provided.

We propose to continue to provide this coordination of care for multi-agency involved youth and families and utilizing SSBG funds to support the wraparound plans. Our families in Intensive Family Services are referred to wraparound; these families are DCFS involved and are at imminent risk of having the child(ren) removed from the family and we see this population is our highest priority population. Additionally, we also have youth in our Group Home and in the communities as part of IFS and Wraparound who need Youth Peer Support services, which are not covered under Medicaid due to the ages of the youth being under 16.

The following SSBG services may be utilized for youth and families who qualify for SSBG funding:

- **Advocacy:** Advocating for services and supports and assisting the families in learning how to best advocate for their child.
- **Mentoring:** Interaction with the individual in the community or home to develop appropriate social skills, and aid in the development of roles and expectations in home, school and community settings.
- **Tutoring:** Instructional support, usually on a one-to-one basis. Activities under this definition allow for the support of the continuance of education but does not supplant the responsibility of the education provider (public schools).
- **Activity Fees:** Activity fees may be provided for the purpose of integrating the individual into the community. Activities associated with this service should be targeted to positive behavior management, and/or promoting social skill building and development with peers.
- **Instruction:** Direction and assistance in acquiring skills for adequate personal functioning, including household management, home maintenance, personal care, consumer affairs, nutrition, parenting, child care, infant stimulation, social skills, home health care, retirement planning, and safety.
- **Peer Support:** Provision of guidance, support, advice and information to a disabled person by a person with a disability who has successfully developed ways of coping with

disability related issues. Supervision of peer supporters is provided by professional staff.

- **Recreation**: An activity in a group setting for individuals as participants, performers, or spectators. Activities (such as sports, performing arts, crafts, and games) are made available in order to increase social interaction, reduce isolation, and promote mental and physical health of the participants.
- **Recreational Supplies**: Supplies provided to the client, which are used in therapeutic recreational activities (for instance, sports equipment).
- **Transportation**

### **SSBG: Adults**

CA utilizes SSBG funds for adults that are uninsured or underinsured per state guidelines. Funding is to provide psychiatric services such as psychiatric evaluations and medication management appointments. Additionally, day rehab has been provided and intervention services for the chronically mentally ill to maintain these individuals in the least restrictive setting and prevent deterioration of functioning levels. We anticipate using funds in the following capacity for adults who meet SSBG criteria:

- **Intake and Assessment by Psychiatrist**
- **Medication Maintenance**

## **E.3.I SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.I EXPANDED SERVICES AND SUPPORTS**

CA shall ensure availability of Expanded Services in our Region through direct provision with CA and through subcontracts for higher levels of care. These services will be medically necessary:

### **CA Provided Services**

CA will provide the following continuum of services to support our Chronically Mentally Ill population in efforts to meet the following goals:

- Promote Recovery
- Reduce Hospital Admissions
- Improve Quality of Life (through improved mental and physical health and wellbeing)
- Community Employment
- Stable Housing.

Services will be provided through a team approach of staff including Peer Support, Case Manager, Primary Therapist and Medical Team.

### **Peer Support.**

CA utilizes peers in the efforts to provide education, hope, healing, advocacy, self-responsibility, and empowerment to those we serve. Peer support is a consumer centered service provided by individual over 18 to youth and adults; peer self identify as someone who has participated in services and thus is able to provide expertise not replicated by professional trainings. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues.

CA has two Peer Support Specialists who work with the Chronically Mentally Ill populations across our region. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment. Peers participate and assist in leading of our Consumer Council, which is an advocacy and support group for members. Peer Support Specialists will assist in development and operating of the Clubhouse Model for clients within our Region. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment. Peers will also be available to assist with working toward employment, finding resources for stable housing, and accessing other resources needed within the community.

**Supported Employment.**

CA will utilize our adult case management staff members to provide supportive employment for those clients who are in need of this service. They will help beneficiaries develop the skills to acquire and keep meaningful jobs in a competitive job market. They will accompany clients on interviews and provide ongoing support and/or on-the-job training once the client is employed. We have adult case managers in all counties able to provide this service.

**Supported Housing.**

CA will utilize adult case management staff to provide supported housing for clients to have a choice of permanent, safe, and affordable housing. An emphasis will be placed on the development and strengthening of natural supports in the community. This service assists clients in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; and facilitates the individual's recovery journey. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system. Additionally, staff have for many years assisted clients in accessing affordable housing through Section 8 within the communities and we will continue to do so along with providing supportive services in order for the clients to be able to maintain in these homes. This would include helping them pay rent on time, locating community amenities, helping to locate furnishings and household goods and maintaining cleanliness of the apartment.

CA also has two HUD apartment complexes, one location in Conway and one location in Russellville where clients may put in application for housing. We are able to house 38 individuals in these apartments for those who qualify for HUD housing. In the Conway location, we have a day rehabilitative program onsite at the apartment complex for easy access for clients to services with peer support, case management and therapy.

**Aftercare Recovery Support**

CA will utilize adult case management staff to provide supportive services to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services

to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.

### **Family Support Partner**

CA had one of the original family support partners who was one of the first in Arkansas to get national certification. We are in the process of hiring a new FSP after our FSP had to resign to due health issues. These are the duties of the FSP at Counseling Associates:

- Referrals are made for high need families in efforts to stabilize homes for prevention of children being removed from the home. Priority cases are Intensive Family Services families who are involved with the DCFS system; however, other families are able to access services if medical necessity is met.
- FSP will contact referred families, the referral source, and the treatment team to begin orientation into FSP.
- FSP will carry a caseload and complete direct service hours to assigned families.
- FSP will document services/interventions as appropriate and turns in paperwork according to CA policies and procedures.
- FSP will provide services in alignment with the treatment plan to ensure family needs are met.
- Coordinate care with treatment team members including Primary Therapist, Wraparound Specialist, Intervention Specialist, and medical staff.
- Coordinate Services with other agencies, develop cooperative working relationships with all agency involved in serving the children and families. Ensure family is linked to community resources and have all other critical information pertaining to their child's experience.
- Participate in clinical staffing and prepare weekly FSP Weekly Summary to ensure continuity of care with identified caseload and to obtain necessary clinical supervision and oversight

### **Youth Support Specialist/Peer Support**

CA utilizes a Youth Support Specialists in the efforts to provide education, hope, healing, advocacy, self-responsibility, and empowerment to those we serve. Peer support is a consumer centered service provided by individual over 18 to youth and adults; peer self identify as someone who has participated in services and thus is able to provide expertise not replicated by professional trainings. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues.

The Youth Support Specialist works with youth in our Wraparound, Intensive Family Services and in HAVEN (group home for foster youth). These youth are very high need and do not qualify for Medicaid Peer Support because they are under the age of 16. We have found this service to be a significant addition to our continuum of care. The youth have responded positively to this services and we feel this is something we would like to continue to expand.

### **Medication Assisted Treatment**

CA currently provides medication assisted treatment in four of our ten counties, with the capacity to expand to all 10 counties by the time the contract begins. We have a doctor and APRN trained in MAT services. Our psychiatrist is currently providing services as part of our STR Opioid Response Grant. We have also had all of our clinics trained in the use of Vivitrol injectable. This medication is used for Opioid and Alcohol medication assisted treatment disorders.

### **Psychotropic Medication**

CA will assess for the need for psychotropic medication to be purchased for a limited basis only upon request from the prescribing medical staff if the following occurs:

- a. There must be no other alternative means for obtaining necessary medication, such as, but not limited to, third party insurance prescription plans, patient assistance programs through pharmaceutical companies, or physician samples.
- b. Medication must be essential for stabilizing psychiatric symptoms, which are at imminent risk of placing the client in an acute setting.
- c. This contract will be charged the actual cost of the necessary medication.

### **Subcontracted Services**

Counseling Associates recognizes the importance of the following services in the continuum of care for those with high needs. There are providers who currently have services that we are able to access for our clients, as the development of new programs is not something we are able to do at this point because the low level of need would not support such programs. Therefore, we will collaborate with the following partners.

### **Therapeutic Communities**

CA will subcontract with long time collaborative partners, *Mid-South Health Systems* and with *Birchtree Communities* for medically necessary treatment in a Therapeutic Community setting. Referrals would be made through ASH (for clients originating from our Region) as part of a recommendation for release if the client could not be maintained in the community. CA would also be able to make referrals from internal sources in the event that this service was needed.

CA has worked with these two entities for many years jointly referring clients back and forth for services and for follow up care.

### **Acute Care Units**

Counseling Associates has had verbal agreements with the Acute Care Crisis Units in Pulaski and Sebastian Counties to accept our referrals if appropriate. Acute Care Crisis Units will provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available twenty-four (24) hours a day. CA has referred clients to Pulaski County already as a diversion from hospitalization.

### **Partial Hospitalization**

Counseling Associates will work with two acute care hospitals who also have partial hospitalization programs to meet the needs of our clients. Referrals will be made to *The Bridgeway* and to *Conway Behavioral* will be used as an alternative to and/or a step-down service from inpatient hospitalization or to stabilize a deteriorating condition and avert hospitalization. CA has had long-term contracts with both of these entities for acute care services and this is a viable option for our clients to be able to benefit from this service. Our goal is to provide the most effective services in the least restrictive environment as possible so this will help to decrease the ever increasing rise in acute care stays.



**E.3.1 SERVICE DELIVERY DUTIES: RFQ SECTION 2.3.2.1  
EXPANDED SERVICES AND SUPPORTS**

**MEMORANDUMS OF UNDERSTANDING**

- **THERAPEUTIC COMMUNITIES: BIRCHTREE COMMUNITIES**
- **THERAPEUTIC COMMUNITIES: MID-SOUTH HEALTH SYSTEMS**
- **PARTIAL HOSPITALIZATION PROGRAM: THE BRIDGEWAY**
- **PARTIAL HOSPITALIZATION PROGRAM: CONWAY BEHAVIORAL HOSPITAL**



# COUNSELING ASSOCIATES

## Partial Hospitalization Contract

### Service and Affiliation Agreement

This contractual agreement is made and entered into this 1st day of July, 2019, by and between Counseling Associates (hereinafter referred to as “Contractor”) and

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(hereinafter referred to as “Provider.”)

WHEREAS, Counseling Associates is a non-profit community mental health center and is desirous of contracting with the Provider to provide partial hospitalization services to adult residents of its catchment area who are in need of acute treatment for mental illness and have been evaluated by Single Point of Area (SPOE) assessment, and

WHEREAS, the Provider has appropriate facilities and staff which can provide such services in a program for referred patients and has agreed to accept appropriate referrals for partial hospitalization care.

NOW, THEREFORE, it is hereby mutually agreed by and between the parties of this Service and Affiliation Agreement as follows:

1. **Term:** The initial term of this Service and Affiliation Agreement shall be for a period of one year and may be automatically renewed each year unless indicated otherwise in writing at anytime by either party with a 30 day notice.
2. **Services:** Provider agrees to provide all inclusive services, including psychiatry, laboratory, and pharmacy to mutually agreed upon patients who are initially referred by the Contractor, in a manner that is consistent with the communities’ prevailing psychiatric practice as space is available on a first come, first served basis.
3. **Medically stable:** All patients referred by Contractor from a medical facility must be determined medically stable by physician before they are accepted for treatment by the Provider. All patients routinely receive a physical and psychiatric evaluation upon admission to the Provider; however, it is understood that Provider is contracting for the provision of mental health services only and not for the treatment of non-psychiatric disorders. Therefore, Provider will accept only patients with minor medical problems (or no medical problems) for treatment in

its partial hospital program. Provider retains the freedom to request medical clearance in cases in which the patient's medical condition may be compromised.

4. **Continuity of services:** The Provider and Contractor agree to expend all necessary efforts to promote continuity of services. The Contractor will have a designated staff person who will have regular telephonic contact and/or meetings with a designated Provider staff in order to evaluate the status of referred patients and to facilitate discharge planning. The Provider agrees to initiate all discharge planning activities for Contractor referred patients with Contractor personnel. The Provider will provide Contractor with patients' discharge summaries including current medications within 24 hours of discharge.
5. **Medical records:** Appropriate patient records (subject to state and federal laws in compliance with HIPAA) will be readily transferable between parties when a patient is referred or admitted to the other party. The referring party previously responsible for the care of the patient will also be readily available to provide consultation and other assistance to the staff of the receiving party and vice versa.
6. **Licensing:** Provider's program services shall be licensed by the Arkansas Department of Health Division of Facilities Services and Division of Provider Services and Quality Assurance, which shall meet the State's regulations for program structure and facility design.
7. **Indigent contract services:** The Provider agrees to provide partial hospitalization services for indigent patients (as designated by the Division of Mental Health Services in Arkansas for the uninsured: below 200% of the designated poverty level) referred by the Contractor at an **all-inclusive per diem rate of \$150 per day**. Contractor agrees to pay the per diem rate for as long as the patient remains in partial hospitalization services unless the Provider unreasonably refuses to discharge patient to an approved placement arranged by the Contractor. (It is understood that "Indigents" with probability of needing extensive treatment beyond acute stabilization will/may not be appropriate for referral to Provider under the indigent per diem rate but will either be directed where longer term care is provided or will be expected to transfer from Provider to another appropriate facility when/as appropriate.) Provider and Contractor shall work cooperatively in initiating application for SSI/SSD or Medicaid Spenddown whenever possible. Any subsequent reimbursements by Medicaid or other third party sources may be used by the Provider to offset any unpaid days. For uninsured patients above the "200%" of poverty level, Contractor will clarify to the patient and/or the family the expectation that patient and/or family will be responsible for the partial hospitalization bill. Arrangements for payment and deposit should be made whenever possible, prior to admission.
8. **Utilization review:** Provider shall work cooperatively with Contractor in the management of Contractor's indigent patient days. Contractor shall provide authorization of services for indigent patients or make other appropriate

disposition of the patient. In the event the Contractor's representative determines the patient no longer meets criteria for partial hospitalization, the Contractor shall either provide appropriate disposition to another treatment facility or outpatient setting. Until such disposition is made, the Contractor shall remain responsible for payment of any days until placement is made unless Provider unreasonably refuses to discharge the patient. Provider and Contractor agree that admissions from Contractor will generally be initially approved for a minimum of three days and a maximum of five days. A review date will set by Contractor's designee prior to admission. Notwithstanding, if indigent patient days are incurred beyond authorized days by, or required by Contractor, Contractor will continue to pay the indigent rate until placement is made. The mutual objective will be for minimum necessary length of stay and authorization may be applied as indicated.


9. **Payment of services:** Provider agrees to be responsible for obtaining payment from the referred patient and appropriated third party payers for services rendered under this agreement. Contractor agrees to remit payment for each "indigent" patient stay within 30 days following invoice by Provider pursuant to paragraph six (6) under this agreement. It is understood that for services rendered in Provider's facility, Provider shall provide for the billing and collection of indigent contract days on behalf of the Provider.
10. **Relationship of parties:** The relationship of Provider to Contractor shall be that of an independent contractor.
11. **Program rules:** The Contractor's staff and attending physicians agree to abide by the policies and procedures of Provider and vice versa.
12. **Modifications:** Any modification or changes to this agreement must be made in writing and approved by the parties. Notwithstanding, Provider may change the indigent contract per diem rates in paragraph six (6) with thirty (30) days prior written notice to Contractor.
13. **Termination:** Provider or Contractor may terminate this agreement with thirty (30) days written notice to the other party with or without cause.
14. **Medication:** In addition to partial hospitalization services, medication access plans will be attempted by Provider for all patients. Provider will provide assistance and planning where able via MD/pharmaceutical company programs and in cooperation with Contractor as indicated. Provider cannot be responsible for medication costs post discharge beyond a minimum necessary transition planning time and will require cooperation from Contractor for continued needed medication access planning.
15. **Standards of conduct:** Contractor recognizes that it is essential to the core values of Provider that Provider at all times conduct itself in compliance with the highest standards of business ethics and integrity and applicable legal requirements.

Contractor acknowledges and hereby agrees that so long as this Agreement remains in effect, Provider shall act in a manner consistent with, and shall at times abide by, such standards of conduct.


16. **Other regulations:** Provider and Contractor agree to abide by all relevant and applicable state and federal laws and regulations regarding the treatment and communications related to mutual patients.

**IN WITNESS WHEREOF**, this Service and Affiliation Agreement has been executed as of the date and year written above.

**CONTRACTOR**

By:   
Title: CEO  
Date: 3-14-19

**PROVIDER**

By:   
Title: Bruce Trimble, MA, APR  
Director of Business Development  
Date: 3/14/19  
The BridgeWay Hospital  
21 BridgeWay Road  
North Little Rock, AR 72113



Conway Behavioral Health  
2255 Sturgis Road  
Conway, Arkansas 72034  
(501) 205-0011

February 21, 2019

Department of Human Services  
PO Box 1437  
Little Rock, Arkansas 72203

Department of Human Services:

This letter is being written in support of Counseling Associates, Inc. and their RFQ proposal to deliver behavioral health services to indigent clients and families with the primary goal of maintaining individuals within the community and in the least restrictive environment.

It is our pleasure to partner with Counseling Associates, Inc. to provide inpatient behavioral health services and partial hospitalization services for those they serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Mays", is written over a light blue horizontal line.

Ron Mays  
Chief Executive Officer  
Conway Behavioral Health

**Memorandum of Agreement Between  
Mid South Health Systems, Inc. and  
Counseling Associates, Inc.**

WHEREAS, Mid-South Health Systems, Inc.(MSHS) is a non-profit community mental health center serving persons with mental illness in Northeast Arkansas within a 20 county catchment area; and

WHEREAS, Counseling Associates, Inc. (Provider) is also a non-profit community mental health center serving persons with mental illness in Northern Central Arkansas within a 10 county catchment area; and

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

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

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

AGREED, this the 22nd day of February, 2019.

Ruth Allison Dover  
Ruth Allison Dover  
Mid South Health Systems

2/22/19  
Date

Brian W. Davis  
Brian Davis  
Counseling Associates, Inc.

2/22/19  
Date

## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is made on 2/20/19 by and between Birch Tree Communities, Inc., 1781 Old Hot Springs Highway, Benton, Arkansas, 72018, and Counseling Associates, Inc., 350 Salem Road, Suite B, Conway, Arkansas 72034. The parties hereby bind themselves to undertake a Memorandum of Agreement ("Agreement") under the following terms and conditions:

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

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

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

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

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

Counseling Associates, Inc., shall perform the following obligations:

#### Pre-Tiering Requirements

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

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

#### Evaluation Term

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



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

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

#### Medicaid Eligibility Status

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

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

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

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

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

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

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

**MEMORANDUM OF AGREEMENT SUMMARIZATION.**

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

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

**AUTHORIZATION AND EXECUTION.**

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

This agreement shall be signed by Birch Tree Communities, Inc., and Counseling Associates, Inc., and shall be effective as of the date first written above.

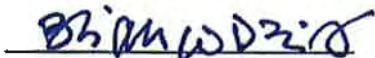


2/20/19

First Party Signature

Date

Birch Tree Communities, Inc.



2/20/19

Second Party Signature

Date

Counseling Associates, Inc.

## **E.4.A COMMUNITY COLLABORATIONS: RFQ SECTION 2.3**

Counseling Associates has a long history of developing community collaborations and partnerships in our service area (Region 2) and plans to meet the requirements in section 2.3 of RFQ 710-19-1024 in the following manner:

- a.** Counseling Associates collaborates with diverse community stakeholders across our 10 county region as we recognize that the overall health and wellness of those we serve is best promoted when we partner with other entities. Key collaborations developed by Counseling Associates to best serve our clients include those with primary care physician clinics and pediatricians, Federally Qualified Health Centers and Community Health Clinics, hospitals and urgent care clinics, pharmacies, inpatient and outpatient behavioral healthcare providers, substance abuse treatment providers (including residential care), social services agencies with a focus on meeting basic needs (food, clothing, shelter), Vocational Rehabilitation and other job training programs, GED and Adult Learning Centers, criminal justice/court systems and law enforcement, and private/public school systems.
- b.** Counseling Associates also collaborates with community stakeholders in providing outreach to individuals and families who are experiencing a re-occurring crisis, are in need of hospitalization, or have a loved one who is in jail. We have established relationships with every hospital and detention center in our 10 county region to provide both daytime and after-hours emergency screenings for those in crisis. All efforts are made to intervene early when a crisis presents and stabilize the situation without having to make referral to inpatient care. Counseling Associates routinely promotes access to care contact information via social media, our website, flyers/handouts, and face-to-face visits. These materials include both emergency contact information and information about our First Episode Psychosis program and other outpatient services available in our continuum of care.
- c.** Counseling Associates works with individuals in the community to help develop short and long-term solutions to problems of daily living by connecting clients to support resources available in the community. These collaborations that assist clients in connecting with community supports include a wide variety of social services agencies with a focus on meeting the basic needs (food, clothing, shelter) of individuals served. CA works regularly with agencies such as food pantries, the Care Center, Goodwill Industries the Salvation Army, women's and homeless shelters, and legal aid. A Community Resource Center is located at each CA Clubhouse program and a resource directory is maintained and available to clients as needed.
- d.** Counseling Associates collaborates with other entities to prevent deterioration and enhance the functioning of our clients. In addition to the full array of medically

necessary behavioral healthcare services available through the Counseling Associates continuum of care, our community collaborations include outpatient and inpatient primary care providers, pharmacies, outpatient and inpatient behavioral healthcare providers, and social service agencies.

e. Partnerships developed by Counseling Associates also include those with child and youth serving agencies that are intended to help avoid children being placed outside their home and community. These collaborations include private/public school systems, the juvenile court system, DHS/DCFS, Child Advocacy Centers, and CA's participation in the Multi-Disciplinary Team for each county. Counseling Associates provides early intervention services to families and children up to 4 years old through Project Play and the Parent-Child Interactive Therapy (PCIT) evidence-based treatment approach and to adolescents and young adults (and their families) who are experiencing their first episode of psychosis or experiencing the symptoms of a serious mental illness for the first time.

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

### **E.5.A STAFFING PLAN**

Each outpatient clinic is staffed by a variety of staff members that include licensed mental health professionals, QBHP's, nursing staff, prescribers (MD and/or APRN), and support staff. There are clinical supervisors in each of the clinics and Program Directors that provide oversight and daily monitoring of all practices at each location. Treating Psychiatrists and Medical Directors provide supervision on each case. CA employs a Utilization Review team that is responsible for monitoring of all assessments and treatment plans to ensure that all reimbursement standards/CARF/auditing requirements are met within the documentation. Additionally, UR monitors clinical documentation in a variety of Quality Assurance measures for paraprofessional, clinical and medical staff. Each of the clinics provide the array of outpatient services identified earlier with noted exceptions already documented. Emergency Services are available to all individuals during daytime hours at the clinics, hospitals, jails, and/or homes- these services are supervised by the Directors during daytime hours. After hours emergencies within our catchment area is supervised by the Emergency Services Coordinator who monitors all screenings, placements in inpatient, and utilization review of the Indigent Care Contract for inpatient services.

**E.5.A SCOPE OF PRACTICE** The following policy defines how CA will ensure that services provided to clients at our agency are provided within the scope of each performing provider. Supervisors along with Utilization Review are responsible for oversight of all services to ensure staff are practicing per guidelines.

The scope of practice defined here and the areas specifically set forth describe the breadth of professional practice offered within the profession. Levels of education, experience, skill, and proficiency with respect to the activities identified within this scope of practice vary among individual providers; a Mental Health Professional or Paraprofessional/QBHP does not typically practice in all areas of the field. Medical Necessity specifies individuals may only practice in areas in which they are competent based on their education, training, and experience. However, Mental Health Professional or Paraprofessionals/QBHP may expand their current level of expertise. Certain situations may necessitate that the Mental Health Professional or Paraprofessional/QBHP pursue additional education or training to expand their personal scope of practice.

The scope of practice statement does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

## **DEFINITION OF THE PROFESSIONAL**

The Mental Health Professional is an individual qualified by professional credentialing and academic and clinical education to provide interventions for individuals, families, and groups. The scope of practice of the Mental Health Professional includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, and in which he/she has demonstrated competency.

## **SCOPE OF PRACTICE OF MENTAL HEALTH PROFESSIONAL**

- Assessment
- Individual Therapy
- Group Therapy
- Family Therapy/Multi-Family Group
- Psychoeducation
- Behavioral Assistance
- Child and Youth Support Services
- Crisis Intervention
- Crisis Stabilization
- Hospitalization Screening/Recommendations for inpatient treatment
- Complete/Present Treatment Plan
- 90 Day Review of MTP
- Coordinate Care with Intervention Specialists
- Advocacy for the Persons Served
- Refer for psychiatric evaluation, to other agencies, specialists, community groups
- Educate community/agencies/schools/associations on mental illness
- Supervise Intervention Specialists
- LPE & LPE-I and PhD: All the above, plus Testing services
- PhD: Forensic Evaluations/Reports, if state trained.

### **SCOPE OF PRACTICE OF MENTAL HEALTH PROFESSIONAL – LPC/LAC**

LAC/LPC are allowed to conduct all the services above except for the following caveat:

- LAC/LPC are allowed to conduct sessions as it relates to the persons served and as necessary to the treatment plan, having taken a graduate level course in marriage and family therapy. LAC/LPC are not marriage and family specialists unless licensure so states.

### **SCOPE OF PRACTICE OF MENTAL HEALTH/SUBSTANCE ABUSE PROFESSIONAL**

- Assessment
- Individual Therapy
- Group Therapy
- Family Therapy
- Psychoeducation
- Crisis Intervention
- Crisis Stabilization
- Hospitalization Screening/Recommendations for inpatient treatment
- Complete/Present Treatment Plan
- 90 Day Review of MTP
- Coordinate care with Intervention Specialists
- Advocacy for the Persons Served
- Refer for psychiatric evaluation, to other agencies, specialists, community groups
- Educate community/agencies/schools/associations on mental illness/substance abuse
- Supervise Intervention Specialists

### **SCOPE OF PRACTICE OF SUBSTANCE ABUSE CIT/CADAC**

May provide the following services under supervision by a MHP and can only bill specific contracts.

- Substance Abuse Individual Counseling
- Substance Abuse Group Counseling
- Substance Abuse Family Education/Counseling
- Care Coordination

- Referral to community groups as appropriate such as AA, NA, Al-Anon.

### **DEFINITION OF THE PARAPROFESSIONAL/QUALIFIED BEHAVIORAL HEALTH PROFESSIONAL**

Mental Health Paraprofessional/QBHP is an individual qualified by certification as well as education to provide interventions for individuals, families, and groups. The scope of practice of the Mental Health Paraprofessional/QBHP includes those procedures, acts and processes permitted by policy, for which the individual has received education and experience, and in which he/she has demonstrated competency through completion of the 40 hours of specific paraprofessional training and test. QBHP must provide services under direct supervision of a Mental Health Professional.

### **SCOPE OF PRACTICE OF INTERVENTION SPECIALISTS/QBHP - ADULT**

- Coordinate the provision of services for individuals who require services from multiple service providers.
- Short-term crisis stabilization
- Development of formal community linkages and resources
- Provide collateral services/interventions within the framework of the treatment plan regarding other agencies.
- Assessment of strengths, needs, & resources
- Service planning & monitoring
- Resource assessment and management
- Assist in implementing the individual plan of care
- Empowerment, outreach and support to encourage persons served to participate in needed services promoting recovery/stabilization and independence.
- Developing and improving social support networks
- Assist in enhancing functioning in daily living activities, social skills, vocational and community living skills
- Provision of or linkage to services aimed at developing daily living skills.
- Transitional services
- Primary prevention
- On-going training for individuals and service providers
- Coordination of medical services management and pharmacological services management as needed.
- Coordination, linkage and assistance with financial management, transportation, and safe housing as needed.



- Facilitation, coordination, and ongoing communication between external and internal service providers to ensure continuity of care.

#### **SCOPE OF PRACTICE OF INTERVENTION SPECIALISTS/QBHP-CHILD**

- Coordinate the provision of services for individuals/ children and their families who require services from multiple service providers.
- Short-term crisis stabilization
- Various models of intervention; Wraparound involves families in participatory process of plan focusing on individual and family strengths in multiple life domains.
- Provide behavioral assistance/ within the framework of the treatment plan regarding other agencies, schools, counselors, teachers, or others involved with the persons served
- Assessment of strengths, needs, & resources
- Service planning & monitoring
- Resource assessment and management
- Assist in implementing the individual plan of care
- Empowerment, outreach and support to encourage persons served to participate in needed services promoting recovery/stabilization and independence.
- Developing and improving social support networks
- Assist in enhancing functioning in daily living activities, social skills, vocational and community living skills
- After-school program
- Provision of or linkage to services aimed at developing daily living skills.
- Summer program
- Transitional services
- Primary prevention
- On-going training for individuals, children/parents and service providers
- Coordination of medical services management and pharmacological services management as needed.
- Coordination, linkage and assistance with financial management, transportation, and safe housing as needed.
- Facilitation, coordination, and ongoing communication between external and internal service providers to ensure continuity of care.

## **SCOPE OF PRACTICE OF NURSING**

**All RN's and LPN's practice under the direction of an RNP, APRN and/or an MD.**

### **RN**

- Bill as QBHP/paraprofessional after CA testing/certification
- Injection/medication administration
- AIMS
- Venipuncture

### **RN (with 1-year experience in a mental health setting)**

- All of the above
- Screening for hospitalization

### **LPN**

- Bill as QBHP/paraprofessional after CA testing/certification
- Injection/medication administration
- Venipuncture

### **RNP / APRN (Ability to perform certain services is based on reimbursement allowances)**

- Individual therapy
- Group therapy
- Primary Therapist for medication only clients
- Treatment Plans
- Assessments
- 90 day review
- Venipuncture
- Discharge Summary
- Screening for hospitalization
- Prescribe medications if licensed
- Injection/medication administration

### **ALL NURSING STAFF**

- Crisis Stabilization
- Call in prescriptions as ordered by doctor.

### **ALL PEER SUPPORT STAFF (ADULT AND YOUTH SUPPORT; FAMILY SUPPORT PARTNER)**

- Provision of services based on Individual Treatment Plan in locations suitable for the person served

- Peer Support
- Peer Support Telephonic
- Family Support Partner
- Personal Advocacy and Engagement
- Recovery and Resiliency Support
- Identification and Assist with Community Networking/Supports/Connections
- Parenting Skills as appropriate
- Mentoring
- Budgeting
- Bridging or Navigating
- Wellness
- Life Skills
- Goal Setting/Decision Making

#### **E.5a Staff Training**

Counseling Associates (CA) is committed to the improvement of quality of care and, therefore, will provide a planned and ongoing training program for staff members, volunteers, trainees/interns, and others within the organization that support programs and services. Staff training is conducted at CA through a multitude of methods from the time an employee is hired and annually throughout their employment. Our Training Coordinator through our Credible EMR system completes tracking of training. We track trainings and when they are due to ensure compliance. Additionally, our HR Coordinator, tracks paraprofessional training for the initial 40-hour training and then ensures that an additional 8 hours of training is completed and documented in the personnel files at each annual employee evaluation. CA makes efforts to bring in speakers to our agency for Ethics and other evidence based trainings as appropriate; Mental Health Professionals are also able to attend training throughout the year to increase they competency levels in what areas they feel are appropriate. We have collaborated with UAMS on multiple trainings including PCIT, CPP, CPT, TFCBT and Early Childhood Intervention. The following training is provided to our staff.

#### **Orientation**

1. Human Resource Coordinator, the Training/Health and Safety Coordinator, Payroll Coordinator and the Chief Clinical Officer/or Designee provide the orientation process for new employees includes a review of the Counseling Associates Policy and Procedures Manual. The following areas are covered during the new hire orientation:
  - Employee Handbook/Benefits

- Overview of the Community Mental Health System
- Payroll/Fiscal Information
- Customer Service
- HIPAA, Confidentiality
- Corporate Compliance Program and Employee Ethical Codes of Conduct
- Performance Improvement Review/Strategic Plan-includes risk management plan, and performance measurement and management system, which is located on internal website.
- Cultural Diversity
- Rights of Persons Served
- Rights of Personnel
- Health and Safety-Universal Precautions, Critical Incident Reporting, Wellness, Emergency Procedures, Safety Drills, Computer Hygiene
- Technology Information-CA Internal and External Websites, Credible EMR, Acceptable Access and Use of Computers, Portable Devices and Confidentiality
- Training Information-Training Calendar, Requirements, Relias Training
- Mandated Reporting of Abuse and Neglect
- Person Centered Practice
- Unique Needs of Person Served
- Documentation Training/Clinical Skills-Clinical Only
- Medication Information-Clinical Only
- Person Centered Plan Development-Clinical Only
- Interviewing/Assessment Skills-Clinical Only
- Research Based Treatment Approaches-Clinical Only
- Clinical Risk Factors/Emergency Assessment and Screening-including suicide, violence, and other risky behaviors-Clinical Only
- Supervisors are responsible for on the job training to include defining roles and responsibilities within the program/agency, position performance expectations, and communications systems and expectations. Supervisors should regularly check with the employee concerning questions, problems or difficulties the employee may be having. In addition, feedback concerning job progress or performance should be provided.

#### **STAFF DEVELOPMENT PROGRAM**

1. All CA employees will participate in staff development as outlined in their job description which is evaluated and updated annually to fit the needs of providing appropriate services to clients of CA and to assure compliance with CARF, OADAP, OBH,

Beacon/eQHealth Solutions/PASSE or other CA reimbursement standards, including state and federal certification standards.

2. CA's peer support and paraprofessional staff will be trained in accordance with the standards set forth by Medicaid and the Division of Behavioral Health. Training will occur in the first two months of employment. A certificate of completion and the paraprofessional test will be signed and dated and on file in the employee's personnel file.
3. CA is committed to staff development activities necessary to maintain licensure as the budget allows.
4. Each clinic staff member will receive ongoing training from attendance at scheduled staffings and individual supervision to comply with Performance Improvement requirements as outlined in the Counseling Associates Policies and Procedures Manual.
5. Assessment of the staff development program will be ongoing through:
  - Routine staff supervision;
  - Annual staff evaluation conferences;
  - Evaluations of CA sponsored training sessions;
  - Program evaluations that identify needs; and

#### **TRAINING REQUIRED BY PROGRAM**

**Training Requirements – All Staff - EXCLUDING PRESCRIBERS– Includes Part time and Interns, (asterisk indicates yearly)**

1. Confidentiality – Health Insurance Portability & Accountability Act (HIPAA)\*
2. Cultural Sensitivity\*
3. Universal Precautions
4. Unique Needs of Persons
5. Documentation
6. Employee Code of Conduct\*
7. Fraud & Abuse; Deficit Reduction Act of 2006;
8. Corporate Compliance Program and methods of reporting abuses/investigations\*
9. Fire suppression training \* Team meetings, yearly
10. Mandated Reporting of Abuse and Neglect
11. Fiscal Policies/Budget\*
12. Health and Safety Required Trainings including Wellness\*
13. Customer Service\*
14. Person Centered Services

15. Emergency Procedures\*

**In addition to the above, the following are required:**

**Intervention Specialist Staff (Day Treatment, Community, Children's Services)**

CA's paraprofessional staff will be trained in accordance with the standards set forth by Medicaid and Outpatient Behavioral Health Services. The employee must attend a 40-hour training course that is to be completed within the first two months of initial training. The trainer is responsible for the provision of training within the specified time frames. Services are supervised by a MHP through review and signatures approvals.

1. 40-hour CA course work for paraprofessionals. Test and certificate in personnel file.
2. CPI (full course, refresher course annually)
3. CPR (annually)
4. First Aid (every two years)
5. Driver's Training
6. Medication Training\*
7. Must have 8 hours of continuing education yearly

**Peer Support Specialists (Adult and Youth)**

CA's peer support staff are trained in accordance with the standards set forth by Medicaid and Outpatient Behavioral Health Services. CA feels it is important to respect the individualized role of the peer support employees; therefore, CA staff are trained on the unique role of peer support. The employee must attend or have been certified through DPSQA as having attended the Appalachian Model training on Peer Support, Youth Support or Family Support Partner. This is a competency based, evidence based training provided by peer support members. Areas covered include personal advocacy, engagement, recovery and resiliency, community supports and connections, effective use of sharing life experiences, and parenting skills as appropriate. Services are supervised by a MHP through review and signatures approvals.

1. 40-hour CA course work for paraprofessionals. Test and certificate in personnel file.
2. Certification through Arkansas Providers Services and Quality Assurance arm of DHS. This encompasses a peer support training utilizing the Appalachian Model. Certification letter in the personnel file.
3. CPI (full course, refresher course annually)
4. CPR (annually)
5. First Aid (every two years)

6. Driver's Training
7. Medication Training\*
8. 8 hours of continuing education yearly

#### **Outpatient Therapists and Emergency Screeners for After Hours – EXCLUDING PRESCRIBERS**

1. CPI (full course; refresher course or special training annually)\*
2. 4 hours mandatory CA crisis intervention training
3. 4 hours Board approved crisis training of professional's choice (CEU's live, Essential Learning, etc.).
4. Medication Training\*
5. Emergency Assessments: Clinical Risk Factors for Suicide, Violence, Risky Behaviors, Safety Planning, Hospitalization and Diversion Process
6. Clinical Assessment and Treatment Planning: Interviewing skills, Treatment Plan Development, DLA-20: Areas of Impairment/Specific Needs Identification, Collaborative Documentation, Medicaid Services and Documentation Requirements. CARF Requirements.

#### **E.5b Staff Development and Recruitment**

The scope of the workforce we employ and the efforts made in the development/management of these staff members are reflective of our mission, culture and philosophy of providing person centered care. CA believes that a strategic approach to workforce development is essential in the success of our agency; therefore, there is continual assessment of workforce needs through input from our performance measurement and management system, through a yearly risk assessment plan and through the strategic planning process. CA promotes the type of work environment that encourages respect for all staff members through open communication and a focus on value driven care.

The reputation that CA has developed as a proactive and successful community agency is based, in large part, on the fact that the organization has been successful in recruiting and retaining a competent, well-trained and enthusiastic staff that is representative of the local communities served. It is the policy of CA to establish and adhere to those human resource policies that promote the recruitment and retention of a sufficient number of administrative and clinical staff who are appropriately trained and licensed and represent the cultural and ethnic diversity of the ten county catchment area in which CA provides services. Toward that end, CA will to the greatest extent possible (1) provide recognition of staff members who exceed the requirements of their positions or make exemplary contributions to mission accomplishments, (2) promote employee satisfaction in all matters, (3) evaluate current market trends to ensure the compensation and benefit packages are competitive, and (4) provide for

training and other professional development activities to enhance workforce development and the delivery of the highest quality, competency based clinical and administrative services.

Counseling Associates employs a wide range of workforce members that support the agency's efforts in the delivery, oversight and support for the programs that provide quality services to the persons served. Workforce members include but are not limited to Administration, Clinical Supervisors, Clinicians, Prescribers, Nurses, QBHP's, Support Staff, Technical Compliance, Business Office and Billing staff. The workforce at CA is comprised of full time and part time employees, independent contractors, student interns and peer support specialists.

In all matters pertaining to human resource management, CA will comply with all federal and state legislation, regulations and guidelines regarding nondiscrimination in employment practices to include but not limited to compensation, assignment of work and promotions.

1. Senior Management continuously provides workforce analysis and planning to meet the needs of the agency. This may include a multitude of tasks such as recruitment for needed positions, identifying and supporting retention efforts, selecting the most qualified candidates for employment, providing feedback on job duties of positions being filled to ensure needs are met.
2. Supervisors will monitor closely the staffing levels within each program to ensure that adequate personnel are available to meet program outcomes, to implement plans of person served, to ensure safety of the persons served, to management staff absences, and to meet CA performance expectations.
3. CA will make every effort to recruit and retain highly qualified staff members. Personnel retention trends are reviewed yearly as part of the Performance Improvement Review to identify any areas that may need to be addressed for development or enhancement purposes.
4. CA ensures that the provision of services occurs only by personnel consistent with all requirements of state and federal requirements, scope of practice, OBH certification, OADAP, DBHS requirements, licensure bodies, and professional standards of conduct.

### **E.5c Good Stewards of State Funding**

CA makes every effort to utilize funding in the most efficient method possible and we pride ourselves on our business practices. Staff members who provide direct services are supervised through a variety of avenues to safeguard that clinically appropriate care is being provided. Peer Support and QBHP/Paraprofessional staff will be supervised in accordance with the



standards set forth by Medicaid and Outpatient Behavioral Health Services. Clinical Supervisors, who are licensed mental health professionals, supervise all clinical staff members throughout the agency at programmatic levels. Psychiatrists supervise the medical aspects of the case and provide clinical oversight. The Chief Clinical Officer is responsible for the overall supervision of clinical staff. Medical Directors are available for consultation for staff throughout the agency. All clinical staff are required to obtain supervision for licensure purposes. Supervision may occur through the following mechanisms among others but this list is not exhaustive:

- Clinical staff meetings
- Team meetings
- One on one meetings with supervisor and personnel
- Group supervision sessions
- Utilization review of documents that provide feedback on clinical documentation
- Joint observation sessions between supervisor and personnel
- Peer reviews

### **Mental Health Professional Supervision**

Supervision areas are addressed throughout employment and documented on the annual performance/competency evaluations. Supervisors also may utilize the CA MHP Supervision Form to document sessions and to develop any plans for areas of improvement. It is the supervisor's responsibility to ensure that any issues or concerns with clinical skills or responsibilities be address and documented. Serious concerns (documentation, boundaries, billing, and inadequate care for example) are to be reviewed with the Chief Clinical Officer as soon as possible.

Specific supervision areas include the following:

- Assessment skills
- Appropriateness of treatment
- Treatment effectiveness
- Risk factors for risky or dangerous behaviors including suicidal or homicidal situations
- Ethics, legal concerns, professional standards and boundaries
- Clinical documentation/compliance with standards
- Cultural competency issues
- Model fidelity with specific evidence based models of treatment

### **Mental Health Paraprofessional/QBHP and Peer Support Supervision**

Supervision areas are addressed throughout employment and documented on the annual performance/competency evaluations. Supervisors are to utilize the CA QBHP Supervision Form to document all forms of supervision sessions and to develop any plans for areas of improvement. It is the supervisor's responsibility to ensure that any concerns with skills or responsibilities be address and documented. Serious concerns are to be addressed with the Chief Clinical Officer as soon as possible.

These specific areas include the following:

- Appropriateness of services
- Intervention and effectiveness of QBHP or Peer Support services
- Ability to identify client needs and to access community resources; referrals skills
- Cultural competency issues
- Clinical documentation/compliance with standards
- Ethics, boundaries, legal issues, professional conduct

Supervision of the QBHP and Peer Support Specialist is to be conducted by a licensed mental health professional typically on a weekly basis. Direct observations of the QBHP/Peer Support Specialist providing interventions with the person served must be completed quarterly and documented.

Additionally our strong Utilization Review team monitors clinical documentation in a variety of Quality Assurance measures for paraprofessional, clinical and medical staff. All Assessments, Treatment Plans, Treatment Plan Reviews and other clinical documentation is reviewed prior to submission for billing. Peer Reviews are completed quarterly and Technical Compliance Reviews are done on each chart at the time of clinical staffing.

## E.6 RECORDS AND REPORTING

### MEDICAL RECORDS SYSTEM

There is a complete record kept on each person served who has received at least one face-to-face scheduled evaluation or treatment service and was admitted to Counseling Associates as either an Active or Crisis status in the ***Credible EMR System***.

Records of persons served are maintained and provide the following information:

1. Provide a database for the evaluation of program, methods, and provider efficiency and effectiveness in the provision of services and for the monitoring and evaluation of the quality and appropriateness of the person's served care.
2. Serve as a means of communication between providers, program units, and service systems, as appropriate.
3. Facilitates care in an emergency situation; i.e. provides history of treatment modality and lethality/risk assessments.
4. Provides basis for continuity of care. Reflects what happened over time/course of treatment and results.
5. Reflect compliance with professional standards of care, ethical standards, and applicable laws and regulations.
6. Reflect the fact that care was given as planned and that such care was warranted by the condition of the person served. Sufficient data should be available to justify the diagnosis and the appropriateness of treatment as well as to document the results.
7. The individual record's communication and documentation must be organized, clear, complete, current, and legible.
8. All documentation whether paper records or the Credible EMR system require the signature and credentials of the provider along with the location of the service.
9. Documentation is required to be completed within one business day of the service. CA encourages completion of all progress notes on a concurrent basis. Documentation is monitored through the Credible EMR reports for timely completion and compliance with reimbursement standards.
10. The individual record of each person served will have the following information included:
  - Admission Date
  - Demographic Information: Gender, DOB, SSN, Address, Email, Phone Number
  - Legal Guardian if applicable
  - Emergency Contact Information
  - Primary Therapist
  - PCP Contact Information, if applicable
  - Reimbursement Source
  - 911 Status

- DCFS Custody/DYS Custody
  - Veteran Status
  - Preferred Language
  - Marital Status
  - Homeless Status
  - Restoration Services Status
  - Interpreter/Assisted Technology Needs
  - Dual Diagnosis Status
  - Cognitive Status
  - Developmental Disabilities
  - Neurocognitive Disorders
  - Gambling Disorders
  - Tobacco Disorders/Smoking Status
  - Is Client Incarcerated
11. Once a person has completed the demographic information sheet and is requesting an appointment or emergency services, then information is entered into Credible EMR.
12. Information that may be available in the EMR system depending on the level of service is the following-all services provided with corresponding reimbursement sources are found in Credible:
- Orientation of Persons Served
  - Consent to Treat
  - Financial Agreement
  - Client Programs and Treatment Team Members
  - Diagnostic Intake Assessment with Diagnosis
  - Self-Assessment-Health Information Included
  - Master Treatment Plan-Person Centered
  - 90 Day Treatment Plan Reviews
  - Yearly Master Treatment Plan
  - Diagnostic Intake Assessment Update
  - Psychiatric Assessments/Medication Management
  - Medical Profile-Health Information/Allergies
  - Medication Logs-including current medications
  - Emergency Screenings/Single Point of Entry
  - Crisis Line Calls
  - Crisis Follow Up and Diversion
  - Court Time
  - Progress Notes

- Correspondence
  - External Records
  - Internal Referrals and External Referrals when appropriate
  - Releases of Information
  - Transition/Discharge Summaries
13. CA has a robust compliance and monitoring system through our Credible EMR where we track information needed for Medicaid Compliance, CARF Compliance, and state reporting purposes for LAC/ SPOE Reports, Community Services Reports, FEP reports, Annual Plan reports, SSP and RSP. Items tracked in our system include but are not limited to the following:
- PCP Referrals Due
  - 45 Day and Yearly Psychiatric Evaluations Due
  - Treatment Plan and Reviews Due Dates
  - Managed Care Authorizations
  - Paperwork Completion Time Frames
  - Yearly Paperwork
  - Aims Assessment Due Dates
  - Independent Assessment Dates
  - Return Doctor Appointments
  - DLA-20 Outcome Scores
  - Acute Hospital Client Follow Up Appointments
  - SPOE Initial Request Date and Time, SPOE Date & Time Completed, Disposition, Location,
  - Referral Source Reports
  - Restoration Reports
  - PASSE Information
  - Forensic Tracking
  - Community Activities: Community Crisis Response, Presentations, Trainings, Advocacy Activities, Coalitions, etc.
  - Staff Hire Dates
  - Staff Training Dates
  - Staff Evaluation Due Date
  - Staff Licensure Expiration Dates
  - Background Check Dates
  - Staff Demographic Information and Emergency Contact

The only duplicate records maintained are the paper records that are part of the persons served treatment prior to the changeover to electronic records, which occurred in September, 2012. The only exception to this is the Single Point of Entry Paper form, which is completed and scanned into the EMR system. The paper record becomes secondary, once the form is scanned into Credible and should not be substituted once scanned.

## **RETENTION/DESTRUCTION OF RECORDS**

CA has adopted this Retention/Destruction of Records Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as modified by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") (hereinafter HIPAA); the Department of Health and Human Services ("DHHS") security and privacy regulations; and CARF accreditation standards; as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements.

1. All paper records will be retained and destroyed based on the State and Federal standards.
2. Retention of medical information after its creation is necessary to avoid clinical errors, for continuity of care, for legal reasons, and to provide access to and copies of persons served medical records.
3. Records that may be or are involved in audit or litigation should never be disposed of until the matter is resolved even if so doing requires retention past the date upon which the records could be destroyed.
4. HIPAA and its implementing regulations require CA to apply appropriate administrative, technical, and physical safeguards to protect the privacy of medical records and other protected health information ("PHI") for whatever period that such information is maintained by an organization, including through disposal.
5. CA has a system that ensures that the medical records can be located and retrieved promptly. CA maintains basic information in a master index for paper records. Electronic records will always be available within the Credible EMR system.

### **PROCEDURES**

**HIPAA Record Retention** - Documents relating to uses and disclosures, authorization forms, business partner contracts, notices of information practice, response to a client who wants to amend or correct their information, the client's statement of disagreement, a complaint record, Security policies and procedures and any other required HIPAA records and documentation shall be retained for a period of six (6) years.

**Medical Records Retention** - Client medical records shall be retained pursuant to the state statute governing medical record retention requirements. In the event that a HIPAA record

becomes part of a client's medical record, those HIPAA records shall be retained pursuant to this Medical Record Retention policy.

- Clinical paper records must be maintained for ten (10) years after the last discharge. Records of minors shall be retained for a period of two (2) years after the age of majority.
- Under federal regulations, medical records must be retained in their original or legally produced form for a period of at least five (5) years.

### **Record Destruction**

All hardcopy medical records that require destruction are shredded pursuant to NIST SP 800-88 guidelines.

- Paper Emergency Screening records for non-clients will be destroyed after a five (5) year period. These are scanned into the EMR system for future access as needed.
- Electronic records through Credible EMR are maintained and not destroyed at any point.

**E.6.Ab Counseling Associates through our extensive use of reports within our Credible EMR system is capable of documenting all services rendered separated by reimbursement source and we are capable of reporting this information to the DHS within approved timeframes and formats. We currently provide all necessary reporting to DHS on a monthly basis and also in annual reports.**

Additionally, any CARF accreditation reports will be sent to DHS per contract guidelines including information on accreditation, any corrective action plans, and accepted remediation.

CA currently sends incident reports to DHS per contract standards and will continue to do so under this new contract.

CA is able to report evidence based services being provided, as this is captured in our EMR system on our Master Treatment Plans and Reviews.

Annually, CA will submit a MOE report to report the amount of Medicaid revenue received that fiscal year.

CA will submit per request information on our yearly QA and outcomes. This report is done for CARF yearly and will be available at any time

## **E.7 APPEALS AND GRIEVANCE PROCESS**

Counseling Associates has a clearly defined grievance process for clients in the event of a client becoming unhappy with the agency, staff, service or service provider at our agency. The following policy describes the policy and procedures for handling a grievance. Additionally, as part of our QA process, we monitor grievances for patterns and trends and a yearly report is submitted to the Board of Directors showing transparency in our processes. CA intends to continue to follow the stated policy in compliance with contract standards.

### **GRIEVANCES, SUGGESTIONS AND OPINIONS SUBMITTED BY PERSONS SERVED**

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#### **POLICY**

It is the policy of CA that any person served, next of kin, family member, or legal representative of persons serviced may file a grievance (a formal complaint) defined as a written notice of dissatisfaction regarding either facility operations, treatment services, and/or staff actions (including suspected violations of professional ethics) on a CA Grievance form. All opinions, suggestions and formal grievances that are seriously and conscientiously submitted will be evaluated with the intent of improving CA services, facilities, programs, and operations without fear of retaliation or barriers to services. It is the policy of CA that every person admitted for services will be informed of the procedures for addressing grievances and offering formal suggestions and opinions for program improvement. CA management reserves the right to consider or reject any opinion or suggestion submitted without formal notification to the originator and/or without benefit of a formal review and appeal process.

Arkansas statutes mandate that “the administrator of each receiving facility or program shall designate a patient or client advocate for that facility or program who shall report directly to the administrator”. It is the policy of CA to uphold and support the spirit and intent of this law. Therefore, this policy includes specific provisions for appointing advocates to persons served. In addition to the general guidelines contained herein, persons receiving services through CA programs are also entitled to advocacy representation/services through the Disability Rights CA and the Adult Protective Services Hotline. Additionally, persons receiving services funded by the Arkansas Division of Behavioral Health also have the right to submit a grievance directly to that agency if CA grievance process proves to be unsuccessful in resolving any complaint. Finally, persons receiving services funded by State and Federal offices have rights regarding complaints pertaining to the Americans with Disabilities Act (ADA) of 1990. It is the official policy of CA that these rights will be respected and honored.



## **GRIEVANCE PROCEDURES**

1. Grievances, Suggestion, or Opinion (GSO) forms will be kept in the reception area of each office and maintained by the administrative and clinical staff for distribution to persons served and other consumers of services. Forms are also available on CA's internal website.
2. All persons admitted for services will be informed of procedures for submitting grievances as part of the initial orientation process. Documentation of this orientation will be kept in the records of persons served.
3. All program-specific handbooks for persons served will contain information about the grievance process as well as procedures for submitting opinions and suggestions.
4. Therapists and Intervention Specialists are to provide assistance to persons served and others who may file grievances. Additionally, staff members are responsible for serving as advocates for persons served in the grievance process. If the therapist or Intervention Specialist is the subject of (or is involved in) the grievance, other staff members will be assigned as necessary to assist in the grievance process and/or to serve in advocacy roles for persons served.
5. Persons with complaints are encouraged to attempt to resolve problems with their therapist or Intervention Specialist. In the event the problem cannot be resolved through discussions with the therapist or Intervention Specialist, persons served are encouraged to discuss the grievance with the responsible Program Operations Director or the Client Advocate.
6. When a grievance about treatment or legal, civil, or human rights is brought to the attention of a staff member, the GSO form should be completed in its entirety and submitted to the Program Operations Director. In the event the person would like to file a grievance, but is unable or unwilling to complete the form, it is the responsibility of the staff member to complete and submit the form within one (1) working day to the appropriate Program Operations Director.
7. The Program Operations Director will, in turn, route the form to the staff member(s) most directly involved (or named) in the grievance; the form will also be routed to the staff member(s) supervisor.
8. The Program Operations Director, involved staff member(s), and supervisor will meet within ten (10) working days to evaluate the grievance and prepare a written response.
9. The Program Operations Director will sign the response and ensure that the client is contacted within fifteen (15) days from the initial filing of the grievance.
10. Any person involved in the grievance process may request a time extension from the Program Operations Director. Extensions of up to ten (10) days can be approved and will not be unreasonably denied.

11. In the event that the person filing the grievance is not satisfied with CA's response to the grievance, he or she may file a written request that the grievance be continued. In this event, the Corporate Compliance Officer (CCO) and the President/CEO will review the grievance and respond to the grievance. CA will consider those requests received within thirty (30) days after the initial response was mailed.
12. The CCO will track and compile all grievances and ensure that significant trends are discussed at Directors' meetings on a consistent basis. Annually, a written analysis of all formal complaints will be combined into a Grievance Report. Any trends, areas of performance improvement and actions/changes that need to be taken will be documented and shared with the CEO and other Senior Management staff.

### **GRIEVANCE PROCEDURES FOR PERSONS SERVED**

1. Persons with complaints are encouraged to attempt to resolve problems with their therapist or Intervention Specialist. In the event that a problem cannot be resolved through discussions with your therapist or Intervention Specialist, we encourage you to discuss the problem with the Client Advocate and/or responsible Program Operations Director.
2. In the event that you would like to file a grievance, "Grievance, Suggestion, or Opinion (GSO)" forms are kept in the reception area of each CA office and maintained by CA staff persons.
3. To file a grievance, complete the GSO form and submit it to the Client Advocate or Program Operations Director.
4. If you have questions about the form, or need help in completing the form, therapists and Intervention Specialists are able to provide you with assistance in submitting a grievance. If the therapist or Intervention Specialist is the subject of (or is involved in) the grievance, other staff members are prepared to help you in the grievance process.
5. After you submit a grievance, the Program Operations Director will meet with the involved staff member(s), and supervisor within ten (10) days to evaluate the grievance and prepare a written response. You will be contacted within fifteen (15) days of the filing of the grievance.
6. Any person involved in the grievance process may request a time extension from the Program Operations Director. Extensions of up to ten (10) days can be approved and will not be unreasonably denied.
7. If you are not satisfied with CA's response to the grievance, you may use the same GSO form (bottom half of second page) to request that the grievance be continued. In this event, the Corporate Compliance Officer will review the grievance and will respond. If not satisfied, the President/CEO can receive a written complaint and request for review.

CA will consider those requests received within thirty (30) days after the initial response was mailed.

8. The President/CEO will be the final step in the grievance procedure.

## **E.8 QUALITY ASSURANCE**

### **PERFORMANCE IMPROVEMENT PROGRAM OVERVIEW (Quality Assurance)**

To maintain an ongoing Performance Improvement Program designed to collect, analyze, and utilize information for the purpose of planning, monitoring, evaluating, and improving the quality of CA's services and to ensure services support our mission and core values. The Performance Improvement Program is intended to evaluate the quality and appropriateness of care, improve organizational systems and processes, identify opportunities for organizational growth and development, and the enhancement of care to persons served.

Counseling Associates is committed to the process of continuous performance improvement and the pursuit of organizational excellence. It is the mission of Counseling Associates and the Performance Improvement Program to ensure on-going organizational improvement and assure high quality care to persons served by requiring and supporting the establishment and maintenance of an effective organization-wide Performance Improvement Program. The Chief Clinical Officer is responsible for the implementation and oversight of the Performance Improvement Program with the assistance of the Senior Management Team to ensure proper monitoring, oversight, and improvement across the Center. The Performance Improvement Program is charged with the following responsibilities:

- To monitor and evaluate objectively and systematically the appropriateness and quality of care to persons served, to ensure that services are rendered consistent with reasonable, prevailing professional standards, and to resolve identified problems.
- To identify, evaluate, and eliminate, or reduce to the extent possible, risk to persons served, visitors, and employees.
- To collect, analyze and utilize information for the purpose of planning, monitoring, evaluating and improving the quality of CA's systems and services.
- To ensure that appropriate services for the most acute clients are delivered in a manner that is most effective, efficient, accessible and responsive to client needs.
- To identify opportunities for organizational growth and development, and the enhancement of care to persons served. Data is used to facilitate organizational decision-making and in updating our strategic plan.
- Utilize outcome findings to improve programs,

Counseling Associates maintains an outcomes management system that includes characteristics of persons served, admission criteria, services offered, measurable objectives, and measures of access, effectiveness, efficiency, and consumer satisfaction. Outcome evaluation expectations are based on the persons served and type of service. Information is collected on persons served, and outcomes are measured at intake, during treatment and after discharge.

### **Components of Outcomes Management System**

Analysis of each program includes the following performance indications.

**Measurable Performance Indicators/Objectives and Performance Targets:** Each CA program is assessed on measures of effectiveness, efficiency, and consumer satisfaction using objectives that are quantifiable and measurable.

- **Measure of Effectiveness:** All CA programs assess at least one measure of effectiveness addressing quality of life, symptomatology, functioning, or health status outcomes. All programs monitor hospitalization rates, which is used to monitor the effectiveness of each of the services.
- **Measure of Efficiency:** All CA programs are assessed on at least one of the following measures of efficiency: access, utilization, appropriateness or cost.
- **Measure of Satisfaction:** All CA programs are assessed on consumer satisfaction. The overall agency services are assessed through a referral source/other stakeholders survey completed on an annual basis.
- **Measure of Access to Services-**CA implemented Same Day Access for assessments and for any crisis follow up appointments, which greatly improved access for clients.

### **Functional Outcome Measures**

The DLA-20 (Daily Living Activities) is a functional assessment, proven reliable, valid, and designed to reliably assess an individuals' functioning in 20 different areas of daily living. The DLA-20 measures improvement, quality, and value instead of the primary focus being on measuring symptomatology. It allows you to obtain clinical outcomes to demonstrate that individuals in care are getting better by their change scores each time the tool is administered.

- Examples of the 20 DLA's are: coping skills, mental and physical healthcare practices, time management, nutrition, money management, problem solving, family relationships, safety, and alcohol and drug use.
- Each of these areas are given a number ranking from a 1 (extremely severe functional impairment needing pervasive supports to a 7 (functioning optimally and independently and does not needs any support services).

- In order to accurately compare the individual's activities of daily living and achieve inter-rater reliability we use benchmarks that reflect independent, healthy behaviors in the age appropriate general populations.

CA utilizes the DLA-20 at intake and then in different frequencies based on the acuity of the client. Credible is able to capture the initial score and then all history.

- DLA-20 will be completed on all clients regardless of reimbursement source.
- CA completes DLA-20 at Intake and every 90 days thereafter, for Chronically Mentally Ill Adults and SED Children.
- General Outpatient clients complete the DLA-20 at intake and then every Master Treatment Plan Review.

The following is our quality outcome measures for programs related to this contract. These are compiled yearly as part of our Performance Improvement/Strategic Planning. This is the report for this past fiscal year.

## Program Goals and Outcome Evaluation System FY 2018

| <b>Adult Outpatient Services</b>  |  |  |   |   |
|---|--|--|---|---|
| <b>PERFORMANCE INDICATORS/ OBJECTIVES</b>                               | <b>MEASURES</b>                                | <b>PERFORMANCE TARGETS</b>   | <b>DATA COLLECTION PROCEDURES</b>   | <b>RESULTS</b>  |
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey                   | 90%: Report Satisfaction With Overall Quality of Care and Services                                     | Administered Annually   | 91% of persons served would recommend CA; 95% of persons served rated overall quality of care as excellent to good. Goal was met.   |
| <i>To increase efficiency of service delivery system</i>                | Net Margin                                     | Break Even or Positive Net Margin  | Monthly Financial Report  | Program met and exceeded budget projections   |
| <i>To improve Access to service delivery system</i>                     | Timeframe From Completed Referral to Intake    | 80% : 14 Working Days or Less Between Completed Referral and First Intake Appointment                  | Credible EHR System Report: Measures Program Admit Date to Intake Assessment Date                       | Same Day Access for Assessments was implemented across the agency last fiscal year which allows 100% access at the time of contact. |
| <i>To enhance effectiveness of services delivered to persons served</i> | Utilization of Crisis Services After Discharge | Recidivism Rate: less than 25% of persons served will utilize crisis services 6 months after discharge | Credible EHR System Report: Measures Program Discharge Date to Crisis Service within 6 month date range | Outpatient services had a 12% recidivism rate which allowed us to meet our goal of effectiveness.                                   |
| <b>Post Discharge Follow Up</b>   |  |  |   |   |
| <i>To enhance effectiveness of services delivered to persons served</i> | Follow Up Self Report Survey                   | Persons Served Report Few Problems with Work and Other Daily Activities                                | Ongoing - Sent 6 Months Post Discharge  | 69% reported few to some problems still occurring.  |
| <i>To optimize client satisfaction with services delivered</i>          | Follow Up Self Report Survey                   | Persons Served Report Satisfaction With Overall Quality of Care  | Ongoing - Sent 6 Months Post Discharge  | 648 of persons served felt their needs were met. 82% would return if the need arose to CA.  |
|   |  |  |   |   |

| <b>Child Outpatient Services</b>  |  |  |   |   |
|---|--|--|---|---|
| <b>PERFORMANCE INDICATORS/ OBJECTIVES</b>                               | <b>MEASURES</b>                                | <b>PERFORMANCE TARGETS</b>   | <b>DATA COLLECTION PROCEDURES</b>   | <b>RESULTS</b>  |
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey                   | 90% Report Satisfaction With Overall Quality of Care and Services                                      | Administered Annually   | 95% of persons served would recommend CA; 94% of persons served rated overall quality of care as excellent to good. Goal was met.   |
| <i>To increase efficiency of service delivery system</i>                | Net Margin                                     | Break Even or Positive Net Margin  | Monthly Financial Report  | Program met 94% budget projections.   |
| <i>To improve Access to service delivery system</i>                     | Timeframe From Completed Referral to Intake    | 80%: 14 Working Days or Less Between Completed Referral and First Intake Appointment                   | Credible EHR System Report: Measures Program Admit Date to Intake Assessment Date                       | Same Day Access for Assessments was implemented across the agency last fiscal year which allows 100% access at the time of contact. |
| <i>To enhance effectiveness of services delivered to persons served</i> | Utilization of Crisis Services After Discharge | Recidivism Rate: less than 25% of persons served will utilize crisis services 6 months after discharge | Credible EHR System Report: Measures Program Discharge Date to Crisis Service within 6 month date range | Outpatient services had a 19% recidivism rate which allowed us to meet our goal of effectiveness                                    |
| <b>Post Discharge Follow Up</b>   |  |  |   |   |
| <i>To enhance effectiveness of services delivered to persons served</i> | Follow Up Self Report Survey                   | Persons served Report Few Problems with School and Other Daily Activities                              | Ongoing - Sent 6 Months Post Discharge  | 91 % reported few to some problems still occurring.   |
| <i>To optimize client satisfaction with services delivered</i>          | Follow Up Self Report Survey                   | Persons Served Report Satisfaction With Overall Quality of Care and Services                           | Ongoing - Sent 6 Months Post Discharge  | 74 of persons served felt their needs were met. 79% would return if the need arose to CA.   |



### Adult & Youth Outpatient – Alcohol and Drug Services

| PERFORMANCE INDICATORS/ OBJECTIVES                                      | MEASURES  | PERFORMANCE TARGETS  | DATA COLLECTION PROCEDURES  | RESULTS   |
|---|---|--|---|---|
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey  | 90% Report Satisfaction With Overall Quality of Care and Services                            | Administered Annually   | 100% of persons served rated overall quality of care as excellent to good. Goal was met.  |
| <i>To increase efficiency of service delivery system</i>                | New Margin  | Break Even or Positive Net Margin  | Monthly Financial Report  | Program met and exceeded budget projections.  |
| <i>To improve Access to service delivery system</i>                     | Timeframe From Completed Referral to Intake                           | 70%: 14 Working Days or Less Between Completed Referral and First Intake Appointment for JDC | Credible EHR System Report: Measures Program Admit Date to Intake Assessment Date     | Same Day Access for Assessments was implemented across the agency last fiscal year which allows 100% access at the time of contact. |
| <i>To enhance effectiveness of services delivered to persons served</i> | % of Readmissions to Outpatient Services Within 6 Months of Discharge | Recidivism Rate: Goal of less than 20% of Client's Return for Services                       | Credible EHR System Report: Measures Previous Discharge Date to Program Re-Admit Date | 6% of clients returned to services. 100% reported they remained sober after discharge. Goal was met.                                |

### Children's Intervention Services/Case Management Program

| PERFORMANCE INDICATORS/ OBJECTIVES                                      | MEASURES  | PERFORMANCE TARGETS  | DATA COLLECTION PROCEDURES   | RESULTS   |
|---|---|--|--|---|
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey                      | 90% Report Satisfaction With Overall Quality of Care                                   | Administered Annually  | 94% of persons served were satisfied with the overall quality of care. Goal was met.                                      |
| <i>To increase efficiency of service delivery system</i>                | Net Margin  | Break Even or Positive Net Margin  | Monthly Financial Report   | Program met 100% of budget projections.   |
| <i>To improve Access to service delivery system</i>                     | Timeframe From Completed Referral to Intake       | 90%: 14 Working Days or Less Between Completed Referral and First Intervention Service | Credible EHR System Report: Measures Program Admit Date to First Intervention Service Date       | 57% Compliance Rate of services within the 14 days of completed referral. Authorizations have been the biggest barrier.   |
| <i>To enhance effectiveness of services delivered to persons served</i> | Hospitalization Rate of Persons served in Program | 90% of Program Persons served Do Not Require Hospitalization                           | U18 SPOE DATA BASE/Credible Reports, CA Client, Child Intervention Program, Admitted to Hospital | The program had 32 hospitalizations for the year with a census of 669. 95% did not require hospitalization. Goal was met. |

| <b>Adult Intervention Services/Case Management Program</b>              |   |  |  |  |
|---|---|--|--|--|
| <b>PERFORMANCE INDICATORS/ OBJECTIVES</b>                               | <b>MEASURES</b>                                   | <b>PERFORMANCE TARGETS</b>   | <b>DATA COLLECTION PROCEDURES</b>  | <b>RESULTS</b>   |
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey                      | 90% Report Satisfaction With Overall Quality of Care and Services              | Administered Annually  | On the satisfaction surveys 97% of persons served rated that they were treated with respect/dignity; that they felt supported; that they were involved in the treatment process and that CA regard their rights. Goal was met. |
| <i>To increase efficiency of service delivery system</i>                | Net Margin  | Break Even or Positive Net Margin  | Monthly Financial Report   | Program did not meet and exceeded budget projections. They were 89% of budget projection.  |
| <i>To improve Access to service delivery system</i>                     | Timeframe From Completed Referral to Intake       | 75%: 14 Days or Less Between Completed Referral and First Intervention Service | Credible EHR System Report: Measures Program Admit Date to First Intervention Service Date | 61% Compliance Rate of services within the 14 days of completed referral. Authorizations have been the biggest barrier to access.  |
| <i>To enhance effectiveness of services delivered to persons served</i> | Hospitalization Rate of Persons served in Program | 75% of Program Persons served Do Not Require Hospitalization                   | O18 SPOE DATA BASE/Credible Reports,   | The program had 16 hospitalizations for the year with a census of 223. 93% did not require hospitalization. Goal was met.  |

| <b>Psychosocial Day Rehab/Day Treatment Program</b>                     |  |   |   |  |
|---|--|---|---|--|
| <b>PERFORMANCE INDICATORS/ OBJECTIVES</b>                               | <b>MEASURES</b>  | <b>PERFORMANCE TARGETS</b>  | <b>DATA COLLECTION PROCEDURES</b>         | <b>RESULTS</b>   |
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey                           | 90% Report Satisfaction With Overall Quality of Care and Services                               | Administered Annually                     | On the satisfaction surveys 96% of persons served rated that they were treated with respect/dignity; that they felt supported; that they were involved in the treatment process and that CA regard their rights. Goal was met. |
| <i>Efficiency of service delivery system</i>                            | Net Margin   | Break Even or Positive Net Margin   | Monthly Financial Report                  | Program met 85% of budget projections.   |
| <i>To improve Access to service delivery system</i>                     | Average Hours/Days per Week Day Treatment is Available | Maximization of Program Utilization: Day Treatment Availability 5 Hours per Day/5 Days per Week | Monthly Finance Books: Average LOS Report | <b>Light House:</b><br>Averaged 5.4 Hours per day and 5 days per week (50 weeks of year) meeting their goal.<br><b>Pathway:</b><br>Averaged 4.8 Hours per day and 5 days per week (50 weeks of year) meeting their goal.       |
| <i>To enhance effectiveness of services delivered to persons served</i> | Hospitalization Rate of Persons served in Program      | 75% of Program Persons served Do Not Require Hospitalization                                    | O18 SPOE DATA BASE/Credible Report        | The program had 8 hospitalizations for the year/ a census of 101. 92% did not require hospitalization. Goal was met.   |

| <b>Crisis Intervention/Emergency Services</b>                           |   |   |                                   |   |
|---|---|---|-----------------------------------|---|
| <b>PERFORMANCE INDICATORS/ OBJECTIVES</b>                               | <b>MEASURES</b>   | <b>PERFORMANCE TARGETS</b>  | <b>DATA COLLECTION PROCEDURES</b> | <b>RESULTS</b>  |
| <i>To optimize client satisfaction with services delivered</i>          | Customer Satisfaction Survey  | 90% of Referral Source Survey Rate Emergency Services as Good to Excellent            | Administered Annually             | 75% of the respondents felt our response to Emergency Services was good to excellent. Goal was not met.   |
| <i>To increase efficiency of service delivery system</i>                | Expenditures of Local Acute Care Funds                              | Amount Expended on Indigent Hospitalizations will not Exceed Local Acute Care Funding | Monthly Financial Report          | Program met and exceeded budget projections.  |
| <i>To improve Access to service delivery system</i>                     | Timeframe of Initial Crisis Intervention to Follow Up Appt with MHP | 75 %: Emergency Follow Up Appt Made Within 7 days of Crisis Intervention.             | Credible Report                   | Same Day Access for Assessments was implemented across the agency last fiscal year which allows 100% access at the time of contact. However, on 60% of clients showed up for the follow up appointment that was made within 7 days. |
| <i>To enhance effectiveness of services delivered to persons served</i> | Inpatient Hospital Diversion Rate                                   | 75% of Crisis Interventions will be Diverted From Inpatient Hospitalization           | SPOE Database Credible Report     | The program had 1406 screenings resulting in 335 hospitalizations for the year. 76% did not require hospitalization. Goal was met.  |

These outcomes enable the Quality Improvement Committee to assess whether clients' needs are being met, to identify any areas needing improvement and then implementing plans to meet any areas of need.

### **Quality Assessment Committee**

The Quality Assessment Committee is made up of the Health Information Services Supervisor from each site, Billing, Health and Safety Coordinator, PODS, Medical Director, and the Chief Clinical Officer. The Committee reviews information each quarter on peer reviews, technical compliance reviews, quality and recoupment audits based on medical necessity and technical compliance. Minutes and recommendations are forwarded to the Performance Improvement Committee for oversight and any corrective actions plans.

Quality record reviews are completed on a scheduled basis according to the QA timeline for internal audits and for external audits according to payer source standards. Utilization management clinicians review daily all clinical records to ensure compliance with internal clinical standards as well as external auditing requirements.

Technical reviews are conducted by Medical Records personnel and Technical Compliance Specialists who are specifically trained in technical standards of the agency, accrediting body,

and outside payer sources. All clinical reviews are conducted by licensed mental health professionals. All medical reviews are conducted by medical personnel and reviewed by the Medical Director. Audits are conducted to ensure, quality of service delivery, appropriateness of services, and service utilization. Information is shared with the QAC committee, which includes Senior Management personnel to enable management to provide any necessary training needed to improve documentation and quality of care.

### **Quality Reviews Internal**

Quarterly, the Peer Review of charts is conducted. The Supervisor randomly selects at least 10% of the active and closed client charts for review. This review is conducted to ensure that the chart is complete and the billing to service is accurate. The charts are randomly selected from the charts pulled for QA review. Any chart that has a discrepancy is returned to the primary therapist for correction. Data is collected and analyzed. Any trends or personnel training needs are noted by the Chief Clinical Officer and recommendations made to the senior management team who will provide feedback to staff persons as needed. In the event of a death of a client, a special review will be conducted including, at a minimum, a Psychiatrist, Program Operations Director (or designee), the primary therapist and the Chief Clinical Officer. Information is used to improve the quality of services through these performance improvement audits.

All charts that are opened for services are reviewed for technical compliance with agency and payer source standards by the Medical Records departments prior to staffing with the treatment team to ensure adherence to all required guidelines. This information is reviewed at each quarterly QA committee for any CAP that is necessary.

### **Utilization Review Program**

In addition to the peer, medical records and technical reviews, CA has implemented a formal Utilization Review program designed to improve all clinical documentation and quality of care. This is collaborative effort with the treatment team to build skills and provide feedback, which positively impacts agency documentation. UR is a process in which documentation is monitored for accuracy and consistency of form completion along with improving the overall quality of the documentation process. Utilization Review is a proactive approach to address the following:

1. Establishing medical necessity for ordered services
2. Daily review of all Master Treatment Plans and Periodic 90 day reviews before they are signed and approved by the Physicians to catch errors / issues that could trigger a payback or denial of services before they occur
3. Shaping appropriate and effective care

4. Maximizing precertification efforts
5. Working renegotiations, appeals and denials
6. Conducting concurrent clinical reviews
7. Monitoring timely documentation of clinical services
8. Monitoring internal Credible reports for quality of care requirements
9. Provide training and consultation for all new clinical staff on documentation standards
10. Provide ongoing training and consultation for all clinical staff on external audit findings to improve compliance
11. Coordination with external auditing entities for both onsite and desk reviews as necessary
12. Completion, implementation and oversight of any corrective action plans as a result of audits
13. Quarterly feedback to the Quality Assurance Committee, Technical Compliance Committee and Performance Improvement Committee

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

Counseling Associates will comply with the requirements set forth in Section 2.9 of RFQ 710-19-1024 regarding utilization of funds in the following manner:

- a.** Counseling Associates will utilize DHS funds only for the populations defined in RFQ Section 2.3.2, specifically all adults, youth, and children experiencing a psychiatric or behavioral health crisis who do not have a payor source for medically necessary services, all persons in the custody of the Division of Children and Family Services (DCFS) who are not members of a PASSE, all individuals needing admission to or discharge from the Arkansas State Hospital and those with community-based 911 status, individuals referred for court-ordered Forensic Evaluations and Outpatient Restoration services, non-Medicaid individuals who meet criteria for a Serious Mental Illness, individuals experiencing a First Episode Psychosis, persons in need of Community-Based Services and Support, individuals who meet established criteria for Social Services Block Grant (SSBG) Title XX services, and uninsured or underinsured persons with medical necessity for an array of expanded services (including Partial Hospitalization, Peer Support, Supported Employment, Supported Housing, Therapeutic Communities, Aftercare Recovery Support, and Medication Assisted Treatment).
- b.** Counseling Associates has well established policies and procedures that direct employees to forward receipts of purchases for SSBG Title XX services to our Business Office located in Russellville. Under the direction and supervision of Brian Lutz, Chief Financial Officer, the Business Office is responsible for all monthly DHS billing and reporting according to the SSBG Block Grant Manual.
- c.** Counseling Associates currently has the ability to provide services for and bill to over 30 different private insurance plans. Counseling Associates' commitment to diversified revenue streams is evident in the fact that almost 20% of our overall fee-for-service revenues come from private insurance. Counseling Associates is currently an in-network contracted provider for all three Provider-led Arkansas Shared Savings Entities (PASSE) that includes Summit Community Care, Empower Behavioral Health, and Arkansas Total Care. In addition to maximizing Medicaid revenues when medically and clinically appropriate, our well-established and effective revenue cycle management process includes the capability of providing services for and receiving payments from both Medicare and the Veterans Administration. Counseling Associates is committed to using DHS contracted funds as a payor of last resort whenever possible and only for Arkansas residents who are indigent. To ensure this, all QBHPs are trained and responsible for providing care coordination services by assisting clients in obtaining insurance whenever possible. CA is also an experienced vendor capable of accepting the state's authorized

VISA Procurement Card (p-card) as a method of payment, although VISA is not the exclusive method of payment.

d. Counseling Associates undergoes a comprehensive external audit on an annual basis and is currently contracted with BKD, the largest Certified Public Accounting firm in Arkansas. These audits demonstrate Counseling Associates' compliance with professionally recognized and generally accepted accounting practices and are typically conducted in August each year with findings reported to the Board of Directors by the end of the calendar year. All audit reports have been, and will continue to be, forwarded to DHS per contract guidelines.

e. Counseling Associates plans to utilize contract funds towards the development of infrastructure in order to expand our current capacity in meeting the behavioral health needs of the communities we serve across our 10 county region. Specifically, we hope to use funds towards the initial start-up expenses (rent, utilities, furnishings, advertisement, telemedicine networks) related to opening new clinics in Perry and Yell counties, the vulnerability testing of our electronic network to ensure the security of client's protected health information, the upgrade of technology required as a result of the vulnerability testing, and staff recruiting and development initiatives in evidence-based approaches to treatment across our entire region. Counseling Associates will report monthly to DHS on the use of contract funds for infrastructure development.

## E. REGION SPECIFIC SERVICES

Counseling Associates has a long history of providing services like those required in RFQ 710-19-1024 and proposes to continue meeting the behavioral health needs of residents in our 10 county service area (Region 2) in the following manner:

a. Specific formal and informal community collaborations in each county of our region include but are not limited to the following:

**Cleburne County:** CAPCA, Sense-able Kidz, Cleburne County Detention Center, Cleburne County Sheriff's Department, Heber Springs Police Department, Baptist Health Medical Center-Heber Springs, ArCare, Quitman Schools (MOU), Concord School, Greens Ferry Schools, Heber Springs Schools, Heber Springs Chamber of Commerce, Juvenile Drug Court, Adult Drug Court, DHS/DCFS.

**Conway County:** The Community Coalition, Community Services (Underage Smoking Literacy Council), The Care Center (food, clothing, shelter for those in need), Safe Place (Women's Shelter), Conway County Detention Center, Conway County Sheriff's Department, Morrilton City Police, CHI St. Vincent-Morrilton, South Conway County School District, Wonderview Public Schools, Nemo Vista Public Schools, Two Rivers Public Schools, DHS/DCFS and the Conway County Mental Health Coalition, Kids First, Head Start, ARVAC, Action Services.

**Johnson County:** State Multi-Disciplinary Team, DHS/DCFS, Ozark Rape Crisis Center, Johnson County Chamber of Commerce, University of the Ozarks, Juvenile Probation, Adult Probation and Parole, Senior Care, Clarksville Public Schools, Lamar Public Schools, Johnson County Detention Center, Johnson County Sheriff's Office, Clarksville City Police, Johnson County Regional Medical Center, BOST.

**Faulkner County:** Faulkner County Mental Health Coalition, Conway Regional Health Systems, Baptist Health Medical Center – Conway, ArCare, Conway Behavioral Health, Faulkner County Detention Center, Faulkner County Sheriff's Department, Conway City Police, University of Central Arkansas, Hendrix University, Conway Public Schools, The Salvation Army, Junior Auxiliary, Community Action Program, Faulkner County Senior Citizen Center, Bethlehem House, Mayflower Public Schools, Greenbrier Public Schools, Guy Public Schools, Vilonia Public Schools, Child Advocacy Alliance, state Multi-Disciplinary Team, Cradle Care, Project Play, Juvenile Court and Probation, Juvenile Drug Court, Pediatrics Plus, University of Arkansas at Little Rock MSW Program, Conway Chamber of Commerce, DHS/DCFS, Faulkner Day School, Pediatrics Plus, Cradle Care, Independent Living Services.



**Perry County:** The Community Coalition Food Pantry, Perry County Detention Center, Perry County Sheriff's Department, Perryville City Police, Arkansas Department of Human Services, Perryville School System, East End School District (Bigelow), Baptist Health Family Clinic (Perryville), Perry County Mental Health Coalition, state Multi-Disciplinary Team.

**Pope County:** Kiwanis, Junior Auxiliary, AMOM, Youth Advisory Committee, State MDT, American Foundation for Suicide Prevention, Pope County Mental Health Coalition, Russ Buss, River Valley Battered Women's Shelter, Main Street Mission, ARVAC, Pope County Legal Aid, Arkansas Tech University Counseling Center, Juvenile Probation, Adult Probation and Parole, Freedom House, Hector Public Schools, Pottsville Public Schools, Dover Public Schools, Atkins Public Schools, Russellville School District, Pope County Detention Center, Russellville Police Department, St. Mary's Hospital, Turning Point Behavior Health, several area preschools through Project Play, Russellville Chamber of Commerce, Head Start, DCFS, Friendship.

**Searcy County:** Searcy County School Board, Region 2 Prevention Coalition, Searcy County Detention Center, Searcy County Sheriff's Department, Juvenile Probation (MOU), Marshall City Police, Searcy County School District (MOU), Boston Mountains Rural Health, Home Town Health Coalition, Marshall Chamber of Commerce.

**Stone County:** Family Court, Department of Youth Services, Stone County Detention Center, Stone County Sheriff's Department, Mountain View School District (MOU includes Mountain View Schools, Timbo Schools, and Rural Special Schools), Stone County Medical Center, Best Buy Drug, Stone County Abuse Prevention, Mountain View Chamber of Commerce.

**Van Buren County:** Van Buren County Detention Center, Van Buren County Sheriff's Department, Juvenile Probation (MOU), Boston Mountains Rural Health, Head Start, Clinton Chamber of Commerce.

**Yell County:** State Multi-Disciplinary Team, Sharing and Caring, Adult Probation and Parole, Inspirations Senior Care program, Dardanelle Public Schools, Danville Public Schools, Yell County Detention Center, Dardanelle Police Department, Yell County Sheriff's Office, River Valley Medical Center.

**In addition to the above, our staff participate within the community in a variety of events, groups and collaborative partnerships.** The employees of Counseling Associates are personally well connected within their local communities. They bring a wide array of life experiences and community involvement to the table -- which in turns enhances the opportunities to develop

**and/or increase social contacts, personal relationships, community networks and new supports that ultimately benefit our clients.**

- Current president for Arkansas Mental Health Counselors Association
- Board member for New Hope Youth Ministries
- AADASEP Providers Association Secretary
- AADASEP Committee Secretary
- Masters Level Certification AADASEP
- American Psychiatric Nurse Association
- Arkansas Psychiatric Nurses Association
- Participant in the Arkansas Action Coalition
- Former board member for Programs in Psychiatric Nursing
- Volunteer for “Camp Healing Hearts” with Methodist Family Health
- Awana Leader
- UALR MSW Field Instructors
- Field Instructor for University of New England School of Social Work
- Committee Member for Boy Scout Troop 214
- President and director of Suns Volleyball Club
- Active volunteer for feeding the homeless in the River Valley through Russbus
- Member of Conway Noon Rotary
- Outreach/education provider for Conway Adult Education Center, UCA Occupational Therapy program, Arkansas Community Corrections- Conway Office, Faulkner Co Sheriff’s Office, and CASA
- Faulkner Co DCFS Treatment Provider
- Faulkner Co Juvenile Volunteer Probation Officer/Instructor
- Certified SafeTALK Facilitator
- ASIST suicide prevention technique trained
- Board Member of Changing Acres
- Cradle Care – Board Member
- Faulkner County Coalition for Social Justice – Member
- Darkness to Light Stewards for Children – Trainer
- AETN – Volunteer
- University of Central Arkansas – Alumni Association Member
- Arkansas Counseling Association - Member
- Past President of the Arkansas Mental Health Counselors Association (ArMHCA)
- Past Chair of the ArMHCA Conference Committee
- Sustaining Member of Century League of Morrilton
- Member of Daughters of the American Revolution
- Member of the Parent Teacher Organization at Sacred Heart Catholic School
- Member of the Sacred Heart Bazaar Committee
- Alumni Advisor for Delta Zeta Sorority at Arkansas Tech University
- Field Instructor for Louisiana State University, MSW program
- Volunteer with the Morrilton’s Parks and Rec Department
- Conway County Advisory Committee for Children’s Services
- Pope County Foster Parent
- Member of the W.O.A (Wives of Armor) Chapter D Group
- Serve on the Conway City Council for 20 year as alderwoman
- Alumni of Faulkner County Leadership Institute
- Past President of Conway Regional Women’s Advisory Council
- Arvest Bank Board of Directors
- Member of A & P Commission

- Dazzle Daze Committee (Co-Chair)
- Chamber of Commerce Board
- Recipient of Lifetime Achievement Award for the Minority Enterprise Development of Conway Chamber of Commerce Board
- Serves on Arkansas Mental Health Council Institute Committee
- Young Empowered Sister (YES) Mentor
- 2018 Recipient of the Conway Area Chamber of Commerce Administrative Para-Professional Award
- Treasure and Chairman of the Jimmy Durante Children's Fund for the local Fraternal Order of Eagles Auxiliary #3928
- Vice President for the State Fraternal Order of Eagles Auxiliary
- Core Team Member of the Multi-Disciplinary Team Oversight Board for Child Abuse & Neglect
- Pediatric Plus Mental Health & Social Work Consultant
- Faulkner County Tornado Crisis Response Team
- Member of the Arkansas Psychological Association (ArPA)
- Member of the American Psychological Association (APA)
- Member of Division 17 of APA (Society of Counseling Psychology)
- Core Team Member of the Multi-Disciplinary Team Oversight Board for DHS/DCFS
- Member of the AHIMA (American Health Information Management Association) -same
- Member of and ArHIMA (Arkansas Health information Management Association)-same
- Ozark Folk Center, apprentice & volunteer
- Member of Foster Family Treatment Association
- Past Secretary of Foster Family Treatment Association
- Member of American Counseling Association
- Member of CHI Professional Honor Society
- Certified Love and Logic Independent Facilitator
- Alumni Board for St. Joseph Catholic School
- Alumni of Faulkner County Leadership Institute
- United Way Volunteer
- Faulkner County Tornado Crisis Response Team
- Member of Ministry Team and Eucharist Visitation Team at St. Peter's Episcopal Church, Conway
- Member of PERC, Arkansas
- Member of MPSU (Michigan Peer Support United)
- Active member of AA
- ACES - Arkansas Committee on Education Stability
- Arkansas Children's Hospital Family Advisory Board
- CASA (Court Appointed Special Advocate)
- PAWS (Conway Junior High)
- Marketing Chair of Arkansas Mental Health Counselors Association
- Co-coordinator of Financial Peace University in Greenbrier
- Alumni of Faulkner County Leadership Institute
- Children's Advocacy Alliance Board Member
- Arkansas Dream Center: Volunteer
- UCA Alumni Association: Member

***Counseling Associates-Groups and activities for 2018/19***

- CA's program Haven voted United Way's agency with the biggest heart 2017
- CA's program Haven voted City of Conway's Business/Non-profit of the Year 2018
- Haven awarded \$380,000 challenge grant from the Mabee Foundation in Tulsa, Oklahoma
- Conway County Fire Department Golf Tournament
- Toad Suck Daze 5 and 10 K Race

- Area Substance Abuse (DASEP) Stakeholders Luncheon sponsor
- Mental Health Council of Arkansas
- Annual Behavioral Health Institute
- Searcy County Health Fair
- Perry County Fair – Resource Booth
- Presented at Nemo Visa School Fair on Bullying
- Concord School District Health Fair
- Ozark Rape Crisis Walk
- NAMI
- Consumer Advocacy Council
- Clarksville’s Community Halloween Celebration, Safe Treat
- Conway County Community leadership groups - Adeline and Century League are two groups that help CA with Angel Trees
- Arkansas Tech - Principles of Disease Class Presentations
- Annual participant in University of Central Arkansas Job Fair
- Conway Regional Medical Center Diabetes Health Fair
- National Mental Health Council
- Conway Area Chamber of Commerce
- Clarksville Chamber of Commerce
- Heber Springs Chamber of Commerce
- Marshall Chamber of Commerce
- Conway Area Chamber of Commerce
- Clinton Chamber of Commerce

**b. Region 2 presents unique challenges for the designated Community Mental Health Center (CMHC). The primary challenge concerns the turnover in providers that has taken place in the northern part of the region over the last few years (Cleburne, Searcy, Stone, and Van Buren counties). Health Resources of Arkansas (HRA) was the original CMHC that served this part of the state but merged with Preferred Family Health (PFH) several years ago. PFH also operated under the names Alternative Opportunities and Daysprings. When PFH lost their state CMHC contract and Medicaid provider numbers in late June 2018, Counseling Associates agreed to take on the responsibility of these four counties and began as the state contracted CMHC on September 1, 2018. In spite of everyone’s best efforts, the 60 days of transition from one CMHC to another caused much confusion in these communities and many clients were lost to contact by the time Counseling Associates opened new clinics in all four counties. CA was aggressive in hiring former PFH employees and did extensive marketing and outreach to clients and the community while we met every established DHS timeline to get new clinics open, certified, and staffed appropriately. Caseloads in these counties continue to expand, now well over 1,000 people total, and public relations outreach is ongoing as we continue working to repair community relationships damaged by PFH’s departure. The CA message to these communities has focused on rebuilding trust and confidence and we have continually reassured people that we are in their communities to stay – that we are Arkansans, like them, who are here for the long haul to be community partners and**

good neighbors. The strategy of hiring many former PFH employees who live in these communities has proven to be helpful as they already had established relationships and they have helped reassure people that Counseling Associates is a non-profit community provider who is in their community for the right reasons – to make a difference in the overall health and wellness of the community. These counties are very rural and the communities are small. “Outsiders” are not quickly embraced and these communities need stability and continuity from their behavioral health providers in order to trust them enough to access care in spite of the stigma that still exists. It will be devastating to these communities to have yet another different CMHC designated as a result of this RFQ and the trust and confidence that has been built over the last 6 months will be lost.

Challenges also exist in the original six counties (Pope, Johnson, Yell, Conway, Perry, Faulkner) served by Counseling Associates for almost 50 years. Two of these counties are extremely rural (Yell and Perry) with very few other providers available and limited community resources. Counseling Associates will open clinics in both of these counties in response to this RFQ, but has already provided community-based care for decades in these counties by placing mental health professionals in schools, having QBHP’s available to provide in-home care, building relationships with law enforcement and detention centers around emergency screenings during the day and outside regular business hours, and having community members sit on our Board of Directors. The primary challenge in the other four counties (Pope, Johnson, Conway, and Faulkner) in central Arkansas is primarily related to keeping pace with a growing population and demand. Faulkner County is the 5<sup>th</sup> fastest growing county in Arkansas and Counseling Associates has accommodated this growing demand by increasing our staffing to over 230 people, implementing Open Access clinics that eliminate wait time for initial Mental Health Assessments, and training more and more of our clinicians in evidence-based approaches that are designed to get the best clinical outcomes in the least amount of time and cost possible.

Counseling Associates is particularly well-suited to provide services in Region 2 because of the infrastructure, relationships, resources, trust, and credibility we have built in these communities for almost 50 years. However, just having history and tenure alone as the Community Mental Health Center in this region is not enough to warrant continuation into the future. CA is the best choice for the future as the designated Community Mental Health Center for Region 2 because we have continually demonstrated that, while honoring our past and building on our foundation, we will never be satisfied with the status quo and will continually work to improve our system of care that produces the best possible clinical outcomes at the lowest possible cost. We have demonstrated this culture of quality and continual performance improvement by

being the first CMHC in Arkansas accredited by CARF, by embracing the systemic changes that came along first with the RSPMI program and now with Outpatient Behavioral Health Services, by being an early supporter of the PASSE system of care, by developing a comprehensive continuum of care of evidence-based approaches for children and adults with mental health and now substance use disorders, by training and developing a qualified and competent workforce, by embracing accountability and consistently meeting and exceeding the established Performance Indicators in all DHS contracts, and by staying focused on new and innovative ways to make a positive difference in the lives of the people we serve.

We look forward to the continued opportunity to meet the behavioral health needs of the people we serve and embrace the many challenges that are ahead for the public system of care in Arkansas.

**E. REGION SPECIFIC SERVICES  
ATTACHED MOU'S WITH COMMUNITY PARTNERS**



# COUNSELING ASSOCIATES

## **Memorandum of Understanding**

**Between  
Counseling Associates  
And  
Arkansas Community Corrections**

This Memorandum of Understanding (MOU) sets for the terms and understanding between Counseling Associates and the Arkansas Community Corrections (ACC) for the purpose of referrals.

### **Purpose**

This MOU is completed to better serve the ACC and serve individuals who are on probations or parole in need of behavioral health services. This MOU will allow CA to support the ACC and the ACC Medication Assisted Treatment Program allowing their clients to continue treatment in an outpatient setting post release.

### **Referral**

CA will develop a transition plan collaboratively with the ACC when referrals are made. CA will provide the necessary screening, evaluation and recommendations. All treatment goals and objectives will be determined by the individual client needs and based on medical necessity criteria for appropriate services when screening and assessing for potential services at CA. Services are determined by the provider's expertise/knowledge and may include mental health and substance abuse evaluations, individual, group and/or family therapies, psychoeducation,



crisis services or other services provided by a mental health professional, qualified behavioral health providers and medication assisted treatment provided by licensed medical providers.

#### **General Provisions**

- A. This MOU does not grant exclusivity to either Party, nor does it restrict CA or ACC from participating in similar initiatives with other public or private agencies, organizations or individuals.
- B. Both parties will abide by the privacy provisions of HIPAA and 42 CFR Part 2 and the other provisions of any applicable laws, CA and ACC will identify primary contact person(s) at each location for communication purposes, coordination of care and any issues that may arise.
- C. Third Party Reimbursements (Medicaid, private insurance and grant funding) will be billed by CA consistently in compliance with regulatory and fee agreement polices.
- D. CA and ACC agree they will not use the logo of the other party without the expressed written consent from the other party.

#### **Duration**

This MOU is at will between both Parties. This MOU shall become effective upon signatures by authorized parties and will remain in effect until modified or terminated by any one of the partner by mutual consent. Any modifications to this MOU will be mutually agreed upon and reflected in writing and signatures of both parties. This MOU may be renewed for successive two year terms by mutual written agreement of the parties. In the absence of mutual agreement to extend the agreement, the MOU shall end on June 31, 2020.

#### **Termination**

This MOU may be terminated by either party for any reason upon the provision of 30 days written notice sent via email to the following address:

**Arkansas Community Corrections:**  
**Kevin Murphy, Director**  
**105 West Capitol Avenue, 3<sup>rd</sup> Floor**  
**Little Rock, Arkansas 72201**  
**Kevin.Murphy@arkansas.gov**

**Counseling Associates:**  
**Brian Davis, CEO**  
**350 Salem Road, Suite #9**  
**Conway, AR 72034**  
**[Bdavis@calinc.org](mailto:Bdavis@calinc.org)**

*A. M. [Signature]*

*1-25-19*

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Arkansas Community Corrections

Date

*William W. Pardo*

*1-23-19*

---

Counseling Associates

Date



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
Nathaniel Smith, MD, MPH, Director and State Health Officer

## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (MOA) is entered by and between the Counseling Associates, Inc. (CA) and the Arkansas Department of Health (ADH), Center for Health Protection, hereafter referred to as CHP.

The CA administrator for this agreement will be: Brian Davis, L.C.S.W., Counseling Associates, Inc. Correspondence address is 350 Salem Road, Suite 1, Conway, AR 72034. Phone number, office: 501-328-2230, email [BDavis@CAIINC.org](mailto:BDavis@CAIINC.org).

The CHP administrator(s) for this agreement will be: Joe Martin, IVP Section Chief, 501-671-1452, [joe.martin@arkansas.gov](mailto:joe.martin@arkansas.gov); and Mandy Thomas, Suicide Prevention Program Manager and GLS Project Director, 501-614-5234, [amanda.thomas@arkansas.gov](mailto:amanda.thomas@arkansas.gov); and Jacob Smith, Suicide Prevention Follow-up Specialist, 501-671-1611, [jacob.r.smith@arkansas.gov](mailto:jacob.r.smith@arkansas.gov).

The ADH administrator for this agreement will be: W. Steven Carter, CFO, 501-280-4201, [steve.carter@arkansas.gov](mailto:steve.carter@arkansas.gov) at same address listed above.

This MOA may be amended, if mutually agreed upon, to change the scope and terms of the MOA. Such changes shall be included as a written amendment to the MOA and must be signed by the signatories listed below.

I. Purpose:

As part of the Garrett Lee Smith Memorial Suicide Prevention (GLS) grant requirements funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Early Identification, Referral, and Follow-up (EIRF) form is a survey guided by best practices used to gather de-identified information on suicidal individuals about the source and setting of identification, referrals made, and linkages to those services. The purpose is to improve continuity of care and follow-up of youth identified at risk for suicide by early identification of warning signs, referral to needed services, and ensuring that services were received. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their suicide risk may be heightened. The EIRF data collection occurs within the context of the Zero Suicide Model, a systems-wide approach based on the idea that suicide can be prevented if signs leading up to it, including depression, is early identified and screened for as a whole.

The EIRF form does not collect protected health information. The EIRF collects de-identified individual-level data for each youth identified as at risk for suicide by a trained gatekeeper. The EIRF form includes several sections, as listed below:

- Participant identification number.
- Demographic information.
- Setting and source of identification (identification is defined as the first recognition of the youth as at risk for suicide).
- Gatekeeper training and screening information.
- Mental health and other support referral information.
- Follow-up information for the first and second mental health appointments.

Please see attached a copy of the EIRF survey form that will be used for data collection and follow-up information.

## II. Scope of Work:

- Enhance continuity of care, outcomes, and follow-up, for youth ages 10-24 that are at risk of suicide in health care systems;
- Create a database to address the prevention, early identification and treatment for youth identified at risk for suicide;
- Establish a framework of collaboration and, as applicable, integration of standardized suicide prevention practices in training, screening, service referral and tracking measures.

## III. Deliverables:

- CA will collaborate with ADH to collect and review EIRF survey information, to close the gaps and better evaluate the effectiveness of services for youth at risk of suicide and their families.
- CA will utilize the EIRF form to gather de-identified information on suicidal youth ages 10-24 about the source and setting of identification, referrals made, and linkages to those services.
- CA will submit EIRF results to ADH on a monthly basis and for the 3-month follow-up services.
- ADH will provide the EIRF form and collect completed forms from CA on a monthly basis and for the 3-month follow-up services.
- ADH will collect, store, and organize EIRF data information.
- ADH will provide technical assistance as needed, along with support and resources.
- ADH will provide trainings for CA staff, including, but not limited to, Assessing and Managing Suicide Risk (AMSR), Recognizing and Responding to Suicide Risk (RRSR), and Collaborative Assessment and Management of Suicidality (CAMS).

## IV. Terms of Agreement:

The term of this memorandum of agreement is November 1, 2018 through September 29, 2019 and may be extended annually, contingent upon approval by the program, the ADH, and required legislative reviews, and upon the appropriation and availability of necessary funding.

V. Funding:

Cost Center: 610070

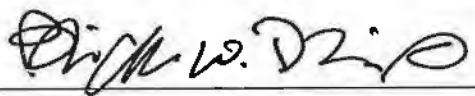


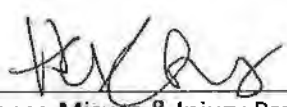
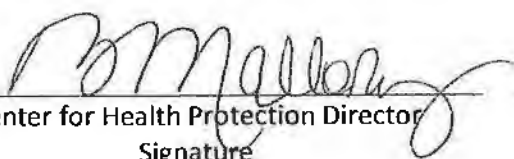

Internal Order: ASUI0019

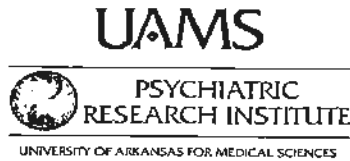
Center-CHP

This expenditure is in line with the goals of the Garrett Lee Smith Memorial, Youth Suicide Prevention grant.

A stipend will be paid monthly of \$1,000.00, up to a maximum of \$10,000 for completion of deliverables outlined in section III, from the Garrett Lee Smith Memorial, Youth Suicide Prevention funds through SAMHSA.

The following parties agree to this Memorandum of Agreement:

|   |   |                 |
|---|---|-----------------|
| <br>CA CEO Signature   | Brian Davis, L.C.S.W., Chief Executive Officer<br>Printed Name & Title      | 9.18.18<br>Date |
| <br>Suicide Prevention Program Manager<br>Signature            | Mandy Thomas, Suicide Prevention Program<br>Manager<br>Printed Name & Title | 10/3/18<br>Date |
| <br>Injury & Violence Prevention Section<br>Signature        | Joe W. Martin, IVP Section Chief<br>Printed Name & Title                    | 10/3/18<br>Date |
| <br>Substance Misuse & Injury Prevention<br>Branch Signature | Haley Ortiz, Branch Chief<br>Printed Name & Title                           | 10/3/18<br>Date |
| <br>Center for Health Protection Director<br>Signature       | Renee Mallory, CHP Director<br>Printed Name & Title                         | 10/3/18<br>Date |
| <br>Chief Financial Officer Signature                        | W. Steven Carter, CFO<br>Printed Name & Title                               | 10.5.18<br>Date |



CENTER FOR ADDICTION SERVICES & TREATMENT  
4301 West Markham St., #835  
Little Rock, AR 72205-7199  
501.526.8400

Michael Mancino, M.D.  
Program Director

Peggy Healy, LCSW  
Clinic Administrator

June 1, 2018

**REFERRAL AGREEMENT**

We the undersigned, recognizing the need for cooperation in the substance abuse services, agree to a mutually acceptable working relationship. This agreement will enable both facilities to refer patients from their respective programs to the other; however, feasibility of accepting the referred patient will always lie with each program's staff decision.

Both parties further agree to mutual cooperation in helping to achieve the overall objectives of providing treatment to the citizens of the State of Arkansas.

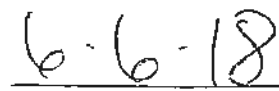
This agreement will also comply and abide by all and any State and Federal laws concerning patient's rights to confidentiality, specifically the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 42 U.S.C. & 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. and 290dd-2, 42 CFR Part 2.

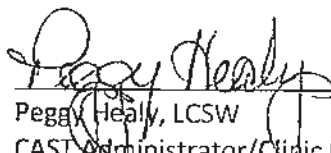
This agreement shall remain in effect unless it is formally terminated by one or both parties upon a 30 day written notice. This agreement shall serve the periods of July 2018 through June 2020.

**APPROVED:**

  
\_\_\_\_\_  
Program Director/Administrator

Counseling Associates  
350 Salem Rd., Ste. #1  
Conway, AR 72032  
501.327.4889

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Peggy Healy, LCSW  
CAST Administrator/Clinic Manager  
UAMS Center for Addiction Services & Treatment  
4301 W. Markham St., Slot #835  
Little Rock, Arkansas 72205-7199  
501.526.8400

  
\_\_\_\_\_  
Date

# **CONWAY PUBLIC SCHOOLS**

## **School-Based Mental Health Service Agreement**

THIS SERVICE AGREEMENT is entered into the 1<sup>st</sup> day of August, 2018, by and between COUNSELING ASSOCIATES INC. (the "Provider"), 350 Salem Road, Conway, Arkansas and CONWAY PUBLIC SCHOOLS (the "District"), located in Conway, Arkansas for the purpose of providing School Based Mental Health Services to the District as set forth in this agreement.

### **A. PRELIMINARY RESPONSIBILITIES OF THE PROVIDER**

1. The Provider agrees to provide qualified therapists and case managers to perform school based mental health services for students. Provider and its employees and agents shall meet the standards of District for fitness and suitability for work as therapists and/or case managers. District shall have the right to refuse to permit any therapist or case manager to work in the District if the District determines it is not in the best interest of District or its students or families.
2. The Provider shall be responsible for maintaining documentation of liability insurance, completed Attestation Participation Statement, Practitioner Profile, Statement of Assurances, appropriate licenses, supervision requirements, background checks, and continued education requirements for all therapist and case managers who will be providing school based mental health services for the Provider under this agreement.
3. The Provider shall certify, by executing this agreement, that each school based mental health therapist and each case manager providing services to the District are not listed on the State's sex offender registry nor child abuse registry.
4. The Provider shall provide a list of all Provider staff who will be providing services to the District under this agreement, along with contact information to include office telephone numbers and emergency telephone or pager numbers. This list shall be updated immediately as changes occur.
5. Provider and its employees and agents shall identify themselves when providing services in the District and when on campus with identification badges, which include Provider and employee name, and will sign in and out on designated forms. When on campus, Provider, its employees or agents shall follow the reasonable requests of the building administration and comport themselves in a manner consistent with District policies regarding codes of conduct.

B. SCHOOL BASED MENTAL HEALTH SERVICES PROVIDED

1. School Based Mental Health Services provided under this agreement shall mean direct and/or non-direct services provided in a school setting, to include an area on or off site based on accessibility for the child, or at the home of the child when it is the educational setting for a child enrolled in the District.

School Based Mental Health Services may include:

- a. Diagnosis – Direct clinical service for the purpose of determining the existence, type, nature and most appropriate treatment of a mental illness or related disorder.
  - b. Diagnosis – Psychological Test or Evaluation (a single diagnostic test).
  - c. Diagnosis – Psychological Testing Battery (two or more diagnostic tests).
  - d. Interpretation of Diagnosis – a direct service for purpose of interpreting diagnostic results.
  - e. Crisis Management Visits
  - f. Individual Outpatient Therapy Sessions
  - g. Family Therapy with patient present
  - h. Family Therapy without patient present
  - i. Individual Outpatient Collateral Services
  - j. Group Outpatient Therapy
  - k. Parent and school training and/or inservices
  - l. Attendance at school staffings
  - m. Attendance at or reporting to IEP or 504 meetings
  - n. Collaborative planning with school staff or other providers
  - o. Observation
  - p. Etc. as appropriate to student needs
2. The Provider shall submit to the District monthly an updated student list/demographic data (of clients served). The data will be submitted by school and include student name, grade, therapist and case manager (serving student). In addition, the Provider shall attend meetings with the District's School-based Mental Health Coordinator as determined by School-based Mental Health Coordinator. The meetings will occur at dates and times to be agreed upon by the parties. All communication, written or verbal, shall comply with all applicable state and federal laws regarding confidentiality including HIPPA and FERPA.



C. RESPONSIBILITIES OF DISTRICT

1. The District will work closely with the therapists and case managers to ensure continued program implementation and support for students and their families.
2. The District will provide access to basic office equipment (e.g. fax, copy machine, etc.) for the therapist as appropriate and reasonable.
3. The District will make space available for counseling sessions that provide reasonable confidentiality to the District students/group members


D. GENERAL PROVISIONS

1. The Provider understands that they are one of the District's providers and acknowledge that District is not restricted from referring any student for any service to another provider.
2. Subject to the Arkansas Freedom of Information Act and the Privacy Rules, this agreement and all records created, maintained or delivered pursuant to it are deemed and considered confidential in nature and shall not be disclosed by any party hereto to any third party for any reason, absent court order. Specifically, all of the Provider's records created in the performance of the Services shall be deemed and considered to be the property of the Providers and to be confidential pursuant to the Privacy Rules. The District agrees to execute all additional agreements or amendments to this Agreement necessary or appropriate for complying with the Privacy Rules, including, compliance with all written policies and procedures provided by the Provider, which are necessary or appropriate for complying with the Privacy Rules.
3. The term of this agreement shall be that period of time beginning on the effective date of this agreement and ending on the last day of July 2019. However, District may terminate this agreement within 30 days notice to the Provider if District determines a breach of this agreement or determines the District can no longer commit to this agreement within its educational mission and resources. Provider may terminate this agreement within 30 days notice to the District in writing if Provider can no longer commit to this agreement.
4. The District agrees to indemnify, defend and hold harmless the Provider from and against any and all claims, actions, losses, damages or liabilities ("Losses") arising out of the actions of the Provider while carrying out its obligations under this Agreement; provided, however, that such

indemnification shall not be applicable to Losses proven to have arisen out of Provider's own intentional misconduct or negligence. The Provider agrees to indemnify, defend and hold harmless the District from all Losses arising out of the actions of the Provider while carrying out its obligations under this Agreement if such actions are proven to be intentional or negligent. The Provider represents, warrants and covenants to the District that it has, and shall maintain, professional malpractice insurance covering the Provider's agents providing the Services and that the Provider's agents will maintain accreditation, licensure or other regulatory requirements.

5. The relationship created by this agreement is one between independent contractors and nothing contained herein shall be deemed to create a partnership, agency, franchise, or employment relationship. Neither party hereto shall have the authority to bind the other without separate written consent.

Service Agreement Signatures:

  
Counseling Associates, CEO

8-3-18  
Date

  
Conway Schools, Director Special Services

8/01/18  
Date

**Counseling Associates, Inc./Mayflower School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Mayflower School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Faulkner County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

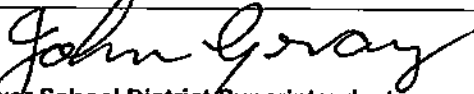
This is an agreement between the Mayflower School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Mayflower School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

The following activities will be provided to the indicated entity.

**Mayflower School District**

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

|   |                 |
|---|-----------------|
| <br>Mayflower School District Superintendent | 6-13-18<br>Date |
|---|-----------------|

*Signed with the understanding that the School District approved R.F.Q./*  
**Counseling Associates, Inc. Bid will supersede this agreement in**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Mayflower School District. *the event of a conflict.*
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

# MOUNTAIN VIEW SCHOOL DISTRICT

210 High School Drive  
Mountain View, Arkansas 72560



Phone (870) 269-3443  
Fax (870) 269-3446

- Provider's staff is available for interagency staffing and communication for those students whose treatment is required by an I.E.P/504 and for progress updates on each student receiving mental health services. Signed releases for the exchange of information regarding student treatment plan and progress will be maintained by provider and provider shall communicate with other providers of service in order to facilitate continuity of care for the student. All communication written and verbal, shall comply with all applicable state and federal laws including but not limited to HIPPA/HITECH statues regarding confidentiality.
- Provider's staff shall assess students in crisis and make appropriate referrals for the indicated level of care. Should acute hospitalization be recommended, provider will follow customary industry standards and ethical practices. The student and family shall determine whether hospitalization is used and what hospital is appropriate. The school district shall not be responsible for payment of any hospitalization expense.
- Provider agrees to abide by the school district's policies as well as all applicable federal, state and local laws and regulations governing the use of school district property. The use or possession of alcoholic beverages, controlled substances, tobacco, firearms, or weapons on school district property is strictly prohibited and punishable by law. Prescription medication shall be administered or stored upon the premises by the school nurse.
- The frequency, duration or the nature of counseling services will not be changed for students with 504 accommodation plans or IEP plans without a 504 or IEP committee meeting.
- These schools within the Mountain View School District will have access to mental health services provided Counseling Associates, Inc:
  - Mountain View Elementary
  - Mountain View Middle
  - Mountain View High
  - Rural Special Elementary and High
  - Timbo Elementary and High

Provider shall be free to bill any source available to the student or family without obligation for the school district to pay for student's mental health services.

This agreement made on Sept. 11, 2018 between Counseling Associates, Inc. (the provider) and Mountain View Public School, located in Stone county, Arkansas.  
 The term of agreement shall be from Sept. 11, 2018 to Sept. 11, 2019.

Provider  
 By: [Signature]  
 Title: CEO  
 Date: 9-11-18

District (Superintendent)(Principal)  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Memorandum of Understanding Between  
Mid South Health Systems, Inc. and Counseling Associates, Inc.**

WHEREAS, Mid-South Health Systems, Inc.(MSHS) is a non-profit community mental health center serving persons in Northeast Arkansas and has recently added the counties of Izard, Sharp, Fulton, Jackson, Woodruff, Independence and White to its catchment area; and

WHEREAS, Counseling Associates, Inc. (CAI) is a non-profit community mental health center serving persons in Central Arkansas and has recently added the counties of Cleburne, Searcy, Stone and Van Buren to its catchment area; and

WHEREAS, the parties desire to collaborate for the purposes of sharing and staffing a Crisis Hotline as these new counties had traditionally been in one catchment area and shared a crisis hotline number; and

NOW THEREFORE, both MSHS and CAI agree to the following:

1. MSHS shall maintain the Crisis Hotline phone number and house and employ crisis hotline workers to operate the shared Crisis Hotline in its Searcy location.
2. MSHS shall operate the crisis hotline for the counties of Cleburne, Searcy, Stone and Van Buren at the request of CAI. MSHS shall receive the crisis hotline calls, screen the calls, and make appropriate referrals as needed.
3. MSHS shall charge CAI a monthly fee for providing this crisis hotline service to CAI at a rate of \$ 2,685 per month.
4. Either party may terminate this Memorandum of Understanding with 60 days notice to the other party.

AGREED, this the 20th day of November, 2018.

RADover  
Ruth Allison Dover  
Mid-South Health Systems, Inc.

11/26/18  
Date

Brian Davis  
Brian Davis  
Counseling Associates, Inc.

11-20-18  
Date

**AR BEST Mental Health Professional**

**Memorandum of Understanding**

**Agreement**

**Central Arkansas CAC and Counseling Associates, Inc.**

Section 1: Rationale

**Central Arkansas CAC** is an agency serving children exposed to sexual and/or physical abuse who present following their initial report or disclosure. The CAC provides a safe, neutral environment for law enforcement, child welfare staff or other individuals as appropriate to obtain information from the child and his or her family regarding the abuse allegation. The CAC also works closely with Arkansas Building Effective Services for Trauma (AR BEST) in the UAMS Psychiatric Research Institute to obtain mental health services for traumatized children, including but not limited to, assessment, individual and/or family therapy, group therapy, and other direct and indirect services. Because Central Arkansas CAC currently has no on-site mental health professional to provide these services, **Counseling Associates, Inc.** agrees to accept referrals and perform, where appropriate, the services listed below.

Section II: Services to be Provided, As Necessary

CAI will designate an individual or individuals to provide direct/indirect services at the CAC full time. Reimbursement for services provided under Section II will be at the rate of \$11,250.00 per quarter.

The following direct services are approved to be reimbursed to Counseling Associates, Inc.

- Assessment (initial diagnostic interview, including administration of the UCLA-PTSD Scale);
- Individual, family or group treatment, including crisis counseling as necessary
- Case management (including phone calls to follow up with the patient/caregiver, IEP meetings, transportation and other service coordination) to be performed only by the treating therapist
- Attendance at an MDT meeting for a specific CAC-referred child
- Attendance at IEP meetings for a specific CAC-referred child
- Preparation for or testimony in court pertaining to a specific CAC-referred child
- Supervision on interns to aid in family advocacy and mental health assessments and data entry.
- Parent counseling and/or meeting to discuss a specific CAC-referred child's progress
- Preparation of a clinical report for a specific CAC-referred child (for example, in preparation for an IEP meeting)

If at any point the mental health professional bills a third party for the above services, billing of the CAC (as reimbursed by AR BEST) for that same service is not allowable.

The following indirect services are also approved not to exceed more than 40% of the total time a clinician (or group of clinicians) documents services provided (for example, in a 40-hour week, 24 hours would be spent providing direct services, while 16 or fewer hours would be spent in indirect services.

- TF-CBT consultation calls and training
- Data entry into AR BEST website
- Supervision (related only to trauma cases)
- Provision of or attendance at other AR BEST training(s)
- Attendance at MDT meeting (not related to a specific child)
- Outreach/community liaison related to the CAC or AR BEST
- Peer review specifically for CAC-affiliated mental health professionals

### Section III: Mental Health Provider or Organization Responsibility

Mental health professionals affiliated with **Central Arkansas CAC** must be licensed in the state of Arkansas and maintain up-to-date liability insurance to receive reimbursement from AR BEST. MHPs will have completed all phases of the TF-CBT training, including the National Child Traumatic Stress Network online training, participation in live training with a certified TF-CBT trainer; and completion (or ongoing participation in) of 12 telephone consultations following criteria outlined by AR BEST. (AR BEST maintains the records of all trained MHPs. If an MHP seeks training elsewhere, he/she must receive approval from AR BEST prior to initiation of that training to receive credit. Subsequent to approval to attend an out-of-state training, the CAC must submit the MHP's documentation to AR BEST for final approval.) If an MHP has not completed the face-to-face training and consultation calls, he or she may complete the on-line training and sign up for the next available face-to-face training.

All MHPs must be registered with AR BEST and have an account established for data entry. All MHPs must participate in a 30-minute webinar or related training on how to use the website, enter data properly and maintain appropriate documentation.

The MHP is required to enter the following information:

- Demographic and related information for children, including the CAC registration number to allow AR BEST to track children from CAC first visit to MHP follow-up.
- Assessment using the UCLA-PTSD scale (at a minimum this includes parent report for children under 12 years of age and child report for children older than 12 years of age) completed at baseline and three-month follow-up.
- Documentation of all client-related and non-client-related service activities, including date, time and duration and indication of whether service was billed to a third-party payer (e.g., Medicaid.)
- Completion of the TF-CBT Brief Practice Checklist (for children ages 3 and older)
- Discharge documentation

All activities must be logged into the database as soon as possible. If activities are not logged in the AR BEST database, they will not be reimbursed by **Central Arkansas CAC**.

\*Please see addendum for stipulations regarding funding appropriation. Central Arkansas CAC will reimburse based on the guidelines outlined in the addendum.




Section IV: **Central Arkansas CAC** Responsibilities

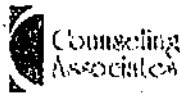
All funds for mental health services are appropriated to the CAC by AR BEST on a quarterly basis. The appropriate amount of funds will be provided to the mental health provider or mental health provider organization by **Central Arkansas CAC** quarterly.

Duration

This agreement shall take effect July 1, 2017, and shall end on June 30, 2018.

  
Counseling Associates, Inc. CEO 6.30.17  
Date

  
CAC Director or Board President 6/30/17  
Date



MEMORANDUM OF AGREEMENT

TO PROVIDE MENTAL HEALTH SERVICES FOR CLIENTS OF PHOENIX RECOVERY – TREATMENT DIVISION

This agreement is between Counseling Associates, Incorporated and the treatment division of Phoenix Recovery in Conway, Arkansas. The purpose of this agreement is to provide timely mental health services to the clients of Phoenix Recovery.

Counseling Associates, Inc. will offer mental health services to clients referred by Phoenix Recovery – the treatment division.

Prior to a referral, Phoenix Recovery will obtain the appropriate release of information to communicate with Counseling Associates, Inc. Additionally, Phoenix Recovery will ensure that if the client is eligible for Medicaid or the Private Option that the client is enrolled to ensure reimbursement to Counseling Associates, Inc. In the event the client is not Medicaid/Private Option eligible, Phoenix Recovery and Counseling Associates, Inc. will work cooperatively to determine payment arrangements.

Basic services to be offered:

- o Assessment/evaluation: upon referral, receipt of authorization for treatment, Counseling Associates, Inc. will offer assessment or evaluation of the clients in a timely fashion.
o Psychiatric crisis/emergency situations: the assessment or evaluation will be made immediately through Counseling Associates Emergency Services. A psychiatric crisis is defined as any condition requiring greater than routine services up to and including hospitalization; a condition that is not homicidal or suicidal or if it is, one that can be handled with a no harm contract or a viable plan for safety.
o Therapy and treatment if the assessment indicates the services are needed. Counseling Associates, Inc. will offer counseling suited to the individual needs in a timely fashion.

Either party may terminate this agreement for no cause by providing 30 days written notice to the other party. This agreement covers the time period of August 5, 2017 through September 30, 2018.

[Handwritten signature of Brian W. Davis] 7.5.17

[Handwritten signature of Katherine Daves] ADC 7/5/2017

Brian W. Davis, LCSW
President/CEO

Date

Katherine Daves, ADC
Director

Date

# Memorandum of Understanding

---

Between Quapaw House, Inc. and  
Counseling Associates, Inc.

Quapaw House, Inc. (QHI) and Counseling Associates, Inc. (CAI) wish to define their relationship by way of this Memorandum of Understanding (MOU).

## RECITALS

WHEREAS, QHI is a contracted agency through the Department of Human Services, Division of Behavioral Health Services to provide Substance Abuse services to Catchment Area 5, including Juvenile Drug Court Outpatient Substance Abuse Treatment.

WHEREAS, CAI is a CARF Accredited and Licensed facility through the State of Arkansas to provide Juvenile Outpatient Substance Abuse Treatment.

WHEREAS, individuals who reside in Catchment Area 5 are in need of Juvenile Outpatient Substance Abuse Treatment as assessed by qualified Substance Abuse Professional.

THEREFORE, in consideration of the mutual covenants and agreements made herein, the parties agree as follows:

## TERMS

- 1.1 The effective period of this MOU will be from July 1, 2018 to June 30<sup>th</sup> of 2019, to be renewed yearly so long as QHI is awarded the Contract for Catchment Area 5.
- 1.2 The purpose of this MOU is to provide clinically necessary Juvenile Drug Court Outpatient Substance Abuse Treatment to Adolescents from Catchment Area 5.
- 1.3 The MOU may be revised or modified by written agreement of all parties.

## ROLE AND RESPONSIBILITIES OF CAI and QHI

- 2.1 CAI will provide all preadmission screens and provide the initial assessment for any Juvenile referred for assessment for substance abuse from Catchment Area 5 Juvenile Drug Courts for courts approved by QHI. The assessment will include a Comprehensive Psychosocial Assessment, Addiction Severity Index, and Mental Health Screening Form III. Referral will be based on ASAM placement criteria. Assessment will also include screening for financial responsibility.

- 2.2 CAI will forward copies of this assessment to QHI within 24 hours of referral for admission.
- 2.3 CAI will provide Outpatient Substance Abuse Counseling to any and all Juvenile Drug Court participants.
- 2.4 CAI will enter clients into ADMIS system.
- 2.5 CAI will ensure that staff employed with adolescent substance abuse treatment have training specific to the clients served, such as the impact of substance abuse on children, identifying domestic violence, abuse, neglect, empowering the client and families to restore family functioning development and age appropriate behaviors, self esteem, peer pressure and bullying.
- 2.6 QHI will reimburse Counseling Associates, Inc. for Juvenile Drug Court Outpatient services at rates promulgated by DBHS, less 10% administrative fee, and based on available funding from DBHS contract. This subcontract will be for \$30,000 annually and may be amended at any time based on funding from DBHS or DHS.
- 3.1 Counseling Associates, Inc. will provide Juvenile Drug Court Outpatient services including individual counseling, groups counseling, family counseling/network support, psycho-education, Care Coordination, discharge and aftercare planning.
- 3.2 Counseling Associates, Inc. will provide outpatient treatment in accordance with State Licensing and National Accreditation Standards.
- 3.3 Counseling Associates, Inc. will provide treatment plans for adolescents that address specific adolescent needs and issues.
- 3.4 Counseling Associates, Inc. will provide treatment services that include separate identifiable organized units providing substance abuse treatment services that represent a significant part of the continuum of therapeutic modalities comprising comprehensive substance abuse services to adolescents.
- 3.5 Counseling Associates, Inc. will ensure that staff employed with adolescent programs have training specific to the client's served, such as the impact of substance abuse on children, identifying domestic violence, abuse, neglect, empowering the client and families to restore family functioning, development and age appropriate behaviors, parenting skills, self-esteem, peer pressure and bullying.

## SERVICE PROVISIONS

4.1 All services shall be provided by clinical professionals as approved by DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

4.2 Payment codes, unites, rates and limitations under this agreement:

| Services  | Daily Limit | Annual Limit | Unit            | Rate     |
|---|-------------|--------------|-----------------|----------|
| Intake/<br>Assessment<br>(Must include<br>screening and<br>treatment plans) | N/A         | 2 units      | Each Assessment | \$200.00 |
| Individual<br>Counseling  | 4 units     | 48 units     | 15 minutes      | \$14.30  |
| Group<br>Counseling   | 8 units     | 800 units    | 15 minutes      | \$4.40   |
| Family<br>Counseling  | 6 units     | 48 units     | 15 minutes      | \$14.30  |
| Care<br>Coordination  | 4 units     | 12 units     | 15 minutes      | \$10.83  |

All limits listed in the above table are on a per client basis.  
Extensions may be granted upon approval from DBHS.  
These anticipated rates are subject to final approvals through promulgation.

## Indemnification

Each party indemnifies and holds each other harmless from and against any and all liability, loss damage, claim of a cause of action and expenses connected therewith (including reasonable attorneys fees) caused or asserted to have been caused, directly or indirectly, by the negligent or willful acts of omissions of the indemnifying party in performance of this agreement.

Quapaw House, Inc. Representative:

Caray Bright 7/16/18  
Signature Chief Executive Officer Date

P.O. Box 3450, Hot Springs, Arkansas 71914  
Address

Counseling Associates, Inc.

William David 7-16-18  
Signature Chief Executive Officer Date

350 Salem Rd. - Suite 9, Conway, AR 72034  
Address



January 11, 2016

Dear Dr. Vanderzee,

I am happy for the opportunity to support your application as a partner to expand your SAMHSA Community Treatment and Services (CTS) Center focused on children 12 and younger and their parents. As the Clinical Director for Counseling Associates, I can speak to the need to strengthen trauma-specific services for children who have experienced trauma. In 2014, this need was highlighted when our communities of Vilonia and Mayflower were devastated by a tornado. Many of our staff received training in Trauma-Focused Cognitive-Behavioral Therapy through AR BEST, which was crucial at this critical time for our communities. Counseling Associates serves more than 7,000 individuals annually in Conway, Faulkner, Johnson, Perry, Pope, and Yell counties. We provide services to a diverse and typically rural, underserved, and Medicaid population and have an established partnership with local child welfare offices.

I am pleased to commit to the following:

- Serve on the Steering Committee for your project;
- Our staff will continue to train in TF-CBT and start training in PCIT and CPP;
- Staff will have leadership and administrative support necessary to complete the training process and treat children and families;
- Our staff will cooperate in the evaluation process, including collecting baseline assessments and collaboration in obtaining follow-up assessments;
- Our staff will continue to serve young children and families who have experienced trauma and/or involved in the child welfare system;
- Staff will work with your project's coordinator to ensure children and families complete any necessary assessment measures.

I welcome the opportunity to participate in this project, and sincerely hope that it will be funded.

Sincerely,

A handwritten signature in black ink that reads "Lee Roberson Koone, LCSW". The signature is written in a cursive, flowing style.

Lee Roberson Koone, LCSW  
Clinical Director, Counseling Associates, Inc.

### Attachment 1: Statement of Assurance

As the authorized representative of [*Counseling Associates, Inc.*]

\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist.<sup>1</sup> (Official documentation is a copy of each service provider organization's license, accreditation and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

Lee Koone, LCSW

Signature of Authorized Representative

1-13-16

Date

<sup>1</sup> Tribes and tribal organizations are exempt from these requirements



## BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (the "Agreement") is entered into between COUNSELING ASSOCIATES, INC. ("Covered Entity") and CoverMyMeds LLC ("Business Associate"), and is effective 03-20-18 (the "Effective Date").

**WHEREAS**, the U.S. Department of Health and Human Services issued regulations on "Standards for Privacy of Individually Identifiable Health Information" comprising 45 C.F.R. Parts 160 and 164, Subparts A and E (the "Privacy Standards"), "Security Standards for the Protection of Electronic Protected Health Information" comprising 45 C.F.R. Parts 160 and 164, Subpart C (the "Security Standards"), and "Standards for Notification in the Case of Breach of Unsecured Protected Health Information" comprising 45 C.F.R. Parts 160 and 164, Subpart D (the "Breach Notification Standards"), promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and as modified by the Health Information Technology For Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 ("HITECH Act") (the Privacy Standards, the Security Standards and the Breach Notification Standards are collectively referred to herein as the "HIPAA Standards").

**WHEREAS**, in conformity with the HIPAA Standards, Business Associate has and/or will have access to, create and/or receive certain Protected Health Information ("PHI") to perform its Services as provided under the services agreement entered into by and between Covered Entity and Business Associate (the "Service Agreement").

**WHEREAS**, Covered Entity is required by the HIPAA Standards to obtain satisfactory assurances that Business Associate will appropriately safeguard all PHI disclosed by or created or received by Business Associate on behalf of Covered Entity.

**WHEREAS**, the parties hereto desire to enter into this Agreement to memorialize their obligations with respect to PHI pursuant to the requirements of the HIPAA Standards.

**NOW, THEREFORE**, Covered Entity and Business Associate agree as follows:

**Section 1. Definitions.** Except as otherwise specified herein, capitalized terms used but not defined in this Agreement shall have the same meaning as those terms as defined in the Service Agreement or HIPAA Standards.

- (a) **Protected Health Information** ("PHI") has the same meaning as the term "Protected Health Information" as defined in 45 C.F.R. § 160.103, and includes electronic PHI ("ePHI") limited, however, to such information created or received by Business Associate in a business associate capacity on behalf of Covered Entity.
- (b) **Secretary** means the Secretary of the Department of Health and Human Services or his/her designee.

**Section 2. Obligations and Activities of Business Associate.**

- (a) Business Associate agrees to not use or further disclose PHI other than as permitted or required by this Agreement, the Services Agreement, or as permitted or Required by Law.

- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.
- (c) In accordance with the HIPAA Standards, Business Associate shall implement Administrative, Physical and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of ePHI that it creates, receives, maintains or transmits on behalf of the Covered Entity. Specifically, Business Associate shall comply with the Security Standards.
- (d) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware. Additionally, Business Associate shall report to Covered Entity any Security Incident resulting in an unauthorized use or disclosure of ePHI of which Business Associate becomes aware within twenty (20) business days. The parties acknowledge and agree that this Section 2(d) constitutes notice by Business Associate to Covered Entity of the ongoing existence and occurrence or attempts of Unsuccessful Security Incidents for which no additional notice to Covered Entity shall be required. "Unsuccessful Security Incidents" means, without limitation, pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denial of service attacks, and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of PHI.
- (e) Business Associate agrees to notify Covered Entity of any Breach of Unsecured Protected Health Information within twenty (20) business days of the date Business Associate learns of the Breach. Business Associate shall provide such information to Covered Entity as required by the HIPAA Standards.
- (f) Business Associate will enter into a written agreement with any agent or subcontractor that creates, receives, maintains or transmits PHI on behalf of Business Associate for services provided to Covered Entity, providing that the agent agrees to restrictions and conditions that are no less restrictive than those that apply through this Agreement to Business Associate with respect to such PHI.
- (g) Business Associate will cooperate with Covered Entity's efforts to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- (h) To the extent Business Associate agrees in the Service Agreement to maintain any PHI in a Designated Record Set, upon the written request of Covered Entity, within twenty (20) business days, Business Associate agrees to provide Covered Entity with access to PHI in a Designated Record Set, as defined in 45 C.F.R. § 164.501, for Covered Entity to comply with the requirements under 45 C.F.R. § 164.524. Business Associate further agrees, within twenty (20) business days of Covered Entity's written request, to make available PHI for amendment and incorporate any amendments to PHI in a Designated Record Set in accordance with 45 C.F.R. § 164.526. If Business Associate provides copies or summaries of PHI to an Individual it may impose a reasonable, cost-based fee in accordance with 45 C.F.R. § 164.524(c)(4).
- (i) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI relating to the use and disclosure of PHI created or received by Business Associate on behalf of Covered Entity available, at the request of the Covered Entity, to the Secretary, for purposes of determining Covered Entity's compliance with the HIPAA Standards.

- (j) Business Associate agrees to document those disclosures of PHI, and information related to such disclosures, as required to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. Business Associate further agrees to provide Covered Entity such information within twenty (20) business days of its written request to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI, in accordance with 45 C.F.R. § 164.528.
- (k) Business Associate acknowledges that in using, disclosing and requesting PHI, it shall comply with the minimum necessary requirements of the Privacy Standards.
- (l) If Business Associate conducts any Standard Transactions electronically on behalf of Covered Entity, Business Associate shall comply with the applicable requirements of 45 C.F.R. Part 162.
- (m) Except as otherwise permitted by law, Business Associate shall not directly or indirectly receive remuneration in exchange for a disclosure of PHI without the Covered Entity's authorization.

**Section 3. Permitted Uses and Disclosures of PHI by Business Associate.**

- (a) Business Associate may use or disclose PHI to perform functions, activities, or Services for, or on behalf of, Covered Entity pursuant to the Service Agreement between the parties, provided that such use or disclosure does not violate the HIPAA Standards.
- (b) Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate. Business Associate may disclose PHI for the proper management and administration of Business Associate or to carry out its legal responsibilities, provided that such disclosures are (i) Required by Law, or (ii) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person agrees to notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached. All disclosures will be made in accordance with HIPAA Standards.
- (c) Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. §164.504(e)(2)(i)(B) of HIPAA.
- (d) Business Associate may use Protected Health Information to de-identify PHI in accordance with 45 C.F.R. § 164.514 of HIPAA, and Business Associate may subsequently use and disclose such de-identified data unless prohibited by applicable law.

**Section 4. Term and Termination.**

- (a) **Term.** The provisions of this Agreement shall commence on the Effective Date and shall terminate upon termination of the Service Agreement except as provided in Section 4(c).
- (b) **Termination for Cause.** Without limiting the termination rights of the parties pursuant to this Agreement and upon Covered Entity's knowledge of a material breach of this Agreement by Business Associate, Covered Entity shall provide a reasonable opportunity of not less than thirty (30) business days for Business Associate to cure the breach or end the violation and, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, terminate this Agreement.

(c) Effect of Termination.

- (1) Except as provided in paragraph (2) of this section, upon termination of this Agreement for any reason, Business Associate shall return or destroy all PHI received or created by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of Subcontractors of Business Associate.
- (2) If Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall, at its sole discretion, extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

Section 5. Changes to PHI Authorizations. Covered Entity will notify Business Associate fifteen (15) days, if practicable, prior to the effective date of (1) any limitation(s) in its notice of privacy practices in accordance with 45 C.F.R. § 164.520, (2) any changes in, or revocation of, permission by an Individual to use or disclose PHI, or (3) any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522. Covered Entity will make such notification to the extent that such limitation, restriction, or change may affect Business Associate's use or disclosure of PHI.

Section 6. Notices. Any notices or communications to be given pursuant to this Agreement shall be made to the addresses given below:

If to Business Associate, to:

\_\_\_\_\_ Attn: Contracts/Legal Department  
\_\_\_\_\_ 22901 Millcreek Blvd., Suite 240  
\_\_\_\_\_ Highland Hills, OH 44122

with a copy via email (which shall not constitute notice) to: [privacy@covermymeds.com](mailto:privacy@covermymeds.com)

If to Covered Entity, to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Section 7. Miscellaneous

- (a) Regulatory References. A reference in this Agreement to a section in the HIPAA Standards means the section then in effect and as of its applicable compliance date.
- (b) Amendment. The parties agree to negotiate in good faith to take such action as may be necessary to amend this Agreement from time to time to ensure compliance with the requirements of the HIPAA Standards and any other applicable law or regulation. Any amendment to this Agreement proposed by either party shall not be effective unless mutually agreed to in writing by both parties.

- (c) **Waiver; Severability.** No failure or delay on the part of either Party in exercising any right under this Agreement will operate as a waiver of, or impair, any such right. No waiver of any such right will have effect unless given in a written document signed by the Party waiving such right. If any part of this Agreement is held to be void or unenforceable, such part will be treated as severable, leaving valid the remainder of this Agreement.
- (d) **Headings.** The section headings of this Agreement are for convenience only and will neither be considered a part of, nor affect the construction or interpretation of, any provision of this Agreement.
- (e) **Survival.** The respective rights and obligations of Business Associate under Section 4(c) of this Agreement shall survive the termination of this Agreement for so long as Business Associate retains any PHI.
- (f) **Independent Contractor Status.** The relationship between the Parties is one of independent contractors and not agents, joint venturers, or partners of one another. This Agreement does not create a partnership or joint venture.
- (g) **Integration; Interpretation.** This Agreement supersedes and replaces any and all previous business associate agreements between the parties. Any ambiguity in this Agreement shall be resolved to permit the parties to comply with the HIPAA Standards. In the event of any inconsistency or conflict between this Agreement and the Service Agreement, the terms and conditions of this Agreement shall govern and control.
- (h) **No Third-Party Beneficiary.** Nothing express or implied in this Agreement or in the Service Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever.
- (i) **Governing Law.** This Agreement shall be governed by and construed in accordance with the same internal laws as that of the Service Agreement.
- (j) **Counterparts.** This Agreement may be executed in two or more counterparts, each of which will be deemed an original and when taken together will constitute one agreement. Facsimile and electronic signatures will be deemed to be original signatures for all purposes of this Agreement.

[Signature Page Follows]

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the Effective Date.

**Covered Entity**

By: Brian W. Davis

Name: Brian W. Davis

Title: CEO

**CoverMyMeds LLC**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



## BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (this "Agreement") is entered into as of this 31 day of August, 2018, by and between Counseling Associates, Inc. (herein "Covered Entity") and Mid South Health Systems (herein "Business Associate"). Covered Entity and Business Associate may be referred to herein individually as a "Party" or collectively as the "Parties".

WHEREAS, Covered Entity and Business Associate are parties to a certain underlying service agreement to provide Emergency Crisis Line Coverage, the terms of which are incorporated herein by reference, that may involve use of Protected Health Information; and

WHEREAS, the Parties recognize the need and desirability of entering into a Business Associate Agreement in order to comply with 45 CFR §164.502(e) and §164.504(e), governing the use of PHI under HIPAA.

NOW, THEREFORE, in consideration of these premises and mutual covenants and conditions herein, the consideration set forth in the Underlying Agreement, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties agree as follows:

### 1. Definitions

- a. Terms used, but not otherwise defined in this Agreement shall have the same meaning as those terms defined under the Privacy Rule.
- b. "Individual" shall have the same meaning as the term "individual" as defined under 45 CFR §164.502(g).
- c. "Privacy Rule" shall mean the Standards of Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
- d. "HIPAA" shall mean the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, as amended from time to time.
- e. "Protected Health Information" or "PHI" means information transmitted by or maintained in electronic media or any other form or medium, including demographic information collected from an individual, that (a) relates to the past, present or future physical or mental condition of an individual, or the provision of health care to an individual; (b) individually identifies the individual, or, with respect to which, there is a reasonable basis for believing that the information can be used to identify the individual; and (c) is received by Business Associate from or on behalf of Covered Entity, or is created by Business Associate, or is made accessible to Business Associate by Covered Entity.

- f. "Disclosure" means the release, transfer, provision of access to, or divulging in any other manner, of PHI, outside Business Associate's organization, i.e. to anyone other than its employees who have a need to know or have access to PHI.
- g. "Use" (whether capitalized or not and including the other forms of the word) means, with respect to PHI, the sharing, employment, application, utilization, transmission, examination, or analysis of such information to, from or within Business Associate's organization.
- h. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR §164.103.
- i. "Secretary" means the Secretary of the United States Department of Health and Human Services or any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

2. Obligations and Activities of Business Associate

- a. Business Associate agrees to not use or disclose PHI other than as permitted or required by the Agreement or as Required By Law.
- b. Business Associate agrees to use appropriate safeguards to comply with Subpart C of 45 CFR Part 164 with respect to PHI to prevent use or disclosure of PHI other than as provided by this Agreement.
- c. Business Associate agrees to report to Covered Entity any use or disclosure of PHI by Business Associate in violation of HIPAA rules and/or this agreement, with such report being made in writing within 15 days of discovery to: Corporate Compliance Officer, Counseling Associates, Inc., 350 Salem Road, Suite 9, Conway, AR 72034.
- d. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Agreement.
- e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agrees in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. Business Associate agrees to provide access, at the request of Covered Entity, to PHI to Covered Entity, or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR §164.524.
- g. Business Associate agrees to make any amendment(s) to PHI that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the request of Covered Entity.
- h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- i. Business Associate agrees to document disclosures of PHI and information related to such as necessary to satisfy Covered Entity's obligations under 45 CFR §164.528.



- j. Business Associate agrees to provide to Covered Entity, or an Individual, information collected in accordance with Section 2.i. of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.
  - k. To the extent Business Associate is not legally prohibited from doing so, Business Associate agrees to promptly notify Covered Entity and cooperate with Covered Entity in connection with any reasonable and appropriate action Covered Entity deems necessary with respect to PHI, if Business Associate (a) becomes legally compelled by law, process or order of any court or governmental agency to disclose PHI, or (b) receives a request from the Secretary to inspect Business Associate's books and records relating to the use and disclosure of PHI.
- 3. Use and Disclosure. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the underlying service agreement, or for the management and administration of Business Associate, or to carry out the legal responsibilities of Business Associate, provided that such use or disclosure would not violate the HIPAA Rules if done by Covered Entity.
- 4. Obligations of Covered Entity
  - a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
  - b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
  - c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- 5. Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- 6. Term and Termination
  - a. Term. This Agreement shall be effective beginning with the date this Agreement is entered into, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity. If it is not feasible to return or destroy PHI, protections are extended to such PHI in accordance with the termination provisions in this section.
  - b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

- i. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement;
- ii. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
- iii. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

c. Obligations Upon Termination

- i. Upon termination of this agreement for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- ii. In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity written notification of the conditions that make return or destruction infeasible. Upon such notification, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf effective as of the date set forth above.

Mid South Health Systems  
Name of Business Associate

Counseling Associates, Inc.  
Name of Covered Entity

By: RA Brown

By: Polina W. Davis

Date: Sept 3, 2018

Date: 9-6-18

# **CHILD SAFETY (ADVOCACY) CENTERS MEMORANDUM OF UNDERSTANDING**

## **Purpose**

Child Safety Centers have been created to provide a neutral, community-oriented, child-focused, child-friendly setting that is both physically and psychologically safe for interviewing and examining children who have been reported to the Child Abuse Hotline to be possible victims or witnesses of sexual abuse and/or serious physical abuse. The goal of the Child Safety Center is to prevent trauma to the child by multiple, duplicative interviews or contacts with investigating agencies who have a responsibility to protect children or prosecute offenders.

## **Parties**

Child Safety Centers shall have a memorandum of understanding regarding the agreement of the levels of participation by the Division of Children & Family Services of the Department of Human Services, the Crimes Against Children Division of the Department of Arkansas State Police, representatives of county and municipal law enforcement agencies that investigate child abuse in the area to be served by the child safety center and the Prosecuting Attorney.

The Division of Children & Family Services is responsible for the protection of maltreated children and children under the same caregiver who may also be in danger of maltreatment.

The Crimes Against Children Division of the Department of Arkansas State Police and the Division of Children & Family Services employees conduct civil investigations pursuant to the Arkansas Child Maltreatment Act, Ark. Code Ann. § 12-18-101 through 12-18-1108.

Law enforcement agencies, including the Criminal Investigation Division at Arkansas State Police, conduct criminal investigations for possible criminal prosecution.

The Prosecuting Attorney commences and prosecutes criminal actions in his or her district. Ark. Code Ann. § 16-21-103.

## **Role of the Child Safety Center**

The Child Safety Center shall provide a comfortable, private, child-friendly setting that is both physically and psychologically safe for diverse populations of children and their families.

A representative of the Child Safety Center shall participate on the Multidisciplinary Team, as recognized by a cooperative agreement pursuant to Ark. Code Ann. § 12-18-106, to share information about the investigation and to assist other Team members in developing and implementing a system for monitoring case progress and tracking case outcomes.

Each Child Safety Center shall be a not-for-profit entity responsible for establishing program and fiscal operations and ensuring best practices, including best administrative practices.

Policies, practices and procedures established by the Child Safety Center shall promote cultural competency.

Forensic interviews conducted at the Child Safety Center shall be legally sound, of a neutral, fact-finding nature and be coordinated to avoid duplicative interviews.

When possible, the Child Safety Center shall video tape or audio tape the forensic interview. Upon completion of the forensic interview, the Child Safety Center shall provide a copy of the video tape or audio tape to the appropriate local law enforcement agency and to the investigator with the Crimes Against Children Division or the Division of Children & Family Services. Availability of the video tape or audio tape shall be pursuant to Ark. Code Ann. § 20-78-106.

The Child Safety Center shall provide or provide access to specialized medical evaluations and treatment services for child victims.

Employees of the Child Safety Center are mandated reporters pursuant to the Child Maltreatment Act, Ark. Code Ann. § 12-18-402 requiring immediate notification to the child abuse hotline whenever the Child Safety Center employee has reasonable cause to suspect that a child has been subjected to child maltreatment. Child Safety Centers should coordinate with investigating agencies to ensure that a call to the Child Abuse Hotline has been made prior to services being rendered for investigative purposes, including but not limited to, all forensic interviews and forensic medical examinations.

### Interagency Agreement

Pursuant to Ark. Code Ann. § 9-5-110 when available and appropriate, the Child Safety Center shall be utilized for forensic interviews, forensic medical examinations and, to ensure access to specialized mental health services during the course of a child maltreatment investigation, on reports of alleged sexual abuse and, when appropriate, alleged severe physical abuse.

The investigating agency, along with other appropriate multi-disciplinary team members, shall determine the person who shall conduct the forensic

interview. The person who conducts the forensic interview shall be adequately trained in interviewing child victims and shall be prepared to testify in any administrative or judicial proceeding regarding the forensic interview pursuant to Ark. Code Ann. § 9-5-110. The Prosecuting Attorney, Crimes Against Children Division or the Division of Children & Family Services shall subpoena, if necessary, the person who conducted the forensic interview if testimony about the forensic interview is needed in an administrative or judicial proceeding.

The parties to this agreement are committed to a cooperative, multidisciplinary team approach to child maltreatment investigations which includes reducing the number of interviews by different persons with a child victim whenever possible. This also includes participating regularly in MDT case discussions.

The Child Safety Center shall not initiate or conduct a forensic interview without permission of the investigating agency.

An investigating agency shall be present at the Child Safety Center while the forensic interview is being conducted, however this requirement may be waived at the discretion of the Child Safety Center and the investigating agency. Child Safety Centers should make reasonable efforts to coordinate the interview so that both maltreatment and criminal investigators have the opportunity to be present.

No offender is allowed on the grounds of any Child Safety Center, excluding juvenile offenders who have been identified as underaged juvenile offenders. At the discretion of the Child Safety Center, juveniles who have been identified as offenders may be allowed on the grounds of a Child Safety Center.

All parties agree to abide by the confidentiality restrictions as contained in federal and state law.

### Duration

This agreement shall take effect July 1, 2018 and shall end on June 30, 2019.

This agreement was signed by the following:

  
\_\_\_\_\_  
Child Safety Center Director

6/21/18  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Crimes Against Children Division Supervisor

\_\_\_\_\_  
Date

Stephanie Basley  
Children & Family Services Area Manager

6/21/18  
Date

[Signature]  
Prosecuting Attorney

6-21-18  
Date

[Signature]  
Law Enforcement

6-22-18  
Date

Law Enforcement

Date

[Signature]  
Multi-Disciplinary Team Coordinator

6/21/18  
Date

[Signature]  
Medical

6-21-18  
Date

Lee Koone, LCSW  
Mental Health  
Counseling  
Associates

6-25-18  
Date

**AR BEST Mental Health Professional**

**Memorandum of Understanding**

**Agreement**

**Central Arkansas CAC and Counseling Associates, Inc.**

Section 1: Rationale

**Central Arkansas CAC** is an agency serving children exposed to sexual and/or physical abuse who present following their initial report or disclosure. The CAC provides a safe, neutral environment for law enforcement, child welfare staff or other individuals as appropriate to obtain information from the child and his or her family regarding the abuse allegation. The CAC also works closely with Arkansas Building Effective Services for Trauma (AR BEST) in the UAMS Psychiatric Research Institute to obtain mental health services for traumatized children, including but not limited to, assessment, individual and/or family therapy, group therapy, and other direct and indirect services. Because Central Arkansas CAC currently has no on-site mental health professional to provide these services, **Counseling Associates, Inc.** agrees to accept referrals and perform, where appropriate, the services listed below.

Section II: Services to be Provided, As Necessary

CAI will designate an individual or individuals to provide direct/indirect services at the CAC full time. Reimbursement for services provided under Section II will be at the rate of \$11,250.00 per quarter.

The following direct services are approved to be reimbursed to Counseling Associates, Inc.

- Assessment (initial diagnostic interview, including administration of the UCLA-PTSD Scale);
- Individual, family or group treatment, including crisis counseling as necessary
- Case management (including phone calls to follow up with the patient/caregiver, IEP meetings, transportation and other service coordination) to be performed only by the treating therapist
- Attendance at an MDT meeting for a specific CAC-referred child
- Attendance at IEP meetings for a specific CAC-referred child
- Preparation for or testimony in court pertaining to a specific CAC-referred child
- Supervision on interns to aid in family advocacy and mental health assessments and data entry.
- Parent counseling and/or meeting to discuss a specific CAC-referred child's progress
- Preparation of a clinical report for a specific CAC-referred child (for example, in preparation for an IEP meeting)

If at any point the mental health professional bills a third party for the above services, billing of the CAC (as reimbursed by AR BEST) for that same service is not allowable.

The following indirect services are also approved not to exceed more than 40% of the total time a clinician (or group of clinicians) documents services provided (for example, in a 40-hour week, 24 hours would be spent providing direct services, while 16 or fewer hours would be spent in indirect services.

- TF-CBT consultation calls and training
- Data entry into AR BEST website
- Supervision (related only to trauma cases)
- Provision of or attendance at other AR BEST training(s)
- Attendance at MDT meeting (not related to a specific child)
- Outreach/community liaison related to the CAC or AR BEST
- Peer review specifically for CAC-affiliated mental health professionals

### Section III: Mental Health Provider or Organization Responsibility

Mental health professionals affiliated with **Central Arkansas CAC** must be licensed in the state of Arkansas and maintain up-to-date liability insurance to receive reimbursement from AR BEST. MHPs will have completed all phases of the TF-CBT training, including the National Child Traumatic Stress Network online training, participation in live training with a certified TF-CBT trainer; and completion (or ongoing participation in) of 12 telephone consultations following criteria outlined by AR BEST. (AR BEST maintains the records of all trained MHPs. If an MHP seeks training elsewhere, he/she must receive approval from AR BEST prior to initiation of that training to receive credit. Subsequent to approval to attend an out-of-state training, the CAC must submit the MHP's documentation to AR BEST for final approval.) If an MHP has not completed the face-to-face training and consultation calls, he or she may complete the on-line training and sign up for the next available face-to-face training.

All MHPs must be registered with AR BEST and have an account established for data entry. All MHPs must participate in a 30-minute webinar or related training on how to use the website, enter data properly and maintain appropriate documentation.

The MHP is required to enter the following information:

- Demographic and related information for children, including the CAC registration number to allow AR BEST to track children from CAC first visit to MHP follow-up.
- Assessment using the UCLA-PTSD scale (at a minimum this includes parent report for children under 12 years of age and child report for children older than 12 years of age) completed at baseline and three-month follow-up.
- Documentation of all client-related and non-client-related service activities, including date, time and duration and indication of whether service was billed to a third-party payer (e.g., Medicaid.)
- Completion of the TF-CBT Brief Practice Checklist (for children ages 3 and older)
- Discharge documentation

All activities must be logged into the database as soon as possible. If activities are not logged in the AR BEST database, they will not be reimbursed by **Central Arkansas CAC**.

\*Please see addendum for stipulations regarding funding appropriation. Central Arkansas CAC will reimburse based on the guidelines outlined in the addendum.



Section IV: **Central Arkansas CAC** Responsibilities

All funds for mental health services are appropriated to the CAC by AR BEST on a quarterly basis. The appropriate amount of funds will be provided to the mental health provider or mental health provider organization by **Central Arkansas CAC** quarterly.

Duration

This agreement shall take effect July 1, 2017, and shall end on June 30, 2018.

  
Counseling Associates, Inc. CEO 6.30.17  
Date

  
CAC Director or Board President 6/30/17  
Date



# COUNSELING ASSOCIATES

## **Memorandum of Understanding**

**Between  
Counseling Associates  
And  
Arkansas Community Corrections**

This Memorandum of Understanding (MOU) sets for the terms and understanding between Counseling Associates and the Arkansas Community Corrections (ACC) for the purpose of referrals.

### **Purpose**

This MOU is completed to better serve the ACC and serve individuals who are on probations or parole in need of behavioral health services. This MOU will allow CA to support the ACC and the ACC Medication Assisted Treatment Program allowing their clients to continue treatment in an outpatient setting post release.

### **Referral**

CA will develop a transition plan collaboratively with the ACC when referrals are made. CA will provide the necessary screening, evaluation and recommendations. All treatment goals and objectives will be determined by the individual client needs and based on medical necessity criteria for appropriate services when screening and assessing for potential services at CA. Services are determined by the provider's expertise/knowledge and may include mental health and substance abuse evaluations, individual, group and/or family therapies, psychoeducation,

crisis services or other services provided by a mental health professional, qualified behavioral health providers and medication assisted treatment provided by licensed medical providers.

#### **General Provisions**

- A. This MOU does not grant exclusivity to either Party, nor does it restrict CA or ACC from participating in similar initiatives with other public or private agencies, organizations or individuals.
- B. Both parties will abide by the privacy provisions of HIPAA and 42 CFR Part 2 and the other provisions of any applicable laws, CA and ACC will identify primary contact person(s) at each location for communication purposes, coordination of care and any issues that may arise.
- C. Third Party Reimbursements (Medicaid, private insurance and grant funding) will be billed by CA consistently in compliance with regulatory and fee agreement policies.
- D. CA and ACC agree they will not use the logo of the other party without the expressed written consent from the other party.

#### **Duration**

This MOU is at will between both Parties. This MOU shall become effective upon signatures by authorized parties and will remain in effect until modified or terminated by any one of the partner by mutual consent. Any modifications to this MOU will be mutually agreed upon and reflected in writing and signatures of both parties. This MOU may be renewed for successive two year terms by mutual written agreement of the parties. In the absence of mutual agreement to extend the agreement, the MOU shall end on June 31, 2020.

#### **Termination**

This MOU may be terminated by either party for any reason upon the provision of 30 days written notice sent via email to the following address:

**Arkansas Community Corrections:**  
**Kevin Murphy, Director**  
**105 West Capitol Avenue, 3<sup>rd</sup> Floor**  
**Little Rock, Arkansas 72201**  
**Kevin.Murphy@arkansas.gov**

**Counseling Associates:**  
**Brian Davis, CEO**  
**350 Salem Road, Suite #9**  
**Conway, AR 72034**  
**[Bdavis@caiinc.org](mailto:Bdavis@caiinc.org)**

*A. M. Perry*

*1-25-19*

---

Arkansas Community Corrections

Date

*William W. Pardo*

*1-23-19*

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Counseling Associates

Date

# MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding, hereinafter referred to as the MOU, entered into on October 25, 2018, by and between the Twentieth Judicial District Circuit Court/Juvenile Division residing at 510 S. German Lane, Conway, Arkansas 72034, hereinafter referred to as the "First Party" and Counseling Associates, Inc. residing at 350 Salem Road – Suite 9, Conway, Arkansas, 72034, hereinafter referred to as the "Second Party" and collectively known as the "Parties" for the purpose of establishing and achieving various goals and objectives relating to the partnership.

**WHEREAS**, the aforementioned Parties desire to enter into the herein described agreement in which they shall work together to accomplish the goals and objectives set forth.

**AND WHEREAS**, the Parties are desirous to enter an understanding, thus setting out all necessary working arrangements that both Partners agree shall be necessary to complete this partnership.

**MISSION** The aforementioned partnership has been established with the following intended mission in mind:

To provide intervention and appropriate treatment to court involved youth to prevent future delinquency, rehabilitate the juvenile, and empower the family to encourage positive, appropriate behaviors that will help the youth of our community to contribute to society on into adulthood.

**OBJECTIVES** The parties shall endeavor to work together with a juvenile risk and needs assessment hereafter referred to as "SAVRY". The assessment/SAVRY may be provided to the Division of Youth Services personnel, service providers, and other necessary persons designated by the court to provide appropriate treatment and case plan services. The SAVRY is designed for use as an "aid" or "guide" in professional risk assessments and intervention planning for violence risk management in youth, and intended to maintain a product and/or services that meets or exceeds all business and industry standards.

**RESPONSIBILITIES AND OBLIGATIONS OF THE PARTIES** It is the desire and the wish of the aforementioned Parties to this MOU Agreement that this document should not and thus shall not establish nor create any form or manner of a formal agreement or indenture, but rather an agreement between the Parties to work together in such a manner that would promote a genuine atmosphere of collaboration and alliance in the support of an effective and efficient partnership and leadership meant to maintain, safeguard and sustain sound and optimal

managerial commitment with regards to all matters related to the partnership through means of following individual services.

SERVICES COOPERATION Twentieth Judicial District Circuit Court/Juvenile shall render and provide the following services that include, but are not limited to:

The supervising Juvenile Officer will provide a complete SAVRY if deemed appropriate to the mental health provider.

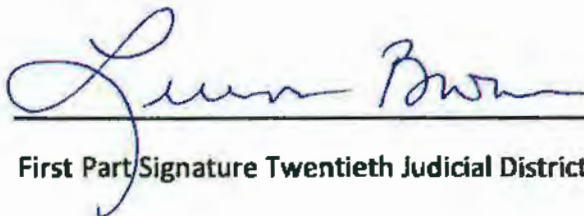
Counseling Associates, Inc. shall render and provide the following services that include, but are not limited to:

The assigned clinical staff and/or supervisor will have access to the SAVRY of each referred youth if deemed appropriate by the Juvenile Officer. The SAVRY results and the information contained shall remain confidential to both juvenile and parent or guardian.

TERMS OF UNDERSTANDING The term of this MOU shall be for a period of 1 year from the aforementioned effective date and may be extended upon written mutual agreement of both Parties.

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

This agreement shall be signed by the Twentieth Judicial District Circuit Court/Juvenile and Counseling Associates, Inc. and shall be effective as of the date first written above.

 Lecanna Brown - Chief of Staff  
\_\_\_\_\_  
First Part Signature Twentieth Judicial District Circuit Court/Juvenile Representative

 Brian W. Davis / Brian W. Davis / CEO  
\_\_\_\_\_  
Second Part Signature Counseling Associates, Inc. Representative

# ARVAC, Inc.

## Memorandum of Understanding

This agreement, entered into as of the 08 day of Sept, 2018 is by and between ARVAC, Inc. and Counseling Associates Inc.

The purpose of this Memorandum of Understanding is to guide and direct the parties respecting their affiliation, cooperation, working relationship, and respective authorities.

Together, the Parties enter into this Memorandum of Understanding to mutually promote self-sufficiency, the elimination of poverty, and access to knowledge, skills, and opportunities for individuals, families, and communities.

Accordingly, ARVAC, Inc. and Counseling Associates Inc., operating under this MOU agree as follows:

Partners in this MOU will retain responsibilities for reporting and monitoring of their respective progress and ease of referral process. This may include recommendations for improved services or compliments on services well received for either entity.

Exchanged information will remain private and confidential in accordance with the most restrictive confidentiality requirements of each of the partners collecting, receiving, or sharing information.

The partners of this MOU and respective staff assure that applicants, claimants, and participants will not be discriminated against based on the basis of race, color, religion, sex, gender, sexual orientation, national origin, age, disability, or citizenship status as a lawfully admitted immigrant authorized to work in the United States.

ARVAC, Inc. can refer clients to services for any of the following:

- ❖ Direct access to a mental health professional for immediate and emergency/crisis assessments within 15 minutes by phone and within 2 hours face-to-face;
- ❖ Emergency mental health intervention;
- ❖ ARVAC can refer clients by phone, ambulance, hospitalization admission, or what is best recommended by the mental health professional conducting the assessment;
- ❖ Emergency Response Services
- ❖ Outpatient mental health services
- ❖ Assessment and/or screening
- ❖ ~~Psychological testing~~, screening, and/or assessment
- ❖ Psychiatric care and services
- ❖ Medication Management
- ❖

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(Other services not listed and needing to be added )

# ARVAC, Inc.

## Memorandum of Understanding

Counseling Associates inc. can refer clients to services for any of the following:

- ❖ Any of the programs ARVAC, Inc. offers the community.
- ❖ Provide brochures and other information about services that are available through ARVAC.
- ❖ Refer clients for services and treatment for
  - Inpatient Treatment;
  - Residential Services;
  - Outpatient Treatment;
  - Intensive Outpatient Treatment;
  - Day Treatment;
  - Detoxification Services
- ❖ Collaborate with partners to make ARVAC available to interested and eligible clients.
- ❖ Provide ARVAC with organization contact information, office hours, and other information necessary for client and organizational referrals.
- ❖ Provide ARVAC with regular program updates and objectives.
- ❖ \_\_\_\_\_

(Other services not listed and needing to be added )

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each organization are:

Erin Wilcutt  
Program Operations Director  
110 Skyline Drive  
Russellville, AR 72801

Madeleine Jones  
Stephanie (MS)  
PO BOX 8281  
Warrickville AR 72834

Neither the ARVAC, Inc. nor Counseling Associates inc. shall have any liability for the obligations, acts or omissions of the other party.

This MOU will remain in effect until either party decides to terminate. Any partner may withdraw from this MOU by giving written notice of intent to withdraw at least 60 calendar days in advance of the effective withdrawal date.

Any partner may request modification of its terms.

Having agreed to the terms herein, the undersigned parties hereby represent and warrant they are authorized to enter into and execute this agreement as an official or representative of their respective agency.



# ARVAC, Inc.

## Memorandum of Understanding

Agreed To:

[Signature]  
ARVAC, Inc. Authorized Signature

10/10/18  
Date

[Signature]  
CAI Authorized Signature

9/28/18  
Date

Counseling Associates Inc.  
Training Services Agreement with  
University of Arkansas for Medical Sciences, College of Medicine, Department of Family and  
Preventive Medicine

## **NARRATIVE**

### **OVERVIEW**

Project PLAY is an *Early Childhood Mental Health Consultation* (ECMHC) program, funded primarily by the Arkansas DHS/Division of Child Care and Early Childhood Education (DCCECE). Project PLAY facilitates collaboration between early childcare programs and specially trained mental health professionals. A train the trainer model approach. Project PLAY is administered by the University of Arkansas for Medical Sciences and ECMH Trainers are typically housed within Community Mental Health Centers (CMHCs) and assigned to Project PLAY for a specific percentage of their time.

### **UAMS ADMINISTRATIVE TEAM:**

- Provides training for the ECMH Consultant, a train the trainer model approach.
- Provides regular individual and group supervision
- Meets the reporting requirements of the DCCECE
- Administers the evaluation of Project PLAY and develops an annual evaluation report
- Develops trainings for Project PLAY trainers to deliver in child care and community settings
- Develops marketing materials and partners with trainers to identify new child care partners in the community

### **CENTERS FOR YOUTH AND FAMILIES CORP. DELIVERABLES:**

1. Works with the UAMS team to identify an appropriate staff member to serve as the Project PLAY Trainer
2. Ensures the Project PLAY Trainer is released from clinical responsibilities based on the agreed upon FTE covered by Project PLAY (shown below). For example, if Project PLAY covers .6 FTE then the trainer is free to work on Project PLAY assignments 24 hours per week and is not responsible for other clinical work of the CMHC during that time
3. Sends a monthly invoice to UAMS based on the agreed-upon budget (shown below) and communicates with the UAMS team if budget-related challenges arise (e.g. travel requirements are exceeding the travel budget)

**PROJECT PLAY TRAINER DELIVERABLES:**

1. Functions as a Project PLAY team member in accordance with the attached job description
2. Provides ECMIIC services following the procedures and guidance outlined in the Project PLAY Implementation Manual

**FEES**

Counseling Associates Inc. will be compensated up to \$48,136.44 to provide the FTE coverage detailed below in the budget justification.

Note that salary and fringe costs are based on the actual salary and fringe rates provided during the budgeting process. Overhead costs are 10%.

Monthly invoices are due to the UAMS financial contact by the 10<sup>th</sup> of each month (August 2018 through June 2019).

The DCCECE funding cycle ends on June 30, 2019. The final invoices for June 2019 are due to the UAMS financial contact no later than the COB June 15, 2019. The June 15, 2019 final invoice will include actual expenses through June 15, 2019 and anticipated and/or obligated expenses for the period from June 16, 2019 through June 30, 2019.

**BUDGET JUSTIFICATION**

**COMPENSATION**

Christine Lin (.6 FTE) July 1, 2018 through June 30, 2019

**SALARIES**

|                                  |                    |                           |
|----------------------------------|--------------------|---------------------------|
| Base Salaries                    | \$32,760.00        |                           |
| Fringe                           | <u>\$ 9,500.40</u> |                           |
| <b>SUB TOTAL COMPENSATION</b>    |                    | <b>\$42,260.40</b>        |
| Reimbursables                    | <u>\$ 1,500.00</u> |                           |
| <b>SUB TOTAL DIRECT EXPENSES</b> |                    | <b>\$43,760.40</b>        |
| Overhead (10%)                   | \$ 4,376.04        |                           |
| <b>TOTAL EXPENSE BUDGET</b>      |                    | <b><u>\$48,136.44</u></b> |

## **CONTACT INFORMATION**

**Counseling Associates Inc.**

**(UAMS Vendor # 48380 )**

**Responsible Contact Person:**

Name: Lori Eshnaur  
Telephone: 479-967-5570  
Email: leshnaur@cainc.org

### **UAMS DFPM**

**Financial Contact:**

Name: Brian Barnett  
Telephone: 501-765-1236  
Email: bsbarnett2@uams.edu

## **JOB DESCRIPTION**

See Appendix A

**[SIGNATURE PAGE FOLLOWS]**

In witness whereof, the parties hereto have caused this Agreement to be executed by their respective authorized officers. Agreement is in effect July 1, 2017 through June 30, 2018.

**APPROVED AND ACCEPTED FOR**

UAMS DFPM/Research & Evaluation  
Division

SIGNATURE: \_\_\_\_\_

NAME: Dr. Nicola Edge

TITLE: Project PLAY Director

DATE: \_\_\_\_\_

**APPROVED AND ACCEPTED FOR**

Counseling Associates Inc.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Board of Trustees of the University of  
Arkansas acting for and on behalf of the  
University of Arkansas for Medical Sciences

SIGNATURE: \_\_\_\_\_

NAME: Suzanne Leslie, APO

TITLE: UAMS Director of Procurement Services

DATE: \_\_\_\_\_

# Appendix A

## Project PLAY

### EARLY CHILDHOOD MENTAL HEALTH TRAINER (ECMHC)

#### Job Description

**REPORTS TO:** Agency Supervisor for work within the agency & Project PLAY Supervisor for work with Project PLAY.

#### **POSITION SUMMARY:**

The Early Childhood Mental Health Trainer (ECMHC) will serve as a trainer to early childcare providers, educators, and families. The ECMHC is culturally competent and an expert in the promotion of positive early childhood mental health. The ECMHC will possess skills that include a thorough knowledge of early childhood development coupled with an understanding of family dynamics and relationship building on an individual/family, provider, and community level. This position will represent the trainer's home agency and Project PLAY in a positive and professional manner and adhere to all best practices, guidelines, policies and procedures as established.

#### **DUTIES AND RESPONSIBILITIES:**

- Team with early childcare staff to identify and assist with interventions for young children, birth to five, who may be at risk of suspension and/or expulsion from a childcare or early education program;
- Act as a resource regarding early childhood development with emphasis on emotional and behavioral health and the importance of relationship between the child and parent/guardian;
- Provide environmental assessments and recommendations to improve the classroom environment and enhance relationships between teachers and children;
- Provide coaching to early childcare providers in a manner that is culturally responsive to the child, family, and provider;
- Complete assessments and individualized plans to involve the early childcare provider, child, and family;
- Assist early childcare staff with appropriate referral information for identified children and families who may need more specialized services;
- Participate in training modules, regularly scheduled statewide meetings, and supervisory meetings and observations;
- Act as a liaison between family, early childcare provider, and other support agencies in the community;
- Work collaboratively with community agencies;
- Provide public education regarding early childhood topics, through community presentations;

- Provide required paperwork and reports including weekly logs of Project PLAY activities;
- Travel to locations within the region;
- Maintain flexible hours to meet the needs of early childhood educators and childcare programs;
- Adhere to Project PLAY privacy and confidentiality standards;
- Perform other tasks/responsibilities as required to support the business operations of the project;
- Demonstrate ethical behavior and cultural sensitivity in all activities involving individuals of diverse backgrounds.
- Become familiar with the Project PLAY implementation manual and adhere to policies and procedures.

#### **EDUCATION AND EXPERIENCE REQUIREMENTS:**

- Master's Degree and licensure in a mental health related field, e.g. counseling, psychology, social work, marriage and family counseling;
- Knowledge, experience, and expertise in the areas of early childhood development, early care and education, and early childhood mental health.

#### **KNOWLEDGE/SKILLS/ABILITIES:**

- Early Childhood Development, Early Childhood Mental Health, and Early Care and Education
- Engagement, Relationship Building, and Collaboration with Families and Caregivers
- Observation, Screening, and Data Collection
- Action Planning, Strategy Development, Implementation/ Technical Assistance
- Community Systems Partnerships and Resources
- Professionalism, Ethics, and Scope of Consultation Role

#### **ADDITIONAL REQUIREMENTS**

- Valid driver's license and reliable transportation;
- Strong attention to detail; ability to work on multiple tasks and meet deadlines;
- Excellent PC skills with demonstrated experience using Microsoft Office Package (MS Word, Excel, Power Point, Access, Outlook); internet;
- Training and public speaking skills;
- Strong written and verbal skills.

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
COLLEGE OF NURSING**

**AGREEMENT FOR UTILIZATION OF FACILITIES  
FOR CLINICAL INSTRUCTION IN NURSING**

Agreement made this first day of August, 2018, by and between the Board of Trustees of the University of Arkansas acting for and on behalf of The University of Arkansas for Medical Sciences (UAMS), College of Nursing (College of Nursing) and Counseling Associates, Inc., 350 Salem Road, Suite 1, Conway, AR 72032, including all Arkansas locations, which will serve as one of the clinical laboratories for the baccalaureate or graduate students during selected educational periods as indicated below.

It is understood that the basic premise of this association is mutual interest in quality nursing (education and services) based on mutual good will and agreement to share what each has to offer while pursuing its individual philosophy, objectives, and uniqueness. The two parties have accepted responsibility to participate in this experience.

IT IS FURTHER AGREED that if and when either of the parties desires to withdraw, such notice shall be given at least three (3) months in advance of the desired date of termination, to become effective when students shall have completed the full program covered by this Agreement. This may be waived if there is mutual consent to terminate the Agreement. This Agreement shall be effective for the period of August 1, 2018 – July 31, 2020 or until terminated by either party, by written notice to the other party. Hereafter, a renewal letter will be sent prior to the expiration date.

**RESPONSIBILITIES:**

1. The College of Nursing agrees that students shall be assigned to the setting for selected experiences in nursing as prescribed by the College of Nursing curriculum.
2. The College of Nursing shall be responsible for and shall directly control the educational program in the respective clinical areas by providing competent faculty.
3. The appropriate personnel in the clinical site shall be responsible for seeing that faculty members and students are familiarized with the necessary policies of the setting and both agree to abide by these policies and procedures. The personnel in the setting shall assist the faculty in planning an orientation in whatever is necessary to give them a thorough understanding of the clinical areas they are using for their students. A mutually acceptable date for faculty orientation shall be determined. This orientation should be planned prior to the students entering the clinical areas.
4. For each experience, the College of Nursing agrees to submit a list of the names of students and names of faculty directing the learning experience including the student/instructor ratio, which will not exceed 10 to 1. Student experience shall be planned in accord with the academic schedule and shall be submitted before the students' experiences in the clinical areas begin. Graduate student experiences will be preceptor directed.
5. The faculty members, in consultation with the appropriate responsible nurse, shall have the overall responsibility for the selection of the individuals and families with whom the students will provide services. The selected experiences shall be in accord with students' needs in achieving the objectives of the curriculum.



6. Students shall be under the direct guidance and supervision of the faculty members unless in specific instances other provisions are made and will be responsible to faculty for the quality and the quantity of care provided and assigned clients. Faculty will be administratively responsible through appropriate channels for the care students provide.
7. The **College of Nursing** agrees to require professional liability malpractice insurance coverage, with minimum limits of \$1m/\$3m, for its students and faculty members assigned to the agency. (If requested, certificates of insurance or a letter stating effective coverage and limits of liability will be furnished.) It is understood that the students assigned to the agency are not its employees and are not entitled to any benefits of employees, such as those covered by the Workman's Compensation Act.
8. The **College of Nursing** requires all students to complete an annual background check. The screening checks are conducted by an independent company and include the following: 7 year flat rate county criminal search (unlimited counties of residence), Nationwide Federal Criminal Search, Nationwide Healthcare Fraud & Abuse Scan (OIG, GSA, OFAC, SDN, Medicaid/Medicare Exclusion Lists, EPLS, etc.), Consent Based Social Security Verification, Social Security Alert, Resident History Trace, & 10 panel drug test.
9. It is a UAMS policy that all students and employees have a yearly TB skin test and provide proof of a current Hepatitis B vaccine. Both are on record in the UAMS Student-Employee Health Center.
10. **Counseling Associates** agrees to keep the faculty updated regarding changes in policy and procedure that relate to the areas used by students.
11. Both parties mutually agree that there will be no exchange of money for student services given or for the availability of the clinical facilities.
12. Representatives of the **College of Nursing** and **Counseling Associates** will meet at least yearly for purposes of reviewing curriculum, evaluating student experiences and planning further clinical experience.
13. **Counseling Associates** agrees to provide conference room space for pre- and post- clinical laboratory conferences and the use of available instructional materials and library facilities.

#### **HIPAA COMPLIANCE:**

1. It is the intent of the parties to protect the confidentiality of patient information and to comply with the **applicable requirements of the HIPAA regulations in connection with this Agreement.**
2. During the time that the College of Nursing's students are at the facility of **Counseling Associates** participating in the clinical program and training anticipated by this Agreement, these students may use and disclose Protected Health Information of Facility for training purposes only as permitted by HIPAA. In addition, students will participate in any training required **Counseling Associates** regarding compliance with their privacy policies and procedures.
3. The University of Arkansas for Medical Sciences is a "covered entity" governed by the HIPAA regulations, and the University of Arkansas for Medical Sciences will provide these students with its own training as required by HIPAA regulations.

**CIVIL RIGHTS LANGUAGE:**

There shall be no discrimination on the basis of race, color, national origin, religion, national creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, or physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation in either the selection of students for participation in the program, or as to any aspect of the clinical learning experience, provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the program.

**SOVEREIGN IMMUNITY AND CLAIMS LANGUAGE:**

Nothing in this agreement shall waive the sovereign immunity of the State of Arkansas, the University, its Board of Trustees, officers, employees, and staff.

1. Neither party shall be liable for any lost profits. With respect to loss, expense, damage, liability, claims or demands, either at law or in equity, for actual or alleged damages resulting from this agreement by University's employees, agents, or subcontractors, University agrees with Facility that:
  - a) It will cooperate with Facility in the defense of any action of claims brought against Facility seeking the foregoing damages or relief.
  - b) It will in good faith cooperate with Facility should Facility present any claims of the foregoing nature against University to the Claims Commission of the State of Arkansas;
  - c) It will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the said Claims Commission and will make reasonable efforts to expedite said hearing provided, however, University reserves its right to assert in good faith all claims and defenses available to it in any proceeding in said Claims Commission or other appropriate judicial forum. The obligations of this paragraph shall survive the expiration or termination of the agreement.

APPROVED AND ACCEPTED FOR THE  
University of Arkansas for Medical Sciences,  
College of Nursing

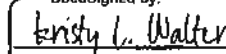
DATED: 9-24-2018



Donna J. Middaugh, PhD, RN  
Associate Dean for Academic Programs  
College of Nursing

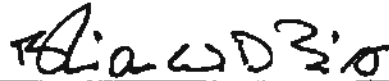
APPROVED AND ACCEPTED FOR  
Board of Trustees of the University of Arkansas  
acting for and on behalf of the University of  
Arkansas for Medical Sciences

DATED: 9/26/2018

DocuSigned by:  
  
Kristy L. Walters  
Associate Vice Chancellor for Finance and  
Treasurer

APPROVED AND ACCEPTED FOR  
Counseling Associates, Inc.

DATED: 9.14.18



Brian W. Davis, LCSW  
CEO

**Counseling Associates, Inc./Concord School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Concord School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a ten county area, including Cleburne County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Concord School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Concord School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Concord School District will have access to mental health services provided by Counseling Associates, Inc.:

- Concord Elementary
- Concord High School

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Concord School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Concord School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### Concord School District

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

  
Concord School District Superintendent

12/3/18  
Date

### Counseling Associates, Inc.

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Concord School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

|  |                  |
|--|------------------|
| <br>Counseling Associates, Inc. CEO | 10-16-18<br>Date |
|--|------------------|

**Counseling Associates, Inc./Mountain View School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Mountain View School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a ten county area, including Stone County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Mountain View School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Mountain View School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.



Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the **Mountain View** School District will have access to mental health services provided by Counseling Associates, Inc.:

- **Mountain View Elementary**
- **Mountain View Middle School**
- **Mountain View High School**
- **Rural Special Elementary and High**
- **Timbo Elementary and High**

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Mountain View School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Mountain View School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

**Mountain View School District**

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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|---|-------------|
| <b>Mountain View School District Superintendent</b> | <b>Date</b> |
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**Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Mountain View School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.

# MOUNTAIN VIEW SCHOOL DISTRICT

210 High School Drive  
Mountain View, Arkansas 72560



Phone (870) 269-8443  
Fax (870) 269-8446

- Provider's staff is available for interagency staffing and communication for those students whose treatment is required by an I.E.P./504 and for progress updates on each student receiving mental health services. Signed releases for the exchange of information regarding student treatment plan and progress will be maintained by provider and provider shall communicate with other providers of service in order to facilitate continuity of care for the student. All communication written and verbal, shall comply with all applicable state and federal laws including but not limited to HIPAA/HITECH statues regarding confidentiality.
- Provider's staff shall assess students in crisis and make appropriate referrals for the indicated level of care. Should acute hospitalization be recommended, provider will follow customary industry standards and ethical practices. The student and family shall determine whether hospitalization is used and what hospital is appropriate. The school district shall not be responsible for payment of any hospitalization expense.
- Provider agrees to abide by the school district's policies as well as all applicable federal, state and local laws and regulations governing the use of school district property. The use or possession of alcoholic beverages, controlled substances, tobacco, firearms, or weapons on school district property is strictly prohibited and punishable by law. Prescription medication shall be administered or stored upon the premises by the school nurse.
- The frequency, duration or the nature of counseling services will not be changed for students with 504 accommodation plans or IEP plans without a 504 or IEP committee meeting.
- These schools within the Mountain View School District will have access to mental health services provided Counseling Associates, Inc:
  - Mountain View Elementary
  - Mountain View Middle
  - Mountain View High
  - Rural Special Elementary and High
  - Timbo Elementary and High

Provider shall be free to bill any source available to the student or family without obligation for the school district to pay for student's mental health services.

This agreement made on Sept. 11, 2018 between Counseling Associates, Inc. (the provider) and Mountain View Public School, located in Stone county, Arkansas.  
 The term of agreement shall be from Sept. 11, 2018 to Sept. 11, 2019.

Provider  
 By: Diana Davis  
 Title: CEO  
 Date: 9-11-18

District (Superintendent)(Principal)  
 By: Reed Ross  
 Title: Superintendent  
 Date: 9-11-18

- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

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| <br>Counseling Associates, Inc. CEO | 9-11-18<br>Date |
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**Counseling Associates, Inc./Lamar School District  
Mental Health Services Agreement  
2018-19 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Lamar School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Johnson County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case manager will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Lamar School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed.

This project is a collaborative effort between Counseling Associates, Inc. and the Lamar School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which

will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

All schools within the District will have access to mental health services provided by Counseling Associates, Inc.

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to abide by all School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals from the School District. Referrals may be made to the Clarksville Clinic at **(479-754-8610)** through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by CAI staff if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### **Lamar School District**

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based case manager and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management services.
- Refers for services

School District Superintendent

Date

**Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.

*Jay Holland*  
Counseling Associates, Inc. CEO

8-29-18  
Date

**Counseling Associates, Inc./Dover School District  
Mental Health Services Agreement  
2018-19 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Dover School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Pope County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case manager will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Dover School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed.

This project is a collaborative effort between Counseling Associates, Inc. and the District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which



will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

All schools within the District will have access to mental health services provided by Counseling Associates, Inc.


Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to abide by all School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals from the School District. Referrals may be made to the Russellville Clinic at (479-968-1298) through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by CAI staff if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### Dover School District

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based case manager and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management services.
- Refers for services.

  
School District Superintendent

Date

8-7-18

## Counseling Associates, Inc.

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.

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| Counseling Associates, Inc. CEO | Date |
|---------------------------------|------|

**Counseling Associates, Inc./Pottsville School District  
Mental Health Services Agreement  
2018-19 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Pottsville School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Pope County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case manager will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Pottsville School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed.

This project is a collaborative effort between Counseling Associates, Inc. and the District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which

will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

All schools within the District will have access to mental health services provided by Counseling Associates, Inc.

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to abide by all School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals from the School District. Referrals may be made to the Russellville Clinic at (479-968-1298) through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by CAI staff if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### **Pottsville School District**

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based case manager and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management services.
- Refers for services.

School District Superintendent

*Larry Duggan*

Date

*8/10/18*

**Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.

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| Counseling Associates, Inc. CEO | Date |
|---------------------------------|------|

**Counseling Associates, Inc./Russellville School District  
Mental Health Services Agreement  
August 01, 2018-June 30, 2019**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Russellville School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Pope County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services. Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case managers and therapists will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Russellville School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed. This project is a collaborative effort between Counseling Associates, Inc. and the Russellville School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Russellville School District will have access to mental health services provided by Counseling Associates, Inc.:

- Center Valley Elementary School
- Crawford Elementary School
- Dwight Elementary School
- London Elementary School
- Oakland Heights Elementary School
- Russellville Upper Elementary School
- Sequoyah Elementary School
- Russellville Middle School
- Russellville Junior High School
- Russellville Alternative School
- Russellville High School

### Staffing Patterns

|                       |   |
|-----------------------|---|
| Program Supervisor    | .05 FTE   |
| Licensed Therapist #1 | 1 FTE-District would pay 25% of that person's salary- CAI funds the remaining 75% |
| Licensed Therapist #2 | 1 FTE-District would pay 25% of that person's salary- CAI funds the remaining 75% |
| Licensed Therapist #3 | 1 FTE-District would pay 25% of that person's salary- CAI funds the remaining 75% |

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.

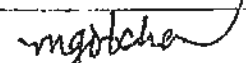
3. The parties agree to abide by all Russellville School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals regardless of ability to pay from the Russellville School District. Outpatient referrals may be made to the Russellville Clinic at (479-968-1298) through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by the school based therapists if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services as part of our contracted services.
9. Either party may terminate this agreement by written notice 30 days in advance. The Russellville School District may terminate this agreement at any time for cause.
10. This agreement may not be amended by either party without written agreed consent of both parties.

The following activities will be provided to the indicated entity.

**Russellville School District**

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based therapists, case managers and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management/therapy services.
- Refers for services.

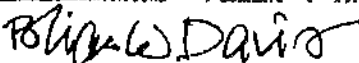
  
 Russellville School Board President/Date

 7.17.18  
 Russellville School District Superintendent/Date



**Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures and provide district documentation as instructed.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.
- Agrees to furnish professional liability insurance in the amount of \$1 million each occurrence/\$3 million aggregate, other appropriate liability insurance, WCC insurance, and appropriate licensure to allow for completion of said duties. CAI will provide annual proof of insurance and licensure.
- Shall indemnify Russellville School District and hold it harmless from and against any and all claims, actions, damages, liability, and expense to include reasonable attorney fees, arising out of or in any way related to the acts or failure to act of CAI, its agents, employees, or officers.
- CAI is an independent contractor and not an agent or employee of Russellville School District, and as such, CAI shall not have the right or authority to enter into any contracts, agreements, or commitments on behalf of Russellville School District.
- This contract may not be transferred or assigned by CAI.

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|--|-----------------|
| <br>Counseling Associates, Inc. CEO | 7-24-18<br>Date |
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**Counseling Associates, Inc./Atkins School District  
Mental Health Services Agreement  
2018-19 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Atkins School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Pope County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case manager will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Atkins School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed.

This project is a collaborative effort between Counseling Associates, Inc. and the Atkins School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which

will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

All schools within the District will have access to mental health services provided by Counseling Associates, Inc.


Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to abide by all School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals from the School District. Referrals may be made to the Russellville Clinic at (479-968-1298) through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by CAI staff if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

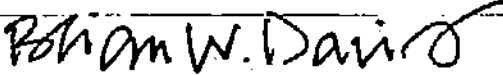
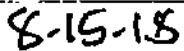
**Atkins School District**

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based case manager and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management services.
- Refers for services.

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| <br>School District Superintendent | Date 8/14/18 |
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Counseling Associates, Inc.

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.

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| Counseling Associates, Inc. CEO   | Date  |

**Counseling Associates, Inc./Hector School District  
Mental Health Services Agreement  
2018-19 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Hector School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Pope County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case manager will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Hector School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed.

This project is a collaborative effort between Counseling Associates, Inc. and the District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which

will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

All schools within the District will have access to mental health services provided by Counseling Associates, Inc.

Following are the basic framework issues that all agree to:

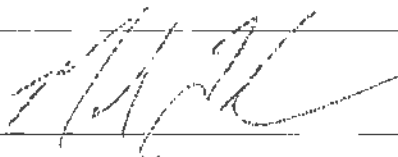
1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to abide by all School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals from the School District. Referrals may be made to the Russellville Clinic at (479-968-1298) through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by CAI staff if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### Hector School District

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based case manager and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management services.
- Refers for services.

School District Superintendent



Date

8-9-18

Counseling Associates, Inc.

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.

Counseling Associates, Inc. CEO

Date

**Counseling Associates, Inc./Lamar School District  
Mental Health Services Agreement  
2018-19 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in Lamar School District, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Johnson County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Services are the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based case manager will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Lamar School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed.

This project is a collaborative effort between Counseling Associates, Inc. and the Lamar School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which



will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

All schools within the District will have access to mental health services provided by Counseling Associates, Inc.

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to abide by all School Policies when on said premises.
4. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the School and other necessary providers in order to facilitate care for the students in the district.
5. The parties agree to accept referrals from the School District. Referrals may be made to the Clarksville Clinic at **(479-754-8610)** through the school counselor, teacher, Principal, LEA or Administrative Staff as needed. Additional information will be provided by CAI staff if needed to assist families or staff members regarding the referral process.
6. The parties agree that services may not be provided without written parental consent for treatment.
7. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
8. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### **Lamar School District**

- Develops contract with Counseling Associates, Inc. through mutual agreements with the school district and CAI.
- Works closely with school-based case manager and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service case management services.
- Refers for services.

School District Superintendent

Date

**Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students.
- Will refer for additional services based on client/family needs.
- Provide crisis, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management, medication management and collateral therapies if available.

*Jay Holland*  
Counseling Associates, Inc. CEO

8-29-18  
Date

# **Counseling Associates, Inc./ Two Rivers School District Mental Health Services Agreement 2018-2019 School Year**

## **Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Two Rivers School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

## **Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Perry County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

## **Memorandum of Understanding**

This is an agreement between the Two Rivers School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Two Rivers School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Two Rivers School District will have access to mental health services provided by Counseling Associates, Inc.:

- Two Rivers Elementary
- Two Rivers High School


Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Two Rivers School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Two Rivers School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

## **Two Rivers School District**


- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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|  | 9-21-18 |
| Two Rivers School District Superintendent   | Date    |

## **Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Two Rivers School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

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| <br>Counseling Associates, Inc. CEO | 5/14/18<br>Date |
|--|-----------------|

**Counseling Associates, Inc./South Conway County  
School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the South Conway County School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Conway County. CAI has operated for over 30 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the South Conway County School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the South Conway County School District in efforts to expand the provision of and

access to behavioral health services not otherwise available to many children and families. Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the South Conway County School District will have access to mental health services provided by Counseling Associates, Inc.:

- Morrilton Primary
- Morrilton Elementary
- Morrilton Intermediate School
- Morrilton Jr. High School
- Morrilton High School

Following are the basic framework issues that all agree to:

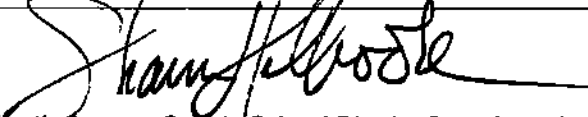
1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all South Conway County School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.



The following activities will be provided to the indicated entity.

**South Conway County School District**

- ❑ Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- ❑ Provides working space for on-site service providers (CAI School Based Therapist).
- ❑ Refers for services.
- ❑ Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <br>South Conway County School District Superintendent | 7/26/18<br>DATE |
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**Counseling Associates, Inc.**

- ❑ Provide initial screening assessment of problem behaviors, or other mental health issues of students in the South Conway County School District.
- ❑ Will refer for additional services based on client/family needs.
- ❑ Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- ❑ Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- ❑ Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- ❑ Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- ❑ Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- ❑ Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- ❑ Will document according to CAI policies and procedures.
- ❑ Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.

- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

*T. Brian W. Daring*

Counseling Associates, Inc. CEO

*5/15/18*

Date

**Counseling Associates, Inc./Wonderview School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Wonderview School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Faulkner County. CAI has operated for over 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 3000 of those being children and families. Services available through CAI include individual, group, and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Wonderview School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Wonderview School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Wonderview School District will have access to mental health services provided by Counseling Associates, Inc.:

- Wonderview Elementary
- Wonderview High School


Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Wonderview School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Wonderview School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### **Wonderview School District**

- ❑ Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- ❑ Provides working space for on-site service providers (CAI School Based Therapist).
- ❑ Refers for services.
- ❑ Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <br>Wonderview School District Superintendent | 9-20-18<br>Date |
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### **Counseling Associates, Inc.**

- ❑ Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Wonderview School District.
- ❑ Will refer for additional services based on client/family needs.
- ❑ Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- ❑ Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- ❑ Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- ❑ Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- ❑ Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- ❑ Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- ❑ Will document according to CAI policies and procedures.
- ❑ Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- ❑ Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

*William W. Davis*

Counseling Associates, Inc. CEO

*7-24-18*

Date

**Counseling Associates, Inc./Concord School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Concord School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a ten county area, including Cleburne County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Concord School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Concord School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Concord School District will have access to mental health services provided by Counseling Associates, Inc.:

- Concord Elementary
- Concord High School

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Concord School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Concord School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.



### Concord School District

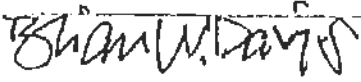
- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <br>Concord School District Superintendent | 12/3/18<br>Date |
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### Counseling Associates, Inc.

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Concord School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

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|  | 10-16-18 |
| Counseling Associates, Inc. CEO   | Date     |

**Counseling Associates, Inc./Searcy County School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Searcy County School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a ten county area, including Searcy County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Searcy County School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Searcy County School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Searcy County School District will have access to mental health services provided by Counseling Associates, Inc.:

- Marshall Elementary
- Leslie Intermediate
- Marshall High School


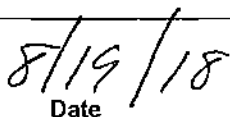
Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Searcy County School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Searcy County School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### **Searcy County School District**

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <br>Searcy County School District Superintendent | <br>Date |
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### **Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Searcy County School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

|                                 |                 |
|---------------------------------|-----------------|
| <i>Thomas W. Davis</i>          | <i>10-16-18</i> |
| Counseling Associates, Inc. CEO | Date            |

**Counseling Associates, Inc./Mountain View School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Mountain View School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a ten county area, including Stone County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Mountain View School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Mountain View School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the **Mountain View** School District will have access to mental health services provided by Counseling Associates, Inc.:

- **Mountain View Elementary**
- **Mountain View Middle School**
- **Mountain View High School**
- **Rural Special Elementary and High**
- **Timbo Elementary and High**

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Mountain View School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Mountain View School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.



The following activities will be provided to the indicated entity.

### **Mountain View School District**

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <b>Mountain View School District Superintendent</b> | <b>Date</b> |
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### **Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Mountain View School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.

- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

*William W. Davis*

Counseling Associates, Inc. CEO

9-11-18

Date

**Counseling Associates, Inc./East End School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the East End School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Perry County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the East End School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the East End School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the East End School District will have access to mental health services provided by Counseling Associates, Inc.:

- Anne Watson Elementary
- Bigelow High School


Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all East End School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the East End School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

**Bigelow School District**

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <br>Bigelow School District Superintendent | 8-16-18<br>Date |
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**Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Bigelow School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

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| <p><i>Robert W. Danz</i><br/>Counseling Associates, Inc. CEO</p> | <p>5/14/18<br/>Date</p> |
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# **Counseling Associates, Inc./Guy School District Mental Health Services Agreement 2018-2019 School Year**

## **Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Guy School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

## **Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Faulkner County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

## **Memorandum of Understanding**

This is an agreement between the Guy School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Guy School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Guy School District will have access to mental health services provided by Counseling Associates, Inc.:

- Guy Elementary
- Guy Middle School
- Guy High School

Following are the basic framework issues that all agree to:

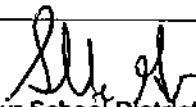
1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Guy School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Guy School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.



The following activities will be provided to the indicated entity.

### **Guy School District**

- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children when possible.

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| <br>Guy School District Superintendent | 8-6-18<br>Date |
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### **Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Guy School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.
- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.

- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.

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| <p><i>Robert W. Danz</i><br/>Counseling Associates, Inc. CEO</p> | <p>5/14/18<br/>Date</p> |
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2018-2019

## School-Based Mental Health Contract

This is an agreement between the Vilonia School District (referred to as the District) and Counseling Associates (referred to as the Provider) for the provision of certain school-based mental health services by the Provider to the District as set forth in this agreement.

### A. PRELIMINARY RESPONSIBILITIES OF THE PROVIDER

- a. The Provider agrees to provide qualified therapists and case managers to perform school based mental health services for students referred to Provider by the district. provider and its employees and agents shall meet the standards of the District for fitness and suitability for work as therapists and/or case managers. District shall have the right to refuse to permit any therapist or case manager to work in the District if the District determines it is not in the best interest of the District or its students or families.
- b. The provider shall provide documentation of liability insurance, completed attestation participation statement, practitioner profile, practitioner checklist and statement of assurances, appropriate licences, background checks, continuing education hours, and supervision requirements for all therapists and case managers who will be providing school based mental health services for the Provider under this agreement.
- c. The provider shall certify, by executing this contract, that each school based mental health therapist and each case manager providing services to the District are not listed on the State's sex offender registry nor child abuse registry.
- d. Documentation listed in paragraph 2 and certification required in paragraph 3 must be provided prior to the provision of any services by the therapists or case managers under this agreement.
- e. The Provider shall provide a list of all Provider staff who will be providing services to the District under this contract, along with contact information to include office telephone numbers and emergency telephone or pager numbers. This list shall be updated immediately as changes occur.
- f. Provider and its employees and agents shall identify themselves when providing services in the District and when on campus with identification badges which include Provider and employee name, and will sign in and out on designated forms. When on campus, Provider, its employees or agents shall follow the reasonable requests of the building administration and conduct themselves in a manner consistent with District policies regarding codes of conduct.

### B. SERVICE RESPONSIBILITIES OF THE PROVIDER

- a. School-based mental health services provided under this agreement shall include, as appropriate:

- i. diagnosis - direct clinical service for the purpose of determining the existence, type, nature and most appropriate treatment of a mental illness or related disorder
  - ii. Diagnosis - psychological test or evaluation (a single diagnostic test). Available through Counseling Associates only and would be the financial responsibility of the client/family and/or, district
  - iii. Diagnosis - psychological testing battery (two or more diagnostic tests). Available through Counseling Associates only and would be the financial responsibility of the client/family and/or district
  - iv. Interpretation of diagnosis - a direct service for purpose of interpreting diagnostic results
  - v. crisis management visits
  - vi. Individual outpatient therapy sessions
  - vii. Family therapy with patient present
  - viii. Family therapy without patient present
  - ix. Individual outpatient collateral services
  - x. Group outpatient therapy
  - xi. Parent and school training and/or inservices
  - xii. Attendance at school staffings
  - xiii. Collaboration planning with school staff or other providers
  - xiv. Observation
- b. The provider will provide therapy services without regard to student or family Medicaid enrollment or eligibility status or health insurance status, without cost to students and their families. The district understands that the provider cannot provide physician-related services (psychiatric evaluation and medication management) and psychologist-related services (evaluation and psychological testing) without cost to students and their families. These services will be available and provided in a clinic-based setting in the community.
  - c. No student will be refused services unless the Provider does not have the services or program to adequately treat the student's mental health needs or it is determined, following comprehensive assessment, that Provider's services are not necessary. The Provider will be responsible for obtaining physician referral by a Medicaid enrolled physician and for providing services it renders consistent with Section 202.110 of the Arkansas Medicaid Manual for School Based Mental Health Services. The Provider will be responsible for handling all insurance claims for services billed to third party insurers.
  - d. Provider shall assess students in crisis and make appropriate referrals for the indicated level of care. Should acute hospitalization be required, Provider will follow customary industry standards and ethical practices. District shall not be responsible for payment of any hospitalization expense other than the required educational obligation required by law and Provider's recommendation shall not be construed to authorize same.

- e. With appropriate parental consent and student consent when required (i.e. students age 18 years or older), Provider will communicate with other providers of services in order to facilitate continuity of care for the students participating in the services provided by the Provider.
- f. Therapists may offer periodic training or in-service education for the District staff, Parent Teacher Organizations, and student organizations as requested by the District.

**C. RESPONSIBILITIES OF THE DISTRICT**

- a. The District will provide office space, locked file cabinet, internet and access to basic office equipment (e.g. fax machine, copy machine) for the therapist.
- b. The District will make space available for counseling sessions that provide reasonable confidentiality to the District students/group members.
- c. The District will provide reasonable access to the school facilities for the therapists.

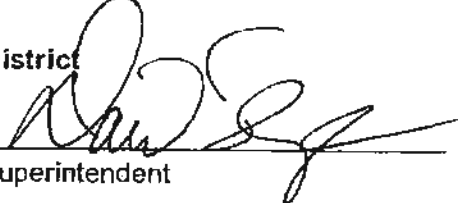
**D. GENERAL PROVISIONS**

- a. This agreement shall be in full effect from time of signing.
- b. Either party may withdraw from this agreement upon issuance of a 30-day written notice.
- c. Students will have access to school-based mental health services without regard to student or family Medicaid enrollment status and without cost to students and their families.
- d. The Provider shall not bill clients/families for therapy services provided through the school-based mental health program. When billing for SBMH services, the student or family will not be responsible for fees related to services provided and neither the student nor the families will be sent a bill. Physician-related services including psychiatric evaluation and medication management, as well as psychological testing services by a PhD or LPE will be available for students and families through the community-based Counseling Associates and will be the financial responsibility of students and families or district. .

**SIGNATURES:**

**Contractor**  
  
 \_\_\_\_\_  
 SBMH Services Provider

9/14/16  
 \_\_\_\_\_  
 Date

**District**  
  
 \_\_\_\_\_  
 Superintendent

9/22/16  
 \_\_\_\_\_  
 Date

**Counseling Associates, Inc./Greenbrier School District  
Mental Health Services Agreement  
2018-2019 School Year**

**Abstract**

The overall purpose of the agreement is to provide access to mental health services within the school setting. To improve the well being of children and families in the Greenbrier School District and the community, and to develop the implementation of a comprehensive integrated plan that focuses on creating safe schools, improving access to mental health care for at risk students, and promoting healthy childhood development. Services are provided in several ways to meet the needs of the school district and the students.

**Participating Organization**

Counseling Associates, Inc. is a comprehensive community mental health center which serves a six county area, including Faulkner County. CAI has operated for almost 40 years, serving our communities through a variety of comprehensive behavioral health services. We serve over 7000 individuals yearly with approximately 2000 of those being children and families. Services available through CAI include individual, group, collateral and family therapies, Child Psychiatrist who provides assessments and medication management, after-school and summer programs, case management services, 24 hour/7 day a week crisis on call services, substance abuse services, school drug testing, testing, group home and therapeutic foster care services.

Counseling Associates, Inc. School Based Therapy is the essential assessing, planning, linking, monitoring and advocacy services necessary to meet the mental health needs of children and families. The school based therapist will be available to assist at risk children and families, to provide services on site in the schools, to refer for other necessary services based on the client needs, and to provide support, training and intervention to the child, family and education staff.

**Memorandum of Understanding**

This is an agreement between the Greenbrier School District and Counseling Associates, Inc. to ensure that the mental health needs of students and families are addressed, that prevention services are provided to children and families and that training is provided to educational staff regarding mental health issues.

This project is a collaborative effort between Counseling Associates, Inc. and the Greenbrier School District in efforts to expand the provision of and access to behavioral health services not otherwise available to many children and families.

Goals are to expand current school and community mental health center efforts, to develop and continue consistent best practices and monitor outcomes which will be crucial in the development of a comprehensive service base to meet the needs of children, youth and families in the community.

These schools within the Greenbrier School District will have access to mental health services provided by Counseling Associates, Inc.:

- Greenbrier Eastside School
- Greenbrier Westside School
- Wooster Elementary
- Greenbrier Middle School
- Greenbrier Junior High School
- Greenbrier High School

*Springhill Elem.*

Following are the basic framework issues that all agree to:

1. The parties agree that care and services will be provided without discrimination on the basis of gender, race, or national origin, regarding both clients and employees and in full compliance with the Civil Rights Act of 1964, as amended.
2. The parties agree to cooperate to deliver services that are timely, integrative and culturally sensitive.
3. The parties agree to work together collaboratively in the area of training and staff development.
4. The parties agree to continue to work towards sustainability for the program.
5. The parties agree to abide by all Greenbrier School District Policies when on said premises.
6. The parties agree to adhere to all school, agency, and federal alcohol and drug regulations regarding confidentiality. With proper student (for those 18 years of age) and/or parental consent, Counseling Associates will communicate with the District and other necessary providers in order to facilitate care for the students in the district.
7. The parties agree to accept referrals from the Greenbrier School District. Referrals may be made to the school-based therapist through the school counselor, teacher, principal, LEA or Administrative Staff as needed.
8. The parties agree that services may not be provided without written parental consent for treatment.
9. The parties agree that school based psychiatric/medication management services are not provided through this agreement.
10. The parties agree that both entities are mandated reporters of suspected or confirmed child abuse and neglect.
11. Parties agree that Counseling Associates, Inc. will participate as requested by the District in IEP conferences and in school meetings regarding children in need of mental health services.

The following activities will be provided to the indicated entity.

### **Greenbrier School District**

- Develops contract with Counseling Associates, Inc. based on funding and established budgetary guidelines decided through mutual agreements with the school district and CAI.
- Works closely with school based therapists and CAI management team to ensure continued program implementation and completion.
- Provides working space for on-site service providers (CAI School Based Therapist).
- Refers for services.
- Assist School Based Therapist in providing space for Summer Program for at risk children, and assist with transportation of these participants based on the summer school schedule.

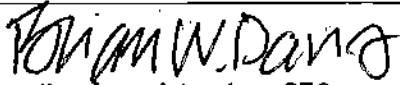
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|---|--|---------|------|
| Greenbrier School District Superintendent |  | 8-16-18 | Date |
|---|--|---------|------|

### **Counseling Associates, Inc.**

- Provide initial screening assessment of problem behaviors, or other mental health issues of students in the Greenbrier School District.
- Will refer for additional services based on client/family needs.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Provide individual, crisis, family and group therapy, case management, and collateral therapy on site at the school during regular working hours. After hours on call crisis services are provided outside of this agreement. 24 hour emergency services are available through Counseling Associates, Inc. Emergency Hotline to all individuals within the district.
- Establish relationships with and acts as a liaison between school personnel and families in addressing mental health needs of the children.
- Establish and develop rapport with families to ensure children are receiving necessary services to meet their mental health needs.
- Assist in the development of classroom observations to assist in problem identification and treatment recommendations
- Participates as needed in IEP conferences as a resource as well as to assist in assessment of mental health needs.
- Will document according to CAI policies and procedures.



- Will provide school based mental health services year around. Services are available during school hours, during established days during the summer and after school as agreed upon by the District/CAI.
- Will provide teacher in service training on topics identified through collaboration between Greenbrier Schools and CAI.
- Will provide monthly billing for services to the Greenbrier School District.
- Will provide a Summer Program for students within the District identified by CAI/District as high risk. CAI will coordinate with the District for transportation scheduling to coincide with the District's Summer School Schedule.
- Will utilize the student's reimbursement source to assist in paying for individual, family, group, case management and collateral therapies if available.
- Will provide additional master's level therapist to assist in the provision of school based mental health services. CAI will provide the necessary therapeutic supervision and monitoring of both clinicians.
- Will cover the salary of the therapist providing additional services in the school.

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|--|-----------------|
| <br>Jonathan W. Dang<br>Counseling Associates, Inc. CEO | 8-31-18<br>Date |
|--|-----------------|