



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

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

CAUTION TO VENDOR

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

SIGNATURE PAGE

Type or Print the following information:

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Professional Counseling Associates, Inc.				
Address:	3801 Richards Road				
City:	North Little Rock	State:	AR	Zip Code:	72117
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: <u>MEDICAID # 138578726</u> * See <i>Minority and Women-Owned Business Policy</i>				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid-solicitation related matters.</i>			
Contact Person:	Sarah Hirsch	Title:	CEO
Phone:	Admin Office 501-221-1643	Alternate Phone:	501-554-1632
Email:	sarah.hirsch@pca-ar.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

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


Authorized Signature:  Title: GEG

Printed/Typed Name: Sarah Hirsch, LPC, MHSP, MA, MBA/HCM Date: 03/17/2019

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

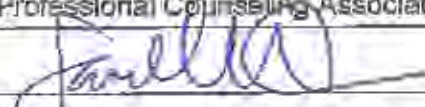
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Professional Counseling Associates, Inc.	Date:	03/11/2018
Authorized Signature:		Title:	CEO
Print/Type Name:	Sarah Hirsch, LPC, MHSP, MA, MBA/HCM		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

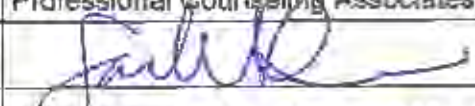
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Professional Counseling Associates, Inc.	Date:	03/11/2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Sarah Hirsch, LPC, MHSP, MA, MBA/HCM		

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:	Professional Counseling Associates, Inc.	Date:	03/11/2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Sarah Hirsch, LPC, MHSP, MA, MBA/HCM		

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
Donna Jenkins Brown, MD	102 Redtail Cove	Little Rock, AR 72211
John Downes, MD	62 Carmel Drive	Little Rock, AR 72212
J. Michael Wood, PhD	105 Seven Oaks Drive	Hot Springs, AR 71901
Hugo B. Morais, Ph.D.	523 North University Avenue	Little Rock, AR, 72205
Ericka Mays, LPE-1	2 Ardmore Drive	Little Rock, AR 72209
Kim Lambert-Lawrence, LPE	12010 Maryland Place	Sherwood, AR 72120
Maranda Leonard, LPE	426 Nottingham Drive	Cabot, AR 72023
Trevor Amett, LCSW	6606 Kelly Road	North Little Rock, AR 72118
William Lackey, LAC	4412 Dawson Drive	North Little Rock, AR 72116
LaEartha Banks, LPC	7524 Glen Hills Drive	Sherwood, AR 72120

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

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

Vendor Name:	Professional Counseling Associates, Inc.	Date:	03/11/2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Sarah Hirsch, LPC, MHSP, MA, MBA/HCM		

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 28, 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.*

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 or 501-320-6511

Vendor Signature

Date

Company

 3/14/19
Professional Counseling Associates Inc

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

SUBCONTRACTOR: YES NO SUBCONTRACTOR NAME: _____ Contractor for which this is a subcontractor: _____
 Estimated dollar amount of subcontract: _____

TAXPAYER ID NAME: Professional Counseling Associates, Inc. IS THIS FOR: Goods? Services Both?
 YOUR LAST NAME: Hirsch FIRST NAME: Sarah MI: _____
 ADDRESS: 3601 Richards Road
 CITY: North Little Rock STATE: AR ZIP CODE: 72117 COUNTRY: UNITED STATES OF AMERICA

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

FOR INDIVIDUALS*

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

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To 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 (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 MM/YY	To 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

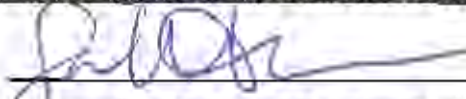
CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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  Title Chief Executive Officer Date 3/14/19
Vendor Contact Person Sarah Hirsch, LPC, MHSP, MA, MBA/HCM Title Chief Executive Officer Phone No. 501-554-1632

AGENCY USE ONLY

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

PCA EEOC Policies

(3/10/17)

B. Opportunity for Employment and Equal Employment Opportunity (EEO)

1. Opportunity for employment with PCA will be open to any person who, on the basis of merit, is qualified for the desired position. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention or any other personnel action, because of political or religious opinions or affiliations, or because of age, sex (including pregnancy, gender identity and wage), race, color, national origin, physical or mental disability, sexual orientation (as defined by applicable law), genetic information, or any other non-merit factor is prohibited.

2. Relative to employment by the Center, Professional Counseling Associates, Inc. Policies and Procedures will promote the recruitment and hiring of disabled individuals except in any case in which a Bona Fide Occupational Requirement would preclude placing an applicant with a particular disability in an open position.

C. Human Resource Management and Diversity

1. To serve the needs of our clients, and to accomplish the PCA mission of making our community a better place to live, and to improve the quality of life for people by providing the most effective and efficient behavioral health care to individuals, families and businesses, the Board of Professional Counseling Associates recognizes that a professional and diverse staff is our organization's most valuable asset.

2. We will continually improve recruitment, growth opportunities and retention of staff.

3. The Human Resource Management policies of PCA will promote the recruitment and retention of staff who reflect the diversity of the communities we serve.

4. Management will involve employees in organizational decisions, recognize excellent work by staff, and promote the satisfaction and retention of staff.

5. Management will provide for the continuing professional development and training of all personnel to enhance the quality of individual and organizational performance.

G. Nondiscrimination and Equal Employment Opportunity (EEO)

1. Definition of Discrimination

a. "Discrimination" includes:

- (1) Denying any individual any service or other benefits;
- (2) Providing any service(s) or other benefits to an individual different from those provided to others, and which have no justification;
- (3) Subjecting an individual to segregation or separate treatment;
- (4) Restricting an individual in the enjoyment of any advantage or privileges enjoyed by others receiving any service(s) or other benefits;

(5) Treating an individual differently from others in determining whether he/she satisfies any eligibility or other requirements or conditions;

(6) Denying any individual an opportunity to participate in the program through the provision of services or otherwise, or affording him/her an opportunity to do so which is different from that afforded others.

2. Nondiscrimination in Service Delivery

ii. Professional Counseling Associates will not discriminate on the grounds of race, color, religion, national origin, sex, age, physical or mental disability, sexual orientation, or genetic information.

b. Professional Counseling Associates will not limit the availability of services on the basis of age, except where age has been exempted as a programmatic qualification for the particular service.

3. Nondiscrimination in Employment

a. Professional Counseling Associates will not discriminate against any employee or applicant for employment because of age, race, color, religion, sex (including pregnancy and wages), national origin, disability, sexual orientation (as defined by applicable law), or genetic information, and agrees to take action to ensure that applicants are considered and employees are treated without discrimination because of their age, race, color, religion, sex (including pregnancy and wages), national origin, disability, sexual orientation (as defined by applicable law), or genetic information. PCA agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this clause.

b. Professional Counseling Associates will state in all solicitations or advertisements for employees that all qualified applicants will receive consideration for employment without regard to age, race, color, religion, sex, national origin, disability, sexual orientation, or genetic information.

c. The above requirements will also apply to age discrimination except that distinctions based upon age which is permitted by federal law and regulations will not be considered discriminatory.

4. Sexual Harassment

a. Professional Counseling Associates will not allow any form of sexual harassment or any such conduct that has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

b. Such conduct, when experienced or observed, should be reported to your supervisor or Human Resources immediately. Human Resources will conduct an investigation and will be required to report the findings to the Chief Executive Officer or his/her designee. The privacy of the employee under investigation will be respected at all times.

c. Any intentional sexual harassment is considered to be a major violation of company policy and will be dealt with accordingly by corrective counseling, suspension, or termination depending upon the severity of the violation.

d. It is the intent of PCA to provide a work environment free from verbal, physical, and visual (signs, posters, or documents) forms of sexual harassment. All employees are asked to be sensitive to the individual rights of their co-workers.

5. Compliance with Nondiscrimination Laws and Equal Employment Opportunity (EEO)

Professional Counseling Associates shall comply with all applicable provisions of federal and state regulations related to nondiscrimination and Equal Employment Opportunity (EEO).

6. Nondiscrimination Against and Accommodation of Individuals with Disabilities

a. Professional Counseling Associates (PCA) complies with the Americans with Disabilities Act (ADA) and applicable state and local laws providing for nondiscrimination in employment against qualified individuals with disabilities. PCA also provides reasonable accommodation for such individuals in accordance with these laws. In this connection, PCA has established an accommodation assessment committee (known as the Health and Safety Committee - HSC) that evaluates the feasibility of each requested accommodation in light of the ADA's guidelines and determines whether such accommodation will create an undue hardship on PCA. It is PCA's policy to, without limitation:

- (1) Ensure that qualified individuals with disabilities are treated in a nondiscriminatory manner in the pre-employment process and that employees with disabilities are treated in a nondiscriminatory manner in all terms, conditions, and privileges of employment.
- (2) Administer medical examinations (a) to applicants only after conditional offers of employment have been extended, and (b) to employees only when justified by business necessity.
- (3) Keep all PCA medical-related information confidential in accordance with the requirements of the ADA and retain such information in separate confidential files.
- (4) Provide applicants and employees with disabilities with reasonable accommodation, except where such an accommodation would create an undue hardship on PCA.
- (5) Notify individuals with disabilities that PCA provides reasonable accommodation to qualified individuals with disabilities, by including this policy in PCA's employee manual and by posting the Equal Employment Opportunity Commission's poster on not discriminating against individuals with disabilities and other protected groups conspicuously throughout PCA's facilities.

b. Qualified individuals with disabilities may make requests for reasonable accommodation to Human Resources. Upon receipt of an accommodation request, Human Resources will meet with the requesting individual to discuss and identify the precise limitation resulting from the disability and the potential accommodation that PCA might make to help overcome those limitations.

c. Human Resources, in conjunction with the appropriate management representatives identified as having a need to know (e.g., the individual's supervisor, CFO and the CEO), will determine the feasibility of the requested accommodation, considering various factors, including, but not limited to, the nature and cost of the accommodation, the availability of tax credits and deductions, outside funding, the facility's overall financial resources and organization, and the accommodation's impact on the operation of the facility, including its impact on the ability of other employees to perform their duties and on the facility's ability to conduct business.

d. Human Resources will inform the employee of PCA's decision on the accommodation request or on how to make the accommodation. If the accommodation request is denied, employees will be advised of their right to appeal PCA's decision to the Health and Safety Committee by submitting a written statement to Human Resources along with the reasons for the request.

e. The Health and Safety Committee will review all employee appeals. After reviewing an employee's appeal, the Health and Safety Committee will notify Human Resources of its decision. Human Resources will in turn notify the individual making the appeal of the Health and Safety Committee's decision, which will be final.

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 st) Choice	Region #: 9 - DHS Certification Information Below
Second (2 nd) Choice	Region #:
Third (3 rd) Choice	Region #:
Fourth (4 th) Choice	Region #:
Fifth (5 th) Choice	Region #:
Sixth (6 th) Choice	Region #:
Seventh (7 th) Choice	Region #:
Eighth (8 th) Choice	Region #:
Ninth (9 th) Choice	Region #:
Tenth (10 th) Choice	Region #:
Eleventh (11 th) Choice	Region #:
Twelfth (12 th) Choice	Region #:

7600 Highway 107
Sharwood, AR 72120

Behavioral Health Agency
Vendor #11156
License #157
Certification Dates: 07/01/2018-08/31/2021

1109 Burman
Jacksonville, AR 72076

Behavioral Health Agency
Vendor #11159
License #160
Certification Dates: 07/01/2018-08/31/2021

4345 Stockton Drive
North Little Rock, AR 72116

Behavioral Health Agency
Vendor #11157
License #158
Certification Dates: 07/01/2018-08/31/2021

201 West Second Street
Loroke, AR 72086

Behavioral Health Agency
Vendor #11160
License #159
Certification Dates: 07/01/2018-08/31/2021

405 North Second Street
Cabot, AR 72023

Behavioral Health Agency
Vendor #11158
License #155
Certification Dates: 07/01/2018-08/31/2021



Division of Provider Services and Quality Assurance

P.O. Box 8059, Slot S408 · Little Rock, AR 72203
501-320-6408 · Fax: 501-682-8637



August 8, 2018

Jannie Cotton, CEO
Professional Counseling Associates, Inc.
3601 Richards Road
North Little Rock, AR 72120

RE: Corrected End Dates on Certificates Transition from RSPMI to BHA

Dear Ms. Cotton:

The Division of Provider Services and Quality Assurance (DPSQA) reviewed the documents submitted for transition of five sites from RSPMI to Behavioral Health Agency. Please make note of the certification end dates for the license and certification. The end certification dates have changed.

Please find enclosed License and/or Certification certificates for the following sites:

7800 Highway 107
Sherwood, AR 72120

Behavioral Health Agency
Vendor #11156
License #157
Certification Dates: 07/01/2018 – 08/31/2021

4354 Stockton Drive
North Little Rock, AR 72117

Behavioral Health Agency
Vendor #11157
License #158
Certification Dates: 07/01/2018 – 08/31/2021

405 North Second Street
Cabot, AR 72023

Behavioral Health Agency
Vendor #11158
License #159
Certification Dates: 07/01/2018 – 08/31/2021

1109 Burnan
Jacksonville, AR 72070

Behavioral Health Agency
Vendor #11159
License #160
Certification Dates: 07/01/2018 – 08/31/2021

201 West Second Street
Lonoke, AR 72086

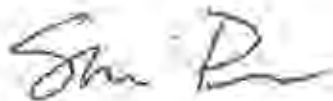
Behavioral Health Agency
Vendor #11160
License #159
Certification Dates: 07/01/2018 – 08/31/2021

If there are sites that are not RSPMI sites the application process for Behavioral Health Agency will have to be completed for the site to be licensed as a Behavioral Health Agency. The application, Form 100, can be found at <http://humanservices.arkansas.gov/about-dhs/dbhs/publications>.

If you would like more information regarding any of the additional Behavioral Health Agency certifications, certification manuals and applications can be found at the website listed above.

Should you have any questions regarding your license or certification, please contact Barbra Brooks, Licensure and Certification Examiner, at 501-686-9870 or barbra.brooks@dhs.arkansas.gov

Sincerely,



Sherri Proffer, RN
Assistant Director
Community Services Licensure and Certification
Division of Provider Services and Quality Assurance
Sherri.Proffer@dhs.arkansas.gov

C: Eyvoime Carbage, DXC
Daphney Burkins, DXC
David Jones, OMIG
Sharon Donovan
Vivian Jackson
Ward Hanna
Patricia Gann
Beacon Health Options

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

PROFESSIONAL COUNSELING ASSOCIATES

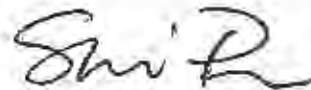
7800 HIGHWAY 107

SHERWOOD, AR 72120

Dates of Certification: 07/01/2018 - 08/31/2021

Vendor Number: 11156

BHA License Number: 157



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

PROFESSIONAL COUNSELING ASSOCIATES

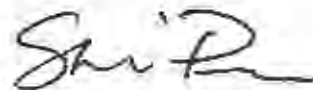
4354 STOCKTON DRIVE

NORTH LITTLE ROCK, AR 72117

Dates of Certification: 07/01/2018 - 08/31/2021

Vendor Number: 11157

BHA License Number: 158



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

PROFESSIONAL COUNSELING ASSOCIATES

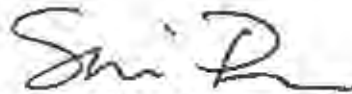
405 NORTH SECOND STREET

CABOT, AR 72023

Dates of Certification: 07/01/2018 - 08/31/2021

Vendor Number: 11158

BHA License Number: 159



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

PROFESSIONAL COUNSELING ASSOCIATES

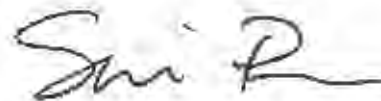
1109 BURMAN

JACKSONVILLE, AR 72076

Dates of Certification: 07/01/2018 - 08/31/2021

Vendor Number: 11159

BHA License Number: 160



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

PROFESSIONAL COUNSELING ASSOCIATES

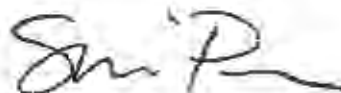
201 WEST SECOND STREET

LONOKE, AR 72086

Dates of Certification: 07/01/2018 - 08/31/2021

Vendor Number: 11160

BHA License Number: 161



Sherri Proffer, RN

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



February 21, 2018

Jannie Cotton, LPC
Professional Counseling Associates
3601 Richards Road
North Little Rock, AR 72117

Dear Ms. Cotton:

It is my pleasure to inform you that Professional Counseling Associates 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: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Day Treatment: Mental Health (Adults)
Diversion/Intervention: Family Services (Juvenile Justice)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention: Family Services (Juvenile Justice)
Governance Standards Applied

This accreditation will extend through February 28, 2021. 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), 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@cerf.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,



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

Enclosures

Internal Revenue Service

Date: April 30, 2007

PROFESSIONAL COUNSELING
ASSOCIATES INC
% PROF COUNSELING ASSOC
PO BOX 24210
LITTLE ROCK AR 72221-4210

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Mrs. E. Eckart ID 31-07436
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
71-0479416

Dear Sir or Madam:

This is in response to your request of April 30, 2007, regarding your organization's tax-exempt status.

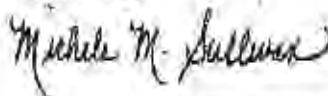
In June 1979 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations

INFORMATION FOR EVALUATION

- Provide a detail response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- Provide a detailed response for each Region where you are proposing services in the "region Specific Question" section.
- Do not include a response to "Region Specific Questions" for any Region where you are NOT proposing services.

- Do not include additional information if not pertinent to the itemized request. TECHNICAL PROPOSAL QUESTIONS	Maximum Available RAW Score
POINTS	
E. 1 VENDOR QUALIFICATIONS	
E.1.A. State the Region for which you are proposing to provide services in this Response Packet.	Pass/Fail
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: <ul style="list-style-type: none"> a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure. 	5
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: <ul style="list-style-type: none"> a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: <ul style="list-style-type: none"> i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract. 	5
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: <ul style="list-style-type: none"> a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services. 	5
E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria: <ul style="list-style-type: none"> a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three (3) years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	5

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS

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

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E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines.

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E.3 SERVICE DELIVERY DUTIES

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

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

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

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"> a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: <ul style="list-style-type: none"> i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status. b. Serve as the Single Point of Entry (SPOE) for ASH: <ul style="list-style-type: none"> i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. ii. Ensure the SPOE assessment is completed completely and accurately. c. Serve Clients on the ASH waiting list: <ul style="list-style-type: none"> i. Describe what services you will make available to provide support and stabilization to those awaiting admission. d. Serve Client actively admitted to ASH as they prepare for discharge: <ul style="list-style-type: none"> i. Provision of Care Coordination and other services which may assist with discharge and continuity of care. e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. f. Provide services to Community-based 911 Status Clients regardless of the payor source. 	<p>5</p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"> a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. c. Provide Qualified Psychiatrists and/or Qualified Psychologists to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	<p>5</p>
<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"> a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services. b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. c. Have qualified staff in place to provide didactic competency services. d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. e. Provide Individual Outpatient Restoration according to the RFQ requirements. f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months. 	<p>5</p>

<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"> a. Provide Care Coordination to non-Medicaid clients including insurance enrollment. b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients. 	<p>5</p>
<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"> a. Make FEP services available to the individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	<p>5</p>
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion. d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners. <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	<p>5</p>
<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"> a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. c. Complete the DHS 100 Form. <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	<p>5</p>

<p>E.3.1 Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.1 including but not limited to:</p> <ul style="list-style-type: none"> a. Ensuring the following services are available directly or through a sub-contractor: <ul style="list-style-type: none"> i. Partial Hospitalization. ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. Aftercare Recovery Support. <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5
E.4 COMMUNITY COLLABORATIONS	
<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> a. Collaborate with diverse stakeholders within the proposed Region. b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises. c. Assist in developing short and long-term solutions to help individuals connect with community supports. d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services. e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community. 	5
E.5 STAFFING REQUIREMENTS	
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"> a. Describe your policies and procedures for training all staff and tracking the training requirements. b. Describe your ability to demonstrate on-going staff development and recruitment. c. Describe your efforts to ensure all staff are good stewards of state and federal funds. 	5
E.6 RECORDS AND REPORTING	

<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"> a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe. 	5
E.7 APPEALS AND GRIEVANCE PROCESS	
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5
E.8 QUALITY ASSURANCE	
<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5
E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT	
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <ul style="list-style-type: none"> a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J). c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. d. Attest you shall undergo an annual audit conducted by a certified public accounting firm. e. Describe how your agency will utilize funds toward the development of infrastructure. 	5
E.10 REGION SPECIFIC SERVICES	
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <ul style="list-style-type: none"> a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units. b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region. 	5

INFORMATION FOR EVALUATION

E. 1 VENDOR QUALIFICATIONS

E.1.A.

State the Region for which you are proposing to provide services in this *Response Packet*.

PROFESSIONAL COUNSELING ASSOCIATES, INC.
REGION 9

In response to bid number 710-19-1024, PROFESSIONAL COUNSELING ASSOCIATES, INC. is proposing to serve as the Community Mental Health Center for Region 9: North Pulaski, Lonoke, Prairie Counties in the State of Arkansas.

E.1.B.

Provide a narrative regarding the background of your company. This shall include, but is not limited to:

- a. Date established.
- b. List of non-profit's Board of Directors.
- c. Total number of employees.
- d. An organizational chart displaying the overall business structure.

PROFESSIONAL COUNSELING ASSOCIATES, INC. HISTORICAL BACKGROUND

PROFESSIONAL COUNSELING ASSOCIATES, INC.
3601 Richards Road
North Little Rock, AR 72117
Administration Phone: 501-221-1843

TAX ID#: 71-0479416
MEDICAID ID#: 138578726
NPI#: 1437164977

PROFESSIONAL COUNSELING ASSOCIATES, INC. was established in 1974, in the State of Arkansas, as a 501(c)(3) tax-exempt, non-profit organization and is nationally accredited as a Community Behavioral health Center by the Commission on Accreditation of Rehabilitation Facilities (CARF).

PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided outpatient behavioral health and psychiatric emergency services for over 45 years to individuals across the lifespan at five outpatient clinic locations, homes, schools or in community-based settings in North Little Rock, Sherwood, Jacksonville, Cabot, and Lonoke.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is regarded as one of the top behavioral health organizations in the State of Arkansas and has consistently been awarded the highest level of national accreditation through CARF, by providing high quality behavioral health services to some of the most vulnerable and at-risk individuals in our communities.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has a total of 50+ staff, on average, 25 of which provide direct outpatient behavioral health services, either as a physician, psychologist, psychotherapist, social worker, case manager, paraprofessional or subcontractor, to children, adolescents, adults and families across our catchment areas in Pulaski, Lonoke and Prairie counties. We strive to make our community healthier, safer, and more productive, by improving the lives of the people we serve, helping individuals and families build on their personal strengths, and by supporting the work of other caregivers and service providers in our community.

PROFESSIONAL COUNSELING ASSOCIATES, INC. remains committed to our mission of offering pathways to wholeness, healing and hope through caring and effective behavioral health services to men, women, children and families.

REDESIGN FOR THE FUTURE

PROFESSIONAL COUNSELING ASSOCIATES, INC. is embracing a new strategic vision to competitively position the organization for a viable and fiscally sustainable future to ensure essential behavioral health services are accessible to the most vulnerable in our communities.

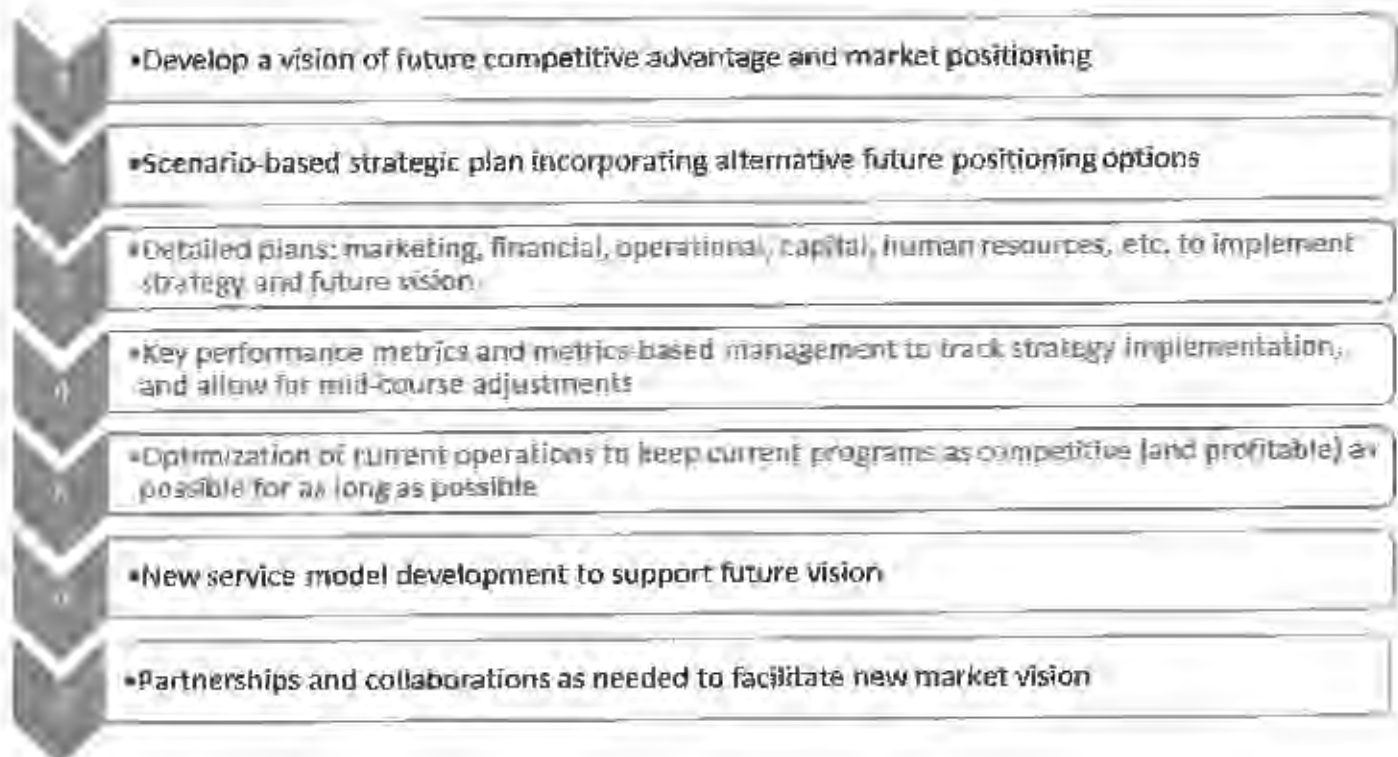
The growing challenges and rising costs in managing complex populations in healthcare is influencing and shaping the development of new care models and new delivery systems. Similarly, the political and competitive pressures on payers to contain cost, increase quality/value and shift to alternative financing and payment models is significant and rapidly moving forward. Critical to the success of these new trends in alternative reimbursement and risk-sharing will be the utilization of data-driven decision-making including cost analysis, information exchange, predictive analytics and new technologies. Value-based reimbursement will not only permit the expanded use of technology—it will make technology essential for success. An increased focus on social determinants of health throughout the health and human service market is also influencing changes in financial models and delivery systems. New value-based financing models will encourage payers to consider housing and other social supports as part of their model of care.

Historically, medical and behavioral health delivery systems have existed as separate sectors in the American healthcare system. However, recent unprecedented changes have especially impacted the behavioral health market and is spurring growth and expected consolidation in both healthcare sectors in the coming years. As the behavioral health market continues to face new challenges with cost pressures from Medicaid, Medicare and other government programs, the shift to value-based care financing models, increased consolidation of health systems, community-based, and integrated care models, advancements in tech-enabled, virtual and consumer-led interventions.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is implementing an aggressive and successful organizational strategy that is incorporating market-focused ideas, business intelligence, technology and data analytics investments, new care models, new service delivery, service line development, diversification and expansion, value-based contracts, alternative reimbursement methodologies, revenue maximization, consolidation, partnership opportunities, feasibility analysis, scenario planning and successful strategic implementation. However, we recognize that moving organizational strategy from concept to reality requires a high-level commitment from all our executive, administrative, front line staff, Board members and stakeholders, and that a level of calculated risk and notable financial investment is fundamental to our success.

PROFESSIONAL COUNSELING ASSOCIATES, INC. NEW ORGANIZATIONAL STRUCTURE, MANAGEMENT PRACTICES & DISCIPLINE

Thriving in a turbulent market requires PROFESSIONAL COUNSELING ASSOCIATES, INC. to increase its organizational effectiveness through improved organizational alignment, structure and function, including implementation of best practice processes that promote new management practices and organizational discipline to ensure that PROFESSIONAL COUNSELING ASSOCIATES, INC maintains a strategic, competitive advantage and long-term fiscal sustainability. Some of the management best practices that PROFESSIONAL COUNSELING ASSOCIATES, INC is utilizing in shaping new organizational culture and increased organizational effectiveness include:



**PROFESSIONAL COUNSELING ASSOCIATES
BOARD OF DIRECTORS
July 2019 – June 2020
FY19**

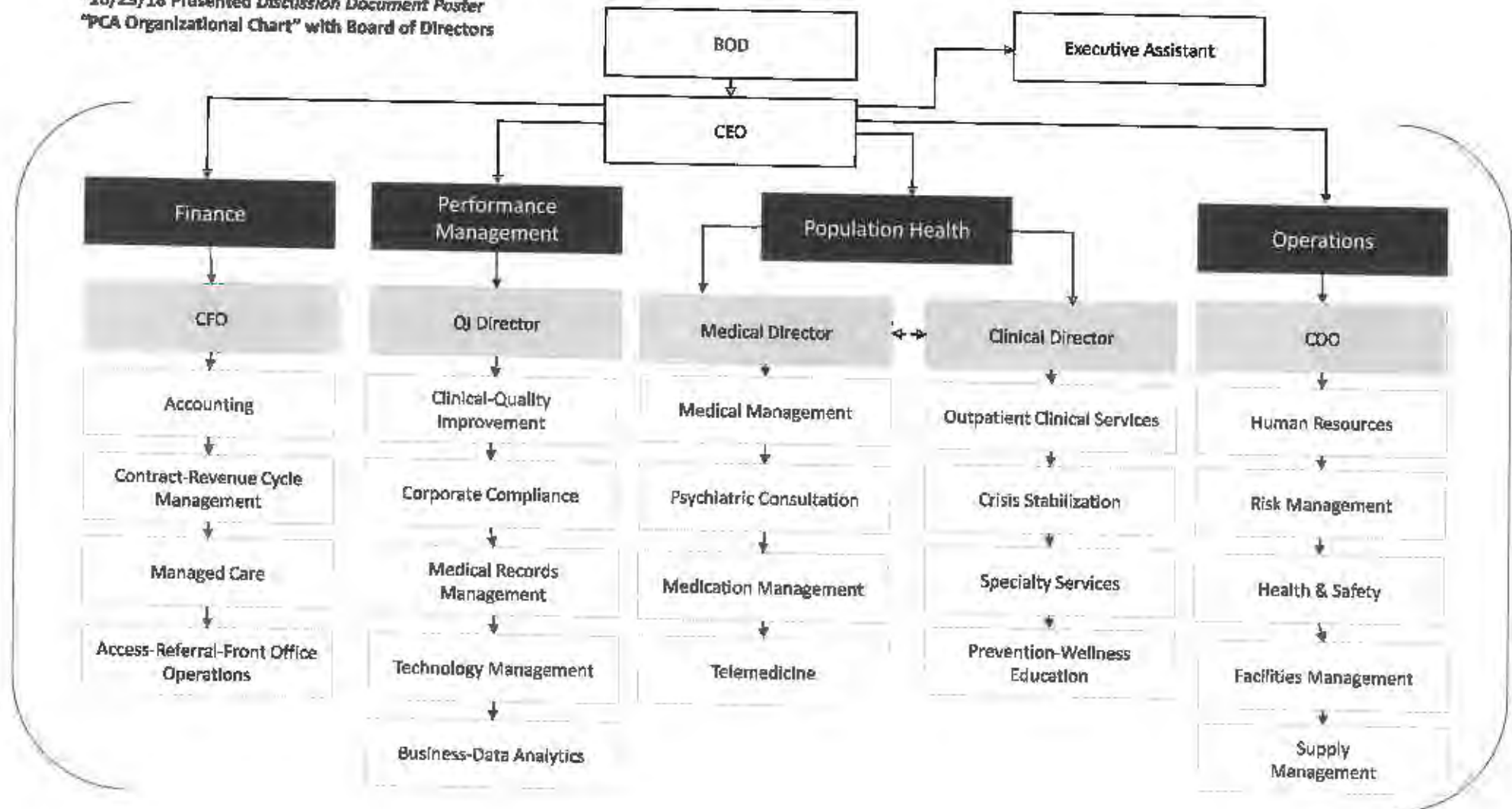
NAME	OCCUPATION	HOME ADDRESS	COUNTY	TERM EXPIRES	Job Title
Tony Boaz	Clinic Director UAMS PRI Strive 4701 Fairway Ave. North Little Rock, AR 72116 501-771-8261 1tonyboaz@gmail.com	2205 N. Garfield Little Rock, AR 72207 Home #501-831-2130 Cell #501-831-2130	Pulaski	2/2019 Start 2/2017	Clinic Director
Hayward E. Finks, Jr.	Assistant Police Chief – LR Little Rock Police Dept. 700 W. Markham Little Rock, AR 72201 #501-371-4577 (Work) hfinks@littlerock.org	PO Box 2581 Little Rock, AR 72203 #501-831-3220 (Cell) #501-455-8867 (Home)	Pulaski	7/19 In 2 nd Year Renewed 2017 Start 7/2015	Assistant Police Chief - LR
Marcia A. Harding TREASURER	Retired Director of Special Education Arkansas Dept. of Education Special Education Services Currently – An Education Consultant DOB – 3/29/1947	2025 Brownwood Rd Little Rock, AR 72207 501-666-0366 Marcia.harding47@gmail.com 501-681-6326 Cell	Pulaski	7/19 In 21 st Year Renewed 2017 Start 1996	Semi-Retired Education Consultant & Retired Speech Pathologist
Rose Jones	Retired Counselor For Us, Inc. DOB – 1/7/1942	418 Vasser Lane Lonoke, AR 72086 501-680-5304 Rosemj42@yahoo.com	Lonoke	10/19 In 24 th Year Renewed 2017 Start 10/1993	Director of For Us Inc. as needed
Freeman McKindra, Sr.	Retired Mokdi5@gmail.com	2517 S. Izard Street Little Rock, AR 72206 501-375-3312 501-240-3312 cell Mokdi5@gmail.com	Pulaski	2/20 In 26 th Year Renewed 2018 Start Oct. 1991	Retired
Katherine Mitchell	Retired Educator/Administrator kpmitchell@hotmail.com	1605 Welch St. Little Rock, AR 72202 501-952-3794 Cell Sister's # 870-777-7610	Pulaski	12/19 In 27 th Year Renewed 2017 Start 1990	Retired
Georgia Rucker	Retired DOB- 6/17/1940	10200 Rich Smith Lane Apt. #208 Mabelvale, AR 72103 PO Box 45402 Little Rock, AR 72214 501-681-5186 (H) 501 681 5186 (Cell) Message - 501-562-1796 mrucker04@gmail.com	Pulaski	10/19 In 16 th Year Renewed 2017 Start 10/2001	-Retired
Herb Washington SECRETARY	Investigator UPS 501-490-3621 herbwashington50@yahoo.com	50 Wellington Colony Dr. Little Rock, AR 72211 Home #501-224-8013 Cell #501-766-3427	Pulaski	3/19 Renewed 2017 Start 3/2017	

Dudley Webb, Jr. PRESIDENT	Farm Manager Dudley R. Webb, Jr. 107 Cambridge Place England, AR 72046 501-920-3181 (Cell) dudleywebbjr@gmail.com	107 Cambridge Place England, AR 72046 501-842-2705	Lawke	7/19 In 17 th Year Renewed 2017 Start 7/2000	Farmer
Phillip Wilson VP	Mathematics Instructor - LR School District Hamilton Learning Academy 3301 South Bryant Little Rock, AR 72204 #501-447-3437 (Work) mathchamp@hotmail.com	5907 Tall Pine Blvd. Little Rock, AR 72204 #501-562-2284 (Home) #501-952-2416 (Cell) #501-562-2281 (Fax)	Pulaski	7/19 In 2 nd Year Renewed 2017 Start 7/2015	Mathemati cs Instructor - LR School District

***BOLD TYPED ADDRESSES DENOTE ADDRESS TO SEND INFORMATION**

**Professional Counseling Associates, Inc.
Organizational Chart**

**10/23/18 Presented Discussion Document Poster
"PCA Organizational Chart" with Board of Directors*



E.1.C.

Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years.

Included in this narrative, the Vendor shall provide:

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

PROFESSIONAL COUNSELING ASSOCIATES, INC. PAST PERFORMANCE

PROFESSIONAL COUNSELING ASSOCIATES, INC. has historically provided Crisis and Forensic Mental Health Services throughout Region 9. A review of past performance data during the past three fiscal years are details below.

CRISIS SERVICES

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides crisis single-point of entry (SPOE) screenings to determine if a person meets inpatient behavioral health hospital criteria. The volume of these requests for screening continue to increase over time. During FY17, the organization completed 429 screening interventions. Of those screenings, 385 persons were not an active client of the organization – meaning 89.74% of the persons presenting in elevated crisis were not actively engaged in outpatient behavioral health services with our organization. Of those persons meeting inpatient criteria, 53 resulted in admission to the Arkansas State Hospital. Another 113 screenings resulted in admission to a non-contract local inpatient service, while 139 were admitted to a contract local inpatient service. The remaining persons were addressed accordingly – 21 were considered hospital diversion and referred to organization outpatient services, 8 were referred to another mental health provider, 17 were referred to substance abuse providers, and 11 were considered other types of referrals (including housing). The balance of 67 screenings warranted no inpatient, outpatient, or other clinical treatment referral, indicating they did not meet criteria.

During FY18, the organization completed 443 screening interventions. Of those screenings, 411 persons were not an active client of the organization – meaning 92.77% of the persons presenting in elevated crisis were not actively engaged in outpatient behavioral health services with our organization. Of those persons meeting inpatient criteria, 48 resulted in admission to the Arkansas State Hospital. Another 69 screenings resulted in admission to non-contract local inpatient services, while a sharp increase of 213 were admitted to a contract local inpatient service. The remaining persons were addressed accordingly - 29 were considered hospital diversion and referred to organization outpatient services, 3 were referred to another mental health provider, 20 were referred to substance abuse providers, and 0 referrals other types of referrals. The balance of 61 screenings warranted no inpatient, outpatient, or other clinical treatment referral.

Thus far in FY19 (based on data available for July2018-January2019), the organization has completed 322 screening interventions. Of those screenings, 302 persons were not an active client of the organization – meaning 93.79% of those persons presenting in elevated crisis were not actively engaged in outpatient behavioral health services with our organization – an even greater percentage than in previous records. Of those persons meeting inpatient criteria, 18 resulted in admission to the Arkansas State Hospital. Observably, there are decreasing Arkansas State Hospital acute beds available from this organization’s experience. Another 51 screenings resulted in admission to non-contract local inpatient services, while 176 were admitted to a contract local inpatient service. The remaining persons were addressed accordingly – 41 were considered hospital diversion and referred to organization outpatient services. This significant increase is likely related to changes in access to care as a result of loss of insurance coverage for many Arkansans, thus reducing their available resources prior to seeking urgent / crisis care at an emergency room facility. Persons referred to another outpatient provider equals 6, persons referred to substance abuse treatment is 12; while the remaining 13 persons warranted no inpatient, outpatient, or other clinical treatment referral. (See image below for comparison).



FORENSIC EVALUATIONS

PROFESSIONAL COUNSELING ASSOCIATES, INC. has historically contracted with J. Michael Wood, Ph.D. to complete all forensic psychological evaluations. The organization recently signed agreements with additional contract providers to continue managing forensic evaluations in our region.

During FY17, the organization completed 203 forensic psychological evaluations. A total reimbursement of \$101,500. During FY18, the organization completed 209 forensic psychological evaluations. A total reimbursement of \$104,500. Thus far in FY19 July 2018 – March 2019, the organization has completed 145 forensic psychological evaluations. A total reimbursement of \$72,500 to date. It is expected the historic trends will at least maintain past performance, if not increase due to the known high volume of persons on these forensic court orders.

PROFESSIONAL COUNSELING ASSOCIATES, INC.
FORENSIC EVALUATIONS



FORENSIC OUTPATIENT RESTORATION SERVICES (FORP)

PROFESSIONAL COUNSELING ASSOCIATES, INC. has participated in Forensic Outpatient Restoration Services (FORP) since the pilot project in 2012. During FY17, the organization provided 52 individual services for a total reimbursement of \$2874.09. During FY18, the organization provided 57 individual services for a total reimbursement of \$2436.72. Thus far in FY19 (July 2018–March 2019), the organization has provided 36 individual services for a total reimbursement of \$1547.64. These individual services include initial forensic mental health evaluation, individual forensic restoration, forensic psychiatric assessment, forensic

pharmacological management, and forensic care coordination. Similarly, to Forensic Psychological Evaluations, it is expected the historic trends will at least maintain past performance, if not increase due to the known high volume of persons on these forensic court orders.



CORRECTIVE ACTION

On January 5, 2017, the DIVISION OF BEHAVIORAL HEALTH SERVICES began an investigation of PROFESSIONAL COUNSELING ASSOCIATES, INC. RE: Monitoring of Local Acute Care Funds Services. On February 7, 2017, the DIVISION OF BEHAVIORAL HEALTH SERVICES investigation determined that "appropriate follow-up by PROFESSIONAL COUNSELING ASSOCIATES, INC. staff on the December 23, 2016 screening did not take place" related to a seventy-five (75) minute gap in response time that occurred from the Screener to the On-Call Mental Health Professional. This time gap exceeds the expected delivery of information for a single-point of entry screening request.

On March 10, 2017, PROFESSIONAL COUNSELING ASSOCIATES, INC. received a third letter confirming DIVISION OF BEHAVIORAL HEALTH SERVICES' acceptance of the agency's March 3, 2017 Corrective Action Plan (CAP). This DIVISION OF BEHAVIORAL HEALTH SERVICES letter further stated "progress has also been observed in the emergency screening forms requested via DBHS correspondence dated January 5, 2017. Thus, you are no longer required to submit the emergency screening documents to Dr. Cannon." No further incidents or corrective action plan items have been warranted. (See DBHS letters)



Division of Behavioral Health Services

305 South Palm • Little Rock, AR 72205
501-686-9164 • Fax: 501-686-9182 • TDD: 501-686-9176



January 9, 2017

Jannie Cotton, LPC, Executive Director
Professional Counseling Associates
PO Box 15968
North Little Rock, Arkansas 72231
(by certified mail and email)

**RE: Monitoring of Local Acute Care Funds Services, Updated Information
Certified Receipt Number: 7013 2630 0000 1512 7022**

Dear Ms. Cotton,

The Division of Behavioral Health Services (DBHS) sent a letter on January 5, 2017 outlining concern about two (2) emergency screenings on a client at a local jail, one (1) in November 2016 and another in December of 2016. Based upon submission of information by Professional Counseling Associates (PCA) on January 5, 2017, DBHS acknowledges that the screening related to the specific client in November of 2016 was appropriately handled by PCA.

However, the DBHS will continue the investigation with regards to the December 23, 2016 screening for this client and as outlined in our letter dated January 5, 2017. We appreciate the information that you have already submitted to DBHS. We expect you to continue to follow the guidelines and requests for information outlined in the January 5, 2017 letter. We are in the process of reviewing the information at this time.

If you have any questions please call me at 501-686-9515 or email me at the address provided above.

Respectfully,

A handwritten signature in black ink that reads "Bridget Atkins".

Bridget Atkins, LCSW
Manager of Certification & Licensing
Division of Behavioral Health Services
Office: 501-686-9515
Fax: 501-686-9182
Bridget.atkins@dhs.arkansas.gov

cc: Katherine Mitchell (postal mail), Pamela Dodson (by email), Mirvise Cannon (by email), IBA
BA/bs

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health



Division of Behavioral Health Services

305 South Palm • Little Rock, AR 72205
501-686-9164 • Fax: 501-686-9182 • TDD: 501-686-9176



February 7, 2017

Jannie Cotton, LPC, Executive Director
Professional Counseling Associates
PO Box 15968
North Little Rock, Arkansas 72231
(by certified mail and email)

RE: Monitoring of Local Acute Care Funds Services, Request for Corrective Action Plan

Certified Receipt Number: 7016 0600 0000 6226 7223

Dear Ms. Cotton,

The Division of Behavioral Health Services (DBHS) sent a letter on January 5, 2017 outlining concern about two (2) emergency screenings completed by Professional Counseling Associates (PCA) on a client at a local jail, one (1) in November 2016 and another in December of 2016. A second letter was sent out on January 9, 2017 acknowledging that the screening in November was handled appropriately by PCA.

The DBHS has reviewed all submitted information received from PCA, the Lonoke County Jail, and The Bridge Way. We appreciate the rapid response we received from PCA with regards to our request for information and the consistency PCA demonstrated in submission of the emergency screenings through January and into February.

Based upon the information, the DBHS has determined:

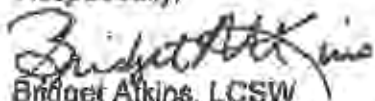
- Appropriate follow-up by PCA staff on the December 23, 2017 screening did not take place.

Details of our findings are included below:

1. The Emergency Contact form for December 23, 2017 related to the client and received by DBHS on January 23, 2017 indicates that the after-hours on-call person was notified of the need for a screening at the jail at 6:40pm, with the call being completed by 7:00pm. These times were confirmed by the call log from the answering service. The after-hours screening form completed by the Screener indicated that the request for screening was received at 8:15pm. According to PCA Clinical Policy 10.2.8, the Screener is "responsible for remaining accessible by phone, within signal range, and with charge batteries." According to the documentation, there is a seventy-five (75) minute gap in response time from the Screener to the on-call Mental Health Professional.

If you have any questions please call me at 501-686-9515 or email me at the address provided below. You may also reach out to the Assistance Director of Adult Services, Pamela Dodson, at 501-686-9411 or Pamela.Dodson@dhs.arkansas.gov.

Respectfully,



Bridget Atkins, LCSW

Manager of Certification & Licensing
Division of Behavioral Health Services

Office: 501-686-9515

Fax: 501-686-9182

Bridget.atkins@dhs.arkansas.gov

Cc: Katherine Mitchell (postal mail), Pamela Dodson (by email), Michael Cannon (by email), file
3A62a



Division of Behavioral Health Services



305 South Palm • Little Rock, AR 72205
501-686-9164 • Fax: 501-686-9182 • TDD: 501-686-9176

March 10, 2017

Jannie Cotton, LPC, Executive Director
Professional Counseling Associates
PO Box 15968
North Little Rock, Arkansas 72231
(by certified mail and email)

RE: Monitoring of Local Acute Care Funds Services, Corrective Action Plan accepted
Certified Receipt Number: 2016 8800 0000 8226 7414

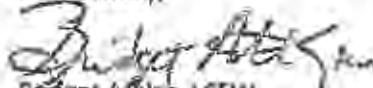
Dear Ms. Cotton,


The Division of Behavioral Health Services (DBHS) received Professional Counseling Associates' (PCA) Corrective Action Plan (CAP) on March 3, 2017. The DBHS accepts the CAP which addresses the findings identified in the DBHS letter dated February 7, 2017. Progress has also been observed in the emergency screening forms requested via DBHS correspondence dated January 5, 2017. Thus, you are no longer required to submit the emergency screening documents to Dr. Cannon.

The Division appreciates the efforts and cooperation from PCA staff and the efforts made to resolve this matter. The DBHS will continue to make announced or unannounced site visits to monitor compliance to the contract Performance Indicators. Also, the DBHS is available to provide technical assistance.

If you have any questions please call me or Dr. Cannon the contact information provided below. You may also reach out to the Assistance Director of Adult Services, Pamela Dodson, at 501-686-9411 or Pamela.Dodson@dhs.arkansas.gov.

Respectfully,


Bridget Atkins, LCSW
Manager of Certification & Licensing
Division of Behavioral Health Services
Office: 501-686-9515
Fax: 501-686-9182
Bridget.atkins@dhs.arkansas.gov


Michael Cannon, Ph.D., LPE-I
Division of Behavioral Health Services
Office: 501-683-6903
Fax: 501-686-9182
Michael.Cannon@dhs.arkansas.gov

Cc: Katherine Mitchell (postal mail), Pamela Dodson (by email), file
BAW/cba

E.1.D.

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

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

PROFESSIONAL COUNSELING ASSOCIATES, INC. CREDENTIALS & QUALIFICATIONS

CEO

PROFESSIONAL COUNSELING ASSOCIATES, INC. Board of Directors recognized the changing healthcare environment in the State of Arkansas and with the upcoming retirement of the former CEO, conducted a national search for an experienced healthcare executive who could provide the necessary strategic vision and leadership to reposition the organization amid reductions in reimbursement, procurement of value-based contracts and new integrated models of care.

Sarah Hirsch accepted the CEO position with PROFESSIONAL COUNSELING ASSOCIATES, INC. effective July 2018. Sarah is an inspired, highly motivated, executive who has a history of successful strategic, strengths-based organizational development, servant leadership, performance improvement, system integration, virtual technology, data-driven decision-making, broad management experience, trusted executive leadership and excellent communication skills. Doctoral education in Clinical Psychology specializing in Health Psychology, Master's degree in Clinical Psychology specializing in Health Psychology, Master's degree in Marriage-Family Psychotherapy, and an MBA/HCM specializing in Healthcare Management, Licensed Psychotherapist for 30 years. Professional interests include transformational leadership, organizational effectiveness, integrative medicine, health and wellness promotion (mind, body, spirit), change management, cross-functional team-building, and development of learning cultures and innovative delivery systems.

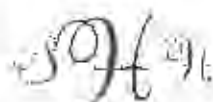
MEDICAL DIRECTOR

Donna P. Jenkins Brown, MD has been licensed by the Arkansas State Medical Board since 2006 and has been a Diplomate with the American Board of Psychiatry and Neurology since 2009. Dr. Brown has worked with PROFESSIONAL COUNSELING ASSOCIATES, INC. since 2016 and currently serves as the organization's Medical Director.

Dr. Brown is passionate and is highly dedicated to her work in providing psychiatric care to the most vulnerable and high-risk clients in our community. Dr. Brown has an impressive work history and professional reputation in the State of Arkansas across numerous behavioral health organizations. Dr. Brown seeks to promote healthcare transformation and a holistic model of care for underserved and at-risk populations.

DIRECTOR OF CLINICAL SERVICES

Lisa D. Hunt, M.Ed., LPC, RYT-200 was appointed the Clinical Director of PROFESSIONAL COUNSELING ASSOCIATES, INC. in August 2018. Lisa has been in clinical practice since 2004. Her career has focused on treatment and advocacy for persons with mental illness, substance abuse, and trauma related issues. She has worked in rural, urban, and correctional environments. Her practice incorporates evidence-based practices with a humanistic perspective, as a means of fostering safety and healing for her clients. She has been clinically trained in Cognitive Processing Therapy. She routinely uses techniques associated with trauma-focused cognitive behavioral therapy, mindfulness, and acceptance and commitment therapy. Lisa received her Master of Education degree in Counseling Psychology from the University of Louisville and her Bachelor of Science degree in Psychology from Indiana Wesleyan University. She is a Licensed Professional Counselor and has practiced full-time in Arkansas since 2011. In 2016, she completed a 200-hour yoga teacher training program in dynamic hatha yoga. She has been employed by PROFESSIONAL COUNSELING ASSOCIATES, INC. since 2011, beginning as an Outpatient Clinical Therapist and gaining increased clinical leadership responsibilities throughout her tenure with the agency.



Sarah Hooper Hirsch, LPC, MHSP, MA, MBA/HCM

2724 WASHINGTON LANE, THOMPSONS STATION, TN 37179 | LIFEWELLBKG2@GMAIL.COM | 615-761-6069

▶ PERSONAL SUMMARY

Sarah Hirsch is an inspired, highly motivated, executive who has a history of successful strategic, strengths-based organizational development, servant leadership, performance improvement, system integration, virtual technology, data-driven decision-making, broad management experience, trusted executive leadership and excellent communication skills. Doctoral education in Clinical Psychology specializing in Health Psychology, Master's degree in Clinical Psychology specializing in Health Psychology, Master's degree in Marriage-Family Psychotherapy, and an MBA/HCM specializing in Healthcare Management, Licensed Psychotherapist 30 years. Professional interests include transformational leadership, faith-based organizations, organizational effectiveness, integrative medicine, health and wellness promotion (mind, body, spirit), change management, cross-functional team-building, and development of learning cultures and innovative delivery systems. Sarah possesses extensive knowledge and professional experience in a variety of healthcare sectors and is seeking a new business opportunity with a growing, innovative organization which values and promotes a culture of integrity, leadership development, professional excellence and compassionate service to others.

▶ PROFESSIONAL EXPERIENCE

2018 – CURRENT

PROFESSIONAL COUNSELING ASSOCIATES, INC. LITTLE ROCK, ARKANSAS CHIEF EXECUTIVE OFFICER

Responsible for providing strategic vision and leadership for the long-term sustainability of the behavioral health organization, authority for all day-to-day clinical and administrative operations. Works collaboratively with the Board of Directors and the executive management teams to establish long-range goals, strategic objectives, policies and procedures in compliance with federal, state laws, regulations and national accreditation requirements. Develops, maintains and assures an organizational structure which provides for the proper and appropriate discharge of responsibilities, duties and delegation of authority. Responsible for providing complete accounting to the Board on all financial matters, including monthly financial statements, preparation of an annual budget for submission to the Board of Directors for approval and Annual Report. Advocates for meeting the needs of consumers within community catchment areas. Functions as an effective liaison with funding sources, community organizations, providers and stakeholders. Ensures results of quality improvement measures are used to inform organizational best practices, evidenced-based treatment protocols, innovative program development and new service delivery initiatives. Annual evaluation of organizational effectiveness, performance measurement, and continuous process improvement.

2018 – 2017**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH, PORTAGE, MICHIGAN
CHIEF CLINICAL OFFICER**

Led and directed all Southwest Michigan Behavioral Health clinical functions of the Prepaid Inpatient Health Plan (PIHP) for Medicaid beneficiaries across eight southwest Michigan counties to include: Utilization Management (UM), Member Services, Clinical Quality, Substance Abuse Prevention and Treatment, Clinical Grant Programs, and other clinical initiatives as required by the PIHP, Michigan Department of Health and Human Services (MDHHS), Centers for Medicare and Medicaid Services (CMS), and other accreditation or regulatory entities. Provided clinical and managed care expertise and programmatic consultation, as required, and collaborated with the Southwest Michigan Behavioral Health Medical Director to promote the highest quality clinical and medically necessary care, ensuring evidence-based practices are available to the PIHP's members. Facilitated regional multi-agency collaborative care initiatives using population health, integrated care and whole-health models. Co-chair for State of Michigan PIHP Parity & Integrated Care Strategic initiatives.

2017 – 2016**COLLABORATIVE PSYCHIATRIC RESOURCES LLC, INDIANAPOLIS, INDIANA
EXECUTIVE HEALTHCARE CONSULTANT**

Employed solution-focused consulting services to launch lean start-up for physician-owned organization for new innovative model of care to combat the growing opioid epidemic in Indianapolis, Indiana by improving access, patient engagement, convenience of care, while increasing treatment effectiveness through opioid medication-assisted treatment (MAT) services utilizing a person-centered, integrative medicine model, HIPAA compliant, clinically integrated technology platform with electronic medical record, secure electronic messaging/referral management for care coordination, patient portal and telepsychiatry software interface for virtual visits.

2016 - 2014**FRANCISCAN ST FRANCIS HOSPITAL & HEALTH CENTERS, INDIANAPOLIS, INDIANA
DIRECTOR OF BEHAVIORAL HEALTH**

Responsible for executive leadership, strategic visioning, business development, revenue management, behavioral health integration, continuous quality improvement initiatives, data analytics, clinical and operational effectiveness for behavioral health service line for multi-hospitals/health centers system of care. Provided strategic leadership and operational oversight for all hospital and ambulatory behavioral health services including Emergency Department Crisis Triage, Inpatient Psychiatric Consult Liaison services, launched Inpatient Medical/Psychiatric Unit, redesigned Outpatient Behavioral Health Clinic services, Intensive Outpatient Programs, Dual Diagnosis Treatment services, Telepsychiatry, and Neuropsychological Testing. Prepared financial pro-forma and project proposals for hospital executive approval for Inpatient Geri-Psych Unit and Opioid Medication-Assisted Treatment (MAT) services. Implementation of Behavioral Health Integration services with Franciscan Alliance ACOs, Franciscan Physician Network practices, primary care and

hospital medical specialty services including Oncology, Cardiology, Diabetes Center, Weight Loss, Neurosciences, Spine & Pain Rehabilitation Center, Gastroenterology, Postpartum and NICU. Facilitated corporate-wide, cross-functional strategic implementation workgroup to operationalize behavioral health strategic plan and advance behavioral health system integration. Facilitated education for physicians, nurse practitioners and allied health professionals to promote integrated team-based care models and established first "Collaborative Care Clinic". Awarded multiple grants for community-based integrated health pilot programs and participated in fundraising activities for the "Grace Project" in partnership with Franciscan Alliance Foundation successfully raising over \$1 million dollars to fund opioid medication-assisted treatment services for mothers and babies.

2014 - 2010

ADVANTAGE BEHAVIORAL HEALTH, NASHVILLE, TENNESSEE DIRECTOR OF MANAGED CARE

Responsible for all Centerstone of America corporate managed care contracting and managed care operations for Centerstone of America affiliate provider organizations in Tennessee, Indiana, Illinois, Kentucky, Florida. Primary responsibilities included managed care contract initiation, contract negotiation, legal language review, contract modifications, financial methodology, rate development, ongoing payer relations management and contract performance analysis with government payors including Medicaid, Medicare, TriCare, as well as national commercial payers, behavioral health carve-outs, hospital ACOs, EAPs and other private third-party payers. Procured and implemented comprehensive contract management software to improve cross-functional, revenue cycle management communications, real-time notification of executed or terminated contracts, increased transparency of provider organization obligations, contract modifications, alerts for contract renewal and key timeline due dates, contracted covered services, special contract provisions, coding and claims submission guidelines, billing requirements and fee schedules for each affiliate provider organization.

2010 - 2007

ADVANTAGE BEHAVIORAL HEALTH, NASHVILLE, TENNESSEE DIRECTOR OF CLINICAL CARE MANAGEMENT

Hirsch led Advantage Behavioral Health clinical staff, worked hand-in-hand with Advantage's Medical Director and physician advisors and coordinated clinical care for all Advantage members. As a healthcare consultant, Hirsch was responsible for the development and operational success of Tennessee-based, Windsor Health Plan's inaugural Behavioral Health Department, overseeing utilization reviews for inpatient, outpatient, and complex case management services with concurrent implementation of integrated care management, care coordination, case consultation with the health plan's Medical Director and nursing staff. Hirsch, as part of Advantage's executive team, participated in the development of a new 501(c)(3) tax-exempt nonprofit organization "Courage Beyond", whose mission was to eliminate military service member suicide by providing confidential, no-cost programs and services to warriors and their loved ones facing post-traumatic stress disorder and other invisible wounds of military service. Services included a supportive online community, retreats, eGroups, face-to-face counseling services and 24-hour crisis to prevent suicide and empower service men and women and their loved ones to heal and thrive. Hirsch spearheaded the professional redesign of Centerstone Call Center &

Crisis Services which included centralization of patient access, registration and Initial appointment scheduling. Call Center processes were streamlined to improve access to mobile crisis evaluations, walk-in and telephonic risk assessment services, including suicide prevention training for all clinical staff obtaining American Association of Suicidology accreditation, and becoming one of the first crisis call centers to be CARF accredited in the U.S. Additionally, Hirsch guided business development, corporate lean sigma projects, and worked in coordination with Centerstone Information Technology and Centerstone Research Institute executives on development of technology-enabled care models and predictive analytics initiatives in preparation for shift toward pay-for-performance, value-based risk reimbursement methodologies and to advocate for technology tools that optimize clinical and operational performance for Enterprise affiliate provider organizations.

2007 – 2002

**CENTERSTONE COMMUNITY MENTAL HEALTH CENTERS, NASHVILLE, TENNESSEE
CLINICAL DIRECTOR**

Responsible for all medical, nursing, psychotherapy, case management, intensive outpatient clinic services and practice management operations for three community mental health clinics in three Middle Tennessee counties. Provision of administrative supervision and weekly clinical case consultation with all medical, nursing and clinical staff. Responsible for compliance with federal, state regulatory requirements, Medicaid/Medicare contractual obligations, adherence to utilization guidelines and geo-access standards, oversight of utilization management reporting, clinical productivity and financial metrics, leadership and facilitation of innovative, virtual delivery systems to improve access to mental health services for individuals/families and prison populations in underserved, disadvantaged rural communities. Successful coordination and implementation of Telemedicine services for children and adolescents in rural county clinics and prison inmates in local county jails.

2002-2001

**SOUTHERN OREGON CHILD STUDY & TREATMENT CENTER, ASHLAND OREGON
CLINICAL CONSULTANT**

Managed provision of all treatment services for "target" therapeutic foster children/adolescents in the State of Oregon who were in State custody, diagnosed with severe mental, emotional and behavioral problems and no longer eligible for placement in traditional foster homes due to high-risk behaviors, 24/7 supervision requirements and overall case complexity. Foster parent recruiting, initial screenings with child/adolescent referrals and prospective foster parents to determine appropriate treatment recommendations, foster home placements, foster parent certification and consultation for final foster home placement determinations.

2001 – 2000

**EASTSIDE CHRISTIAN COUNSELING CENTER, KIRKLAND, WASHINGTON
LICENSED PSYCHOTHERAPIST, INDEPENDENT CONTRACTOR**

Provision of client-centered psychological services from a Christian perspective for individuals, couples, and families to treat a wide range of conditions including, but not limited to: depression, bi-polar, mood cycling disorders, grief-loss, anxiety disorders, chronic panic, obsessive-compulsive, PTSD, sexual abuse, trauma, addictions, eating disorders, anger-stress management, pre-marital, communication, and parenting issues.

2000 – 1998

**EVERGREEN HOSPITAL MEDICAL CENTER, KIRKLAND, WASHINGTON
HEALTH EDUCATION COORDINATOR**

Responsible for planning and coordination of all professional education classes for medical, nursing, clinical and allied health professionals for the Family Maternity Center at Evergreen Hospital Medical Center including management of all national professional medical conferences sponsored by Evergreen Hospital Medical Center throughout the United States. Provided administrative support for Medical Director and Family Maternity Center quality improvement initiatives, including completion of international regulatory requirements for certification as the first "Baby Friendly" Family Maternity Center in the United States by the World Health Organization.

1998 – 1992

**LIFE WELLNESS CLINIC, BELLEVUE, WASHINGTON
CHIEF EXECUTIVE OFFICER, FOUNDER**

Provision of professional psychological services rendered from a whole-person perspective. Psychotherapeutic orientation utilized in treatment services supports an integrated multi-dimensional, multi-modal approach which promotes the uniqueness and integrity of each individual. Fundamental to this approach is the biopsychosocial model of behavior which examines relationships between behavior and health; advancing individuals toward integrative and preventive health behaviors while promoting increased quality of life and wellness in mind, body and spirit.

1992 – 1989

**THE CENTER FOR COUNSELING & HEALTH RESOURCES, EDMONDS, WASHINGTON
LICENSED PSYCHOTHERAPIST, INDEPENDENT CONTRACTOR**

Responsible for provision of psychological services for individuals with complex medical/psychiatric conditions, including full spectrum of eating disorders, sexual abuse trauma, dissociative identity disorders, polysubstance abuse/dependence, chronic depressive/anxiety disorders. Clinical interventions/treatment modalities included individual, couples, group, family therapy, and intensive treatment program services, psychological assessments, crisis management, case management, case consultation, community education, nutritional/wellness seminars, compliance with professional code of ethics, weekly supervision, clinical staff meetings, provision of in-service education, adherence to Washington state licensure requirements.

► LICENSURE & CERTIFICATIONS

- 2021-2017 State of Michigan Licensed Professional Counselor (LPC)
- 2020-2002 State of Tennessee Licensed Professional Counselor (LPC)
- 2020-2002 State of Tennessee Mental Health Service Provider (MHSP)
- 2019 Duke University Integrative Health & Wellness Coaching Certification
- 2018-2017 Duke University Integrative Medicine Foundations
- 2017-2016 Duke University Integrative Medicine Leadership Program
- 2014 Tennessee Leadership Healthcare Council Delegate, Washington DC
- 2013 National Council for Behavioral Health Contract Academy
- 2012 University Massachusetts Medical School Primary Care Behavioral Health Certification
- 2010 Six Sigma Green Belt Certification
- 1994 National Certified Counselor (NCC)
- 1989 State of Washington Licensed Mental Health Counselor (LMHC)

► ACADEMIC QUALIFICATIONS

2007 - 2005

UNIVERSITY OF PHOENIX, NASHVILLE, TN

MBA/HCM MASTER OF BUSINESS ADMINISTRATION WITH SPECIALIZATION IN HEALTHCARE MGT

2000 - 1992

THE FIELDING INSTITUTE, SANTA BARBARA, CALIFORNIA

PHD CANDIDATE CLINICAL PSYCHOLOGY SPECIALIZING IN HEALTH PSYCHOLOGY

MA CLINICAL PSYCHOLOGY SPECIALIZING IN HEALTH PSYCHOLOGY

1989 - 1987

AZUSA PACIFIC UNIVERSITY, AZUSA, CALIFORNIA

MA MARRIAGE & FAMILY PSYCHOTHERAPY

1984 - 1981

BIOLA UNIVERSITY, LAMIRADA, CALIFORNIA

BS EDUCATION & COUNSELING

1980 - 1978

BELMONT UNIVERSITY, NASHVILLE, TENNESSEE

AA HOSPITALITY BUSINESS

► REFERENCES

Available Upon Request

Donna P. Jenkins Brown, MD

102 Redtail Cove Little Rock, AR 72211 501-952-9684

donnapjbrown@gmail.com

Education:

University of Arkansas for Medical Sciences, College of Medicine, Doctor of Medicine,
2003

University of Arkansas for Medical Sciences, Graduate School, Master of Science, 1999

University of Arkansas, Fayetteville, Bachelor of Science, Biology, 1995

Residency:

University of Arkansas for Medical Sciences, Dept. of Psychiatry, Internship 2003-2004

University of Arkansas for Medical Sciences, Dept. of Psychiatry, Residency, 2004-2007

Work History:

St. Vincent Behavioral Health, SVI 2007-2010

Therapeutic Family Services, Malvern/Little Rock, 2008-present

Methodist Family Health, Arkansas Cares, 2010-2013

Arkansas Counseling and Psychodiagnostics, Arkadelphia, 2013-present

Arkansas Psychiatric Clinic, Little Rock, 2013-2014

Pinnacle Pointe, The Pointe, 2014-present

Quality Living Center, Little Rock, 2015-present

Licensure:

Arkansas State Medical Board, Licensure 2006

Certification:

Diplomate, American Board of Psychiatry and Neurology, 2009-2019

Lisa D. Hunt, M.Ed.

530 W B Avenue / North Little Rock Arkansas 72118
(502) 296-4972 / huntcounseling@gmail.com

EDUCATION **Master of Education, Counseling and Personnel Services; Specialty: Counseling Psychology; Concentration: Mental Health Counseling**
University of Louisville, Louisville KY
August 2004

Bachelor of Science, Psychology
Indiana Wesleyan University, Marion IN
August 1996

LICENSES **Licensed Professional Counselor (P1204041)**
Arkansas Board of Examiners in Counseling
2012-Present

Licensed Professional Clinical Counselor (KY-1076)
Kentucky Board of Licensed Professional Counselors
2009-2015

CERTIFICATION **200HR Registered Yoga Teacher – Dynamic Hatha Yoga**
Circle Yoga Shala
June 2016

GRADUATE COURSES COMPLETED

Introduction to Research Methods and Statistics
Applied Statistics
Evaluation and Measurement in Education
Introduction to Counseling and Psychotherapy
Theories of Counseling and Psychotherapy
Theories and Techniques of Counseling and Psychotherapy
Differential Diagnosis and Treatment
Ethical and Legal Issues in Counseling
Psychology of Career Development
Multicultural Counseling
Psychological Assessment I: Intelligence
Psychological Assessment II: Personality
Theory and Techniques in Group Counseling
Biological Basis of Behavior
Learning Systems: Theory and Practice
Human Growth and Development
Human Sexuality and Treatment of Dysfunction
Social Work and Corrections
Mental Health Practicum
Assessment Practicum
Internship in Counseling Psychology
Counseling Supervision – in progress
Telemental Health Counseling and Supervision – in progress

PROFESSIONAL EXPERIENCE

08/18- Present

Clinical Director

Professional Counseling Associates, North Little Rock, AR

Senior manager reporting directly to the CEO. Oversee clinical program development and service delivery at all agency locations. Programs include Outpatient Therapy, Emergency Services, Forensic Restoration, Rehab Day Services, PROMOTE, and CASSP. Supervise all clinical staff (including after-hours contract providers), paraprofessionals, and interns. Monitor compliance of service delivery. Avatar Trainer. Community Presenter. Direct clinical interventions as required.

07/16-08/18

Clinical Program Director for Springhill and Emergency Services

Professional Counseling Associates, North Little Rock, AR

Senior manager reporting directly to the CEO. Oversee adult clinical services for agency, including Emergency Services, Forensic Restoration, Day Services Program, and Springhill Clinic. Supervise clinical staff, paraprofessionals, and interns. Avatar Trainer. Community Presenter. Provide direct clinical interventions.

09/14-12/16

Independent Contractor / Hunt Counseling Services, PLLC

The Sage Center for Trauma and Wellness, Little Rock, AR

Provided individual counseling services on a contract basis. Utilized a holistic approach to mental health treatment for individuals who experienced trauma through mindfulness, CBT, and CPT interventions.

07/12-07/16

Director Springhill Clinical Programs

Professional Counseling Associates, North Little Rock, AR

Supervised clinical staff of therapists, paraprofessionals and interns; including Community Support Program and Day Services Program. Provided clinical and fiscal direction. Developed and implemented policy and procedures. Served as 24-hour emergency services administrative back-up. Monitored physical plant; ensured safety for clients and staff. Served as community liaison, including Forensic Outpatient Restoration Program and Arkansas Mental Health Council. Provided individual and group therapy.

08/11-07/12

Outpatient Clinical Therapist

Professional Counseling Associates, North Little Rock, AR

Provided outpatient therapy to adults impacted by symptoms of long-term mental health issues. Utilized individual and group formats in addressing symptom management and relapse prevention. Addressed limitations of catchment area, including education, awareness and resources. Served as Team Lead for Springhill Clinical team.

12/07-07/11

Principal Therapist – Transitions

Seven Counties Services, Inc., Louisville KY

Provided outpatient therapeutic services to persons impacted by family violence using individual, group or family milieus. Utilized psycho-education, CBT, motivational interviewing, solution focused and play techniques with clients from school age through adulthood. Special populations included juvenile sex offenders, abusive parents, and victims of sexual abuse, physical abuse, and domestic violence. SCM trained.

- 07/06-12/07 **Program Administrator – Div. of Mental Health & Substance Abuse**
Kentucky Department of Corrections, Frankfort KY
 Provided clinical and administrative supervision of prison and jail-based therapeutic community programs throughout the Commonwealth. Oversaw administration of community-based substance abuse components within the Division of Probation and Parole, including over 30 staff and nearly 1,000 inmates. Collaborated with funding sources and community partners to ensure treatment continuity.
- 04/05-07/06 **Social Service Clinician I – Div. of Probation and Parole**
Kentucky Department of Corrections, Louisville KY
 Conducted individual substance abuse treatment referrals for probationers and parolees. Individual counseling, as needed. Coordinated with intra-agency and community treatment providers for treatment planning and assessment. Assisted in crisis evaluation and management.
- 07/04-04/05 **Social Service Worker I – Adoption Services**
Kentucky Cabinet for Health and Family Services, Louisville KY
 Provided case coordination, including placement, facilitating documenting, and finalizing case activities. Participated in required court proceedings. Provided crisis management. Ensured clients rights to safety, permanency, and well-being.
- 02/02-08/02 **Education Team Leader**
Women Helping Women, Cincinnati OH
 Offered community awareness of sexual assault, partner violence and stalking through professional presentations, support groups and resource events. Coordinated community outreach and volunteer training. Provided supervision of education team events. Developed curriculum and policies.
- 02/99-02/02 **QMRP Medical Waiver/SILP Coordinator**
Bona Vista Programs, Kokomo IN
 Assisted developmentally disabled adults in increasing their independence in community living settings. Provided supervision of Direct Care Staff. Conducted training sessions for staff and for consumers. Participated in employment and termination procedures.
- 03/98-01/99 **Addictions Therapist/Case Manager**
Four County Counseling Center, Logansport IN
 Primary intake therapist. Facilitated Intensive Outpatient, Level II and Aftercare groups. Developed and implemented case manager program for department. Individual therapy when deemed appropriate. Provided free assessments and emergency services as needed.
- 07/86-03/98 **Residential Case Manager**
Four County Counseling Center, Logansport IN
 Provided case management to chronically mentally ill adults. Created and facilitated groups on social skills and activities of daily living. Served on the Safety Committee, Corporate Challenge Committee, and Crisis Response Team. Provided crisis intervention and on-call services.

PRACTICAL EXPERIENCE

- 08/03-07/04 **General Psychological Services, Practicum and Internship Student**
Luther Lockett Correctional Complex, LaGrange KY

Supervisors: *Susan Connors, Ph.D., Licensed Clinical Psychologist*
Regina Andrews, M.A., Licensed Psychological Associate
Offered individual counseling and assessment services to male inmates in a medium security correctional facility. Addressed issues of adjustment, anxiety, cognition, depression, interpersonal dynamics, and substance abuse.

01/03-05/03

Activities Department, Graduate Student Volunteer
Eastern Star Home in Kentucky, Louisville KY
Supervisor: *Renee Mitchell, M.Div.*
Performed counseling related community service with residents. Improved communication skills and listening techniques utilized during counseling situations.

PROFESSIONAL PRESENTATIONS

10/2018

Sharing Hope in Cabot Panelist
Imagine...a suicide-safer community, Cabot, AR
Co-Panelists: Lisa Hunt, Mary Kay Meacham, Susie Reynolds Reece
Description: Expert panelists will discuss ways to promote mental health and well-being among Cabot residents while working together to prevent suicide.
Special Guests: Steven Blackwood, Kari Walden
Moderator: Amanda Jaeger

08/2017

Trauma Informed Yoga Workshop
#5th Annual Behavioral Health Institute, Hot Springs, AR
Co-Presenter: Courtney Frierson, LCSW
Workshop: This interactive workshop will help participants understand how yoga techniques such as breathing, meditation, mindfulness and yoga postures can enrich the process of healing trauma. Participants will be invited to practice these techniques and gentle chair yoga. Techniques can be used with clients as well as self-care for clinicians.

05/2016

Equine-Assisted Inquiry Retreat
Circle Yoga Shala, Jasper, AR
Co-Facilitators: Holly Krepps, Larry French, Lisa Hunt
Retreat: 2 days, 2 nights, organic meals, yoga, equine facilitation.
Activities: Interactive exercises with horses, yoga/asana/meditation/centering practices, and group processing.
Focus: Learn how to recognize when present awareness is not what's being perceived, and how to open to it. Awaken to habits that obstruct present awareness. Tune your ability to sense and feel, more than think about.

PROFESSIONAL SERVICE

Mental Health Council of Arkansas, PDC Committee (2019)
Mental Health Council of Arkansas, Adult Subcommittee (2012-2018)
Michael E. Townsend Leadership Academy, Advisory Board Member (2007)
College of Education and Human Development, Graduate Student Association, Representative (2003-04)
College of Education and Human Development, Technology Committee, Student Representative (2003-04)

PROFESSIONAL AFFILIATIONS

Approved Provider for Juvenile Sex Offender Community Treatment by
Kentucky Department of Juvenile Justice (2009-2011)
Kentucky Counseling Association (2005-2007)
American Counseling Association Student Affiliate (2003-04)
Kentucky Counseling Association Student Affiliate (2003-04)
Indiana Association of Rehabilitation Facilities (1999-2002)
Mid-North Region Chapter of Indiana Counseling Association of Alcohol
and Drug Addictions (1998)
Miami County Local Coordinating Council (1998)

HONORS AND AWARDS

Commissioner's Award for Superior Performance (2007)
Michael E. Townsend Leadership Academy (2006-07)
Outstanding Employee Performance, Probation and Parole (2005)
Kentucky Counseling Association Summer Scholarship (2004)
Marie Erma Faust Fund Scholarship (2003-04)
Atkins-Husk Scholarship Fund (2003-04)

REFERENCES

Sarah Hirsch, LPC, MA, MBA/HCM
CEO
Professional Counseling Associates
3601 Richards Road
North Little Rock AR 72117
sarah.hirsch@pca-ar.org
(501) 554-1832

Courtney Frierson, LCSW
Sat Nam / True Self Yoga Therapy Services, P-LLC
5606 W Markham Street
Little Rock AR 72205
courtney@sathamyogatherapy.com
404-808-7511

Matthew and Holly Krepps, Co-Owners
Circle Yoga Shala
HC 70 Box 544
Jasper AR 72841
kreppsholly@gmail.com
krepps.matt@gmail.com
(870) 861-5175

Shanti M. Pepper, PhD
POB 4714
Bozeman MT 59772
drshantipepper@gmail.com
501-940-3601

Barry Wingfield, PhD, LPC, LMFT (*deceased*)
Arkansas LAC & LAMFT Approved Supervisor
7351 Warden Road
Sherwood AR 72120
drwingfield@vahoo.com
(501) 837-4486

E.1.E.

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

Letters of recommendation shall meet the following criteria:

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

PROFESSIONAL COUNSELING ASSOCIATES, INC. LETTERS OF RECOMMENDATION

1. Rivendell Behavioral Health Services
2. Recovery Centers of Arkansas
3. UA Little Rock, School of Social Work
4. National Alliance on Mental Illness of Arkansas
5. ARCare
6. Jefferson Comprehensive Care System, Inc.
7. Cabot Public Schools



March 4, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

Rivendell Behavioral Health Services is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

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

Ballard Sheppard PhD, LPC
CEO/Managing Director
Rivendell Behavioral Health Services
of Arkansas, LLC
Email Address: Ballard.Sheppard@uhstnc.com
Website: www.rivendellofarkansas.com
Office Phone: (501)316-1255
Fax: (501) 794-0908



Carole Baxter, Executive Director

March 11th, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Road
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensic Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

Recovery Centers of Arkansas is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

Carole Baxter
Executive Director
cbaxter@rcofa.org

Board of Directors

- George Bryant
- Isadore Caldwell
- Ralph Cloar
- Dr. Geoff Curran
- James Dietz
- Amy Enderlin
- Pete Hornbrook
- Jim Julian
- Andrew Kumpuris
- Nancy Kumpuris
- Thomas McCain
- Dr. Larry Miller
- Virginia Redden
- J.D. Simpson, III
- Lee Stephens

Riverbend
1201 River Road
North Little Rock, AR 72114

Williamsburg
6301 Father Tibou
Little Rock, AR 72205

Strophichase Apartments
6225 Father Tibou
Little Rock, AR 72205

Oasis Renewal Center
14913 Cooper Orbil Road
Little Rock, AR 72225



SCHOOL OF SOCIAL WORK
COLLEGE OF EDUCATION AND HEALTH PROFESSIONALS
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

4401 South University Ave., Little Rock, AR 72204 | (501) 676-5200 | www.ualr.edu

February 27, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

UA Little Rock School of Social Work is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

Elizabeth D. Fowler, LCSW
MSW Field Coordinator/Instructor
UA Little Rock | School of Social Work | Ross Hall 401 N
efowler@ualr.edu
(501) 569-3563 (office)



NAMI
National Alliance on Mental Illness

Arkansas

March 1, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

NAMI AR is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

Bradford S. Martins, Ph. D.
President
NAMI AR Board of Directors
email: BSMartins@uams.edu

March 11, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch:

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

ARcare is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,



Steven F. Collier, MD, FACHE
Chief Executive Officer
steven.collier@arcare.net

SFC/cw



Accredited by
The Joint Commission

JEFFERSON COMPREHENSIVE CARE SYSTEM, INC.

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

www.jccsi.org

February 25, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

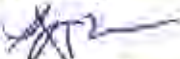
On behalf of Jefferson Comprehensive Care System, Inc. (JCCSI), I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for their Request for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with JCCSI in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

JCCSI is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,



Sandra J. Brown, MPH, MSN, RN
Chief Executive Officer
sbrown@jccsi.org

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

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

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

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

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

Little Rock Community Health Center
1100 N. University
Ste. 125
Little Rock, AR 72207
Phone: 501-563-0055
Fax: 501-280-0602

North Little Rock Community Health Ctr.
2525 Willow St.
Ste. 1
North Little Rock, AR
72114
Phone: 501-812-0223
Fax: 501-812-0284



MEMBER COMMUNITY HEALTH CENTERS OF ARKANSAS



CABOT PUBLIC SCHOOLS

602 NORTH LINCOLN STREET • CABOT, ARKANSAS 72023 • (501) 843-3363

February 26, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, AR 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid #710-19-10204) for mental health care funding.

PCA has a long history in this region as the community mental health center to provide quality mental health services for the community. PCA has been a major provider of crisis and forensics evaluation services. With this strong presence, I feel PCA will continue to provide, as well as, expand access to mental health services through crisis and forensic mental health services.

PCA has partnered with Cabot Public Schools as a provider for many years to provide a comprehensive approach to meet present mental health needs and ensure a better outcome for long term recovery for patients.

Cabot School District is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid #710-19-10204). We look forward to continuing to work together to serve community members in need of high quality mental health services.

Sincerely,

A handwritten signature in blue ink that reads "Terena Woodruff".

Terena Woodruff
Director of Counseling
Cabot Public Schools
Terena.woodruff@cabotschools.org

Sarah Owen
President

Corey Williams
Vice President

Brian Evans
Secretary

Donna Nash

Joe Trusty

Marvin Jones

Pam Clem

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS

E.2.A.

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

PROFESSIONAL COUNSELING ASSOCIATES, INC. REQUIREMENTS

PROFESSIONAL COUNSELING ASSOCIATES, INC. was established in 1974, in the State of Arkansas, as a 501(c)(3) tax-exempt, non-profit organization and is nationally accredited as a Community Mental Health Center by the Commission on Accreditation of Rehabilitation Facilities (CARF).

PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided outpatient mental health and psychiatric emergency services for over 45 years to individuals across the lifespan at five outpatient clinic locations, homes, schools or in community-based settings in North Little Rock, Sherwood, Jacksonville, Cabot, and Lonoke.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is regarded as one of the top mental health organizations in the State of Arkansas and has consistently been awarded the highest level of national accreditation through CARF, by providing high quality mental health services to some of the most vulnerable and at-risk individuals in our communities.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has a total of 50+ staff, on average, 25 of which provide direct outpatient mental health services, either as a physician, psychologist, psychotherapist, social worker, case manager, paraprofessional or subcontractor, to children, adolescents, adults and families across our catchment areas in Pulaski, Lonoke and Prairie counties. We strive to make our community healthier, safer, and more productive, by improving the lives of the people we serve, helping individuals and families build on their personal strengths, and by supporting the work of other caregivers and service providers in our community.

PROFESSIONAL COUNSELING ASSOCIATES, INC. remains committed to our mission of offering pathways to wholeness, healing and hope through caring and effective mental health services to men, women, children and families. PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided emergency services to the community since our beginning. In 1988 we became the legally appointed Receiving Facility for Single Point of Entry to inpatient and other facilities of the state mental health system for our catchment area. Since 1988 we have offered mobile face-to-face emergency services throughout our catchment area 24 hours a day, every day of the year.

In all PROFESSIONAL COUNSELING ASSOCIATES, INC. programs, our Recovery orientation emphasizes Hope, Respect, and Responsibility. We individualize every service plan to center on each person and his or her strengths and current needs. We encourage mutual support, and personal and group empowerment. We understand that recovery is essentially self-directed and passes through many stages of awareness and learning. We emphasize the integration of programs and the versatility of staff. Many personnel have roles in more than one clinic or share space or other resources between programs. Many clients participate in more than one program concurrently or in close sequence. We continue to evolve to meet the changes of client needs and programmatic expectations based on national trends and community specific needs of persons in our Arkansas region.

E.2.B.

Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines.

PROFESSIONAL COUNSELING ASSOCIATES, INC. TELEMEDICINE

PROFESSIONAL COUNSELING ASSOCIATES, INC. has multiple efforts underway to implement virtual delivery systems that will increase access and expand clinical capacity to timely, high-quality, psychiatric, forensic and behavioral health services for underserved, high-risk, and incarcerated individuals residing in rural communities and/or county jails in Pulaski, Lonoke and Prairie counties.

PROFESSIONAL COUNSELING ASSOCIATES, INC. currently has two physicians who will be participating in the provision of telemedicine services in five clinic locations and county jails, within our three-county region. Donna Brown, MD, our Medical Director has experience in providing telemedicine services in other community behavioral health centers over the past several years and will be helping spearhead the launch of PROFESSIONAL COUNSELING ASSOCIATES, INC. telemedicine services by June 3, 2019.

As a result of the national shortage of psychiatric and behavioral health providers, PROFESSIONAL COUNSELING ASSOCIATES, INC. is partnering with InnovaTel, a clinician-owned and operated nationwide telepsychiatry network comprised of Psychiatrists, Psychiatric nurse practitioners and Licensed clinical social workers to help us meet our recruitment needs for highly qualified telemedicine professionals and to help us continue increased access to care by supporting our need for a growing telemedicine treatment team for Region 9. InnovaTel will assist PROFESSIONAL COUNSELING ASSOCIATES, INC. in the coordination and management of recruitment, licensing, credentialing, malpractice, guaranteed best practice medical standards, and on-time, same-day concurrent documentation in our electronic medical record. InnovaTel's initial proposal to PROFESSIONAL COUNSELING ASSOCIATES, INC includes the recruitment and onboarding of a Psychiatric Nurse Practitioner, Child & Adolescent Psychiatrist and General Psychiatrist.

PROFESSIONAL COUNSELING ASSOCIATES, INC has executed a Memorandum of Understanding with UAMS Center for Distance Health, and is working directly with Alan Faulkner, Brenda Pick, Caroline Cody and the technology specialists at UAMS Center for Distance Health, to acquire a HIPAA-compliant platform, televiden

equipment, network connectivity, to ensure compliance with state and federal requirements, as well as, best practice standards, and to create a detailed programmatic and hands-on technical implementation plan. The most successful telemedicine programs come as a result of careful and detailed planning and the deployment of well-considered, integrated and streamlined technologies.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is developing a Telemedicine handbook to address all State of Arkansas requirements for telemedicine policies and procedures including obtaining informed consent for client participation in telemedicine services.


PROFESSIONAL COUNSELING ASSOCIATES, INC. also intends to utilize virtual technology to support the organization's strategic shift toward workforce training in population health, collaborative, team-based, integrated models of care, which necessitates good team communication, case consultations, seamless coordination of care and ongoing professional education and development. Additionally, PROFESSIONAL COUNSELING ASSOCIATES, INC. is also planning to utilize televideo with Recovery Centers of Arkansas for multi-disciplinary case consultations to address complex case referrals of individuals with co-occurring diagnoses of behavioral health and substance disorders, as well as, joint medical education and professional development trainings for our two organizations.



innovaTel
telepsychiatry
re-imagining psychiatric care

900 State Street, Suite 2038, Erie, PA 16501

1.866.492.7597

 innovatel.com

March 18, 2019

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
700 Main Street, Slot W345
Little Rock, AR 72201

To Whom It May Concern:

This Memorandum of Understanding supports Professional Counseling Associates response to bid number 710-19-1024 to serve as the Community mental Health center for Region 9 in Arkansas.

There has been a significant increase in demand for behavioral health services across the country and there are not enough behavioral health clinicians to meet the demand for services. Psychiatric recruitment and retention is a serious obstacle for behavioral health organizations and telepsychiatry has proven to be an extremely effective solution.

innovaTel Telepsychiatry will be partnering with Professional Counseling Associates to assist in the development of their telepsychiatry program to increase access to care within their community in Arkansas. InnovaTel has nationwide network of virtual psychiatrists, psychiatric nurse practitioners and licensed clinical social workers.

innovaTel is partnering with Professional Counseling Associates to provide a full-time Psychiatric Nurse Practitioner that is Lifespan trained to see patients of all ages. innovaTel does not provide any locums tenens, innovaTel's telepsychiatry model is focused on encouraging care coordination, a team-based approach and most importantly continuity of care for the patients. The clinician that innovaTel provides to Professional Counseling Associates will be their choice in provider, while innovaTel does all of the vetting of clinicians, it is ultimately Professional Counseling Associates choice who will be joining their team. innovaTel's goal with telepsychiatry partnerships is to mimic the workflows of the existing clinic and it is the goal that the patients and staff have the same experience has if they clinician was there on site, the only difference will be that the clinician is connecting through simple technology.

InnovaTel's partners throughout the country have received high patient satisfaction surveys and the clinicians placed in organizations have extremely high retention rates, some clinic partners have had the same psychiatric clinician for over five years.

By: 
Sarah Hirsch, CEO
Professional Counseling Associates

By: 
Jon Evans, CEO
innovaTel Telepsychiatry

team up with us!

Executive Summary

InnovaTel is a clinician-owned and operated nationwide telepsychiatry network made up of psychiatrists, nurse practitioners and licensed clinical social workers.

InnovaTel has a vast array of telepsychiatry services that can be customized to meet the needs of each our partners.

Our top priority is getting to know your organization to get a detailed understanding of what is most important to you so that we can provide you with the best solution.

As your telepsychiatry partner, our clinicians become a dedicated member of your treatment team, we do not provide locums.

This proposal will provide an overview of how our partnerships are structured, the clinician options available, implementation and onboarding, and your investment with innovaTel.

Proposed Partnership

- **Our Background:** innovaTel is founded by a clinical team with 30+ years of behavioral health clinical operations experience. We have been in your shoes and know the obstacles that you face on a daily basis. It is our goal to partner with you to help increase access to timely high-quality care by providing the best providers to your organization via telepsychiatry while ensuring a seamless implementation.
- **Our Providers:** Your organization would be a part of the hiring process with InnovaTel. We handle all recruitment, licensing and malpractice. However, you have the final say in your clinician, we want you to be a part of that decision.
 - The clinician selected becomes a part of your clinical team and your patients see the same provider each time through our partnership because continuity of care is critical in behavioral health.
- **Our Promise:** innovaTel guarantees that our providers will be on time and documentation of visits will be done by the end of the day directly into your EHR. Our providers are trained in concurrent documentation, so most documentation will be complete by the end of the encounter.
- **Our Technology:** innovaTel's HIPAA compliant platform is VSee, and we cover the cost of the software.
 - If your organization has a different platform, we are open to that as well.
 - innovaTel also provides 24/7 IT support.
- **Our Partnership:** innovaTel provides full on-site onboarding with our experienced clinical team. The on-site onboarding allows our team to get a deep understanding of your workflows so that we can partner with you to set you up for a successful telepsychiatry program. Our clinical team will continue to be a resource to your organization throughout our partnership.



Services and Resources

Goal for Telepsychiatry Implementation:

- PCA is looking to increase access to care in their community by growing their treatment team via telepsychiatry. They would like to use telehealth to increase access to care in the rural areas in their community and also utilize telehealth to provide services to the two jails in their community.

Identified Clinical Needs:

- **One (1) Part-Time Psychiatric Nurse Practitioner**
 - Clinical Setting: Outpatient mental health
 - Weekly hours TBD
 - Patient Population: All ages
 - All of InnovaTel's Psychiatric Nurse Practitioner are Lifespan certified to see all ages.
- **One (1) Part-Time Child & Adolescent Psychiatrist**
 - Clinical Setting: Outpatient mental health
 - Weekly hours TBD
- **One (1) Part-Time General Psychiatrist**
 - Clinical Setting: Outpatient mental health
 - Weekly hours TBD
 - Patient Population: Adults

Targeted Go-Live Date: TBD

- Licensing and credentialing are two of the biggest factors when it comes to timeline of going live.

Investment:

- The only investment to your organization with a partnership with InnovaTel is the hourly rate for your clinician.
- InnovaTel has a minimum clinical commitment of 16 hours per week.

Clinician Type	Hourly Rate	# of Clinical Hours
Child & Adolescent Psychiatrist	\$220/hour	16
General Psychiatrist	\$210/hour	16
Psychiatric Nurse Practitioner	\$145/hour	16

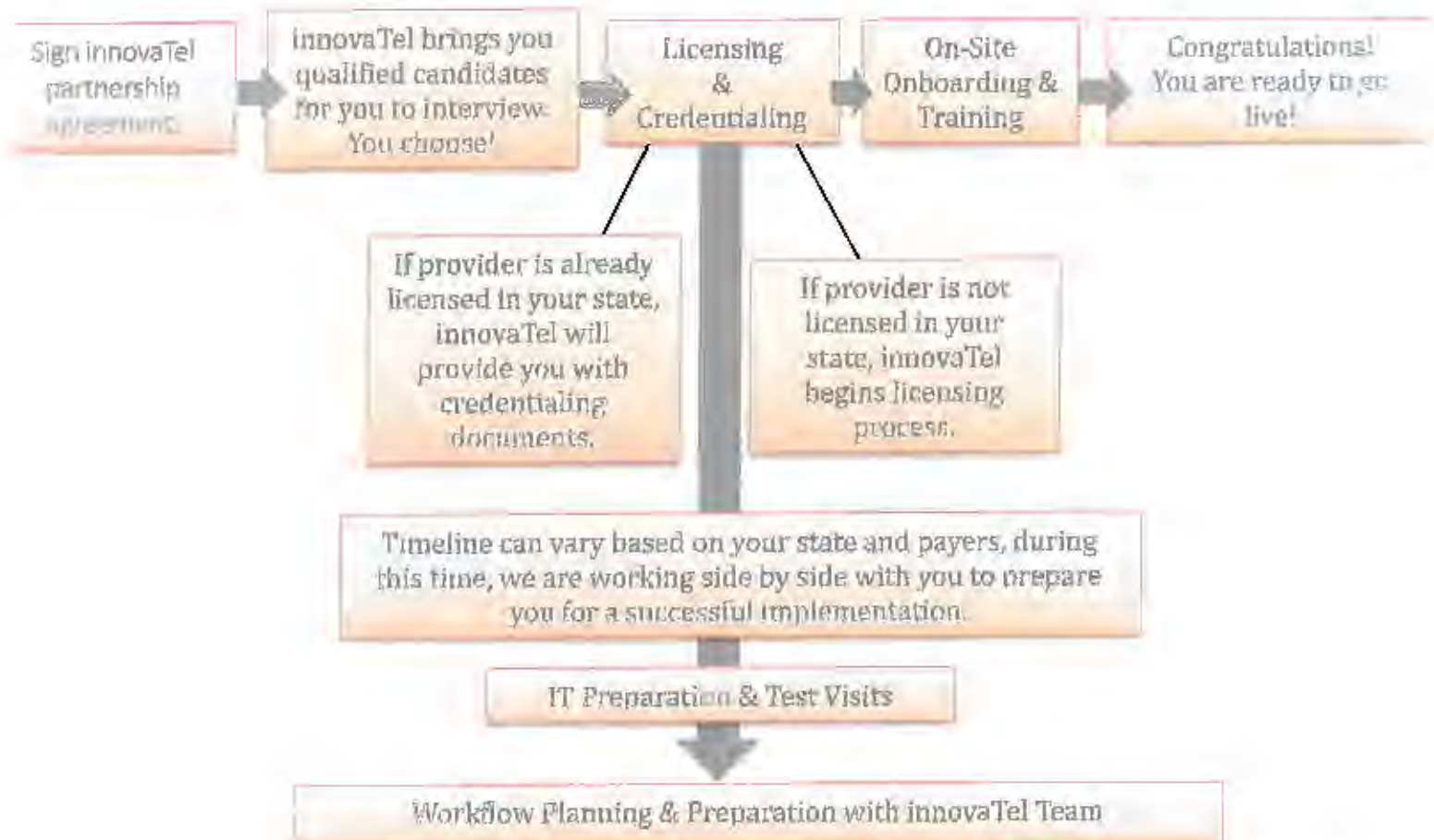
- InnovaTel covers the following at no charge to your organization:
 - Licensing
 - Malpractice
 - DEA
 - All clinician benefits
 - Onboarding and Implementation support
 - Ongoing clinical and IT support

InnovaTel Key Contract Terms:

1. Mutually agreed-upon start dates based on completed provider credentialing and appropriate provider training EMR and telemedicine platform systems training.
2. Minimum 1-year contract term with annual renewal provision.
3. 120-day mutual termination without cause after end of first 2-year term.
4. innovaTel requires one hour for new patient evaluations and three twenty-minute med reviews in an hour. We also require 30 minutes for an appointment with an active client new to the clinician.
5. innovaTel will develop a detailed Implementation plan in collaboration with your staff.

Implementation Plan and Timeline

innovaTel will develop a detailed implementation plan based on the pace and process for licensing and credentialing our providers and would seek to get your organization live as soon as credentialing is completed.



Operational and Clinical Support

- Our goal is to mirror your existing workflows, our experienced team will provide a tremendous amount of support initially and ongoing throughout our partnership to ensure the smoothest telepsychiatry program.
- InnovaTel will provide operational and clinical support to the telepsychiatry program on an ongoing basis.
 - InnovaTel's Vice-President of Clinical Operations and Director of Clinical Performance will be the key client points of contact for all operational and clinical issues.
- Initial support will include an on-site visit by the Vice President of Clinical Operations and Director of Clinical Performance. During this visit, InnovaTel staff will meet with your team to ensure all questions are answered and all processes are in place for a successful partnership.
- Your organization will also have ongoing 24/7 access to our Director of Clinical Performance for any needs that arise.

The Technology

- Technology has come a long way in the last few years, making it very simple and affordable to get started with telepsychiatry. InnovaTel will provide technical recommendations for the most optimal experience. But ultimately, if you have a webcam and an internet connection, you can do telepsychiatry.
- InnovaTel will also provide the HIPAA-compliant platform (Vsee) required to do telepsychiatry. If your organization already has a platform in place, we are open to using your technology as well. InnovaTel will perform a number of test visits prior to your go-live and also provides 24/7 IT support at no charge to your organization.
- Clinicians will document directly in your EHR and e-cribe any prescriptions necessary.
- Prior to your go-live, InnovaTel will:
 - Ensure optimal technical setup
 - Perform a number of test sessions between your site and your clinician
 - Provide ongoing, unlimited technical support to your organization at no additional cost.



MEMORANDUM OF UNDERSTANDING

March 13, 2019

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
700 Main St, Slot W345
Little Rock, AR 72202

To Whom It May Concern:

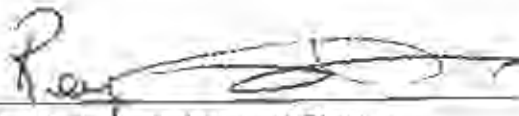
This Memorandum of Understanding supports Professional Counseling Associates (PCA) in response to bid number 710-19-1024 to serve as the Community Mental Health Center for Region 9 in Arkansas.

As one of the nation's largest telemedicine networks, UAMS e-Link connects behavioral health clinics with hospital emergency departments, medical clinics, detention centers and schools to allow delivery of mental health services over a HIPAA compliant network. As a partner in good faith, UAMS e-Link will provide the following services for PCA behavioral health professionals under the proposed contract:

- Cisco Meeting software that allows collaboration using a camera-equipped device
- Ability to log connections (as required for reimbursement)
- Usage reports to quantify telemedicine adoption
- Access to live continuing education (free of charge)
- Telehealth training for physicians and staff
- Telehealth support for UAMS-provided equipment and software

This agreement will automatically renew at the end of each year unless either party gives the other written notice of termination.

By: 
Sarah Hirsch, Chief Executive Officer
Professional Counseling Associates

By: 
Roy Kitcher, e-Link Network Director
Institute for Digital Health & Innovation
University of Arkansas for Medical Sciences

Analysis: Arkansas Act 203 of 2017

Prepared for South Central Telehealth Resource Center

Summary: SB 146 made a number of amendments to Arkansas' previous law governing telemedicine: definitions, reimbursement, establishment of a professional relationship, and appropriate use standards.

DEFINITIONS

<i>Previous Language</i>	<i>New Law</i>	<i>Implication of change</i>
Defined originating site as "the offices of a healthcare professional or a licensed healthcare entity where the patient is located at the time services are provided by a healthcare professional through telemedicine; and the home of a patient in connection with end stage renal disease."	Defines originating site as "a site at which a patient is located at the time healthcare services are provided to him or her by means of telemedicine."	An originating site is no longer required to be in a clinical setting. The new definition would allow the originating site to include the patient's home or other location.
Remote patient monitoring (RPM) not defined	Adds definition for RPM; "The use of synchronous or asynchronous electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a healthcare professional at a distant site for the use in the treatment and management of medical conditions that require frequent monitoring."	RPM is formally defined.
"Store and forward (S&F) technology means the transmission of a patient's medical information from an originating site to the provider at the distant site without the patient being present." Store and forward technology shall not be considered telemedicine.	"S&F technology means the asynchronous transmission of a patient's medical information from a healthcare professional at an originating site to a healthcare professional at a distant site."	The patient can be present during the asynchronous transmission. Clarifies that S&F is a provider-to-provider transmission.

<p>“Telemedicine means the medium of delivering clinical healthcare services by means of real-time two way electronic audio visual communication, including without limitation the application of secure video conferencing, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, or treatment of a patient’s health care while the patient is at an originating site and the healthcare professional is at a distant site.”</p>	<p>“Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store and forward technology and remote patient monitoring.”</p> <p><u>Chapter on telemedicine coverage:</u></p> <p>Telemedicine does not mean the use of audio-only communication, including without limitation interactive audio; a facsimile machine; text messaging; or electronic mail systems.</p>	<p>Definition of telemedicine now includes S&F and RPM.</p> <p>However, for the purposes of reimbursement requirements, telemedicine doesn’t include telephone, email, text messaging or fax, although insurers may voluntarily pay for these items.</p>
---	--	--

PROFESSIONAL RELATIONSHIP & APPROPRIATE USE OF TELEMEDICINE

<i>Previous Language</i>	<i>New Law</i>	<i>Implication of change</i>
<p>Standards of appropriate practice in traditional healthcare professional patient settings shall govern the licensed healthcare professional’s treatment recommendations made via electronic means, including issuing a prescription via telemedicine.</p>	<p>Healthcare services provided by telemedicine, including prescription through telemedicine, shall be held to the same standard of care as in-person.</p>	<p>Different phrasing, however they both mean that a provider utilizing telemedicine will be held to the same standard as in-person care.</p>
<p>Allows a “professional relationship” to exist as a result of an on-call or cross-coverage arrangement with the patient’s regular treating healthcare professional (among other scenarios).</p>	<p>Allows a “professional relationship” to exist as a result of an on-call or cross-coverage arrangement with the patient’s regular treating healthcare professional <u>or another healthcare professional who has established a professional relationship with the patient.</u></p>	<p>Allows the on-call or cross-coverage arrangement to exist with another healthcare professional, besides the patient’s regular treating provider.</p>
<p>A professional relationship must exist between a healthcare professional and the patient or the healthcare professional must otherwise meet the requirements as defined in sec. 17-80-118(a)(4). A professional relationship</p>	<p>Same, except replaces “sec. 17-80-118(a)(4) with “17-80-402”, the new code section for the law. If telemedicine is allowed to be used to establish a professional relationship under Secs. 17-80-</p>	<p>Moved language located in sec. 17-80-118 to sec. 17-80-402.</p> <p>Allows the appropriate licensing</p>

<p>is not required in emergency situations where the life or health of a patient is in danger; or simply providing information of a generic nature, not meant to be individual specific.</p>	<p>402(4)(A)(v) or 17-80-402(4)(A)(vi) (which allow licensing boards to set parameters), telemedicine can only be used for situations where the standard of care does not require an in-person encounter.</p> <p>Professional relationship cannot be established only through:</p> <ul style="list-style-type: none"> • An internet questionnaire • Email message • Patient generated medical history • Audio only communication, including without limitation interactive audio • Text messaging • Facsimile machine • Any combination thereof 	<p>board to say whether or not to allow a professional relationship absent an in-person visit, ongoing relationship, professional consult, or on call/cross coverage arrangement.</p>
<p>N/A</p>	<p>If a decision is made to provide healthcare services through telemedicine, the healthcare professional accepts responsibility and liability for the care of the patient.</p>	<p>Liability rests with the professional treating the patient through telemedicine.</p>
<p>"Proper practitioner-patient relationship" means for the purposes of prescribing that certain conditions must be met.</p>	<p>Adds that a "proper practitioner-patient relationship" is established for the purposes of prescribing if the relationship was established through telemedicine as defined in Sec 17-80-401.</p>	<p>Allows the use of telemedicine to establish a proper practitioner-patient relationship for the purposes of prescribing if the establishment of the relationship meets certain criteria.</p>

Other Additions:

Regardless of whether the healthcare professional is compensated for the healthcare services, if a provider provides care to a minor through telemedicine in a school setting and the minor is enrolled in the AR Medicaid program, the healthcare professional shall:

- Be the designated primary care provider of the minor
- Have a cross-coverage arrangement with the designated primary care provider of the minor; or
- Have authorization from the designated primary care provider of the minor.

If the minor is not enrolled in AR Medicaid, the terms and conditions of the health benefit plan shall control.



Components that stayed the same from previous law:

- Healthcare professional shall follow applicable state and federal law, rules and regulations for informed consent, privacy, recordkeeping/confidentiality and fraud/abuse
- Must be licensed in AR.
- Requirements of the section doesn't apply to healthcare professionals located in another jurisdiction who provides only episodic consultation services.
- This chapter does not authorize drug induced chemical or surgical abortions.

REIMBURSEMENT

<i>Previous Language</i>	<i>New Law</i>	<i>Implication of change</i>
A health benefit plan shall cover the services of a physician who is licensed in AR State Medical board for healthcare services through telemedicine on the same basis as the health benefit plan providers coverage for the same healthcare services provided by the physician in person.	A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise.	Requires coverage of other healthcare providers beyond physicians.
N/A	A health benefit plan shall provide a reasonable facility fee to an originating site operated by a healthcare professional or licensed healthcare entity if licensed to bill the health benefit plan.	A health benefit plan must provide a facility fee.
N/A	A health benefit plan shall not prohibit a healthcare professional from charging a patient enrolled in a health benefit plan for healthcare services provided by audio-only communication that are not reimbursed under the health benefit plan.	A health benefit plan cannot prohibit its providers from charging patients directly for telephone calls that aren't reimbursed by the plan.
N/A	A health benefit plan is not required to reimburse for a healthcare service provided via telemedicine that is not comparable to the same service provided in-person.	Certain services can be rejected for reimbursement if provided via telemedicine if it is found not comparable to what is provided in-person.

For more details about Arkansas policy, visit: <http://www.echnpca.org/jurisdiction/arkansas>

1 State of Arkansas *As Engrossed; S3/3/15 S3/12/15*
2 90th General Assembly **A Bill**
3 Regular Session, 2015

SENATE BILL 133

4
5 By: Senator Bledsoe
6 By: Representative D. Ferguson
7

8 **For An Act To Be Entitled**

9 AN ACT TO ENCOURAGE THE USE OF TELEMEDICINE; TO
10 REDUCE HEALTHCARE DISPARITIES; TO IMPROVE ACCESS TO
11 CARE; TO ADDRESS GEOGRAPHIC MALDISTRIBUTION OF
12 PRIMARY CARE AND SPECIALTY CARE; TO AUTHORIZE
13 REIMBURSEMENT AND REGULATION OF SERVICES PROVIDED
14 THROUGH TELEMEDICINE; TO DECLARE AN EMERGENCY; AND
15 FOR OTHER PURPOSES.
16

17
18 **Subtitle**

19 TO ENCOURAGE THE USE OF TELEMEDICINE; AND
20 TO DECLARE AN EMERGENCY.
21

22
23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
24

25 SECTION 1. DO NOT CODIFY. Title.

26 This act shall be known and may be cited as the "Telemedicine Act".
27

28 SECTION 2. DO NOT CODIFY. Legislative findings.

29 The General Assembly finds and declares that:

30 (1) The advancements and continued development of medical and
31 communications technology have had a profound impact on the practice of
32 medicine and offer opportunities for improving the delivery and accessibility
33 of health care, particularly in the area of telemedicine;

34 (2) Geography, weather, availability of specialists,
35 transportation, and other factors can create barriers to accessing
36 appropriate health care, and a way to provide, ensure, or enhance access to



1 health care, given these barriers, is through the appropriate use of
2 technology to allow healthcare consumers access to qualified healthcare
3 professionals; and

4 (3) There is a need in this state to embrace efforts that will
5 encourage:

6 (A) Health insurers and healthcare professionals to
7 support the use of telemedicine; and

8 (B) All state agencies to evaluate and amend their
9 policies and rules to remove regulatory barriers prohibiting the use of
10 telemedicine.

11
12 SECTION 3. Arkansas Code Title 17, Chapter 80, Subchapter 1, is
13 amended to add an additional section to read as follows:

14 17-80-117. Telemedicine.

15 (a) As used in this section:

16 (1) "Distant site" means the location of the healthcare
17 professional delivering services through telemedicine at the time the
18 services are provided;

19 (2) "Healthcare professional" means a person who is licensed,
20 certified, or otherwise authorized by the laws of this state to administer
21 health care in the ordinary course of the practice of his or her profession;

22 (3) "Originating site" means:

23 (A) The offices of a healthcare professional or a licensed
24 healthcare entity where the patient is located at the time services are
25 provided by a healthcare professional through telemedicine; and

26 (B) The home of a patient in connection with treatment for
27 end-stage renal disease;

28 (4) "Professional relationship" means at minimum a relationship
29 established between a healthcare professional and a patient when:

30 (A) The healthcare professional has previously conducted
31 an in-person examination and is available to provide appropriate follow-up
32 care, when necessary, at medically necessary intervals;

33 (B) The healthcare professional personally knows the
34 patient and the patient's relevant health status through an ongoing personal
35 or professional relationship, and is available to provide appropriate follow-
36 up care, when necessary, at medically necessary intervals;

1 (C) The treatment is provided by a healthcare professional
2 in consultation with, or upon referral by, another healthcare professional
3 who has an ongoing relationship with the patient and who has agreed to
4 supervise the patient's treatment, including follow-up care;

5 (D) An on-call or cross-coverage arrangement exists with
6 the patient's regular treating healthcare professional;

7 (E) A relationship exists in other circumstances as
8 defined by rule of the Arkansas State Medical Board for healthcare
9 professionals under its jurisdiction and their patients; or

10 (F) A relationship exists in other circumstances as
11 defined by rule of a licensing or certification board for other healthcare
12 professionals under the jurisdiction of the appropriate board and their
13 patients if the rules are no less restrictive than the rules of the Arkansas
14 State Medical Board;

15 (5) "Store and forward technology" means the transmission of a
16 patient's medical information from an originating site to the provider at the
17 distant site without the patient being present; and

18 (6) "Telemedicine" means the medium of delivering clinical
19 healthcare services by means of real-time two-way electronic audio-visual
20 communications, including without limitation the application of secure video
21 conferencing, to provide or support healthcare delivery that facilitates the
22 assessment, diagnosis, consultation, or treatment of a patient's health care
23 while the patient is at an originating site and the healthcare professional
24 is at a distant site.

25 (b)(1) The standards of appropriate practice in traditional healthcare
26 professional-patient settings shall govern the licensed healthcare
27 professional's treatment recommendations made via electronic means, including
28 issuing a prescription via telemedicine.

29 (2) This section does not alter existing state law or rules
30 governing a healthcare professional's scope of practice.

31 (3) This section does not authorize drug-induced, chemical, or
32 surgical abortions performed through telemedicine.

33 (4)(A) Store and forward technology shall not be considered
34 telemedicine.

35 (B) This subchapter does not restrict the use of store and
36 forward technology.

1 (c) A healthcare professional shall follow applicable state and
2 federal law, rules, and regulations for:

- 3 (1) Informed consent;
4 (2) Privacy of individually identifiable health information;
5 (3) Medical recordkeeping and confidentiality; and
6 (4) Fraud and abuse.

7 (d)(1) A healthcare professional who is treating patients in Arkansas
8 through telemedicine shall be fully licensed or certified to practice in
9 Arkansas and is subject to the rules of the appropriate state licensing or
10 certification board.

11 (2) The requirement in subdivision (d)(1) of this section does
12 not apply to the acts of a healthcare professional located in another
13 jurisdiction who provides only episodic consultation services.

14 (e)(1) A healthcare professional at a distant site shall not utilize
15 telemedicine with respect to a patient located in Arkansas unless a
16 professional relationship exists between the healthcare professional and the
17 patient or the healthcare professional otherwise meets the requirements of
18 professional relationship as defined in § 17-80-117(a)(4).

19 (2) The existence of a professional relationship is not required
20 in the following circumstances:

21 (A) Emergency situations where the life or health of the
22 patient is in danger or imminent danger; or

23 (B) Simply providing information of a generic nature, not
24 meant to be specific to an individual patient.

25 (f) State licensing and certification boards for a healthcare
26 professional shall amend their rules where necessary to comply with this
27 section.

28
29 SECTION 4. Arkansas Code Title 23, Chapter 79, is amended to add an
30 additional subchapter to read as follows:

31
32 Subchapter 16 - Coverage for Services Provided Through Telemedicine

33
34 23-79-1601. Definitions.

35 As used in this subchapter:

- 36 (1) "Distant site" means the location of the healthcare

1 professional delivering healthcare services through telemedicine at the time
 2 the services are provided;

3 (2)(A) "Health benefit plan" means:

4 (i) An individual, blanket, or group plan, policy,
 5 or contract for healthcare services issued or delivered by an insurer, health
 6 maintenance organization, hospital medical service corporation, or self-
 7 insured governmental or church plan in this state; and

8 (ii) Any health benefit program receiving state or
 9 federal appropriations from the State of Arkansas, including the Arkansas
 10 Medicaid Program and the Health Care Independence Program, commonly referred
 11 to as the "Private Option", or any successor program.

12 (B) "Health benefit plan" includes:

13 (i) Indemnity and managed care plans; and

14 (ii) Non-federal governmental plans as defined in 29
 15 U.S.C. § 1002(32), as it existed on January 1, 2015.

16 (C) "Health benefit plan" does not include:

17 (i) Disability income plans;

18 (ii) Credit insurance plans;

19 (iii) Insurance coverage issued as a supplement to
 20 liability insurance;

21 (iv) Medical payments under automobile or homeowners
 22 insurance plans;

23 (v) Health benefit plans provided under Arkansas
 24 Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et
 25 seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

26 (vi) Plans that provide only indemnity for hospital
 27 confinement;

28 (vii) Accident only plans;

29 (viii) Specified disease plans; or

30 (ix) Long-term care only plans;

31 (3) "Healthcare professional" means a person who is licensed,
 32 certified, or otherwise authorized by the laws of this state to administer
 33 health care in the ordinary course of the practice of his or her profession;

34 (4) "Originating site" means:

35 (A) The offices of a healthcare professional or a licensed
 36 healthcare entity where the patient is located at the time services are

1 provided by a healthcare professional through telemedicine; and

2 (8) The home of a patient in connection with treatment for
3 end-stage renal disease; and

4 (5) "Telemedicine" means the medium of delivering clinical
5 healthcare services by means of real-time two-way electronic audio-visual
6 communications, including without limitation the application of secure video
7 conferencing, to provide or support healthcare delivery that facilitates the
8 assessment, diagnosis, consultation, or treatment of a patient's health care
9 while the patient is at an originating site and the healthcare professional
10 is at a distant site.

11
12 23-79-1602. Coverage for Telemedicine.

13 (a)(1) This subchapter shall apply to all health benefit plans
14 delivered, issued for delivery, reissued, or extended in Arkansas on or after
15 January 1, 2016, or at any time when any term of the health benefit plan is
16 changed or any premium adjustment is made thereafter.

17 (2) Notwithstanding subdivision (a)(1) of this section, this
18 subchapter shall apply to the Arkansas Medicaid Program on and after July 1,
19 2016.

20 (b) A healthcare service provided through telemedicine shall comply
21 with the requirements of § 17-80-117.

22 (c)(1) A health benefit plan shall cover the services of a physician
23 who is licensed by the Arkansas State Medical Board for healthcare services
24 through telemedicine on the same basis as the health benefit plan provides
25 coverage for the same healthcare services provided by the physician in
26 person.

27 (2) Subject to subdivision (d)(1) of this section, a health
28 benefit plan shall reimburse a physician licensed by the board for healthcare
29 services provided through telemedicine on the same basis as the health
30 benefit plan reimburses a physician for the same healthcare services provided
31 in person.

32 (d)(1) The combined amount of reimbursement that a health benefit plan
33 allows for the compensation to the distant site physician and the originating
34 site shall not be less than the total amount allowed for healthcare services
35 provided in person.

36 (2) Payment for healthcare services provided through

1 telemedicine shall be provided to the distant site physician and the
2 originating site upon submission of the appropriate procedure codes.

3 (3) This section does not:

4 (A) Prohibit:

5 (1) A health benefit plan from reimbursing other
6 healthcare professionals; or

7 (11) A health benefit plan from paying a facility
8 fee to a provider at the distant site in addition to a fee paid to the
9 healthcare professional; or

10 (B) Require an insurer to pay more for a healthcare
11 service provided through telemedicine than would have been paid if the
12 healthcare service was delivered in person.

13 (e) A health benefit plan shall not impose on coverage for healthcare
14 services provided through telemedicine:

15 (1) An annual or lifetime dollar maximum on coverage for
16 services provided through telemedicine other than an annual or lifetime
17 dollar maximum that applies to the aggregate of all items and services
18 covered;

19 (2) A deductible, copayment, coinsurance, benefit limitation, or
20 maximum benefit that is not equally imposed upon all healthcare services
21 covered under the health benefit plan; or

22 (3) A prior authorization requirement for services provided
23 through telemedicine that exceeds the prior authorization requirement for in-
24 person healthcare services under the health benefit plan.

25 (f) This subchapter does not prohibit a health benefit plan from:

26 (1) Limiting coverage of healthcare services provided through
27 telemedicine to medically necessary services, subject to the same terms and
28 conditions of the covered person's health benefit plan that apply to services
29 provided in person; or

30 (2)(A) Undertaking utilization review, including prior
31 authorization, to determine the appropriateness of healthcare services
32 provided through telemedicine, provided that:

33 (1) The determination of appropriateness is made in
34 the same manner as determinations are made for the treatment of any illness,
35 condition, or disorder covered by the health benefit plan whether the service
36 was provided in-person or through telemedicine; and

1 (ii) All adverse determinations are made by a
2 physician who possesses a current and valid unrestricted license to practice
3 medicine in Arkansas.

4 (B) Utilization review shall not require prior
5 authorization of emergent telemedicine services.

6 (g)(1) A health benefit plan may adopt policies to ensure that
7 healthcare services provided through telemedicine submitted for payment
8 comply with the same coding, documentation, and other requirements necessary
9 for payment an in-person service other than the in-person requirement.

10 (2) If deemed necessary, the State Insurance Department may
11 promulgate rules containing additional standards and procedures for the
12 utilization of telemedicine to provide healthcare service through health
13 benefit plans if the additional standards and procedures do not conflict with
14 this subchapter or § 17-80-117, and are applied uniformly by all health
15 benefit plans.

16
17 SECTION 5. Arkansas Code Title 23, Chapter 86, Subchapter 1, is
18 amended to add an additional section to read as follows:

19 23-86-123. Prior authorization by physician.

20 (a) As used in this section:

21 (1) "Prior authorization" means the process by which a health
22 carrier determines the medical necessity or eligibility for coverage of a
23 healthcare service before a covered person receives the healthcare service in
24 order to provide coverage and reimbursement for the healthcare service; and

25 (2) "Telemedicine" means the medium of delivering clinical
26 healthcare services by means of real-time two-way electronic audiovisual
27 communications, including without limitation the application of secure video
28 conferencing, to provide or support healthcare delivery that facilitates the
29 assessment, diagnosis, consultation, treatment, education, care management,
30 or self-management of a patient's health care while the patient is at an
31 originating site and the healthcare professional is at a distant site.

32 (b) When conducting prior authorization, whether for healthcare
33 services provided through telemedicine or provided in person, a physician who
34 possess a current and unrestricted license to practice medicine in the State
35 of Arkansas shall make all adverse determinations.

36

E.3 SERVICE DELIVERY DUTIES

E.3.A.

a. Serve the following populations in the delivery of crisis services:

- i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.
- ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.

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

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

d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth and adults. You may describe your existing policies and procedures, if applicable.

e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.

f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.

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

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

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

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

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

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

PROFESSIONAL COUNSELING ASSOCIATES, INC. MOBILE CRISIS

Since our beginning in 1978, PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided emergency services to the community. In 1988, we became the legally appointed Receiving Facility for Single Point of Entry to inpatient and other facilities within the state behavioral health system. Since 1988 we have offered mobile face-to-face emergency services throughout REGION 9: North Pulaski, Lonoke, and Prairie Counties 24-hours a day, every day of the year.

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides a full range of crisis evaluation, intervention, referral, and placement for any person experiencing a psychiatric crisis. PROFESSIONAL COUNSELING ASSOCIATES, INC. remains dedicated to the philosophy that persons are best served in a least restrictive setting in the community where they live, rather than placed in an institutionalized environment. PROFESSIONAL COUNSELING ASSOCIATES, INC. crisis team members are trained to evaluate an individual's level of risk and intervene as medically necessary to resolve the crisis and ensure the least restrictive treatment setting to promote a positive outcome for the individual in crisis.

PROFESSIONAL COUNSELING ASSOCIATES, INC. acts to promote reduction of stigma for all persons served. The 24-hour Relay Service is used when needed during phone calls with hearing-impaired or speech-impaired persons, and interpreters are provided for persons who use ASL or whose fluency in English is not adequate for emergency psychiatric assessment and intervention. Crisis services are sometimes provided at agency offices, all of which are wheel chair accessible. Crisis services are provided at any safe, accessible, reasonably staffed location in our region. Most facilities that meet those criteria are ADA-compliant public facilities, but if a Screener is called to a facility where there are barriers to accessibility, the Screener advocates for accommodations and involves the PROFESSIONAL COUNSELING ASSOCIATES, INC. administrative backup if needed.

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides a variety of crisis intervention services. Our crisis services are intended to provide rapid assistance and crisis resolution, including referral to an appropriate level services as needed by the person in crisis. Crisis intervention services are provided to all age groups. Most screenings are provided for individuals 18 years of age or older. However, any DCFS foster child who is being recommended by a caseworker for a more restrictive placement must be screened by PROFESSIONAL COUNSELING ASSOCIATES, INC. personnel.

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides the following levels of crisis response:

- Immediate telephone response – designated licensed clinical staff & future peer-support access;
- Mobile crisis outreach capability – single point of entry screenings;
- Comprehensive evaluation;
- Triage;
- Short-term crisis intervention;
- Follow up services, especially for persons diverted from hospitalization;
- Medication maintenance for active clients;
- Disaster response and critical incident debriefing;
- Immediate referral and admission to the full continuum of acute psychiatric care.

PROFESSIONAL COUNSELING ASSOCIATES, INC. crisis services intervention can be accessed in a variety of ways. We will assist persons in psychiatric crisis on a walk-in basis at each of our clinic locations. Persons may access crisis intervention via the phone by contacting any clinic 24-hours-a-day and to speak with an available clinician and/or emergency services team member. During non-business hours, a telephone answering service is trained to reach the on-call crisis clinician in less than 10 minutes so that a quick response can be made to the crisis clinician. Additionally, a mobile crisis clinician, or "scrubber," is dispatched to safe locations to assess an individual in psychiatric crisis.

PROFESSIONAL COUNSELING ASSOCIATES, INC. Emergency Services maintain the following goals:

- To provide timely and accessible aid to the person who is in psychiatric crisis, and to family or others who are attempting to manage the crisis, regardless of the person's ability to pay;
- To provide a comprehensive professional assessment of the person and the situation, that is responsive to the person's needs and which satisfies the requirements of gatekeepers for services the person needs;
- To educate clients, families, caregivers, law enforcement, and provider staff regarding the client's legal rights, Arkansas law regarding voluntary and involuntary treatment, the Arkansas service system for behavioral health, processes for 911 forensic assessment orders, and the Arkansas service systems for substance abuse, abuse and neglect services, developmental disability, and other problem areas that may affect the disposition.
- To offer the person in crisis a range of response options;
- To help the person and family locate or access any emergency treatment resources they are entitled to that are outside the state behavioral health service system;
- To arrange acute services, if needed, in the least restrictive environment that is safe and appropriate;
- To help the person access appropriate services for the next step in treatment;
- To stabilize the crisis as quickly as possible, and help the person return to the level of functioning they had before the crisis onset;

- To improve the ability of the person in crisis to recognize and better handle situations that lead to crisis;
- To improve the person's network of community resources, and to use this support system for immediate crisis management and future crisis prevention.

When inpatient hospitalization is necessary, PROFESSIONAL COUNSELING ASSOCIATES, INC. may refer persons to the Arkansas State Hospital or a contracted private inpatient provider. When the person requiring inpatient care lives below the poverty level and is without health insurance, PROFESSIONAL COUNSELING ASSOCIATES, INC. authorizes payment for the hospital using crisis funding designated for this purpose. Crisis services are provided 24-hours-a-day. Crisis response takes place both on-site at any of our clinic locations and through the 24-hour mobile on-call clinical team who can go to any location deemed safe. Typically, safe location is declared as a hospital emergency room, jail, and the Arkansas State Hospital Admissions Office. PROFESSIONAL COUNSELING ASSOCIATES, INC crisis services team consists of physicians, licensed behavioral health clinicians who serve as either crisis phone interventionists or mobile screeners, and supervision for clinical and administrative needs.

Using the approved Single Point of Entry (SPOE) Screening Tool to clinically assess the person in crisis, the screener will formulate a disposition and facilitate the implementation of the crisis resolution plan.

Our clinical assessment tool includes areas found to be predictors of risk for harm by risk assessment studies. Intervention methods are based on clinical guidelines, evidence-based practices, and priorities outlined at the state level by the DAABHS. For legal risk management purposes, practices in assessment, intervention, and documentation are set up and supervised in concurrence with widely-recognized practices.

When responding to a request for crisis intervention, our first responsibility is to determine if the person(s) involved requires medical stabilization or law enforcement intervention at the same time we are working on the psychiatric crisis. Our qualified behavioral health professionals are trained to assess and resolve a psychiatric crisis in a manner that is the least restrictive for the person involved, while keeping the safety of the individual and the community a primary concern. All calls for crisis are routed to the On-Call Therapist, who is required to respond to the call within 10 minutes. For all calls that result in a being dispatched, the Screener must be to the designated safe location within 2 hours of receiving the call to conduct the SPOE Screening.

PROFESSIONAL COUNSELING ASSOCIATES, INC. crisis services intervention can be accessed in a variety of ways. We will assist persons in psychiatric crisis on a walk-in basis at each of our clinic locations. Persons may access crisis intervention via the phone by contacting any clinic 24-hours-a-day and requesting to speak with an available clinician and/or emergency services team member.

During non-business hours, PROFESSIONAL COUNSELING ASSOCIATES, INC. maintains a team of licensed behavioral health professionals who serve in clinically appropriate capacities. After business hours, all agency phone lines are diverted to a local answering service that specializes in coverage for healthcare professionals. All calls are answered by trained operators, who follow a standardized protocol of response. During non-business hours, a trained telephone answering service is prepared to reach the on-call clinician in less than 10 minutes so that a quick response can be made to the crisis clinician. Additionally, a mobile crisis clinician, or "screeener," is dispatched to safe locations to assess an individual in psychiatric crisis.

PROFESSIONAL COUNSELING ASSOCIATES, INC. maintains assessment documents that give a clear picture of the clinical and psycho-social nature of the crisis. We ascertain the individual's needs, presenting problem(s), past psychiatric history, medical history and present health, current mental status, a social history, and current and/or past legal involvement. Each phone and face to face crisis contact is documented by the designated clinician and recorded into the Emergency records section in the current electronic medical record system. A unique medical record number is assigned for any person who does not already have a medical record number in the record system. Thus, all crisis contacts are available for review and clinical consultation, even if the person never becomes an active client at a PROFESSIONAL COUNSELING ASSOCIATES, INC. clinic.

There are multiple crisis resolutions that can occur. After-hours phone contacts can resolve with the person being advised to go to the nearest emergency room for screening, or to expect follow-up with PROFESSIONAL COUNSELING ASSOCIATES, INC. during the next business day. Direct assessment of a person in crisis often leads to a referral to outpatient counseling services. If the individual is found to be under the influence of alcohol and/or other substances, they may be referred to the Region 9 Alcohol and Drug Abuse Funded Treatment Programs. Once the person has completed detoxification and continues with outpatient behavioral health needs, the person can be referred to our agency for ongoing behavioral health care. When the crisis is primarily related to a housing problem, the person may be referred to the Pulaski County Crisis Stabilization Unit, or local shelter with follow-up provided by on an outpatient basis.

The primary role of the On-Call Therapist is to immediately assess the acuity of the behavioral health crisis and then direct on the appropriate steps needed to resolve the crisis. They screen immediately for any need to involve emergency medical services for medical stabilization, or to involve law enforcement for safety. Callers may receive brief clinical support and interventions by phone, if clinically appropriate. Resource and referral information may also be dispensed over the phone, as necessary to ensure continuity of care.

If the person in crisis is an active client of PROFESSIONAL COUNSELING ASSOCIATES, INC, the crisis contact documentation is forwarded to the Primary Therapist and/or other appropriate treatment team members for follow-up and continuity of care. All crisis services contacts are stored in the associated electronic medical record.

PROFESSIONAL COUNSELING ASSOCIATES, INC. emergency services team maintains one (1) full-time behavioral health professional – Daytime Screener - during regular business hours. This individual provides mobile crisis outreach, SPOE Screenings, and responds to crisis phone contacts and Client Advocate requests. When other clinical staff at a clinic location is not available, the Daytime Screener shall present to any PROFESSIONAL COUNSELING ASSOCIATES, INC. clinic location to provide emergency clinical intake interviews or crisis resolution interviews for persons who may walk-in to any of our clinic locations. Additionally, the Daytime Screener serves as the agency's court liaison for involuntary behavioral health treatment proceedings within our region, as well as a liaison with our community partners: including hospitals emergency departments, jail facilities, and inpatient behavioral health entities.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is responsible for after-care services to assure that the individual in crisis is provided with services at the time of the crisis and offered additional services upon discharge from the service/program of which they may become a client. We provide outpatient appointments for the individual, but unless they are under a court order, we can only offer services and not mandate compliance. We reserve the right to petition for a commitment hearing if in our clinical opinion the individual presents a threat to self or others or meets other criteria for involuntary treatment.

When the presenting crisis is severe, the On-Call Therapist may direct the person to the nearest emergency room for assessment. When a highly volatile situation exists, a call to 911 to request an expedited intervention in the form of an ambulance and/or police assistance is facilitated. When face-to-face assessment is required, the Screener is dispatched by the On-Call Therapist to a safe location to provide a face-to-face crisis assessment. Screeners meet with the person in crisis, communicate with collaterals as appropriate, formulate a disposition for crisis resolution, and facilitate the implementation of the plan.

When inpatient psychiatric hospitalization is found to be necessary for the safety of the person and/or others, the Screener reviews all options allowed by the person's current clinical needs, available reimbursements, and any limiting factors that may be present such as age or legal status. There are a small number of non-earmarked beds at the Arkansas State Hospital (ARKANSAS STATE HOSPITAL) for persons who require secure care, and a Single Point of Entry Form from PROFESSIONAL COUNSELING ASSOCIATES, INC. staff is required to request admission or to place the person on the ARKANSAS STATE HOSPITAL waiting list. Persons with Medicare, Medicaid, or other reimbursement source may have a variety of referral options, if inpatient beds are available. For persons who are considered indigent, PROFESSIONAL COUNSELING ASSOCIATES, INC. may refer the person to a contracted private inpatient provider when ARKANSAS STATE HOSPITAL does not have bed availability. Designated crisis funds are used in these instances to approve inpatient bed days. Staff may also assist emergency department personnel to carry out their responsibilities for a hospital-to-hospital transfer under EMTALA / COBRA regulations by providing information about options.

At all times, a PROFESSIONAL COUNSELING ASSOCIATES, INC. physician is available to provide urgent medical consultation. Should a client call to report a reaction to a prescribed medication, for example, the physician can issue verbal instructions to the patient via the On-Call Therapist. This medical intervention will be documented and then forwarded to the treatment team for follow-up and entered into the client's medical record for continuity of care. PROFESSIONAL COUNSELING ASSOCIATES, INC. emergency services staff follow all organizational policies regarding medication management.

At all times, the Clinical Director, or designated back-up, is available by phone to support emergency services staff for both clinical staffing and administrative direction. When a crisis is clinically difficult or organizationally complex, accessing the Clinical Director is required to determine the best course of action. Any complaints regarding the emergency services provided are initially directed to the Clinical Director to foster ease of crisis resolution and to maintain sound community collaborations.

Occasionally PROFESSIONAL COUNSELING ASSOCIATES, INC. emergency services team is asked to respond to a community disaster or the site of a traumatic event such as a robbery or industrial accident. If the Clinical Director, or designee, deems it appropriate, one or more mobile crisis outreach clinicians may be dispatched to initiate crisis counseling and/or critical incident debriefing.

TRAINING AND RESOURCES

Under the direction of the Clinical Director, credentialed and experienced staff are available to cover all rotations and roles. To ensure adequate staff availability for after-hours mobile crisis screening assessment, contract professionals have been secured, allowing for coverage options and management of burn-out for daytime clinical staff. Contract screeners are trained on emergency crisis services protocol and procedures and receive administrative support. Additionally, training in the emergency service system is given all PROFESSIONAL COUNSELING ASSOCIATES, INC. personnel at orientation. This includes applicable state law, agency policy, and an explanation of the agency's emergency response and on-call system. All clinicians receive additional training in practical procedures for on-call work and court participation. All personnel are provided updates in memo form and at all agency meetings as changes occur.

In addition to the Daytime Screener, Emergency Services has an Emergency Services Coordinator who provides data entry and is considered a qualified behavioral health paraprofessional. Duties may include managing business hours requests for resource and referral information for clients in crisis or dispatching the Daytime Screener. Professional, paraprofessional, and medical staff at all PROFESSIONAL COUNSELING ASSOCIATES, INC. locations provide support for Emergency Services, which is coordinated by the Daytime Screener and Clinical Director. Performance of Emergency Services is monitored by DAABHS through monthly external reporting requirements and other contract deliverables as stated in the annual performance contract.

SPOE SCREENING / Crisis Intervention

Referred to unit by: Professional Counseling Associates
 (501) 221-1843, PO Drawer 15968, Little Rock, AR 72231

ADULT (SAL 100) Under 18 (SAL 102)

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~~OR~~ done for OTHER CMHC _____ authorized by: _____ Phone: _____

Screening's Name - PRINT: _____

Location (include unit name): _____

Was person brought to screening from Jail / Detention? NO YES -- which jail? _____

Time you got request: <input type="checkbox"/> am <input type="checkbox"/> pm	Time you ARRIVED: <input type="checkbox"/> am <input type="checkbox"/> pm	Time BEGAN face-to-face: <input type="checkbox"/> am <input type="checkbox"/> pm	Time ENDED face-to-face: <input type="checkbox"/> am <input type="checkbox"/> pm
DATE Screening BEGAN: _____		Face-to-face Minutes ELAPSED: _____	

WHO REQUESTED Screening? Self (if Person did NOT request interview / admission, give contact info.)

CMHC (details above) Court, or court order _____

Name of Requester: _____ Phone: _____

Relationship, or Agency they represent: _____

Summarize why person needs a screening today: _____

PERSON being Screened Primary English Language: _____

Gender: _____ Ethnicity: Hispanic Not Hispanic

Race: Black White _____

PRINT Name: _____ last name first middle OTHER Name(s) _____

Address: _____ number & street city zip Phone(s): _____

COUNTY _____ Date of Birth: _____ Age: _____

SOC. SECURITY # _____ Marital Single Married Divorced

Highest Grade Completed: _____ Status: Widowed Separated _____

Religion: _____

PCA Case # _____ PCA Therapist / Location _____

Does person have a GUARDIAN? None - Is COMPETENT ADULT

Guardian's Name: _____ Relationship: _____

Guardian's Address: _____ Phone(s): _____

In DHS CUSTODY: No Yes County: _____ Caseworker: _____

Veteran No Active Duty Military now Yes - VA Claim Number: _____

DDS Client: No Yes - Contact: _____

Employment

Total income (incl. spouse) monthly annual \$ _____ Other Source(s): _____

Medical # _____ Medication # _____

Any Other Insurance or Payer? NONE

Company _____	Phone _____
Group Name/ # _____	Policy/ID # _____
Policyholder Name _____	Relation to client _____
Employer of Policyholder _____	
Supplemental Company _____	Phone _____
Group Name/ # _____	Policy/ID # _____
Policyholder Name _____	Relation to client _____
Employer of Policyholder _____	

Current Living Arrangement

<input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Roommate(s) 	Facility Name _____ City _____ Contact Person _____ Phone _____ Check type of facility: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Local Shelter <input type="checkbox"/> Residential Treatment <input type="checkbox"/> RCF <input type="checkbox"/> Group Home <input type="checkbox"/> Detention Facility
--	--

Contact Name _____ Address _____ Phone(s) _____ Relationship _____	Contact Name _____ Address _____ Phone(s) _____ Relationship _____
---	---

LEGAL STATUS

Voluntary

Court Order dated _____ 7-day 45-day 180-day 911 21-day Substance Abuse
 FINS Other Juvenile Ct OTHER: _____

Is there also an order for IMMEDIATE DETENTION? Yes No
 Is there a BENCH WARRANT for Failure to Appear? Yes No

Emergency without petition (72-Hour Hold At Hospital) ... *Urge family to file if at all possible!*

WHO will file? _____
Name Relationship Phone(s)

CRITICAL REQUIREMENT! "YOUR RIGHTS" Form is attached, has been read, signed, & witnessed
If held w/o petition in Putaski, Screener must immediately notify CIRCUIT COURT at 686-9191.

ANY CHARGES? NO YES, SPECIFY: _____ Misdemeanor Felony

On PROBATION Probation/Parole Officer, or _____ Phone _____
 On PAROLE _____
 In DYS Program DYS Caseworker _____

OTHER LEGAL NOTES

NOTES, HISTORY, COMMENTS

PROVISIONAL DIAGNOSES

Designate the PRIMARY and write its DSM CODE NUMBER.

Axis I _____

Axis II _____

CLEAR AND PRESENT DANGERS

Does this person CURRENTLY pose a clear and present danger to self or to others? Any YES suggests Hospitalization may be needed.

NO YES [MUST EXPLAIN any "Yes" Answers]

In current timeframe, has the person **INFLECTED serious bodily injury** to self others? (if yes, explain)

In current timeframe, has the person **THREATENED serious bodily injury** to self others? (if yes, explain)

If the person is not admitted **NOW**, is there a reasonable probability of death, serious bodily injury, serious physical debilitation, and/or serious mental debilitation? (if yes to any, explain)

Onset of crisis which now requires intervention (When did situation start, and why is it different today?)

CLINICAL RECOMMENDATIONS

Screener's Recommendations / Plan: _____

Response to intervention thus far: _____

Does person being screened (or his or her guardian) agree with these recommendations? YES NO

signature of person, or Guardian

Explain if person or guardian is unavailable, unable, or unwilling to sign regarding their agreement / disagreement.

If person **DISAGREES**, explain. If safety requires person to be held against his or her will, go back to p.2 and correct the "LEGAL" information to "Emergency without Petition" and attach "Your Rights" form as directed in that section.

Explain lack of signature OR disagreement: _____

ACTUAL DISPOSITION(S)

If info changes, note here or do ADDENDUM and update MIS notes. Complete EVERY arrowed item —

A. ADMITTED to Psychiatric Bed

Has PCA approved LAC funds for admission? YES, will PAY NO

ASH Admit ASH Wait List

If ASH: Disposition/Destination at ASH Discharge _____

OTHER INPATIENT UNIT (name): _____

B. NO Psychiatric Hospital Admission: Check ALL that APPLY

ELOPED BEFORE Screening completed ELOPED AFTER Screening, before disposition

Detox/Sobriety Returned to jail / detention Returned to other program: _____

Not Medically Stable, stayed in hospital Stayed at facility where screened: facility staff will determine disposition

Instructed to... call PCA for appointment Walk-in at PCA Clinic Keep planned PCA appointment

call SUBSTANCE ABUSE Treatment Provider for appointment

SENT HOME... with family / other to supervise Referred to Shelter(s)

without supervision No-Harm / Safety Agreement

Other: (s.g. det found out court would not release) _____

Explain if disposition is different from recommendations: _____

Do you think this person has a Severe and Persistent Mental Illness? Yes No Cannot Determine

Do you think that alcohol or other substance abuse is part of this person's problems?

Intoxicated, in withdrawal, or primary problem I don't think any substance abuse is going on

I think it's part of the problem I cannot determine

Client had a previously established Psychiatric Advance Directive or Crisis Plan Neither

FOLLOWUP needed: Any services to be done by MHPP or other staff, referrals made (if not noted above), or other additions to Crisis Plan. Specify who, what, when:

Check that you have faxed (or given) to: PCA Emergency; Chart (if Client);

Other copies to: _____; _____

ATTACH copy of any other Form that was left at site, or with a collateral.

signature / credential of Screener

Any staff work during review / immediate followup _____

E.3.B.

Describe how your company will provide services to ARKANSAS STATE HOSPITAL patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:

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

**PROFESSIONAL COUNSELING ASSOCIATES, INC.
ARKANSAS STATE HOSPITAL SERVICES**

All aftercare referrals from Arkansas State Hospital are made directly to PROFESSIONAL COUNSELING ASSOCIATES, INC. Emergency Services Team. Emergency Services personnel – either the Daytime Screener or Clinical Director - schedule the appointment with the appropriate clinic and therapist. Community hospitals access PROFESSIONAL COUNSELING ASSOCIATES, INC. aftercare services in a variety of ways according to their internal procedures. These aftercare appointments are scheduled through clinic clerical personnel by phone and occur within 7 days of the client's scheduled hospital discharge date. Should there be an acute crisis which requires a SPOE assessment, all calls will be responded to within 10 minutes and Screener must be dispatched to the designated safe location within 2 hours of receiving the call to conduct the SPOE Screening.

PROFESSIONAL COUNSELING ASSOCIATES, INC. staff who schedule aftercare appointments obtains the same information normally collected when individuals request an intake assessment. They provide the referring hospital with instructions for the client regarding the information to be brought to this appointment and any other instructions they would provide to an individual. If the individual is under a court order, they specifically ask the hospital personnel to fax a copy of the court order to them.

The Clinical Director serves as the Administrative Liaison between PROFESSIONAL COUNSELING ASSOCIATES, INC. and all hospitals. If problems arise between PROFESSIONAL COUNSELING ASSOCIATES, INC. and a hospital, the liaison is to be contacted. If there are administrative or contract concerns that cannot be resolved, then the CEO is involved to ensure continuation of services while problems are resolved.

INVOLUNTARY ADMISSIONS

If an individual meets the legal criteria for commitment, the screener first encourages family members or others in the community who have first-hand knowledge of the behavior or verbalizations which meets commitment criteria to file a petition for commitment. Frequently by the time the screener is involved the behavior is not being exhibited and the screener has no first-hand knowledge. However, if the screener has first-hand knowledge and others will not file, it is the screener's duty to file the petition.

Upon a court order being filed for INVOLUNTARY COMMITMENT for behavioral health concerns and the person is picked up on an IMMEDIATE DETENTION ORDER, the agency's designated screener presents to Arkansas State Hospital Admissions or other designated facility, to complete a SPOE screening to facilitate placement to Arkansas State Hospital. In situations when there are no available beds at Arkansas State

Hospital and in compliance with the language of the court order, PROFESSIONAL COUNSELING ASSOCIATES, INC. Emergency Services Team facilitates inpatient hospital placement. For persons with veterans' benefits, this requires facilitating transfer to the VA hospital. For persons with private insurance, an available local inpatient hospital bed will be secured. For persons considered indigent, an available local inpatient hospital bed will be secured, and the agency will utilize designated funds for this purpose.

ARKANSAS STATE HOSPITAL WAIT LIST

When inpatient psychiatric hospitalization is found to be necessary for the safety of the person and/or others, the Screener reviews all options allowed by the person's current clinical needs, available reimbursements, and any limiting factors that may be present such as age or legal status. There are a small number of non-earmarked beds at the Arkansas State Hospital for persons who require secure care, and a Single Point of Entry Form from PROFESSIONAL COUNSELING ASSOCIATES, INC. staff is required to request admission or to place the person on the Arkansas State Hospital waiting list. Persons with Medicare, Medicaid, or other reimbursement source may have a variety of referral options, if inpatient beds are available. For persons who are considered indigent, PROFESSIONAL COUNSELING ASSOCIATES, INC. may refer the person to a contracted private inpatient provider when Arkansas State Hospital does not have bed availability. Designated crisis funds are used in these instances to approve inpatient bed days. Staff may also assist emergency department personnel to carry out their responsibilities for a hospital-to-hospital transfer under EMTALA / COBRA regulations by providing information about options.

The agency will continue to comply with the scheduled time directives for completion of SPOE screenings, presenting to the designated location within 2 hours of receipt of the request. If Screener is unable to arrive in timeframe due to other crisis or possible inclement weather variable, Screener will communicate directly with referral entity and Clinical Director to maintain communication and reasonable accommodation of time.

911 CONDITIONAL RELEASE

PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to provide outpatient behavioral health treatment in accordance with the clients designated court order and medically necessary treatment recommendations. PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to collaborate with Arkansas State Hospital Forensics and 911 Conditional Release Monitors to ensure continuity of care from hospital transition to least restrictive community placement in our region.

PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to support clients in stepping down from the hospital milieu into a structured community treatment regime. The clinical team at our Springhill location have historically interfaced with persons on a 911 Conditional Release Order. The clinical team of primary therapists, physician, and paraprofessionals maintain at least weekly updates with the 911 Conditional Release

Monitor to ensure client compliance and community safety. Additionally, the assigned primary therapist completes a monthly report submitted directly to the 911 Conditional Release Monitor and the designated court entity.

Regardless of payer source, PROFESSIONAL COUNSELING ASSOCIATES, INC. will ensure that persons under a 911 Conditional Release Order will have access to the medically necessary treatment interventions. For example, if a person has an insurance guarantor that does not reimburse for a medically necessary treatment service, such as Rehab Day Services, the agency will utilize available resources to ensure there is no disruption to care and reimbursement is reasonable satisfied.

**Arkansas State Hospital
CRISIS INTERVENTION ASSESSMENT AND PLAN
FOR HOSPITALIZATION**

Name CMHC: _____ Phone: _____
 Address: _____
 Name of Screener: _____ Phone: _____
 Time received request to screen: _____ AM, PM Time you arrived to screen: _____ AM, PM
 Time you confirmed with person requesting screening: _____ AM, PM
 Time you began face to face: _____ AM, PM Time Completed Face to face: _____ AM, PM
 Service-CPT Code Modifier: Crisis Intervention - H2011 HA Total time Face to Face Work: _____
 Date screening began: _____ Date Screening Completed: _____
 Service Location: Offsite Onsite

IDENTIFICATION

Client Name: _____
 Last Name First Name Middle Maiden Name
 Other Alias/Names: _____
 Highest Grade Completed: _____ Religious Affiliation: _____
 VETERAN No Yes: VA Claim Number: _____
 DDS No Yes: Contact Person: _____
 Total Income (Including Spouse) Week Month Year \$ _____ Source/s
 Food Stamps
 Primary Care Physician: _____ Phone Number: _____
 Address: _____

WHO REQUESTED THIS EVALUATION

CMHC: _____ Contact: _____ Phone: _____
 Screening authorized not authorized by MHC contact person named above
 (If MHC did not authorize, contact supervisor before screening and explain on back page)
 Court, Court Order or Police: _____
 Self Relative: _____ Home Phone: _____ Work Phone: _____
 Hospital/ Medical Facility: _____ Contact: _____ Phone: _____
 Other: _____ Contact: _____ Phone: _____
 Relationship/Agency: _____

LEGAL STATUS

Court Order Dated: _____ Type (Check all that apply) 7-day 45-day 180-day 911
 Act 10 Substance Abuse Circuit Court Order
 Voluntary Is there also an Order for IMMEDIATE DETENTION? Yes No
 Is there a BENCH WARRANT for failure to appear? Yes No
 Emergency Without Petition: Who Will File Petition? _____
 Home Phone: _____ Work Phone: _____ Alternate Phone: _____

LEGAL CHARGES

CURRENT: No Yes Misdemeanor Felony
 PRIOR: No Yes Misdemeanor Felony
 On Probation Until: _____ On Parole Until: _____
 Parole/Probations officer: _____ Phone: _____

CLINICAL RECOMMENDATIONS FOR DEPOSITION FOLLOWING HOSPITALIZATION

Where, in your catchment area, will the discharge placement be, following stabilization: Physical D/C Place

I have been apprised of my client rights:

Client's Signature: _____ Date: _____

Client unwilling / unable to provide signature.

**Community Mental Health Center
Demographic Sheet**

<i>Client Information Unless Otherwise Noted</i>			
Client Name		Client #	Date:
Physical Address:		City	State
Mailing Address: <input type="checkbox"/> Same as Physical			Zip
County of Legal Residence:		<input type="checkbox"/> Out of State	<input type="checkbox"/> Unknown
Living Situation: <input type="checkbox"/> Private Residence <input type="checkbox"/> Foster Home <input type="checkbox"/> Residential Care <input type="checkbox"/> Jail/Correctional facility <input type="checkbox"/> Crisis Residential <input type="checkbox"/> Children's Residential <input type="checkbox"/> Institutional Setting <input type="checkbox"/> Homeless-Shelter <input type="checkbox"/> Streets <input type="checkbox"/> Other: <input type="checkbox"/> Chronic Homeless <input type="checkbox"/> Domestic Violence where? _____ How long: _____			
DOB: _____ (mm/dd/yyyy)	Client Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No: _____
Home Phone: () _____	Work Phone: () _____	Other Phone: () _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Other:			Number of Dependents: _____ Ages: _____ Genders: _____
Race:	(Check any/all that apply)		
<input type="checkbox"/> W - White	<input type="checkbox"/> M - Alaskan Native/American Indian	<input type="checkbox"/> P - Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> B - Black/African American	<input type="checkbox"/> A - Asian		
Ethnicity:	<input type="checkbox"/> A - Hispanic or Latino <input type="checkbox"/> B - Not Hispanic or Latino		
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Client needs the assistance of an Interpreter or Assistive Technology:	<input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, <input type="checkbox"/> American Sign Language <input type="checkbox"/> Assistive Adaptive Device <input type="checkbox"/> Language Interpreter: _____ (Specify)	
Client's Employment Status:	<input type="checkbox"/> Employed, Full or Part Time Competitively employed - Full or Part-Time to include Supported Employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Not In Labor Force Retired, Sheltered Employment, Homemaker, Student, Volunteer, Disabled		
Emergency Contact (Name and Address):		Relationship:	Emergency Contact Phone: Home/Work () _____ Cell/Contact () _____
Payment Source:	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Veteran <input type="checkbox"/> Workers Comp
		Household Income: _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly	
<input type="checkbox"/> Primary Private Insurance	Insurance Plan No:	Group #:	
<input type="checkbox"/> Secondary Private Insurance	Insurance Plan No:	Group #:	
<input type="checkbox"/> EAP Involved/Eligible	Company:	# Visits:	
<input type="checkbox"/> Medicaid #	<input type="checkbox"/> Medicare #	<input type="checkbox"/> Other	
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Crisis Intervention Assessment and Plan

Client Name _____	Client # _____	Date: _____
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Presenting Problem/ Clinical Narrative

Person(s) providing pertinent information in relationship to client: Self Name _____ Relationship _____

Presenting Problem/ Clinical Narrative: include individual/agency that requested screening, location of screening, etiology, severity and onset (acute vs. chronic) of presenting problem, elaboration of mental status findings, etc.

Utilization of previously established psychiatric advance directive/crisis plan as pertinent to current situation:
 No Yes

(See Rationale for crisis intervention utilized in Recommendations section, p. 6 of 6)

Mental Status & General Appearance

Mental Status Examination

Thought Content	Delusions: <input type="checkbox"/> None Reported	Self Abuse: <input type="checkbox"/> None Reported	Aggressive: <input type="checkbox"/> None Reported	Hallucinations: <input type="checkbox"/> None Reported	Other: <input type="checkbox"/> None Reported
Mood:	___ Euthymic	___ Depressed	___ Anxious	___ Angry	___ Euphoric
Affect:	___ Full	___ Constricted	___ Flat	___ Inappropriate	___ Labile
Behavior:	___ Cooperative	___ Resistant	___ Agitated	___ Impulsive	___ Over-Sedated
	___ Assaultive	___ Aggressive	___ Hyperactive	___ Restless	___ Loss of Interests
	___ Anhedonia	___ Akathisia	___ Withdrawn	___ Dystonia	___ Tardive Dyskinesia
Cognition:	Impairment of: <input type="checkbox"/> None Reported	___ Orientation	___ Memory	___ Attention/Concentration	
		___ Judgment	___ Insight	___ Ability to Abstract	
	Intelligence Estimate:	___ MR	___ Borderline	___ Average	___ Above Average

Current Risk of Harm to Self: None Reported Suicidal Ideation Without Plan Suicidal Ideation With Plan
 Recent Suicide Attempt _____ (Date) History of Suicide Attempts: _____ (Dates)

Current Risk of Harm to Others: None Reported Homicidal Ideation Without Plan Homicidal Ideation With Plan
 Recent Homicide Attempt _____ (Date) History of Homicide Attempts: _____ (Dates)

Crisis Intervention Assessment and Plan

Client Name:	Client #	Date:
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Medication Information to Include Medical, Psychiatric, OTC/ Herbal None Reported

Medication	Total Daily Dosage	Rationale	Compliance:			
			Yes	No	Partial	Unit

Relevant Medical History:

Allergies No Unknown Yes **Specify:**

Mental Health Treatment History

Outpatient Mental Health: None Reported

Agency:	<input checked="" type="checkbox"/> Current	Past (Date)	Clinician Name:

Psychiatric Hospitalizations: None Reported

Hospital:	Date of Service	Reason (Suicidal, Depressed, Etc.)

Previous or Current Diagnosis (if known): Not known by client

Other Comments Regarding Mental Health History:

Alcohol/Drug History

Illegal Drug Use/Abuse Past 12 Months: No Yes

Prescription Drug Abuse Past 12 Months: No Yes

Non-Prescription Drug Abuse Past 12 Months: No Yes

Alcohol Abuse Past 12 Months: No Yes

Drug Screen Completed: Not Indicated No Yes - If Yes, Results:

Presenting with Detox Issues: No Yes - If Yes, Symptoms:

Check if Applicable: IV Drug User

Drug/Substance/Alcohol	Age of 1st Use	Date of Last Use	Frequency	Amount	Method

Crisis Intervention Assessment and Plan

Client Name	Client #	Date:
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Substance Abuse Treatment History

Substance Abuse Treatment: None Past Current

If Yes, Type of Past Substance Abuse Treatment: OP IOP Residential Hospital

Detox Other

Agency:	Date of Service:

Other Comments Regarding Substance Abuse/ Use:

Client Strengths / Supports

Describe Family/ Primary Support:

Strengths/Capabilities/ Limitations of Activities of Daily Living:

Primary Diagnosis: (Be sure to Utilize DSM-5 Diagnosis/Formal)

Additional Notes concerning medical problems/special needs:

Problem(s) to be addressed:

1.
2.
3.

Wishes/ preferences of the individual and parent/ guardian, as appropriate:

Goal(s): Stabilization Linking to Appropriate Care Assuring Safety Other:

Crisis Intervention Assessment and Plan

Client Name	Client #	Date:
Recommendations/Disposition/Comments: (If client made suicidal/homicidal statements, provide rationale for crisis intervention activities utilized; include others interviewed, family, friends, consultation with supervisor, or other providers).		
Prognosis: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Poor		
Action Plan/ Follow up instructions (check all that apply)		
Action Taken:		Site/ Resource
<input type="checkbox"/> Admit to Hospital Name of Hospital: _____ <input type="checkbox"/> Admit to Crisis Stabilization Unit <input type="checkbox"/> Admit to Mid Ark <input type="checkbox"/> Refer for Medical Evaluation <input type="checkbox"/> Contract for Safety <input type="checkbox"/> Attend Self-help Group <input type="checkbox"/> Abstain from alcohol and/or drugs <input type="checkbox"/> Duty to warn <input type="checkbox"/> Other Instructions:	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary* *client has been given a copy of their rights	<input type="checkbox"/> Community Behavioral Health Services (Indicate services below):
	<input type="checkbox"/> Diagnostic Assessment	<input type="checkbox"/> Shelter/Housing
	<input type="checkbox"/> Emergency Follow Up	<input type="checkbox"/> Residential
	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Other CMHC:
	<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Other:
	<input type="checkbox"/> Substance Abuse Counseling	<input type="checkbox"/> Other:
Appointments:		
Provider:	Service:	
Date:	Time:	Location:
Provider:	Service:	
Date:	Time:	Location:
If the crisis does recur, I will:		
Signatures		
By my signature I agree to this established crisis plan (if applicable).		Date:
Client Signature:		
Parent or Guardian (if applicable):	Date:	Physician Signature (if applicable)
		Date:
Provider Signature/Credential (if applicable):	Date:	Clinical Supervisor Signature (if applicable)
		Date:
Provider Name/Credential (Printed)		
Rev. 1/16	Crisis Intervention Assessment and Plan	Page 6 of 8

ARKANSAS DEPARTMENT OF HUMAN SERVICES Arkansas State Hospital DIVISION OF BEHAVIORAL HEALTH SERVICES Acknowledgement of being Informed Of Legal Rights	J.D. Flare
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ARKANSAS STATE HOSPITAL

ACKNOWLEDGEMENT OF BEING INFORMED OF LEGAL RIGHTS

1. I acknowledge that I have been informed that:
2. I have the right to effective assistance of counsel, including the right to a court appointed attorney if I am indigent;
3. My attorney and I have a right to be present at all significant stages of the proceedings and at all hearings, except no attorney shall be entitled to be present during the examination of me by the examining physician or any member of his/her staff pursuant to an evaluation whether initially or subsequently;
4. I have the right to present evidence in my behalf;
5. I have the right to cross-examine witnesses who testify against me;
6. I have the right to remain silent;
7. I have the right to view and copy all petitions, reports, and documents contained in the Court file.

Time	Date	Signature of Patient
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- The above patient was informed of rights listed above and acknowledges same by signature.
- The above patient was informed of rights listed above and refused to sign acknowledgement.

Attested to by:

Time	Date	Signature of Witness
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Time	Date	Signature of Witness
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Signature of two witnesses required if patient refuses to sign.