



Opioid Treatment Program – Reporting Requirements

Pursuant to ARS 36-2907.14, in addition to all State or Federal licensing and registration requirements, any Opioid Treatment Program (OTP) receiving reimbursement from the Arizona Health Care Cost Containment System (AHCCCS) or its contracted health plans must develop and supply the below listed plans, and any relevant documentation, to AHCCCS.

Providers seeking to establish a new OTP site as of August 27, 2019, will be required to submit all below listed plans to AHCCCS, along with this reporting requirements template, and obtain AHCCCS approval for each plan prior to the provision of Medicaid reimbursable services. If approved, the new OTP site will be required to submit an annual report containing all of the identified plans, along with this template, no later than November 15th of each year.

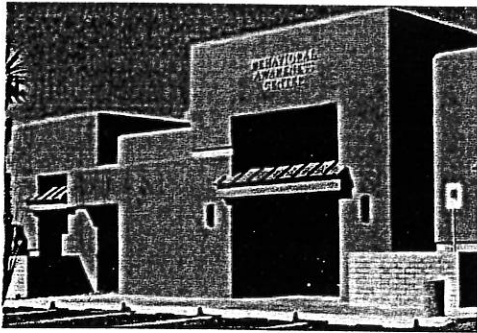
All existing OTP sites will be required to submit all required plans and this template no later than November 15, 2019. For existing OTP sites, the November submission will serve as the first annual report to be updated no later than November 15th of each year.

Submitted plans, including this template and any supporting documentation, will be posted to the AHCCCS website for public comment for 30 days. The city or town in which an OTP is located shall be notified of the posting of the documentation and be provided 30 days to supply comment to AHCCCS.

AHCCCS will make a determination on the sufficiency of the submitted documentation within 30 days of the close of the public comment period. If AHCCCS determines that there is a deficiency in any of the submitted documentation, the OTP will be provided thirty (30) days, from day of notification, to correct the deficiency or AHCCCS will suspend reimbursement for OTP providers until deficiency is remediated.

Please Note: The process to open an OTP site involves several regulatory steps, including application to SAMSHA, DEA, licensure by ADHS, AHCCCS approval and successful completion of the reporting requirements.

BEHAVIORAL AWARENESS CENTER TOWN HALL MEETING



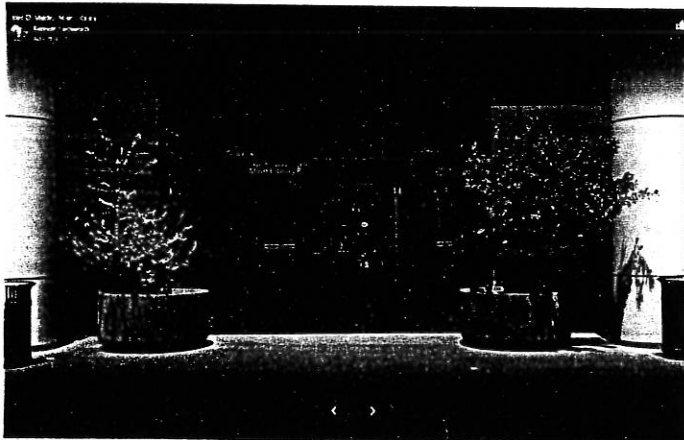
BEHAVIORAL AWARENESS CENTER, INC,

We are inviting the members of our community to come and meet with some of our staff. We would like to provide you with information about substance abuse and opiate dependence as we are an outpatient treatment facility and have been here for over twenty years providing services to members of our community.

November 17, 2019 1:00 PM

Joel D. Valdez Main Library

101 North Stone Ave Tucson AZ 85701



BEHAVIORAL AWARENESS CENTER
2002 West Anklam Road Tucson Az 85745
520 629 9126 | bacmethadone.com

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Stakeholder Advisory Group	Policy # 140	
Approved by: Behavioral Health	Effective: 01/01/16	Revised 09/07/19

1. STATEMENT OF PURPOSE: To establish guidelines for employees and stakeholders at BAC for the advisory group. To adhere to communication and advice with/from clients and other stakeholders. Meetings are to be on an annual basis unless otherwise specified.

- II. POLICY - The purpose of the advisory group is to define how BAC will initiate and maintain reciprocal growth relationships on behalf of the persons served, the community, and other stakeholders. The community includes but is not limited to community leaders, publicly elected officials, community organizations, health care providers, law enforcement agencies, universities and academic institutions and other professional organizations.

2. PROCEDURES - Meetings are held on an annual basis, or when otherwise specified by management.

Recruitment for advisory group membership is accomplished by methods such as:

- A. Posting of flyers
- B. Mailings
- C. Incentives for client involvement such as free giveaways.
- D. Community meeting.

Additional methods that could be used to gather community concerns/input and design strategies for addressing them include but are not limited to:

- A. Client satisfaction surveys
- B. Community needs assessments through Innovative Partnership coalition when available.
- C. Attendance at community organization meetings.
- D. Participation in collaborating council including intra-county department when available.
- E. Community client/staff advisory groups
- F. Annual Meetings
- G. Record meeting minutes and location.
- H. Stakeholder letters on annual basis
- I. Short term advisory groups for feedback on specific projects.

BEHAVIORAL AWARENESS CENTER, INC.

3. COMMUNICATION

Assimilation of advisory group suggestions, ideas and feedback to management

- A. Reports made to management by employee attendees of advisory groups.
- B. One-on-one communication by stakeholders with BAC personnel.
- C. Telephone
- D. Verbal feedback from Community Organization's that has been attended by a BAC representative.

BEHAVIORAL AWARENESS CENTER, INC.,
POLICIES AND PROCEDURE MANUAL

Subject: Unwanted Intruder		Policy #: 98
Approved by: Office of Behavioral Health Licensure	Effective: June 10, 1996	Revised: July 13, 2016

I. POLICY:

Criminal trespass is the habitual presence of any person on clinic property who has no legitimate business on the clinic premises. This may apply to strangers who loiter, or to known persons who are interfering with the operations of the clinic. The primary objective is to maintain calm and order and not disrupt the operations of the clinic any more than necessary.

II. PROCEDURE:

Staff is to stop any stranger and inquire as to his / her business in the building. Law enforcement officers will be called when any person poses a threat to the safety of patients, staff, visitors or volunteers. If the intruder is in an office, a staff member should attempt to contact designated supervisory staff or use the intercom system. If shots are fired, the intercom system will be used to evacuate all persons to the safest position away from the intruder.

Steps of Action:

1. Give signal (lock down) and call 911 or local emergency services (if no 911 system). When calling 911, advise if there is a weapon. Try to give a description of the person by noting clothing, gender, race, etc.
2. Escort patients, volunteers and visitors to protected offices, lock doors if possible. Check restroom and vacant rooms.
3. Move all persons away from doors and glass.
4. Any staff member who can see persons who are outside will direct them to move away from premises as possible or escort them back into the building to a designated safe area.

Personnel Role:

1. Clinic Director or Designee – Announce warning signal. Designate command post. If necessary, help with evacuation procedures.
2. Front Office personnel – phone 911 (or local emergency services number) and Corporate Office.
3. Counseling Staff – stay with patients, provide first aid as needed, establish a list of all persons in your area. Lock room door and stay there until Clinic Director or law enforcement unlocks door and gives all clear.
4. Medical Staff (Physician(s), Nurse(s), Medical Assistant(s), – stay with patients, provide first aid as needed, establish list of all persons in your area. Lock room door and stay there until Clinic Director / law enforcement unlocks door or gives all clear.

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Diversion Control/Replacement Dose	Policy # 87	
Approved by: Office of Behavioral Health	Effective: 06/25/97	Revised: 07/13/16

I. STATEMENT OF PURPOSE

To describe efforts to prevent the diversion of opioid agonist treatment medications of the Opioid Maintenance Treatment Program (OTP) to illicit use.

II. POLICIES

Every effort is made to prevent the diversion of opioid agonist treatment medication to illicit use. To that end this policy section has been developed. It is considered our OTP plan to prevent the diversion of opioid agonist treatment medication from its intended purpose, to illicit use. These policies and procedures hold staff members and patients accountable for diversion and diversion prevention, as indicated below. Treatment and administrative activities are continuously monitored to reduce the risk of diversion. A procedure for stopping identified diversion and for preventing future diversion is outlined below as well. Opioid agonist treatment medication bottles are very valuable commodities in illicit drug activities. Every effort is made to maintain control over such bottles.

- A. Methadone is stored in a DEA approved safe and dispensed in compliance with SAMSHA/CSAT/OBHL/DEA regulations.
- B. The Designated Authority orders Methadone. The CEO and/or Clinical Director will complete a limited power of attorney form authorizing a qualified staff person to be responsible for that function.
- C. The Designated Authority receives shipment of the methadone. The CEO and/or Clinical Director may complete a limited power of attorney form authorizing a qualified staff person be responsible for that function.
- D. Access to, and acceptance of delivery of the methadone is restricted to licensed healthcare workers and/or authorized staff members.
- E. Traffic to and from the methadone room is monitored using visual monitoring by camera that has sound and is motion activated.
- F. Loitering is defined as standing around outside or inside a building after a person's business is complete. Loitering is not allowed outside on the grounds of BAC unless client is accompanied by staff.

III. PROCEDURES: TAKE-HOME MEDICATION BOTTLES

- A. Unsupervised take-home medication bottles are labeled with:
1. Program name
 2. Program address
 3. Program telephone number
 4. Patient name
 5. Number of Mgs
 6. Medical Director's name
 7. Nurse initials on bottle
 8. Take-home medication bottles are pressure sealed and will be given a healthy turn on the lid to ensure the bottle(s) seal.
 9. Inform the client that these bottles do not take the heat and methadone will create a pressure in the bottle and could possibly leak. Do not leave bottles in hot vehicles to be stored.
- B. Clients are verbally told and given written information upon intake that when given their take-home medication bottles, so that there numbers can be turned in for the free drawing of methadone, that they need to turn in their empty bottles, before receiving their next supply of take-home medications.
- C. If any empty medication bottles are not turned in, the client is closely questioned as to what happened to the bottle(s) not returned. The response is documented in the nurses notes.
- D. A client requesting additional take-home medications because of travel outside the immediate area is required to document their trip by providing receipts (such as for gasoline, meals, or lodging) from the trip. This information (or the lack of it) is documented in the client's chart. It is impossible to force a client to bring a receipt in. To refuse takeouts based on this is not enforcing BAC "Harm Reduction" to the client and can have serious consequences for the client. BAC can only request this information and ask for this information to be brought in.

IV. PROCEDURES: ORDERS, SHIPMENTS, STORAGE, MEDICATION ROOM

1. Properly executed limited powers of attorney are on file in the CEO's office and safe. This allows notice of what employees are authorized to receive shipments of narcotics and Suboxone.
2. Appropriate Federal/DEA unused order forms 222 are kept in the safe. All used 222 forms are maintained on file in the dosing room.
3. Only licensed staff have access to the medication safe. Anyone authorized to enter or leaving this room must use their personal security key.
4. Only authorized staff can activate or inactivate the dosing alarm system.
5. A methadone dosing room key is kept on the premises in the CEO'S locked box and in the front office safe. Safe Combination is kept in the CEO'S locked box.

BEHAVIORAL AWARENESS CENTER, INC., POLICIES AND PROCEDURES MANUAL

6. In an emergency, and depending on the nature of the emergency, the following is to be called:
 - A. 911
 - B. CEO
 - C. Clinical Director
 - D. Office Manager
 - E. Executive Assistant
 - F. Designated Authority
 7. Whenever methadone shipments are received and inventoried, two staff employees are present. The Dosing Room Nurse Training Supervisor and Office Manager conducts inventories of methadone this time. Any methadone not being used for dosing is stored under lock in the medication safe. The Dosing Room Training Supervisor oversees daily inventories of methadone in the safe. The dosing room nurse supervisor will check the opening and close of each shift.
 8. Each dose of medication is entered into the computer as the client receives their methadone and/or by hand if the computer is down at the end of each shift as required by the Drug Enforcement Agency and BAC. All medication pumped by hand will keep a Medication Accounts Receivable (MAR) card on every client that receives a dose of medication if the computer is down.
 9. At the end of each shift for the day, the Dosing Nurse Supervisor will close the computer to open bottles of methadone. All visual discrepancies must be noted and initialed by that day's dosing nurse. All visual discrepancies must be reported to the Dosing Room Training Nurse Supervisor. Training Nurse Supervisor will notify the Office Manager of any discrepancies.
 10. When the safe is opened at the beginning of the shift, unopened containers of methadone are counted, and opened methadone containers are visually measured. When the safe is locked at the end of the shift, unopened containers of methadone are counted, and opened methadone containers are visually measured. At the close of business the Dosing Room Nurse Supervisor and witness will visually check the with the computer. Any discrepancies are noted on the close of shift form.
- V. PROCEDURES: STOPPING AND PREVENTING IDENTIFIED DIVERSION
1. When diversion is known or suspected, the Office Manager, Executive Assistant, CEO, Clinical Director, and local Drug Enforcement are immediately notified.
 2. When diversion has been proven or suspected, the situation is staffed at the next program staff meeting to determine if procedures need to be modified to prevent future diversion.
 3. Any staff determined to be diverting *opioid agonist treatment medications* are immediately terminated and turned into the State Board of Nursing and the DEA.

Continued: PROCEDURES: STOPPING AND PREVENTING IDENTIFIED DIVERSION

4. *Clients' that have been determined to be diverting, with proof of diverting, immediately lose their take-home privileges. BAC employee must have proof that diversion has taken place by actually seeing or the client has told the employee that as a client they have been diverting. BAC employees cannot go on assumptions, such as lost or multiple take homes of medication. BAC employees cannot go by here-say, guessing, assuming or suspicion that methadone is being diverted. DEA can only be notified if there is proof of diversion. This is why BAC has placed a diversion of high dollar fines on clients stating they vomited, lost or stolen doses in order to have this medication replaced. It seems unlikely that clients will divert in order to pay this high fine for medication. Take into account what has happened to their medication and chart this in the nurses notes. May sound ridicules to us, but we are not the ones being irresponsible with medication. Nor do we play Sherlock Holmes. Instead use common sense in dealing with substance abuse clients.*
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- VI. *PROCEDURES: MEDICATION DESTRUCTION*
 - A. *Drug Enforcement Agency guidelines are followed for the destruction of all medications. The DEA no longer picks up the unused portion of methadone for destruction.*

VII. PROCEDURES: MISCELLANEOUS

- A. When a client is considered for take-home medications, the stability of the patient's home environment and social relationships is considered.
- B. Clients' wait in the reception area or group room to see a counselor and to watch TV, read, or play games when available.
- C. After a client sees a counselor/nurse or receives their medication, they are expected to leave (if all business is finished at the OTP). However, clients may remain in the TV room to watch movies, read, or play games when available. Be sure to close the door in order to maintain client privacy at the window when paying. If client is having trouble understanding their bill, bring clients around to the back window to discuss the financial problem. Clients cannot loiter in the reception area or outside on the premises. The TV room is monitored by camera.
- D. Clients' who misuse the TV room and/or premises are given a written warning. After two written warnings the client can be dismissed from the Drug Free and/or the Methadone Maintenance Program and the premises.

Procedures: Methadone Fee Charges:

- I. Effective immediately all new clients and Re-Admits enrolling in BAC for treatment will be charged the rates indicated below.
- II. Fee Charges: * **Initial intake fees include Physical Exam , First Week of Methadone, and Labs Fees.**

	Male	(\$185.00)
	Female	(\$195.00)
Pregnancy Tests not associated with intakes In-House		(\$20.00)
A. Physical Exam Fees for all Intakes, Re-admits, & Annual Physicals		(\$95.00)
Non BAC Clients		(\$100.00)
Annual Physical Exams for clients enrolled prior to 10/19/09 will be charged the old rate:		(\$80.00)
General Practice Visit:		(\$95.00)
B. Weekly Charges: Liquid Methadone 150 mg or less:		(\$75.00)
10mg Tablets & Diskets		(\$80.00)
Weekly Charges: Liquid Methadone, 151 mg - 250 mg:		(\$80.00)
10mg Tablets & Diskets		(\$85.00)
Weekly Charges: Liquid Methadone, 251 mg & over;		(\$85.00)
10mg Tablets & Diskets		(\$90.00)
Daily Dosing Fees:		(\$15.00)
Courtesy Dosing Daily Fees:		(\$25.00)
C. EKG's		(\$45.00)



AIDS; (\$30.00)

CBC (\$30.00)

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IV. Urine Tests:

Normal urine tests are included in intake/readmit and 8 per year except as indicated below: If Oxycontin or oxycodone are the drugs of choice an additional fee will be charged with each of the required 8 doses per year as it costs more for the lab to test for these drugs.

- 1. Oxycontin/Oxycodone (\$15.00)
- 2. Suboxone- (\$15.00)
- 3. All other in house Testing (\$25.00)
- 4. All other tests to J2 Labs as an exception (\$30.00)

- A. Suboxone: Intake Physical Exam (\$290.00)
Monthly Doctor Fee (\$130.00)
Re-Admit Fees between 6 - 14 days (\$225.00)
Re-Admit fees after 15 days (\$275.00)
Medication Costs per MG (\$2.80)
Courtesy Dose per day plus medication costs (\$35.00)

B. The dosing nurses are responsible for informing the receptionist of dose increases over 150 and 250 mgs and changes from liquid to tablets or diskets to ensure that fees are charged and collected. **Doctors orders are required and must be input for any types of medication changes from liquid to tablets/diskets or vise versa. Continued non-compliance will result in additional forms to be designed and used.**

C. Clients re-admitted with a prior balance are required to pay their old balance in full plus new intake charges to be eligible for re-admit. **NO Exceptions.** Clients who are re-admitted after 14 days and Doctor fees waived will be charged the current rate in lieu of their previous rate.

D. Clients are required to pay their fees on time as scheduled or be fee-toxed. Receptionist may for clients in good standings negotiate a financial agreement to allow the client to **pay later in the same week.** If a client breaks this agreement, they will be fee-toxed immediately. Financial agreement forms will be used and a copy provided to CEO via fax with end of shift reports. Clients needing a longer time to pay than within the same week must have a valid reason and be approved by the front office manager. At no time will the agreement extend beyond 30 days. Clients who cannot pay and have missed two days are already considered fee-toxed.

E. Clients intake paper work and charts will be completed the same day that they come in or they will not receive a dose. Clients who must see the doctor will not be dosed

on that day until after they see the doctor even on the day they come in and have an annual physical scheduled later in the day. Clients who miss a doctor's appointment via no-show will be charged \$25.00 and go on daily dosing until the visit is completed.

Revised: 07/13/2016
Brackie D Sekavec, CEO

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Transition /Recovery Support Services/Discharge/After Care	Policy #: 81	
Approved by: Office of Behavioral Health	Effective: 06/25/97	Revised: 07/13/19

I. STATEMENT OF PURPOSE

Assist the person served to obtain services that are needed, but that are not available within the organization, and to plan for transition from services and follow-up, when needed.

II. POLICIES

- A. The transition process shall be planned with the active participation of the person served.
- B. Transition may include discharge, placement on inactive status, or movement within the program to a different/higher take home privilege level. Transition may also include number or frequency of counseling contacts.

III. PROCEDURE

- A. For internal agency transition to different level of service or intensity of contract, counselor will use the form and document on appropriate paperwork.
- B. Discharge transition for services and follow-up will include three choices. A counselor will provide client with a written referral form.
- C. When possible personnel shall be identified to assist the client in seeking additional services.
- D. Counselors/nurse/BHP's/BHT's are to discuss with the client during an intake about the completion of the program and start a discharge date, either by completion of program or by returning to BAC for three weeks of therapy for free.

Attachments:

- Transition Plan - in computer
- Referral Form - in computer

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Community Relations	Policy #: 72	
Approved by : Office of Behavioral Health	Effective: 06/25/97	Revised: 09/13/19

I. STATEMENT OF PURPOSE

To establish guidelines for BAC'S Community Relations when financial resources are available. To encourage participation and actively participate in the Community. To encourage business and or other participants to attend BAC on training days.

II. POLICIES

- A. Community will be invited to participate in BAC's in service training days and will be welcomed by BAC. This program will try to educate the community regarding substance abuse and opiate dependence as an outpatient treatment facility. This promotes understanding and generates community support.
- B. Issues such as understanding methadone, what BAC offers the community, and other educational programs are presented when available to educate the community.
- C. Unbiased language is used in the agency's printed materials, electronic media, and other educational handouts.
- D. If financial resources are not available, then no solicitation will be available.

III. PROCEDURES

- A. The community will be encouraged to participate in education. Community members will be encouraged to verbalize their concerns and problems during and after these sessions.
- B. Members of the audience will be identified at these sessions as contacts, for those wanting to respond more privately. Names, business phone numbers, and addresses of contact people are given to all interested parties.
- C. BAC will respond to any group's input, feedback, or recommendations by email, fax and/or letter.
- D. Information on substance abuse and related health, mental health and social issues are available to the public. To address and resolve community concerns about the agency's presence in the community, BAC has done the following:
 - 1. Suggestion boxes are placed in the lobby. Community people and clients are encouraged to write their concerns down and place them in the box.
 - 2. Documents are posted in the BAC hallway to identify the appropriate agencies that people may contact with their concerns.
 - 3. Posted in the lobby for recruitment for clients to participate in the consumer advisory panel to include:
 - a. Representatives of relevant community groups, consumers, parents, service providers, advocates, and other with an interest in helping BAC achieve it s mission or purpose.
 - b. All licenses, credentials, certifications, and accreditations held by this facility are prominently displayed in the Hallway and/or reception area.

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- d. BAC willing provides feedback to any organization about services, outcomes, the perception of BAC within the Community will help better serve its defined population and the community.
 - e. BAC will communicate by request by email, fax and/or letter.
- E. BAC does not have the ability to credit Continuing Educational Units.

IV: Function/Description:

BAC has joined the Chamber of Congress and goes out in the community for when scheduled which helps educate the community on methadone and the treatment modalities. We set up tables and have give away items available along with valuable information on Methadone and suboxone. We attend ribbon cutting on new business, breakfast gatherings, evening business meeting, job fairs, health fairs to name a few. BAC tries to expose their education on methadone whenever possible.

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Subject: Family Education and Involvement	Policy: 64	
Approved by: Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/16

Policy:

BAC will provide educational information and encourage the involvement of families in patient treatment.

Procedure:

1. Once the client has signed consent for participation in treatment, his or her family will be encouraged to become involved in educational programs and clinical interventions, if the client so desires.
2. If there is no consent for treatment, personnel will provide educational information when requested to families and answer basic *programmatic* questions.
3. Family members may be encouraged to attend individual or group meetings, if the client so desires this to occur.
4. Family members may also be encouraged to attend other support group meetings such as Al-anon and/or AA to increase their awareness of addiction, if the client so desires this to occur.
5. Family members may also request an appointment with the patients's counselor or the Office Manager, CEO, Executive Assistant and/or Clinical Director at any time, but are strictly **not aloud to discuss the clients issues if there is no signed release of information.**
6. Client will also be encouraged to allow BAC to mail information packet explaining the groups meetings, other support groups available and reassuring the client that in no way will any information concerning them be divulged, if the client so desires this to occur.
7. Client's who give consent to allow surveys to be conducted by family members will be strongly encouraged to do so. Survey's will then be given or mailed to family members and only if the client so desires this to occur.

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Opioid Treatment Program (OTP) Training , Supervision, Workloads	Policy: 62	
Approved by: Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/19

I. POLICY:

- A. BAC is dedicated to the delivery of behavioral health care in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing, clients and community needs.
- B. The BAC is designed to provide long term methadone maintenance treatment and provides only medical decrease or increase at the advice of the medical director. The program presently advocates a harm reduction philosophy when treating opioid dependent persons. Harm reduction is based on the premise that addiction is a disease with high potential for relapse that can be best dealt with by providing integrated counseling and medical services in order to intervene in the relapse process. This philosophy further espouses that the program should use all means necessary to keep people in the program, respecting the right and mainstring the dignity of the persons served, and supporting the recovery and stabilization of the individual is an important part to this philosophy. To be able to put the client and their families back together again. To give the client a meaningful life and for the client to be able to interact with community and hold a job.
- C. The program provides methadone maintenance, with concurrent treatment in the areas of outpatient, counseling, team meeting, and referrals to other community-based programs if BAC cannot meet the needs of the person served. Then BAC also coordinates the care of dually, diagnosed persons with mental providers. The program provides groups that are issue and gender specific, with individual counseling according to an individual need. Closely aligned with this are ongoing weekly team meetings with input from the Medical Director as needed, and close alliances with a local hospital. BAC continues to develop services to meet the needs of the population served.
- D. A multi disciplinary staff consisting of medical, and clinical personnel provides services to the persons served. There are regular team meetings, which include at least two or more medial personnel, and clinical staff and/or Medical Director when needed. Persons served take an active role, should the staffing involve issues pertinent to them. There are also regular

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clinical and multilateral meetings in which difficult clients are discussed and methods are developed that help the staff engage a client in the treatment process. Clients are invited to these meetings as appropriate. Behavioral Health Professionals are licensed by the State Board of Nursing and Behavioral Health Technicians are supervised by a BHP and/or certified counselor. Clinical and medical staff interact on a daily basis to ensure the best treatment for the client.

III. PROCEDURES:

- A. BAC will enforce a bi-annual measurement objective for all clients from client outcomes measure surveys that will be completed quarterly.

IV. GOALS:

- A. The primary goal of BAC is that persons served will achieve improved overall functioning as the result of treatment as indicated by:
 1. Reduction or elimination of abuse of licit and illicit drugs as soon as the client feels he/she is ready to move on to the next phase of their life or by maintaining negative urinalysis.
 2. Reduction or elimination of criminal behaviors as indicated by not being arrested.
 3. Reduction or elimination of risk behaviors related to the spread of infectious disease resulting in improved physical health by maintaining disease free.
 4. Reduction or elimination of personal projection of clinical values on clients.

V. OBJECTIVE:

- A. Measured by the feed back of persons served.

Personnel will receive ongoing in-service training about:

- A. The concept of addiction as a disease;
- B. Establishing a working alliance with individuals receiving treatment;
- C. The goals of opioid treatment in regard to other drug use;
- D. The latest information, theories, and techniques in identification, diagnosis, and treatment of alcohol and other drug problems in including the harm reduction model.
- E. Intervention that demonstrate respect for cultural values, personal goals, lifestyle choices, and complete family interactions.
- F. Other training as deemed necessary by BAC and its accreditation affiliate COA.

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Ongoing in-service training for personnel also addresses:

- A. Relapse prevention;
- B. Recognition of co-occurring health and mental health conditions and integrated services available to meet them;
- C. Management of drug overdose
- E. Criminal justice issues, as appropriate;
- F. The benefits and limitations of test that screen for drug use; and
- G. HIV/AIDS symptoms, risk, reduction, and infection control guidelines, testing, and counseling techniques and skills, as appropriate.

A. Office of Behavioral Health Licensure requirements for Orientation and Training;
New Staff Orientation: A New Staff member completes orientation before providing Behavioral Health Services;

- 1. Reviewing Client Rights
- 2. Reviewing Agency Policy and Procedures necessary for the performance of the staff member's duties;
- 3. The staff member's Job Description;
- 4. BAC's Evacuation Path; and
- 5. Procedures for responding to a fire, a disaster, a medical emergency, and a client experiencing a crisis situation;
- 6. Informing the staff member of the requirement to IMMEDIATELY report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the Office Manager and Clinical Director; and
- 8. Identifying the location of client records and how client records and information are protected; and

B. Documentation of a Staff member Orientation to include the following:

- 1. Staff member's name, signature, and professional credential or job title,
- 2. Date Orientation was completed
- 3. The subject or topics covered in the Orientation,
- 4. The Duration of the orientation,
- 5. The name, signature, and professional credential or job title of the individual providing the orientation.

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- C. Description of the training that a Behavioral health Professional, Behavioral Health technician, or Behavioral Health Paraprofessional needs to complete:
1. Maintain current skills and knowledge;
 2. Obtain or enhance skills and knowledge in the behavioral health services the agency is authorized to provide; and
 3. Meet the unique needs of the client population served by BAC is authorized to provide
 4. Meets the unique needs of the client populations served by BAC, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;

D. Training:

All staff members during first 12 months of employment or contract service receives training in the following:

1. Protect Client Rights
2. Provide treatment promotes dignity, independence, individuality, strengths, privacy, and choice;
3. Recognize obvious symptoms of mental disorder, personality disorder or substance abuse;
4. Provide the behavioral health services that the agency is authorized to provide and that the staff member is qualified to provide;
5. Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individual who have a substance abuse problem, individuals who are seriously mentally ill, or individual who have co-occurring disorders;
6. Protect and maintain the confidentiality of client records and/or computer records and information;
7. Recognize and respect Cultural differences;
8. Recognize, prevent, and respond to a situation in which a client;
 - a. May be danger to self or danger to others,
 - b. Behaves in an aggressive or destructive manner,
 - c. May be experiencing a crisis Situation, or
 - d. May be experiencing a medical emergency,
9. Read and implement a client's treatment plan
10. Assist a client in accessing community services and resources;
11. Record and document client information

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12. Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a Client.
 13. Identify types of medication commonly prescribed for mental disorders, personality disorder, and substance abuse and the common side effects and adverse reaction of the medications.
 14. Recognize and respond to a fire, disaster, hazard and medical emergency; and
 15. Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure; and
- E. Verification - that staff member who does not have 6 weeks of behavioral health work experience receives the following:
1. 6 weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician or a behavioral health paraprofessional who has at least six months of continuous onsite direction.
 2. Has the skill and knowledge required
 - a. Protect Client Rights
 - b. Provide treatment promotes dignity, independence, individuality, strengths, privacy, and choice;
 - c. Recognize obvious symptoms of mental disorder, personality disorder or substance abuse;
 - d. Provide the behavioral health services that the agency is authorised to provide and that the staff member is quailed to provide;
 - e. Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individual who have a substance abuse problem, individuals who are seriously mentally ill, or individual who have co-occurring disorders;
 - f. Protect and maintain the confidentiality of client records and/or computer records and information;
 - g. Recognize and respect Cultural differences;
 - h. Recognize, prevent, and respond to a situation in which a client;
 - a. May be danger to self or danger to others,
 - b. Behaves in an aggressive or destructive manner,
 - c. May be experiencing a crisis Situation, or
 - d. May be experiencing a medical emergency,
 - I. Read and implement a client's treatment plan
 - j. Assist a client in accessing community services and resources;

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- k. Record and document client information
 - l. Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a Client,
 - m. Identify types of medication commonly prescribed for mental disorders, personality disorder, and substance abuse and the common side effects and adverse reaction of the medications,
 - n. Recognize and respond to a fire, disaster, hazard and medical emergency; and;
 - o. Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure, and;
 - p. Staff member has the skills and knowledge required after 6 weeks of continuous onsite direction.
- F. Ensures that each staff member, Except Behavioral Health Professional who is required in section D, by state law to complete continuing education to maintain the Behavioral Health Professional's occupational license or certificate, completes the following;
- 1. At least 48 hours of training during the first 12 months of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, after the staff member's starting date of employment or contracted service, which may include time spent in Orientation and in acquiring the skills and knowledge required; and
 - 2. At least 24 hours of training every 12 months of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, after the staff member's first 12 months of employment or contract service to include the following;
 - a. Protect Client Rights
 - b. Provide treatment promotes dignity, independence, individuality, strengths, privacy, and choice;
 - c. Recognize obvious symptoms of mental disorder, personality disorder or substance abuse;
 - d. Provide the behavioral health services that the agency is authorised to provide and that the staff member is quailed to provide;
 - e. Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individual who have a substance abuse problem, individuals who are seriously mentally ill, or individual who have co-occurring

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- disorders;
- f. Protect and maintain the confidentiality of client records and/or computer records and information;
- g. Recognize and respect Cultural differences;

- h. Recognize, prevent, and respond to a situation in which a client;
 - a. May be danger to self or danger to others,
 - b. Behaves in an aggressive or destructive manner,
 - c. May be experiencing a crisis Situation, or
 - d. May be experiencing a medical emergency,
- i. Read and implement a client's treatment plan
- j. Assist a client in accessing community services and resources;
- k. Record and document client information
- l. Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a Client,
- m. Identify types of medication commonly prescribed for mental disorders, personality disorder, and substance abuse and the common side effects and adverse reaction of the medications,
- n. Recognize and respond to a fire, disaster, hazard and medical emergency; and;
- o. Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure, and;
- p. Staff member has the skills and knowledge required after 6 weeks of continuous onsite direction.

G. Supervision shall ensure that: R9-20-205

- 1. Clinical supervision addresses the treatment needs of all clients, includes clients who receive treatment from the agency for a short period of time, such as 14 days or less;
- 2. A behavioral health technician or a behavioral health paraprofessional who worked full time receives 4 hours of clinical supervision in a calendar month;
- 3. A behavioral health technician or a behavioral health

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paraprofessional who works part time receives at least one hour of clinical supervision for every 40 hours worked, and;

4. Clinical Supervision occurs on an individual or group basis and may include clinical supervision in response to an incident, and emergency safety response,
5. Reviewing and discussing client behavioral health issues, behavioral health services, or records;

6. Recognizing and meeting the unique treatment needs of clients served by the agency, substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
7. Reviewing and discussing other topics that enhance the skills and knowledge of staff members; and
8. For behavioral health technician providing a client with an assessment or treatment plan, determining whether an assessment or treatment plan is complete and accurate and meets the clients treatment needs.

H. Documentation of Training; to ensure that 4 hours of clinical supervision for a behavioral health technician and behavioral health paraprofessional is documented at least once a month, include,

1. Date of clinical supervision,
2. The name, signature, and professional credential or job title of the staff member receiving clinical supervision,
3. The signature and professional credential or job title of the individual providing clinical supervision and the date signed,
4. The duration of the clinical supervision,
5. A description of the topic or topics addressed in clinical supervision
6. Whether clinical supervision occurred on a group or individual basis, and
7. Identification or recommendation of additional training that may enhance the staff member's skills

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and knowledge.

- I. Direct Service of Personnel workloads and training, support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following:
1. Qualifications - licensed registered nurses, licensed practical nurse, licensed substance abuse counselor or a person willing to become a behavioral health paraprofessional.
 2. Competencies - to be given by random testing with in-service training
 3. Experiences - gained from in-service training and/or prior work experience
 4. Supervision needed for the non experienced worker before interacting with clients
 5. Work and time needed to accomplish assigned tasks and job responsibilities; staff member is given 30 days to complete case load.

 6. Service volume - staff employee assigned case load of eighty clients with the options to refer to outpatient services that matches client needs when necessary. All employees are required to do team work in order to maintain the best interest for clients harm reduction.
 7. Accounting for assessed level of needs of new and current clients and referrals; all clients are to be given an intake assessment in order to understand their level of need.

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Subject: Performance Quality Improvement to include: Medication Admin, Risk Mgt, Satisfaction Survey, Sentinel Events, Communication	Policy: 60	
Approved by: Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/16

1. STATEMENT OF PURPOSE

The purpose of the Performance Quality Improvement Plan to guide and describe the organization's responsibilities, the methods used to measure and improve the quality of care and services, the methods used to identify problems, and the methods used to identify opportunities to improve care and services in order to increase the probability of desired outcomes and satisfaction to the individuals severed.

2. AUTHORITY

- a. Performance Quality Improvement activities conducted at BAC Clinic. Accreditation Coordinator and the owners have the overall responsibility for PQI.

3. POLICY:

- c. Is to ensure the provision of the highest quality care by helping each employee to improve the processes in which he or she is involved in the delivery of services to individuals with opioid dependent illness. This is accomplished through systematic and objective process of measurement of important processes and the identification of opportunities to improve services and the quality of care.

4. SCOPE

- d. **Performance Quality Improvement** activities include all departments and services at BAC Clinic through participation in multi disciplinary teams as identified by leadership. Areas identified for improvement emanate from individual and aggregate assessment and the monitoring of facility wide functions and the goals and objectives set by the leadership, which are consistent with the mission BAC Clinic. BAC staff will be involved with the PQI process.
- e. **Any planning for new or changing services provided** by BAC clinic is consistent not only with its mission and vision but also with the changing of the health care delivery system. Planning for new, changing or improvised services, therefore, goes beyond the facility or /and includes the needs and expectations of clients and staff of BAC clinic. Performances of proposed or planned processes which exist in other organizations within BAC facilities are used, where it has been appropriately and, the availability to compare Performance Quality Improvement.

5. Individual and Aggregate Assessment

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- e. **Medication Administration Reviews:** Medication administration reviews on an on going basis. Staffing occurs with the Medical Director, a nurse, and clinical director where medication errors and adverse drug reactions are reviewed and discussed. The facility formulary is reviewed annually or as needed to include drugs recently approved for use.
 - b. **Risk Management:** Incident Reports are reviewed at the program level. Client care incidents and complaints are filed which document the occurrence of a medico legal death, dangerous, illegal or inhumane incidences or conditions and are reviewed and by the Clinical Director or their designee. Individual and aggregate dates related to those reports are presented to the treatment team at weekly staffing as needed.
 - c. **Satisfaction Surveys:** a client satisfaction survey is completed quarterly to assess patients' attitude about the services provided to them at BAC clinic. The survey is designed to glean information about clinical care, including interactions with clinical disciplines, as well as nutritional care and the physical environment. Also, surveys will be completed to elicit views from staff, families, significant others and guardians on an as needed basis.
 - d. **Sentinel Events:** the following sentinel events are reviewed each time they occur at BAC clinic: client death within 14 days of discharge; completed suicide attempts adverse drug reaction requiring emergency medical treatment and medication errors requiring emergency medical treatment. A staff meeting is formed at the direction of the Medical Director and / or Clinical Director or their designee.
6. **Facility Wide Functions:**
Infection Control: BAC will appoint an Infection control committee which will assume the responsibility of the following: Due to the small size of the methadone maintenance facility, there is not enough personal to complete the facility wide function.
- f. Quality Control
 - g. Quality Management
 - h. Staff Development
 - i. Infection Control Officer
- Committees will consist of Clinical Director or their designee and all BAC nurses to use team work to that all staff will be Responsible for:
- a. Proper hand washing
 - b. Proper clean up of Bodily Fluids.
- Use of: Germicidal Solution:
- a. Proper amount of solution

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7. PQI/EDUCATIONAL TRAINING

Clinical Director, Accreditation Specialist and a Nurse or their designee, will develop mandatory annual training to include:

Educational:

- a. Infection Control
- b. Education
- c. Hand washing
- d. Bodily Fluids

PQI:

- a. Responsibilities
- b. Outcomes
- c. drug screening
- d. Census
- e. Satisfaction

8. UTILIZATION MANAGEMENT:

- a. Behavioral Awareness Center, Inc. is an outpatient facility and is supported solely by clients who desire to refrain from illicit substances.
- b. Criteria for admission remains constant.
- c. Length of a stay, is each client, own choice.
- d. Discharge planning is on a case by case basis and is reviewed by the Training Coordinator and/or Clinical Director or their designee.

9. PROGRAM IMPLEMENTATION

- i. BAC Clinic continuously seeks opportunities to improve care and service it provided in order to increase the probability of desired outcomes and satisfaction to the clients' that it serves. To achieve this end, BAC Clinic cultivated and nurtures the attitude of the PQI Committee in all of its processes and every decision that are made. Monthly PQI Committee meetings are held during staffing to ensure all staff are available to be involved. Qualities defined as either meeting or exceeding expectations of all those that it serves. Consequently, BAC Clinic will design or modify its operational procedures when possible in order to constantly make improvements and to prevent errors. Accreditation Specialist and Management's role in the Performance Quality Improvement process is not only to adopt standards for quality consistent with Methadone Maintenance Program's mission, goals and values, but also to support employees by participation in team staffing and eliminating barriers to efficiency and performance. BAC Clinic will dedicate the resources when possible to make the commitment to performance quality improvement by monitoring the progress of the treatment team when appropriate, acting on recommendations by the PQI and Accreditation Specialist when possible.

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10. **PHILOSOPHICAL FRAMEWORK**

- a. The philosophical framework for performance improvement at BAC Clinic is based upon its definition of meeting or exceeding the expectations of those it serves. This is based upon technical, functional, or professional standards and the perception of its clients. Clients' in turn, are defined as employees, family, regulators and the community at large. Errors are regarded as contrary to performance and relate to problems with structure or process. Performance improvement must center on the reduction of errors through an attitude that no level of error is will be acceptable. Management functions effectively, by anticipating errors, taking steps to avoid them and when errors do occur, identifying root causes to eliminate and prevent recurrences.
- b. Quality Performance can be measured and measurement is required to improve. Quality Performance at BAC Clinic is measured by the development of indicators utilizing some or all of the following three (3) components:
 1. **Efficacy:** the degree to which the care for the clients' results in the desired outcomes.
 2. **Efficiency:** the relationship between outcomes and the resources used to deliver client care.
 3. **Client Satisfaction:** provide clients an atmosphere of dignity and respect as measured by the feedback of those served.

To take action for improvement, systematic process must exist for defining opportunity for quality improvement, identifying the customer and expectations, determining action, improving the outcome, implementing the action and measuring the effect of the action taken. Finally, for performance quality improvement to achieve its potential, all employees must feel a sense of teamwork, ownership responsibility, pride and involvement.

11. **PROCESS**

11. Ideas for Performance Quality Improvement are generated by assessment activities, or facility or management and employees which are communicated either through the counseling office or organizational structure to Accreditation Specialist, Training Coordinator, Clinical Director or their designee. Suggestions for projects will be reviewed to be consistent with BAC'S mission, values and goals and will be selected based upon the following criteria.
 - l. High impact on patient/family satisfaction
 - m. High impact on a direct care provider
 - n. High impact on employee satisfaction
 - o. Doable/high likelihood of success
 - p. High institutional visibility
 - q. Likelihood of long-term benefit/impact

No teams can be formed due to the small nature of the organization.

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13. **MONITORING AND EVALUATION**

- a. Communication with the front office and the dosing room will occur with the Clinical Director and/or Administrative Assistant on a monthly basis or as deemed necessary. Ongoing monitoring of front office and dosing room. Clinical Director , Office Coordinator, Accreditation Specialist or their designee will be responsible for proposing any additional activity.
- b. To annually assess the PQI program's usefulness.

14. **COMMUNICATION**

- a. Accreditation Specialist, Training Coordinator and/or Clinical Director or their designee, regularly updates staff during weekly treatment team review updates of activity, any recommendations for future improvement. With distribution of final written or verbal report. Training Coordinator, Office Coordinator and/or Clinical Director, Accreditation Specialist or their designee will update staff members at regular treatment team review Accreditation Specialist will on a monthly basis hold a meeting with all staff for PQI training.
- b. Foreign Language: BAC employs multi-national employees that will meet the needs of Hispanic clients that might be in need of an interpreter.
- c. Communication between hearing, deaf, hard-of-hearing and speech-impaired person is available 24 hours a day is listed below:
 - 1. Relay - 711- Web Site - www.azrelay.org - speech problem
 - 2. TTY - 800-367-8939
 - 3. Voice - 888-842-4681
 - 4. Ascii - 888-842-3372
 - 5. VCO - 800-842-9818
 - 6. Spanish/TTY - 800-842-2088
 - 7. Speech to Speech Voice - 866-259-1768
 - 8. Customer Service TTY800-347-1695
 - 9. Web Site for foreign language translation <http://translante.google.com/>

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15. Strategic Plan:

- a. **BAC Clinic** employs a consistent method for systematic improvement of its processes and functions. Their process improvement methodology merges design, measurement, assessment improvement and design/redesign. The cycle for improving performance is continuous and improvement work, can and actually does begin at any point in the cycle the following are the essential steps in the process:
- b. **Strategic Direction:** Establishing goals are essential to a successful methadone maintenance facility. Goals, which are needed, need to be relevant and valuable, to be met by activities and precessing place are to be effectively and efficiently pursued. The development of the organization's goals and the design of the activities to pursue those goals must be consistent with the organizations' mission/vision. Specific objectives identified from the organization's goals must be consistent with clients' needs and expectations and based upon knowledge about activities, information about performance and consider the availability of resources. An objective must be a clear statement of a function or process, which is at the proper level of abstraction, and must be expressed in terms of measurement.
- c. **PQI (Measurement):** there are three types of measurement, which form the basis for process improvement: ongoing, intensive and measurement to determine improvement. The priority around which measurement is established includes the following important functions: both client care and organizational, high volume, high risk and problem-prone functions or processes, and functions or process that are of special concern to clients, staff or organization. An indicator is the objective measurement of a process or function and is either aggregate or a sentinel event and measures a process or an outcome.
- d. **Assessment:** the purpose of assessment is to compare performance, determine causes, set priorities and determine the effect of an action. Priorities, which are established, are based on comparison to an important reference point, either internal or external. There are multiple methods and techniques for assessment. The primary methods are comparison with historical performance or external databases, learning about a process and uncovering root causes. Common techniques are not utilized here at BAC due to the small nature of the methadone maintenance facility.
- e. **Improvement:** The goal of improvement is continuous and it focuses upon the identified dimensions of performance resulting form the assessment process. Improvement must be measurable and sustained and result in an improved outcome. The methods of improvement include the systematic process of a plan, do, standardize and act and involve both qualitative and quantitative tools. Due to the small nature of the organization there is no need to include suppliers and clients or staff in an education framework.

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- f. **Redesign/Strategic Direction:** once the process is complete, the cycle of improvement continues with BAC of new or modified objectives based upon the improved function or process.
- g. Report findings to the Clinical Director or their designee Accreditation Specialist

16. PRIORITY SETTING

Consistent with the mission of the BAC Clinic, annual goals and objective are established. These goals along with the results of ongoing measurement provide the basis for prioritizing improvement activities.

ATTACHMENT:
FOUR (4) 07/09/03

- A.- How to Analyze and Measure the Current Process
- B. - Yearly Performance Improvement / Quality Improvement Work Plan
- C. - Yearly Performance Improvement / Quality Improvement work Plan
- D. - Performance Improvement Summary

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Attachment A.

HOW TO ANALYZE AND MEASURE THE CURRENT PROCESS

Step One: analyze and Determine the Current Process to be Measures: Define how you know the current process needs improvement or control.

Step Two: define Objective(s) Population, Goal(s), Date sources, Responsible party and reporting interval: note - a process flow diagram will assist you in determining where the process needs improvement.

Performance Measure Elements:	Operational Definition
Aspect of Care/Service or Process:	Measurable: E.g., Number of number of closed client records with a discharge summary within 30 days
Population:	Specific Group of individual or items, and the perimeter of the group. E.g., all clients receiving Methadone Liquid, Diskets, and/or Methadone tablets at BAC between the January 1, through December 31 of each year.
Objective:	The specific reason for measuring the aspect of care/service or the processes. E.g., to determine patterns and trends in medication errors. Measurement from January 1, through December 31.
Goal:	Specific number(s) or percentages expected. If a baseline has not been determined, the initial goal would be to develop a baseline. E.g., to determine patterns or trends for clients that do not stay at BAC.
Data Source:	Location from which the data will be gathered. E.g., Complaint forms, a medication error record, consumer advisory, etc.
Responsible Party:	Title of Person (usually is the person responsible for the area or process: Clinical Director and/or Business Director
Reporting Interval	Annually

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Attachment A part - 2

Step three - Establish the Improvement:

1. Design the Improvement: Based on your measurement of the indicator describe the improvement to be made. Describe how you came up with this improvement (e.g., flow chart analyses, data from indicator measurement.)
2. Implement the Improvement: Determine if you will test the improvement or implement it system wide without testing it - justify the decision
3. Measure the Improvement: state the indicator(s) used to determine if the objectives were achieved and/or if the process was implemented as designed.
4. Analyze the Results: understanding why variation occurs is the key. Do root cause analysis. Ask why five times until you get to the root cause, not just the first level of cause.
5. Implement or Improve; Again
6. Continuously Monitor until it's as good as you can get.

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Attachment B

Year _____ Performance Improvement / Quality Improvement Work Plan

Aspect of Care/Service	Indicator	Population	Objective	Goal	Data Source	Responsible Party	Date Due
Management of Information	Number of closed Client Records with completed discharge summaries within 30 days of discharge	all closed client records' form the past year and clients discharged more than 30 days of discharge	ensure all closed client records have a completed discharges summary withing 30 days of discharge	Baseline _____%; Increase by _____% over the next year	closed Client records		Annual
Care	Adverse Incidents	All clients receiving methadone through the center.	To determine patterns & trends in adverse incidents' & specifically medication errors	To prevent adverse incidents	Adverse incident & mediation errors log		Annual
Right Responsibilities & Ethics	Number of some client formal grievances documented	all external complaints	Determine pattern & trends in the number of verbal & written complaints	Establish baseline	Documented verbal and written complaints		Monthly ongoing
Care	Number and type of medication errors	All clients receiving Methadone	to determine pattern and trend's especially medication errors	To prevent medication errors	Medication error log		
Rights, Responsibilities & Ethics	Number of External formal grievances documented	All external Formal Grievances	Ensure Client complaint process	Zero grievance's	Documented external formal grievances		Ongoing

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Attachment C

Year _____ performance Quality Improvement / Quality Improvement Work Plan

Continuation:

Aspect of Care/ Service	Indicator	Population	Objective	Goal	Data Source	Responsible Party	Reporting Interval
Governance Authority	Aware of major programs and services	Input from Person Served	To obtain confidential input for Program Information	100%	Survey		Annually
Management of Environment of Care	Number of clients reporting satisfaction with the physical environment	All client completing the clients' satisfaction survey & answering this questions	To create an environment fostering client respect and positive self image	> % Of Response Indicate Satisfaction _____% response	Client Satisfaction Survey		Annually
Assessment	Number of clients indicating satisfaction with their ability to access their counselor	all clients completing the client satisfaction survey & answering their question	To gather further information re: client complaints Re; Access to counseling services	> % Of Response Indicate Satisfaction _____% or response	Client Satisfaction Survey	Cannot use client name only Number.	
Care	Percentage of Treatment Plans completed 2 within 30 days of 1 st f./u	Random sample of all clients in treatment at least 30 days	Assure timely implementation of treatment planning	Establish baseline	Client Record		ongoing

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PERFORMANCE IMPROVEMENT SUMMARY:

Attachment D

1. Problem: Outcomes
 - A. Client satisfaction - Surveys, efficiency and number of positive uranalysis for each quarter, efficiencies with census.
 - B. Efficiency - Number of positive Urinalysis for each quarter
 - C. Effectiveness - Client census.
2. Current Situation: Who/What/When/Where/How
Our outcomes management program has been implemented. See number one for specific measurements from past year.
3. Dimensions of Performance: Improving client satisfaction measuring relapse rate, increasing number of clients serviced.
4. Cause Analysis: Being compliance focused versus improvement focuses. Preparing for COA has re-directed our attention.
5. Outcomes/Solutions:
Client satisfaction, efficiency, effectiveness
6. Results: See annual outcomes summary
7. Future Plans to monitor improvement and maintain gains:
8. Participants in Improvement Efforts:
Clinical Director, Accreditation Specialist, Governance Authority, clients, families of clients, community, staff, counselor, nurses and stakeholders.
9. Time Frame: Ongoing

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Subject: Input from Person Served	Policy: 58	
Approved by: Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/19

I. STATEMENT OF PURPOSE

To develop BAC policies and procedures pertaining to the ongoing gathering of input from persons served for use in program development and improvement as needed.

II. POLICIES

To gather input from a person served at various time and to analyze this information, summarized and is used for performance improvement which results from the data collected are distributed to staff, persons served and the Medical Director as needed.

III. PROCEDURES

- A. Clients who participate in BAC services provide input on an ongoing basis during all phases of treatment from the intake to discharge planning. Some clients input regarding their progress in gathered at treatment plan review, medical staff meeting, and through ongoing contact with their primary counselor. The Management Authority/Governance Authority evaluates this information and discusses it with the program staff, to assess needed improvements.
- B. BAC requests that clients fill out anonymous satisfaction surveys. Questions that seek information about their entire experience at BAC, including access to services, opinions about their therapist, nurses and the facility. Suggestions and comments are also solicited that will help improve the program and services provided by the organization.
- C. Frequent direct communication occurs with referral sources. This enables the organization to informally solicit feedback regarding each individual referral.
- D. BAC will ask different clients to be on their consumers' advisory committee when possible, who meet with the Clinical Director, Office Manager and Accreditation Specialist or their designee on a quarterly basis to suggest improvements and suggestions.

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Subject: Involvement of Family and or Significant Other	Policy #:41	
Approved By : Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/16

- I. POLICY:
To help family and significant others to participate in groups or individual counseling to try and help the families and significant others to understand addiction.

- II. PROCEDURES:
On initial intake client will be encouraged to have significant others or family members join them in counseling. Be cautious if the client does not want this type of counseling then do not push this therapy upon them. Sometimes this can do more harm than good if the client is not ready.
 - A. All counseling will be documented in clients progress note to include all appropriate boxes, month, date and year. Appropriate signatures if counselor is to be supervised by the Clinical Director and/or appointed designee.

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Subject: Drug Free Treatment Program	Policy #:40	
Approved By : Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/16

- I. POLICY:
A Counseling Program will be offered to Adults who desire to live in a drug free environment.

- II. PROCEDURES:
Treatment of Drug Free Services will include:
 - A. Referral to proper agency if BAC'S counselor's feel it is necessary.
 - B. Education on drugs with counseling and accomplishment of objectives as outlined in treatment program.
 - C. Appropriate education, on mixing of alcohol and substance abuse.
 - D. During treatment the following results are expected:
 - 1. To continue to be employed
 - 2. To continue with counseling if needed.
 - 3. To cease use of all illegal drug substance, alcohol, and gambling.

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Subject: Drug Education and Counseling	Policy #: 39	
Approved By : Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/19

I. POLICY:

Drug education and counseling will be provided by BAC and fully explained in the language that the client will be able to understand. All AHCCCS clients are required to attend Group Counseling once a month.

II. PROCEDURES:

Nurses, BHP, BHT and/or counselors will provide training services for drug education and counseling.

- A. BAC will offer groups, individual, and family counseling when deemed necessary.
- B. BAC will explain all interactions of heroin, illicit drugs with the use of methadone and other prescribed medications.
- C. BAC would like client(s) to be seen once a week for counseling and twice a week for groups and no less than twice a month by either as a walk in or by appointment and once a month by state regulation if client is willing to be counseled. Client does have the option to refuse counseling and refuse treatment plans. Clients are under no obligation to attend.
- D. Clients are required to have a once a month contact that is mandatory from AHCCCS.

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Support Service and Referral	Policy #: 38	
Approved By : Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/19

- I. POLICY:
To have Nurses, BHP, BHT and/or counselors that are able to recognize the extra needs of a client and to recommend referrals to the appropriate facility.
- II. PROCEDURES:
Primary Nurse, BHP, BHT and/or counselors will recognize during treatment plans the needs of clients who will need extra support. Primary Nurse, BHP, BHT and/or counselor will document such finding in clients progress notes. If unable to give treatment, Nurse, BHP, BHT and/or counselor will refer a client to the appropriate facility. All referrals are generated by computer printout through our software from Towers.
- A. All referrals for supportive services are computer generated and will be documented in clients progress notes to include the following to be given to the client:
1. Education
 2. Food box's program
 3. Vocational rehabilitation if applicable.
 4. Welfare
 5. Aid for Dependent Children
 6. Food stamps
 7. Offer to help with finding job service
 8. Refer to a medical practitioner for medical care.
 9. Job information
 10. Social Security Information to include SSI.
 11. HIV Education/Treatment/Counseling
 12. Referral to appropriate facility
 13. Pain management
 14. Women's issues
 15. Other issues deemed necessary for the clients well being.

Summary: All referrals are initiated through our computer system in accordance to our code of ethics which is based on our core values of Behavioral Awareness Center, Inc. See Policy 73

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Administration of Methadone, Tablets, Diskets, & Buprenorphine (Suboxone)	Policy #: 31	
Approved By : Office of Behavioral Health	Effective: 06/10/97	Revised: 07/12/16

I. STATEMENT OF PURPOSE:

Administering a prescribed order from a Physician or medical practitioner.

II. POLICY:

BAC will only administer Methadone/Diskets and or Suboxone as prescribed by medical practitioner or their designee.

III. PROCEDURES:

The nurse at BAC will be responsible for the administering of methadone, Tablets, Diskets or Suboxone as prescribed by the medical practitioner or their designee. All nurses need to ask a clients name and clinic number, amount of dose they receive, before dispensing Methadone, Tablets, Diskets and/or Suboxone.

At No time will a dose be given without first checking the record to see what the client is authorized to consume and that it is the right client.

Remember the “ Right Route, Right Patient, Right Dose, Right Time, Right Day”!

1. At No time will a medication be changed to a different medication without the doctor written authorization. e.g. changing a clients dose form liquid methadone to Tablets, Diskets or liquid methadone to methadone tablets and /or to Diskets or Suboxone.
2. Nurses are to be sure the Triage is complete doctors orders and urinalysis are complete and the routing slip and intake is completed before methadone, Tablets, Diskets or Suboxone can be dispensed.

A. Administration of Methadone, Tablets, Diskets and/or Suboxone.

1. If a client appears under the influence of drugs or alcohol, it is the responsibility of the nurse to do an assessment, vital signs, urinalysis and notify the Medical Director or their designee as to these signs and symptoms and /or to withhold the dose of methadone, Tablets, Diskets and/or Suboxone if he/she feels that it appears to be unsafe or dangerous to medicate the client the prescribed dose until the Medical Director, Medical Practitioner or their designee is notified and gives a

BEHAVIORAL AWARENESS CENTER: POLICIES AND PROCEDURES
MANUAL

verbal order concerning the client. The client will be put on the list for staffing. The nurse must document this decision in the clients progress notes and follow up with a treatment plan. Notify the Office Manager, Clinical Director, CEO and the Executive Assistant. The medical director, medical practitioner or their designee needs to counter sign this decision or verbal order that was given. The nurse must document this decision in the clients progress notes.

- A. New clients must pay the receptions and the receptionist will be sure the urine is added in the computer for the first year of dosing. New clients on Oxycontin will be told they need to pay for their uranalysis testing until the first three urinalysis are negative and the first privilege is granted.
- B. A urine sample will be given, which is done through Triage and have completed a physical and Nurse, BHT, BHP and/or counseling assessment before receiving any medication.
- C. If a client is unable to come to BAC for dosing due to illness or injury it is left up to the medical director or their designee and dosing nurse if she wants to medicate the client at another site other than BAC. All doses are paid up front before dosing. Delivery fees are \$10.00 per day or \$70.00 per week extra above and beyond the weekly fee for dosing. Methadone may only be delivered by licensed medical personnel and a Medication Accountable Card that is signed by the client and nurse. All clients must have a written statement or a verbal order from a certified medical facility or from the clients doctor to receive home dosing from BAC or be up to the discretion of Medical Director or their designee.
- D. Approval of after hours dosing can only be done in extreme emergency and can be initiated only after the client in question has been staffed. *At no time will a nurse go to a clients home alone.*
- E. Each dose of Methadone, Tablets, Diskets and/or Suboxone is recorded in the computer. If we have computer failure then the dose is administered and recorded by hand using a Medication Accountability Card. The dose amount is entered by hand into the computer at the end shift as requested by the Drug Enforcement Agency posted in a notebook. Safe requires a Bi-Annual of inventory for DEA. All medications are inventoried on a daily basis and recorded on appropriate forms provided with approved DEA initials for accountability and placed in the appropriate book for the Dosing Room Nurse Training Supervisor.
- F. At the end of a shift the dosing nurse will be sure that all the bottles of Methadone, Tablets Diskets and/or Suboxone and the individual dispensing

*BEHAVIORAL AWARENESS CENTER: POLICIES AND PROCEDURES
MANUAL*

record are correct with the computer. All accountability of narcotics will be initialed and counted by two people at all times. All discrepancies must be noted and initialed by the nurse dispensing and another person either a nurse and/or a front office person that has been approved by the DEA . All discrepancies will be corrected and a written log for accountability or other documentation to track Methadone, Tablets, Diskets, and/or Suboxone **before leaving shift.**

- G. Any type of discrepancies will be communicated to the following; Office Manager, Dosing Room Nurse Training Supervisor, Executive Assistant, Clinical Director and/or CEO.

- H. Failure to communicate any type of error will show poor judgement on the dosing nurse and failure to report could relate to diversion of narcotics.

BEHAVIORAL AWARENESS CENTER, INC.
POLICIES AND PROCEDURES MANUAL

Subject: Client and/or Community Grievance Procedure	Policy #: 15	
Approved by: Office of Behavioral Health	Effective: 06/10/97	Revised: 04/18/19

Definition:

A written or verbal complaint by a client and/or community for a disagreement that between clients, community and staff.

Policy:

Client and the community have a right to have access for submitting grievance, comments, and suggestions.. BAC enforces an “No Reprisal System” for reporting or filing. BAC has an open door policy.

Procedure:

- 1.) Step One - Within fourteen days of incident. The meeting will occur between the client and/or community with a counselor. It will be an informal presentation of the grievance with the counselor with a decision to be made by the client and/or community to submit grievance or not submit a grievance. If the decision to submit a grievance is reached by the client and/or the community he or she will be given the form for Step Two, and will be instructed to fill out a client and/or community portion with or without the counselors help. Preferably this is to be completed during this meeting. If not, a grievance is submitted. The counselor is expected to note the complaint and the meeting in the client or community file under Miscellaneous.

- 2.) Step Two - Within five days of Step One meeting. A formal grievance hearing needs to be held with the CEO, Clinic Director and/or Counselor Supervisor, client and/or a community member when possible. The client, counselor or community member needs to sign that it was either sustained, settled, or withdrawn, If sustained, then proceed to the next step.

- 3.) Step Three - within ten days the client and/or community member will request in writing, a hearing with a grievance committee which will include the Medical Director, if appropriate; the Director and/or the Clinical Director. The committee may decide to include other staff members they deem appropriate. The grievance committee may redefine its procedure as it deemed appropriate give the specific nature of the grievance. The committee will provide a written response to the client and/or community member within five days.

- 4.) A client and/or community member will always retain the right to appeal a grievance action to the State Department of Health.

BEHAVIORAL AWARENESS CENTER: POLICIES AND PROCEDURES MANUAL

Grievance

Procedure:

5. BAC grievance policies and procedures will be explained to the client and/or community member upon intake into BAC. Parent, guardian, or designated representative at the time of admission. A community member when possible will be informed at the time of complaint. Understanding of the grievance policies and procedures will be verified by: the dated signature of the community member, client, parent or guardian, or designated representative.
6. The addresses and telephone numbers of agencies needed for a grievance are as follows:
 - A. Arizona Department of Health Services
Bureau of Medical Facilities Licensing
Phoenix, Az. 85007-3242
1-602-364-3030/3031
 - B. Division of Health and Child Care Review Services
150 N. 18th Ave., Suite 410
Phoenix, Az. 85020
1-602-364-3030/3031
 - C. Departments of Health Services
150 N. 18th Ave., Suite 410
Phoenix, Az. 85020
1-602-364-2539
7. A form for the grievance procedure will be included in client files and an available copy will be provided upon request. This form, will be signed by the client to acknowledge his or her awareness of the grievance processes that is available.
8. A form will always be available for a community member upon request from the receptionist or clinical director
9. Any clients or the community who files a grievance will not be discriminated against.

Grievance Summary - Step Two

Grievance Summary - Step Two

Client # _____

1. Grievance name _____

2. Today's date _____

3. Facility _____

Address _____

City _____

State _____

Zip _____

4. Date of incident _____

5. Was the grievance timely? Yes or No Was grievance filed within 14 days Yes or No

6. Was counselor present Yes or No Name of counselor present _____

7. Issue of complaint or alleged violation

8. Remedy requested

Please do not write below this line

9. Counselor comments

BEHAVIORAL AWARENESS CENTER: POLICIES AND PROCEDURES MANUAL

Grievance Summary - Step Two

Grievance Summary - Step Two

Client # _____

Procedure:

10. Date of Step 2 meeting is _____

11. Position of Director/Owner

12. Decision of the Client is _____ sustained _____ settled _____ withdrawn

Signature or Client _____ Date _____

Signature of Counselor _____ Date _____

Behavioral Awareness Center, Inc.

Requirements for Earned Take Home Medication
And/Or
Suspension of Take Home Medication

1. A client will not be eligible for earned take home privileges until completion of timed earned by the months established in treatment. A physician may, based on clinical judgement, suggest, deny or rescind take home privileges of the client after the client has been brought to formal staffing and if the physician and staffing agree.
 - A. Daily - Clients will come to the clinic and daily dosing for (6) days a week for a period of no less than three months and have 2 clean urinalysis for Week-Ends
 - B. Tri-Weekly - Following a period of not less than (6) months of continuous treatment, the client must have (3) clean urinalyses and receive no more than a 4- day take-home supply of medication; Tri-Weekly
 - C. Weekly - After nine months (9) of continuous treatment, and three (3) clean urinalyses, a client will receive no more than a 6 - day supply of medication; Weekly
 - D. 14 Days - After one (1) year of continuous treatment, and (3) clean urinalyses, a client may receive, no more than a (13) day supply of medication; Bi-Weekly
 - E. Monthly - After two (2) years of continuous treatment, and three (3) clean urinalyses, a client may receive, not more than a 27-day supply of medication; Monthly
 - F. Past time for phase change; Any client regardless of time in MMTP must go through the steps to achieve qualified take home privileges. E.g., a client, with one year on the program, and with no privileges, but now request (6) packs. The client must first obtain weekend status. From there they will need to drop a clean urinalysis every thirty (30) days, to obtain tri-weekly, drop again in another 30 days to obtain bi-weekly, and then drop another clean urinalysis in 30 days to be eligible for (6) packs.
2. Rules to Follow:
 - A. Clean uranalysis
 - B. Clinic attendance
 - C. Stable home & environment
 - D. Maintain employment
 - E. Maintain Good Social Relationships
 - F. Good Relationships, students, housewife, disable,
 - G Able to confirm safe keeping of Take home medications
 - H Be free of illicit drugs and alcohol
 - I. Be free of criminal activity
 - J. Be able to return take out bottles when asked
3. Reason for Suspension of Take Home Medication
 - A. Multiple absences for clinic
 - B. Proof of Selling, Buying methadone. Loss of Methadone/Suboxone will fall under diversion
 - C. Failure not to obtain a police report
 - D. Breaking rules and regulations of Clinic
 - E. Failure to keep payments current
 - F. Failure to return take out bottles when asked

Take home privileges, are earned by the client for the following program rules and regulations. It is the responsibility of the client to follow these rules in order to maintain these privileges. A physician may suggest removing totally or partially remove any take home privileges for not following the above rules, all suggestions by the physician will be brought to staffing.

Client # _____ Client Signature: _____ Date: _____

BHT/Nurse Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0226236 ZB0226236	07-31-2020	\$244.00
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3	MAINT & DETOX	06-03-2019
BEHAVIORAL AWARENESS CENTER INC. 2002 W ANKLAM RD TUCSON, AZ 85745 2148		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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COUNCIL ON ACCREDITATION

Attests That

**Behavioral Awareness Center, Inc.
Tucson, AZ**

Is

ACCREDITED

Achieving the Highest Standards of Professional Practice for the Services It Provides

Accredited Through

4/30/2020

























UNIVERSITY OF ARIZONA
CENTER FOR HEALTH SYSTEMS
1601 S. HAYDEN AVENUE, SUITE 100
TUCSON, ARIZONA 85724
520.626.4000

UNIVERSITY OF ARIZONA
CENTER FOR HEALTH SYSTEMS







OPIOID TREATMENT PROGRAM CERTIFICATION

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Rockville, MD 20857

OTP NUMBER

AZ-10068-M

EXPIRATION DATE

4/30/2020

Behavioral Awareness Center, Inc.
2002 WEST ANKLAM RD
Tucson, AZ 85745

This certificate is issued under authority of 42 CFR § 8.11 (21 U.S.C. 823(g)(1))



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Kimberly A. Johnson, Ph.D.
Director,
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration

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Performance and Quality Improvement

A Guide for Stakeholders

2002 W. Anklam Road
Tucson, Arizona 85745
(520) 629-6921
www.bacmethadone.com

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Philosophy of Performance and Quality Improvement (PQI)

BAC is a nationally
accredited, private,
for-profit organization

BAC's, A Family Service
Alliance is committed to
exceptional client services and
a continuous process of quality
improvement in the
effectiveness and efficiency
of our agency.

these people that we seek
feedback and advice in order
to create reasonable and
meaningful plans, both short-
term and long-term, which ad-
vance our ability to provide
quality services to members
of our community.

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

*BAC'S Mission: Instill
hope, change lives,
brighten futures by
providing life
changing services to
underserved
populations.*

BAC'S is diligent in
promoting a culture of
change. We are an agency
that values service quality
and seeks out ways to
improve the services provided
to the community.

It is not an easy process to
bring all the key players to the
table, plan, and implement
change. BAC'S President/CEO
and Board of Directors promote
a culture that strives for
excellence. With the
implementation of an
organizational PQI framework
and involvement of
stakeholders on all levels, we
are successful in continuous
improvement.

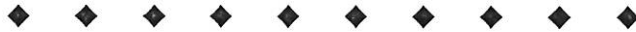
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BAC has 12
employees.

For BAC to reach its full
potential, it takes the
combined efforts of many
people. We depend on our
Board of Directors, our staff,
volunteers, partners and the
community-at-large. It is only
by this collaborative approach
that we achieve strong per-
formance, positive goals and
continual improvement.

We collect data and feedback
in each program, both
anecdotal and outcome
measurement; to assess
performance and
improvement. It is this data
that shows the effectiveness
and efficiency of our services,
and where improvements need
to be made.

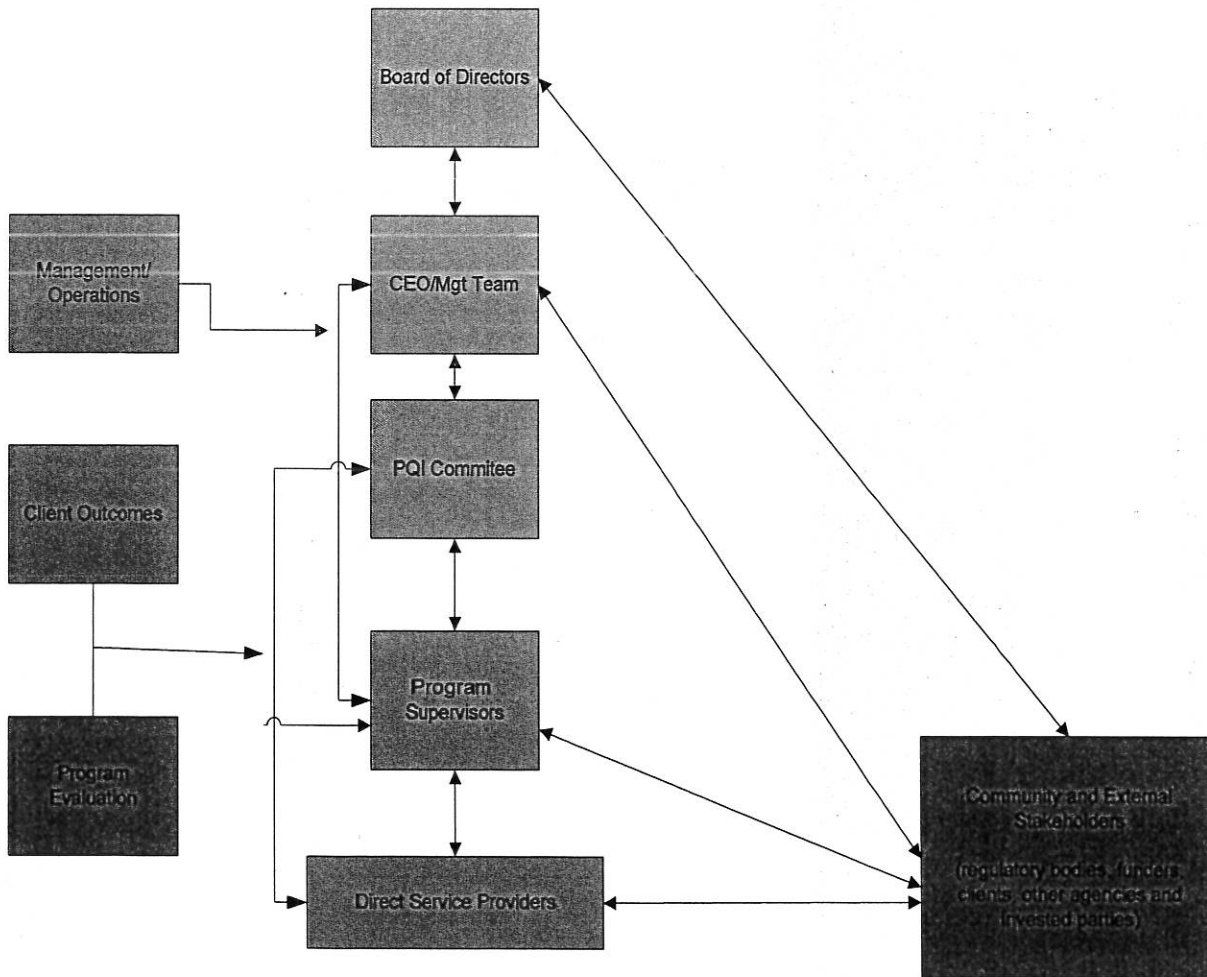
To improve services, these
Stakeholders must be keenly
involved in our improvement
process. It is from



Responsibility of PQI

It is the responsibility of each staff person at BAC to ensure quality performance and improvement. The agency has a Accreditation Specialist, who is responsible for coordination of all quality improvement efforts. Our PQI Committee is chaired by the Accreditation Specialist and BAC employees and consists of program Medical Director, Clinical Director, Retired Nurse Practitioner, Managers, Supervisors, Training Coordinator, Nurses and Behavioral Health Techs. It is their responsibility to ensure that performance results drive change, lead to indicators of good service, required thresholds. Data is recorded quarterly enhanced service, and contribute to positive out-comes. The PQI committee, and/or annually. Each program has corrective action plans are implemented.

BAC'S PQI Organization and Flow





PQI activities promote excellence and are an integral part of our continuous effort to provide quality services.

Stakeholder feedback could result in effective changes in services offered and delivery of services.

Data collected in the PQI process allows us to identify areas of needed improvement, implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes.

Stakeholder Participation

Clients and Their Families

Individuals and families served by Horizons are involved in our quality improvement process in many ways. Primarily, all clients are asked to complete Client Satisfaction Surveys. These surveys are designed with our clients in mind and in a format that encourages providing feedback, both positive and negative, in efforts to help Horizons make changes to make our services more accessible, efficient, respectful, and timely. Clients in many programs complete exit interviews, to assess why services were halted. In addition, clients have the opportunity at any time to convey their concerns, either in a written format, or orally to their provider, program director, or CEO. Client issues, grievances, and feedback are taken seriously and are key in the positive changes that we make to improve organizational excellence.

Board of Directors

BAC'S Governing body is a broad representation of the community, bringing valuable insight and guidance to the general workings of BAC. The Governing Board is kept informed of all major challenges and successes of the agency and provides guidance as a whole, and through smaller committees to help process information, and make decisions whenever information becomes available.

Regulatory Bodies and Funding Streams

BAC depends on the insight and suggestion from outside entities that regulate the services we provide and the delivery of those services. We rely on these outside organizations, as they can typically determine "best practice" in the field and provide guidance on needed changes when the supply feedback.



What Do We Measure

Goals

BAC plans for the future. This planning is done by setting short term and long term goals. Our CEO/President, with the support and input of the senior managers and Board, creates long-term goals for the agency. This is not a document that sits on a shelf, but a “working” document that has changes made to it as needed. The short term goals are the building blocks of the long-term goals.

Accreditation Specialist

The agency and Governing Board reviews the general functioning of the agency on a annual and on a as needed basis. This includes financial viability, system efficiency, effectiveness of risk prevention measures, staff retention and job satisfaction. BAC establishes review of essential management and service delivery, timeframes for monitoring and reporting, and supports implementation of changes resulting from review of the accumulated data.

Service Delivery/Outcomes Measure

The collection of service data focuses on key factors including: Accessibility of services, availability of staff and resources, efficiency, continuity of care between providers or services, safety of staff and clients, timeliness and respectfulness of client need, diversity, or circumstance. BAC reviews program results and develops key outcomes and outputs, both qualitative and quantitative indicators and creates measurement tools and instruments that allow appropriate collection of specific data along with the Accreditation Specialist.

Feedback to Stakeholders

Feedback to Stakeholders comes in many formats. Various reports to funding streams provide feedback on outcomes, needs of clients, notable changes, etc.

When client satisfaction surveys are completed, the results are compiled and made available to clients. Information is also available conveying the changes that were made as a result of the information gathered.

Data is provided to all interested parties, upon request. From time to time, additional documents are provided to our Board, staff, clients, and the community to convey important information about BAC and the changes made as a result of quality initiatives.



Corrective Action

The value of the PQI process at Horizons, rests with what measures have been taken from the feedback, reviews, reports, monitoring, suggestions and mandates. BAC is dedicated to building on our strengths and recognizing our areas of weakness. We embrace challenges and view them as opportunities for improvement. We strive to promote solutions and establishes "best practice," while always monitoring the need for further change-knowing that with change, comes great possibility.

We welcome, and encourage all stakeholder feedback.
Please contact us by mail at:

Behavioral Awareness Center, inc.
2002 W. Anklam Road
Tucson, AZ. 8574
Ph: (520) 629-9126
Fax: (520) 629-9282

On the Web at: www.bacmethadone.com
By email at: brackie@bacmethadone.com

Behavioral Awareness Center, Inc.

AFM/Consumer/Stakeholder Advisory

1st 2nd 3rd 4th

Date: _____

Meeting Called to Order at _____ By: _____

one or Two Issues for this meeting:

- Solicit Input - Client Input
- Area for Community Resources
Newspaper Articles and/or Significant use of Social Media past 2 yrs
- Access Services
- Identify community Resources
- Resolve Community Concerns
- Documentation of Participation in Community Advocacy Efforts
- Scheduled/Plans to hear Community Views for Opioid Treatment

1. Issues(s) _____

2. Discussion: _____

3. Action: _____

4. Decision(s) _____

Agenda of Item(s) for Next Meeting: _____

Time of Meeting Adjourned: _____ Approved Not Approved

See staffing Attached sheet and/or Attendees

Attendees: _____

Apache Junction AZ 85120
480-983-2034

Tucson House:
843 w Thurber
Tucson AZ 85701
520-293-4919

Alternative house:
gbtq
749 w 2nd st
Mesa AZ 85201
480-833-1579



OFFERING RECOVERY TO LGBTQ ADDICTS AND ALCOHOLICS

Helping recovering addicts and alcoholics rebuild their lives

90 day recovery program includes:

Morning Meditation
Peer Support
Big Book Study
Relapse Prevention Class
Spiritual Guidance
Nightly *Open* Fellowship
AA "Sip of Life" Monday 6³⁰-7³⁰pm
NA "Smoke This" Sunday 8-9pm
CA "Get in Line" Friday 6³⁰-7³⁰pm
CMA "Kicking Tina" Wednesday 8-9pm

We offer a safe, secure and respectful environment to take back your life

749 W. 2nd St.
Mesa, Az 85201
480-307-1836
tlcpride2@gmail.com

Corporate Office
Phone Intakes
480-833-0143
Fax 480-269-9426

TLC Treatment Center
32 S. Macdonald
Mesa, Az 85210
480-969-1471

We offer a wide range of services in a fully licensed mental health and substance abuse facility.

The following are just some of our treatment center services, as well as some of our ancillary services:

- Gender Specific Trauma Counseling
- Relapse Prevention Planning
- Anger Management
- Mindfulness Meditation
- Art Therapy and more...

Start your journey today!
480-584-2870

located in the heart of Mesa
clinic open Mon-Fri 9am-7pm

What To Expect...

INDIVIDUALIZED CARE
As a client you will always have our staff at your disposal. Our staff to client ratio is one of the best ratios when it pertains to treatment.

SHORT OR LONG TERM CARE
30 Days, 60 Days, 90 Days, 6 Months.
We will design your treatment plan to coordinate with your length of stay.
We offer you the ability to focus on your treatment and outside recovery support for as long as you need it.

CONTINUED SUPPORT
We offer you the ability to further your education and/or seek employment while you transition through treatment so that you can test and utilize coping skills and tools learned in treatment.

At Total Life Change Treatment Center we offer evidenced based practices with several models of treatment to best suit your individualized care.

We offer five phases of treatment that have been proven to be fully effective in getting you back to your normal routine after treatment.

2 attachments

brochure (1).docx
20K

Newspaper ad (1).docx
17K

<i>La Frontera Center (Methadone) (Ahcccs - availability)</i>	884-8470
Las Familias	327-7122
<i>Marana Health Center</i>	682-4111
Our Family Services (Formerly Our Town Family Center)	323-1706
<i>Pantano</i>	623-9833
Providence	745-5988
<i>Tu Nidito Children and Family (Grief Counseling)</i>	322-9155
Intermountain Centers for Human Development	721-1887

Domestic Violence Assistance

<i>AVA</i>	795-4880
Azriona Coalitition Against Domestic Violence	602-279-2900
<i>Brewster Center</i>	746-7273
Casa Amparo (Se hubla espanol)	746-1501
<i>Our Family Services</i>	323-1706
Southern Arizona Center Against Sexual Assault	327-1171
<i>Tucson Center for Women & Children</i>	795-8001
Turning Points Therapy (by appt. only)	822-8540
<i>Wingspan Domestic Violence Project (GLBT)</i>	624-0348

Elderly Assistance

<i>Adult Protective Services</i>	881-4066
Handi-Dogs	326-3412
<i>Interfaith Community Services</i>	297-6049
Pima County Counsel on Aging	790-7262
<i>Pima Health Systems</i>	512-5500
Salvation Army	622-5411
<i>Senior Meal & Food Program</i>	798-3839

Emergency Food, Meals, Food Banks & Shelter

Casa Maria Free Kitchen	624-0312
<i>Community Food Bank</i>	622-0525
Dept. of Education Child Nutrition Program	1-800-352-4558
<i>Food Distribution Programs on Indian Reservations</i>	1-602-248-0071
Food Stamps	1-800-352-8401
<i>Gospel Rescue Mission</i>	622-3495
Primavera (help with food & shelter)	622-8900
<i>Salvation Hospitality House</i>	622-5411

Vocational Rehab

Vocational Rehab	628-6810
<i>Az. Dept. of Voc. Rehab. for the Disabled</i>	790-0787
Job Services (Eastside), unemployment benefits, job counseling	584-8226
<i>Job Services (Northwest), unemployment benefits, job counseling</i>	293-1919
<i>Job Corps</i>	

Other Agencies

Adult children of Alcoholics	323-2229
<i>Al-anon/Alateen</i>	323-2229
Alcoholics Anonymous	624-4183
<i>BAC Relapse Prevention Group</i>	629-9126
Cocaine Anonymous	326-2211
<i>Codependents Anonymous</i>	882-5705
Debetors' Anonymous	327-3108
Emotions Anonymous	881-4817
<i>Gamblers Anonymous</i>	888-4555
Meth Free Alliance	388-4711
<i>Nar-Anon Family Groups (Free, families & friends of addicts)</i>	272-4684
Narcotics anonymous	881-8381

<i>Non-Smokers, Inc.</i>			290-9050
Overeaters' Anonymous			620-9055
<i>Parents Anonymous</i>			319-1040
Parents and Friends of Gays			575-8660
<i>Rational Recovery</i>			294-4587
Sex Addicts Anonymous			529-5222
<i>Southern Arizona Mental Health</i>	1-800-796-6762	or	622-6000
Spanish Intergroup			573-1337
<i>Veterans Admin-Benefit info & Claims</i>			1-800-827-1000
Veterans Admin-Healthcare Information			792-1450

Methodone clinics

Community Medical/Olive Branch (CMS)	298-1650
<i>Center for Behavioral Health (CBH)</i>	624-0250
Codac (Ahcccs - availability)	202-1960
<i>Cope (Ahcccs - availability)</i>	879-6680
Etano Center	325-3323
<i>La frontera Center Inc. (Ahcccs availability)</i>	884-8470
New Hope Center	297-3329

Alcohol Treatment

Sierra Tucson
39580 S. Lago Del Oro Pkwy.
Tucson, Az. 85739
Ask for intake dept. / Call 24/7

520-624-4000
1-800-842-4487

Cottonwood de Tucson
4110 W. Sweetwater Dr.
Tucson, Az. 85745
Ask for admissions dept. / Call 24/7

520-743-0411

AA Hotline
840 S. Campbell Ave.
Tucson, Az.
Call 24/7

520-624-4183

Compass Healthcare
2502 N. Dodge Blvd.
Tucson, Az. 85716
Call 24/7

520-624-5272
1-800-796-6762

Sonora Behavioral Health Hospital
6050 N. Corona Rd.
Tucson, Az. 85704
Ask for admissions dept. / Call 24/7

520-469-8700
1-800-349-0083

Referrals

6/2015

Assurance HW: (520) 333-4320
Pasadera - Continental (CSP): (520) 628-4000:
CPSA Member Services: (520) 318-6946 or 1-800-771-9889
Pasadera (formerly SAMHC): 8am-5pm (520) 617-0043
Detox Desert Hope (formerly Compass): (520) 624-5272
Salvation Army Hospitality House-Shelter: (520) 622-5411.
Gospel Rescue Mission: (520) 740-1501:
Primavera Men's Shelter: (520) 623-4300:
Bethany House (women): (520) 1501 x7101:
Our Family Services (women/children): (520) 323-1708.
Divorce Recovery (rl'ship endings): (520) 495-0704:
Greyhound Family Shelter: (520) 882-5383:
DES Medical Assistance: (520) 791-2732 ext# 0:
El Rio Health Center(primary care health): (520) 624-7750:
St. Elizabeth of Hungary (healthcare): (520) 628-7871:
Eye Screenings: (520) 694-1471:
Pima County Health Dept. (TB Testing): (520) 243-8450:
Pima County Health Dept(HIV/STD): (520) 791-7676:
Southern AZ AIDS Foundation (SAAF): (520) 628-7223:
Southern AZ Health Village (PCP): (520) 240-6299:
UA Mobile Health Program: (520) 626-0293 or (520) 349-1624:
VA Homeless Program: (520) 629-1839:
SACASA (rape and sexual abuse): (520) 327-1171:
Project Action for Veterans: (520) 882-7462:
Social Security Administration: 1-800-772-1213:
Southern AZ Legal Aide: (520) 623-9461:
Southside Presbyterian Church (Showers): (520) 623-6857:
Child Protective Services: 1-888-767-2445:
Adult Protective Services: 1-877-SOS-ADULT:
Information and Referral: 1-800-352-3792:
DES Food Stamps: 1-800-352-8401:
Interfaith Community Services (ID): (520) 297-6049:
Alcoholics Anonymous: (520) 624-4183:
Narcotics Anonymous: (520) 881-8381:
AI-Anon Family Groups: (520) 323-2229:
Pima County Public Library (Jobs): (520) 791-4010:
Primavera Works (Jobs): (520) 882-9668:
Fred G. Acosta Job Corps (Age 16-24): 1-800-523-0746:
Kino Service Center (Jobs): (520) 243-6700:
Old Pueblo Community Svcs (offender): (520) 546-0122.
National Alliance on Mental Illness (NAMI): (520) 622-5582:
Arizona Housing and Prevention Svcs: (520) 498-4613:
A New Hope (homeless): (520) 207-2595:
Community Food Bank: (520) 622-0525:
Caridad Comm. Kitchen (meals): (520) 882-5641:
Catholic Social SVS: (520) 623-4555:
Jewish Family and Children's SVS. :
Pima Council on Aging (Helpline): (520) 790-7262:
Pima County One Stop (jobs): (520) 724-7650:
Women's Wellness Program: (520) 545-2322:
Depression and Bipolar Support Alliance: (520) 477-9179:
Elder Shelter Project: (520) 339-2801.
Church on the Street (Homeless Shelter): (520) 312-0967.
Tucson Area Indian Health Services: (520) 295-2405:
Smart Recovery (Support Line): (520) 838-3975
Sober Project: (520) 404-6237:
EMERGE! (DV): 1-888-428-0101:
Other:

Camel Back Women's
Housing

9 bed capacity

125 W Ocotillo Vista

Tucson AZ 85704

Gwen 928 420 0135



Ross Croydon <rcroydonbac@gmail.com>

Primavera Foundation

1 message

Brandon Davis <bdavis@primavera.org>
To: "rcroydonbac@gmail.com" <rcroydonbac@gmail.com>

Tue, Apr 9, 2019 at 1:20 PM

Good afternoon, this is Brandon Davis, I spoke with you this morning about some of the programs that we have here at the Primavera Foundation.

Rental Assistance:

We have a few different programs that can help with rental assistance.

Program A. The main program we have has a few main restrictions.

1. The client must be current on their rent, they cannot owe for a previous month. The grant does not cover late fees or admin fees.
2. They must have a minor in the house.
3. They should be able to provide proof of income, or ability to remain stable, along with a reason for needing the assistance such as unexpected bills, roommate moves out.
4. Everyone in the house needs SS card, and Birth Certificate along with documentation showing income for the last 30 days.
5. They cannot have received rental assistance in the last 365 days from ANY agency in Tucson. This rental assistance program is funded through a city wide grant and only allows assistance 1 time in a calendar year.

There are additional requirements that a case worker can go over with the client. They need to come down to the drop in center at 702 S. 6th Ave, or you can email me their information. To start off I need the number of people in the house, the amount of income for the house, the rent, and their Social security numbers. The lady who runs this program needs to run their SS number to make sure they have not received previous assistance before she will make an appointment. Once she knows they are eligible she will give them a call, schedule an appointment and let them know what to bring. **THEY MUST HAVE A MINOR IN THE HOME**, Everybody in the home will need to provide ID documents including Birth Certificates and SS cards, ID's for people over 18.

Rental assistance program B.

This one is new, there are 3 pages of qualifying questions. This is only one month of assistance (up to 1000.00). They will need to provide a reason for the emergency assistance, and show they will be able to maintain the rent for the proceeding 3 moths. Proof of income, employment is important on this grant.

Program C.

This is a homeless prevention grant, they must have a 5 day notice of eviction. They will need to come down and complete a Prevention SPDAT, which takes about 15 to 20 minutes. Typically they will need to have some additional barriers beyond just financial problems, such as mental health or addiction problems.

The prevention program is part of coordinated intake, it is similar to Rapid Re Housing if you are familiar with that program. The program comes with supportive services.

Once the Prevention SPDAT is completed it will go into a database, agencies who are working with prevention funds refer to the database for new clients. Clients if they are selected for a prevention program will be contacted within 3 days. Few people get selected for the prevention program but for those who do get selected it is a good program.

They do need to come down to my office and complete the Prevention SPDAT, if they cannot make it during our drop in hours they can email me and we can set up an appointment.

Utility Assistance.

Electric, or Electric and Gas assistance. They need to come down to the drop in center during hours and get on a list to see a case worker. At this time the case worker makes sure that they qualify, and then an appointment is made in the future to come in and complete the paperwork. She is able to make appointments with other agencies who partner with the same assistance grants.

Gas assistance.

I have a grant that can pay up to \$ 400 a year for gas assistance, I do need proof of income for the last 30 days (if they do not have income they need to write a note saying as much). I need documents for everyone in the home SS cards and Birth Certificates, for people over 18 I need a photo ID. If they are on Social Security they need to bring their award letter. They also need to bring their most current bill.

If it is slow at the drop in center and they have everything I try to complete the SW gas assistance when they come down, if it is busy or they do not have everything then I schedule an appointment for the future.

We facilitate the VI VF TAY & Prevention SPDAT here at the drop in center, those are all housing programs. ALL of the programs we have require category 1 homelessness. They MUST be in a shelter or on the street, staying with a friend, staying with a stranger, family, in a condemned apartment, in a hotel they paid for with money they bummed on the street is NOT category 1 homelessness and I will not be able to complete a SPDAT assessment.

Just an FYI, we DO NOT have hotel vouchers, the only emergency shelter we have is for men, if they need to go to a men's shelter they can call the shelter directly 623-4300 to check for availability.

Pathways family shelter program, we have a 3 month program for homeless families, since we do not have a physical shelter to put families into it does not provide immediate shelter. This program brings in families with children who are experiencing homelessness, They must have Legal physical custody of a minor. I can get you more information about this program as needed.

I will try to bring in some flyers and additional info, but if you do have people in mind please let me know.

Brandon Davis

702 S 6th Ave

Tucson AZ, 85701

520-623-5111 Ext 121

bdavis@primavera.org



PRIMAVERA FOUNDATION PROVIDES EVICTION PREVENTION ASSISTANCE TO ELIGIBLE HOUSEHOLDS

As a partner organization of the Pima County Community Action Agency, the Primavera Foundation provides eviction prevention assistance through funding from the Arizona Department of Housing to eligible Pima County households. Emergency financial assistance is available to eligible low-income households residing in targeted areas who experience a temporary financial crisis that is likely to result in eviction.

For this program, households must reside in Justice Precincts 6, 8, and 9 within these zip codes:
85705/85706/85701/85704/85710/85711/85712/85713/85714/85716/85719/85741/
85745/85746/85756

The direct link to verify Justice Precinct and Zip Codes by address can be found at:
<https://www.recorder.pima.gov/VoterStats/PrecinctDistrictSearch>

Households must meet income requirements of 60% or less of the Area Median Income.

Household Size	1	2	3	4	5	6	7	8+
Annual Income Limit	26,880	30,720	34,560	38,340	41,460	44,520	47,580	50,640

To qualify, households must present the required verification including:

- Photo ID
- Proof of citizenship or legal resident status
- Social Security Card
- 5 Day Notice
- Current Lease
- Proof of income (past 30 days)
- Evidence of financial crisis that led to eviction action
- Ability to demonstrate sustainability for 90 days

Services are provided through Primavera at:

Homeless Intervention and Prevention Program (HIP)

702 S. 6th Ave, Tucson, AZ, 85701 (17th St and 6th Ave on the #18 bus route)

Come during HIP hours 9:00 am- 12:30 pm M, W, Th, F
or call Kim Merritt at 623-5111 ext 106 for a screening

Referrals from the community are welcome!





Ross Croydon <rcroydonbac@gmail.com>

Chamber Meeting

2 messages

Ross Croydon <rcroydonbac@gmail.com>
To: lydia@tucsonhispanicchamber.org

Tue, Jan 15, 2019 at 7:12 PM

Hi Lydia,

It was wonderful to meet you today. What time and where is your chamber meeting tomorrow? I would like to attend provided I can clear my schedule in the morning.

If I can not make it I look forward to working with you in the future.

Best Regards,

Ross Croydon CAD1, QMHA
Behavioral Awareness Center
2002 West Anklam Road
Tucson, Arizona 85745
520 629-9126

Lydia Aranda <lydia@tucsonhispanicchamber.org>
To: Ross Croydon <rcroydonbac@gmail.com>

Tue, Jan 15, 2019 at 7:35 PM

Hi Ross, thanks! It was great meeting you too!

Tomorrow's THCC Health Committee meeting will be held from **9a-10a** at the Caremore offices — 315 W. Irvington Rd. #101 Tucson, AZ 85706 —

Among other networking opportunities, there will be a guest speaker:

Christina Bickelmann, MLA

Communication & Events Director and NAMIWalks Manager.

I hope you can make it, even if for only part... but no worries if you cannot. There will be other opportunities.

Lydia

[Quoted text hidden]

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Lydia A. Aranda, M.A.
President & CEO

Tucson Hispanic Chamber & Affiliates in Douglas, Ambos Nogales, Sierra Vista

(direct) 520-800-6655

(e) Lydia@TucsonHispanicChamber.org



Together AZ

Resources & Helplines

If you or a loved one are facing a crisis, we encourage you call a helpline for professional guidance. Every moment counts.

TOGETHER AZ	602-684-1136	Therapists/Interventionists	480-705-5007	Alcoholics Anonymous	602-264-1341
Acceptance Recovery Ctr	844-302-0440	Dr. Marlo Archer	480-705-5007	Al-Anon	602-249-1257
ACT Counseling	602-569-4328	Dr. Janice Blair	602-460-5464	Adult Children of Alcoholics	aca-arizona.org
Arizona Addiction	602-737-1619	Carey Davidson	928-308-0831	Arizona Addiction	602-737-1619
AZ Center for Change	602-253-8488	Dr. Dina Evan	602-997-1200	Bipolar Wellness	602-274-0068
AZ Dept. of Health	602-364-2086	Dr. Dan Glick	480-614-5622	Child Abuse Hotline - Support & Information	800-422-4453
Arizona Addiction Recovery	888-512-1705	Bobbe McGinley	602-569-4328	Cocaine Anonymous	602-279-3838
AZ Div. Problem Gambling	800-NEXTSTEP	Julian Pickens, EdD, LISAC	480-491-1554	Co-Anon	602-697-9550
Aurora Behavioral Health	877-870-7012	Stewart Counseling Services	602-316-3197	CoDA	602-277-7991
AzRHA	602-421-8066	Legal Services		COSA	480-385-8454
Building Blocks	602-626-8112	Dwane Cates	480-905-3117	Crisis Help Line - For Any Kind of Crisis	800-233-4357
Calvary Healing Center	866-76-SOBER	Real Estate		Crisis Text Line	Text HOME to 741741
CBI, Inc.	480-831-7566	Scott Troyanos	602-376-6086	Crystal Meth Anonymous	602-235-0955
CBI, Inc. Access to Care	877-931-9142			Debtors Anonymous	(800) 421-2383
Chandler Valley Hope	480-899-3335	TUCSON		Domestic Violence	800-799-SAFE
Choices Network	602-222-9444	ACA	aca-arizona.org	Families Anonymous	602-647-5800
Continuum Recovery Ctr.	877-893-896	Alcoholics Anonymous	520-624-4183	Gamblers Anonymous	602-266-9784
Cohn Media	877-640-6529	Al-Anon	520-323-2229	Grief Recovery	800-334-7606
Cottonwood Tucson	800-877-4520	Anger Management	520-887-7079	Heroin Anonymous	602-870-3665
Crisis Response Network	602-222-9444	Behavioral Awareness Center	520 629 9126	Marijuana Anonymous	800-766-6779
The Crossroads	602-279-2585	Center For Life Skills Development		NDMDA Depression Hotline - Support Group	800-826-3632
First Step	866-832-6398	Co-Anon Family Groups	520-229-6220	Narcotics Anonymous/Phoenix	480-897-4636
Fit FOUR Recovery	480) 828-7867	Cocaine Anonymous	520-513-5028	Narcotics Anonymous/Casa Grande	520-476-0121
Gifts Anon	480-483-6006	Cottonwood Tucson	800-877-4520		
Governor's Office of Youth, Faith & Family		Crisis Intervention			

BUSINESS

Fighting addiction from every angle

JEFF GARDNER
Tucson Local Media

Receiving a single paycheck may not seem that big of a deal to many, but for some of the clients at Behavioral Awareness Center, it can be their biggest victory in a decade. The founders of BAC, an addiction recovery center, understand the importance of these small, positive steps, and that is why they seek to make them happen with every person they treat.

Carlene and Brackie Sekavec founded BAC in 1997 after experiencing frustration with the way other clinics were run, particularly with turning clients away, or not taking every possible step to help addicts. Now, after being married for five decades and in business for two, the Sekavecs have helped thousands with their unique system of comprehensive treatment.

"I previously worked at another clinic, but I wanted to do it right," Carlene said. "One of the things I say is 'don't look down when you come in'. You should be proud of your recovery."



Jeff Gardner

BAC, while an addiction recovery center and methadone clinic at its core, does far more than administer pharmaceuticals. The owners believe in fighting addiction from every angle, and this means helping patients in whatever ways works for them.

"Every client is different based on their needs and story," said Ross Croydon, an addiction counselor. "That's why we're always making individualized plans. It's complete care, from every possible point of view."

BAC also aids by connecting clients to housing, employment, counseling and insurance. Part of their holistic "complete treatment" model also involves group activities, such as attending events together and developing a peer support network.

"We don't dictate any outside groups, but we rec-

ommend them," Croydon said. "Clients love when they have that option."

According to Carlene, every client is equal when they come in, regardless of whether they're a doctor or unemployed. This is also their reasoning for accepting walk-ins, or even simply talking with someone in need.

"We see people from all walks of life," she said. "We treat everyone, no matter what their background is, or any other problems they have."

This ethos also includes helping patients get off of opioids even if they have other addictions or personal problems. To Carlene, this also means not kicking someone out even if they fail a drug test. She says it's far more important to understand why they relapsed and failed that drug test, and to get them on the correct path again.

"One of the best parts of the job is when a client comes in and says 'I'm doing great,'" Croydon said. "Their whole demeanor changes, their eyes light up. It truly is about the little things."

For Croydon, addiction recovery is more than just



Behavioral Awareness Center was founded to provide an experience unlike other recovery clinics.

employment. He joined the addiction treatment industry after losing multiple friends to opiate addictions.

"I came out of retirement to do this," he said. "My work wasn't done. I wanted to give back, so I got my degree and have been in love with it ever since."

Even with keeping on the bright side, addiction recovery can prove a difficult industry. Particularly for BAC in securing funding from

AZ Complete Care via the Arizona Health Care Cost Containment System. But this does not stop BAC from making plans to eventually expand their current location at 2002 W. Anklam Rd.

"My goal is for everyone who knocks on that door to get help, and to treat them like the human beings they are," Croydon said. "We're really proud of our work here."

For more information, visit bacmethadone.com

CALENDAR

THURSDAY, MAY 2

• **The Rotary Club of Oro Valley** meets. Details: 7 a.m.; Oro Valley Hospital, 1551 E. Tangerine Road; orovalleyrotary.org or gdcocxon@gmail.com.

• **The Marana Chamber of Commerce** holds Lunch & Learn: Job Wellness & Ergonomic Solutions. Details: 10:30 a.m.-12:30 p.m.; Wheeler Taft Abbott Library, 7800 N. Schisler Drive; \$22, \$18 members (includes lunch); 682-4314.

• **The Rotary Club of SaddleBrooke** meets. Details: 11:30 a.m.; SaddleBrooke Clubhouse, 64485 E. SaddleBrooke Blvd.; \$15; saddlebrookeroary.com.

• **The Rotary Club of Dove Mountain** meets. Details: 5:15 p.m.; Bianchi's Italian Restaurant; 3620 W. Tangerine Road; jthentges@aol.com.

• **The Marana-Foothills Optimist Club** meets. Details: 6:15 p.m.; Coco's Restaurant, 7250 N. Oracle Road; info@marana-foothillsoptimistclub.com.

FRIDAY, MAY 3

• **The Greater Oro Valley Chamber of Commerce** holds new member orientation. Details: 9-10 a.m.; El Conquistador Resort, 10000 N. Oracle Road; free but reservations required; 297-2191.

MONDAY, MAY 6

• **The Catalina-Oro Valley Lions Club** meets. Details: 5:30 p.m.; Catalina Elks Lodge, 16045 N. Oracle Road; 401-9554 or Facebook: Catalina-Oro Valley Lions Club.

• **The Marana Host Lions Club** meets. Details: 6 p.m.; IHOP Restaurant, Cerius Stravenue and Cortaro Farms Road; 444-1667.

• **Oro Valley Toastmasters** meets. Details: 6:15 p.m.; Golder Ranch Fire Station, 355 E. Linda Vista Blvd.; toastmasters.org/FBVChart or 314-8008.

TUESDAY, MAY 7

• **The Fountain Flyers Toastmasters** meet. Details: 6:30 a.m.; Coco's Restaurant, 7250 N. Oracle Road; 9055.toastmastersclubs.org.

• **The Rotary Club of Marana** meets. Details: 7 a.m.; Nana's Kitchen, 8225 N. Courtney Page Way; 395-2508 or maranarotary.org.

Country bar Whiskey Roads opening at Ina and La Cholla

CHRISTOPHER BOAN
Tucson Local Media

Northwest Tucson will soon have a country bar to call its own when Whiskey Roads opens Aug. 1.

The restaurant and bar concept for the 8,700 square foot location at 2265 W. Ina Road is the brainchild of Fernando Gomez and the owners of Putney's Sports Bar & Grill.

Gomez said the location

will "combine the entertainment of a nightclub with hearty food and plethora of drink options that casual restaurants around town currently offer. Whiskey Roads will be the first true country-themed bar in the northwest portion of Tucson since New West/Gotham closed in 2001, Gomez said.

"It's going to be a new experience for everybody, because there's nothing like this on the northwest side," he said. "You're going to have lots of entertain-

ment. Hopefully, we'll be able to bring in big names and local bands for sure. But we're going to be very picky about who we bring in."

Gomez compared the musical acts Whiskey Roads will pursue to those currently playing other country bars around town, like The Maverick on East Tanque Verde Road.

Gomez, who's been in the restaurant and bar industry for 23 years, said patrons can expect a solid combination

of fun and affordability from the new concept.

"We're going to have a setup where you can have an affordable lunch, and then you can have an affordable dinner—we're going to have both," he said. "We'll have all the mainstays, from steak to chicken. We needed something like that on the northwest side."

Perhaps the most unique aspect of Whiskey Roads will be the location's 2,000 square foot patio, which will

allow patrons to enjoy fresh air while they eat or drink.

For Gomez, the key will be hitting all the right notes for future patrons, so Whiskey Roads can stand out and bring in a diverse crowd to a part of Tucson they might not have thought of in the past.

"We want to make it the best that we can for everybody," he said. "Right now, we're in the process of the remodel and we want to ensure that everything lives up to people's expectations."

BY-LAWS OF FOR-PROFIT CORPORATION

These By-Laws of Behavioral Awareness Center, Inc. (LLC are made and effective 06/10/19.

1. ORGANIZATION

- A. The name of the organization shall be Behavioral Awareness Center, Inc.
- B. The organization may at its pleasure by a vote of the membership body change its name.

2. PURPOSES

The following are the purposes for which this organization has been organized: Methadone Maintenance

3. MEMBERSHIP

Membership in this organization shall be open to all who stakeholders

4. MEETINGS

- A. The annual membership meeting of this organization shall be held on the 1st of January each and every year except if such day be a legal holiday, then and in that event, the Board of Directors shall fix the day but it shall not be more than two weeks from the date fixed by these By-Laws.
- B. The Secretary shall cause to be mailed to every member in good standing at his address as it appears in the membership roll book in this organization a notice telling the time and place of such annual meeting.
- C. Regular meetings of this organization shall be held 2002 W Anklam Road
- D. The presence of not less than [100%] of the members shall constitute a quorum and shall be necessary to conduct the business of this organization; but a lesser percentage may adjourn the meeting for a period of not more than [52] weeks from the date scheduled by these By-Laws and the secretary shall cause a notice of this scheduled meeting to be sent to all those members who were not present at the meeting originally called. A quorum as herein before set forth shall be required at any adjourned meeting.
- E. Special meetings of this organization may be called by the president when he deems it for the best interest of the organization. Notices of such meeting shall be mailed to all members at their addresses as they appear in the membership roll book at least fourteen days before the scheduled date set for such special meeting. Such notice shall state the reasons that such meeting has been called, the business to be transacted at such meeting and by whom it was called. At the request of 100% of the members of the Board of Directors or [1%] of the members of the organization, the president shall cause a special meeting to be called but such request must be made in writing/verbally at least fourteen days before the requested scheduled date.
- F. No other business but that specified in the notice may be transacted at such special meeting without the unanimous consent of all present at such meeting.

5. VOTING

- A. At all meetings, except for the election of officers and directors, all votes shall be by voice. For election of officers, ballots shall be provided and there shall not appear any place on such ballot that might tend to indicate the person who cast such ballot.
- B. At any regular or special meeting, if a majority so requires, any question may be voted upon in the manner and style provided for election of officers and directors. At all votes by ballot the chairman of such meeting shall, prior to the commencement of balloting, appoint a committee of three who shall act as "Inspectors of Election" and who shall, at the conclusion of such balloting, certify in writing to the chairman the results and the certified copy shall be physically affixed in the minute book to the minutes of that meeting.
- C. No inspector of election shall be a candidate for office or shall be personally interested in the question voted upon.

6. ORDER OF BUSINESS

- 1. Roll Call.
- 2. Reading of the Minutes of the preceding meeting.
- 3. Reports of Committees.
- 4. Reports of Officers.
- 5. Old and Unfinished Business.
- 6. New Business.
- 7. Adjournments.

7. BOARD OF DIRECTORS

- A. The business of this organization shall be managed by a Board of Directors consisting of 2 members, together with the officers of this organization. At least one of the directors elected shall be a resident of the State of Arizona/Pima County] and a citizen of United States
- B. The directors to be chosen for the ensuing year shall be chosen at the annual meeting of this organization in the same manner and style as the officers of this organization for as long as they own the business or their designee.
- C. The Board of Directors shall have the control and management of the affairs and business of this organization. Such Board of Directors shall only act in the name of the organization when it shall be regularly convened by its chairman after due notice to all the directors of such meeting.
- D. 100%of the members of the Board of Directors shall constitute a quorum and the meetings of the Board of Directors shall be held regularly in the month of January.
- E. Each director shall have one vote and such voting may not be done by proxy.
- F. The Board of Directors may make such rules and regulations covering its meetings as it may in its discretion determine necessary.
- G. Vacancies in the Board of Directors shall be filled by a vote of the designee of the remaining members of the Board of Directors for the balance of the year.
- H. The President of the organization by virtue of his office shall be Chairman of the Board of Directors or their designee.

- I. The Board of Directors shall select from one of their members a secretary or from their designee.
- J. The Board of Directors may entertain charges against any director. A director may be represented by their designee. The Board does not need to adopt such rules for this hearing as it may in its discretion consider necessary for the best interests of the organization.

8. OFFICERS

- A. The initial officers of the organization shall be as follows:

CARLENE E SEKAVEC PRESIDENT
PRESIDENT

BRACKIE D SEKAVEC
SECRETARY/TREASURER

- B. The President shall preside at all membership meetings. He shall by virtue of his office be Chairman of the Board of Directors. He shall present at each annual meeting of the organization an annual report of the work of the organization. He shall appoint all committees, temporary or permanent. He shall see all books, reports and certificates required by law are properly kept or filed. He shall be one of the officers who may sign the checks or drafts of the organization. He shall have such powers as may be reasonably construed as belonging to the chief executive of any organization.
- C. The Secretary/Treasurer shall in the event of the absence or inability of the President to exercise his office become acting president of the organization with all the rights, privileges and powers as if he had been the duly elected president.
- D. The Secretary/Treasurer shall keep the minutes and records of the organization in appropriate books. It shall be his duty to file any certificate required by any statute, federal or state. He shall give and serve all notices to members of this organization. He shall be the official custodian of the records and seal. He may be one of the officers required to sign the checks and drafts of the organization. He shall present to the membership at any meetings any communication addressed to him as Secretary of the organization. He shall submit to the Board any communications which shall be addressed to him as Secretary of the organization. He shall attend to all correspondence of the organization and shall exercise all duties incident to the office of Secretary.
- E. The Treasurer shall have the care and custody of all monies belonging to the organization and shall be solely responsible for such monies or securities of the organization. He shall cause to be deposited in a regular business bank or trust company a sum not exceeding [AMOUNT] and the balance of the funds of the organization shall be deposited in a savings bank except that the Board of Directors may cause such funds to be invested in such investments as shall be legal for a non-profit corporation in this state. He must be one of the officers who shall sign checks or drafts of the organization. No special fund may be set aside that shall make it unnecessary for the Treasurer to sign the checks issued upon it. He shall render at stated periods as the Board of Directors shall determine a written account of the finances of the organization and such report shall be physically affixed to the minutes of the Board of Directors of such meeting. He shall exercise all duties incident to the office of Treasurer.
- F. Officers shall by virtue of their office be members of the Board of Directors.
- G. No officer shall for reason of his office be entitled to receive any salary or compensation, but nothing herein shall be construed to prevent an officer or director for receiving any compensation from the organization for duties other than as a director or officer.

9. SALARIES = N/A

The Board of Directors shall hire and fix the compensation of any and all employees which they in their discretion may determine to be necessary for the conduct of the business of the organization.

10. COMMITTEES

All committees of this organization shall be appointed by the Board of Directors.

The permanent committees shall be BAC Employees.

11. DUES

The dues of this organization shall be [0] per annum.

12. AMENDMENTS

These By-Laws may be altered, amended, repealed or added to by an affirmative vote of not less than [100%] of the members.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

PRESIDENT

Secretary/Treasurer

Authorized Signature

Authorized Signature

Carlene E Sekavec
Print Name and Title

Brackie D Sekavec
Print Name and Title



Ross Croydon <rcroydonbac@gmail.com>

Thank you!

1 message

Senator Sinema <sen.sinema@sinema.senate.gov>
To: rcroydonbac@gmail.com

Wed, Apr 10, 2019 at 4:44 PM

KYRSTEN SINEMA
ARIZONA**United States Senate**

WASHINGTON, DC 20510-0307

Thank you for contacting my office. I am proud to serve the people of Arizona, and I appreciate you taking the time to share your thoughts with me. Please consider this message confirmation that we have received your correspondence and we are looking into your concern. Due to the large volume of correspondence that we receive, it may take some time to process and respond to your letter in greater detail.

If you are encountering issues with a federal agency and require my office's immediate attention, please do not hesitate to contact our Phoenix office at (602) 598-7327.

If you would like to stay connected to our office with the latest news, legislation, and other useful information, please visit my website at <https://sinema.senate.gov>. Thank you for contacting me.

Sincerely,

Kyrsten Sinema
United States Senator

Sincerely,

Kyrsten Sinema
United States Senator

A young child with dark hair and blue-rimmed glasses is looking up and to the right. They are wearing a blue and white striped button-down shirt and red pants. They are standing in front of a large, curved wooden play structure that has been painted with bright yellow, orange, and red brushstrokes. Several strings of silver beads hang from the top of the structure. The background is a warm, yellowish-brown color, suggesting an indoor play area.

chi!drens
museum
tucson ✦ oro valley

**2018
COMMUNITY
REPORT**

BEHAVIORAL AWARENESS CENTER, INC.
 2002 W. ANKLAM ROAD
 TUCSON, ARIZONA 85745

Community Education

Please use this form to keep track of your community outreach. Forms will be turned into your Accreditation Specialist when page is full

Date	Organization / Contact Person	Staff Member	Comments
05/13/2019	Pima County Parks & Recreation Administration Building 900 S. Randolph Way (520) 791-4873 Tucson, AZ 85716 Phone: (520) 791-4873	Ross Croydon	Issues: Community Awareness Action: Client Community BBQ Resolution: Clients intermingle with local community Analysis/Barriers: Community Acceptance Date for Follow-up: 08/01/2019
05/13/2019	Pima County Parks & Recreation Administration Building 900 S. Randolph Way (520) 791-4873 Tucson, AZ 85716 Phone: (520) 791-4873	Ross Croydon	Issues: Community Awareness Action: Client Community BBQ Resolution: Clients intermingle with local community Analysis/Barriers: None All Barriers were overcome on initial BBQ Date for Follow-up: 11/01/2019

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Date	Organization / Contact Person	Staff Member	Comments
01/15/19	Tucson Chamber of Commerce Governors State of the State Address Hispanic Chamber of Commerce Lydia A. Aranda M.A. President	Ross Croydon	<p>Issues: Public awareness in the Latino community regarding the availability of MAT options and treatment centers.</p> <p>Action: Educate the Hispanic population in Southern Arizona specifically in Pima County what services we provide to help stop and prevent opiate addiction</p> <p>Resolution: I was invited to guest speak at the next Hispanic Chamber Meeting to help in the education effort.</p> <p>Analysis/Barriers: Small barriers in cultural identity to be addressed by explaining that we here at BAC not only recognize but respect diverse cultures.</p> <p>Date for Follow-up: Date to be determined in April of 2019</p>
01/15/19	Southern Arizona VA Health Care Katie Lewellwen Addiction Therapist Pushpinder Punia Program Director (not available on this date)	Ross Croydon	<p>Issues: No referrals for Veterans spouse or dependants not covered.</p> <p>Action: Introduction of BAC and services we provide and that BAC is an authorized provider</p> <p>Resolution: To meet with program director and address these issues and any concerns that may arise.</p> <p>Analysis/Barriers: VA awareness that BAC is an approved provider</p> <p>Date for Follow-up: February 17th, 2019</p>

BEHAVIORAL AWARENESS CENTER, INC.
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 TUCSON, ARIZONA 85745

Community Education

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Date	Organization / Contact Person	Staff Member	Comments
01/25/2019	Office of the Chief of Police Michelle Pickrom Lieutenant Badge #37963 City of Tucson Public Works Elizabeth Leibold, PE., CPM, CFM	Ross Croydon	<p>Issues: Illicit drug use in our community with special attention to opiate use</p> <p>Action: To work together to develop community outreach and education.</p> <p>Resolution: Work in Progress</p> <p>Analysis/Barriers: Determining them now and how to overcome them if any.</p> <p>Date for Follow-up: 03/24/2019</p>
01/25/2019	Office of the Chief of Police Michelle Pickrom Lieutenant Badge #37963 City of Tucson Public Works Elizabeth Leibold, PE., CPM, CFM	Ross Croydon	<p>Issues: Opiate use among homeless who camp/live on the streets and under pass's of Tucson.</p> <p>Action: Provide resources to those individuals so that they may find housing</p> <p>Resolution: Develop resource list and hand it out in known areas</p> <p>Analysis/Barriers: To be determined</p> <p>Date for Follow-up: 03/24/2019</p>

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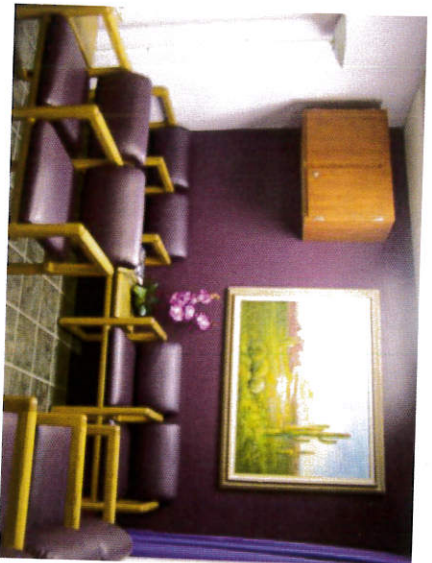
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Behavioral Awareness Center Inc. (BAC) is a privately-owned facility that provides counseling, education and treatment programs which will facilitate and change clients to a positive lifestyle in substance abuse recovery. We treat anyone who is eighteen years or older, regardless of race, religion, sex, sexual orientation and has a need for counseling or has a documented history of substance abuse. Should you have a Patient with an Opiate addiction please consider our clinic for a referral and feel confident that they will receive supportive services needed to rebuild family harmony and once again lead a productive lifestyle and regain useful employment in their communities.

"As someone who never had parents to point me in the right direction this place got me back on track. I called around looked up review of other clinics and they all were garbage except this one. You get what you pay for! Staff is extremely helpful. Also, they have candy to purchase which is cool. lol (this is not a place where you can go and just get detoxed!! It's a methadone/suboxone treatment program." W.W. Smith

Our Services

The services that are provided by BAC are held in the strictest confidence. The client's personal information will not be divulged. BAC follows all HIPPA regulations.

Medical:

A physician who is Certified by the American Society of Addiction Medicine and a Diplomat, Multiple American Boards of Medical Specialties and specializes in addiction treatment.

Medication:

Administer the below medications as prescribed by the physician.

- a. Liquid Methadone
- b. 10mg Methadone Tablets
- c. 40mg Methadone Diskets
- d. Suboxone

Counseling:

A Certified Drug and Alcohol Counselor who provides individual and group counseling.

Topics include Relapse Prevention, Post-Acute Withdrawal Syndrome, Warning Signs, Triggers, Communication, Time Management, Denial, Crisis Situations, Behavioral Health Issues, Family Roles, Family Systems, Co-Dependence, and more.

A special emphasis is placed on involving family members as part of the recovery process but is not a requirement.

Member American Society of Addiction Medicine

Visit Our Website:

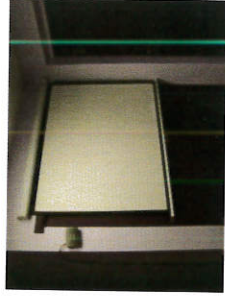
<http://www.bacmethadone.com/>

Mission Statement

BAC sees its mission as offering professional, quality, low cost behavioral services consisting of counseling and treatment that holistically address the physical, mental, and spiritual healing of individuals and their families. We offer these services to individuals and their families and friends who reside in Tucson, Benson, Safford, Sierra Vista, and other surrounding communities in Arizona. BAC seeks to provide our clients with mental health, and supportive services needed to rebuild family harmony and enable them to regain useful employment in their communities



***Front Desk
Friendly Staff!!!***



***Movies Shown
Daily!!!***



***Private
Individual
Counseling***

Behavioral Awareness Center, Inc

A Medically Assisted Treatment
Center

2002 West Anklam Road
Tucson, Arizona 85745
520 629 9126

Hours of Operation

Monday – Friday

5:00am – 6:00pm

Saturday

7:00am – 12:00pm

Closed Sunday & Most Holidays



We Accept AHCCCS !!!!

***Walk in's Welcome No
Appointment Needed!!***



Performance and Quality Improvement

2002 W. Anklam Road
Tucson, Arizona 85745
(520) 629-6921
www.bacmethadone.com

A Guide for Stakeholders



Philosophy of Performance and Quality Improvement (PQI)

BAC is a nationally
accredited, private,
for-profit organization

BAC's, A Family Service Alliance is committed to exceptional client services and a continuous process of quality improvement in the effectiveness and efficiency of our agency.

these people that we seek feedback and advice in order to create reasonable and meaningful plans, both short-term and long-term, which advance our ability to provide quality services to members of our community.

BAC'S Mission: Instill hope, change lives, brighten futures by providing life changing services to underserved populations.

BAC'S is diligent in promoting a culture of change. We are an agency that values service quality and seeks out ways to improve the services provided to the community.

It is not an easy process to bring all the key players to the table, plan, and implement change. BAC'S President/CEO and Board of Directors promote a culture that strives for excellence. With the implementation of an organizational PQI framework and involvement of stakeholders on all levels, we are successful in continuous improvement.

BAC has 12 employees.

For BAC to reach its full potential, it takes the combined efforts of many people. We depend on our Board of Directors, our staff, volunteers, partners and the community-at-large. It is only by this collaborative approach that we achieve strong performance, positive goals and continual improvement.

We collect data and feedback in each program, both anecdotal and outcome measurement; to assess performance and improvement. It is this data that shows the effectiveness and efficiency of our services, and where improvements need to be made.

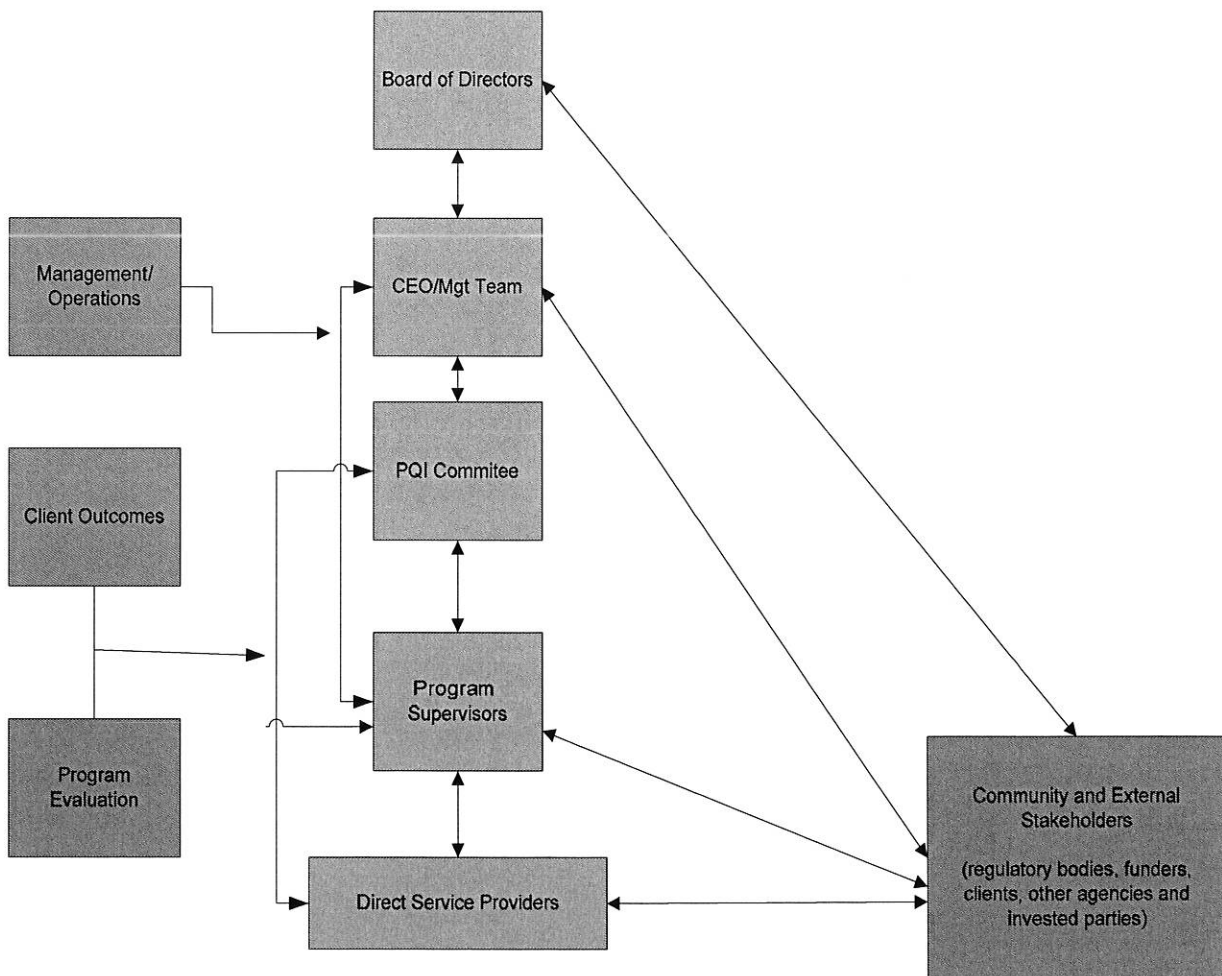
To improve services, these Stakeholders must be keenly involved in our improvement process. It is from



Responsibility of PQI

It is the responsibility of each staff person at BAC to ensure quality performance and improvement. The agency has a Accreditation Specialist, who is responsible for coordination of all quality improvement efforts. Our PQI Committee is chaired by the Accreditation Specialist and BAC employees and consists of program Medical Director, Clinical Director, Retired Nurse Practitioner, Managers, Supervisors, Training Coordinator, Nurses and Behavioral Health Techs. It is their responsibility to ensure that performance results drive change, lead to indicators of good service, required thresholds. Data is recorded quarterly enhanced service, and contribute to positive out-comes. The PQI committee, and/or annually. Each program has corrective action plans are implemented.

BAC'S PQI Organization and Flow





Stakeholder Participation

PQI activities promote excellence and are an integral part of our continuous effort to provide quality services.



Stakeholder feedback could results in effective changes in services offered and delivery of services.



Data colleted in the PQI process allows us to identify areas of needed improvement, implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes.

Clients and Their Families

Individuals and families served by Horizons are involved in our quality improvement process in many ways. Primarily, all clients are asked to complete Client Satisfaction Surveys. These surveys are designed with our clients in mind and in a format that encourages providing feedback, both positive and negative, in efforts to help Horizons make changes to make our services more accessible, efficient, respectful, and timely. Clients in many programs complete exit interviews, to assess why services were halted. In addition, clients have the opportunity at any time to convey their concerns, either in a written format, or orally to their provider, program director, or CEO. Client issues, grievances, and feedback are taken seriously and are key in the positive changes that we make to improve organizational excellence.

Board of Directors

BAC'S Governing body is a broad representation of the community, bringing valuable insight and guidance to the general workings of BAC. The Governing Board is kept informed of all major challenges and successes of the agency and provides guidance as a whole, and through smaller committees to help process information, and make decisions whenever information becomes available.

Regulatory Bodies and Funding Streams

BAC depends on the insight and suggestion from outside entities that regulate the services we provide and the delivery of those services. We rely on these outside organizations, as they can typically can determine "best practice" in the field and provide guidance on needed changes when the supply feedback.



What Do We Measure

Goals

BAC plans for the future. This planning is done by setting short term and long term goals. Our CEO/President, with the support and input of the senior managers and Board, creates long-term goals for the agency. This is not a document that sits on a shelf, but a “working” document that has changes made to it as needed. The short term goals are the building blocks of the long-term goals.

Accreditation Specialist

The agency and Governing Board reviews the general functioning of the agency on a annual and on a as needed basis. This includes financial viability, system efficiency, effectiveness of risk prevention measures, staff retention and job satisfaction. BAC establishes review of essential management and service delivery, timeframes for monitoring and reporting, and supports implementation of changes resulting from review of the accumulated data.

Service Delivery/Outcomes Measure

The collection of service data focuses on key factors including: Accessibility of services, availability of staff and resources, efficiency, continuity of care between providers or services, safety of staff and clients, timeliness and respectfulness of client need, diversity, or circumstance. BAC reviews program results and develops key outcomes and outputs, both qualitative and quantitative indicators and creates measurement tools and instruments that allow appropriate collection of specific data along with the Accreditation Specialist.

Feedback to Stakeholders

Feedback to Stakeholders comes in many formats. Various reports to funding streams provide feedback on outcomes, needs of clients, notable changes, etc.

When client satisfaction surveys are completed, the results are compiled and made available to clients. Information is also available conveying the changes that were made as a result of the information gathered.

Data is provided to all interested parties, upon request. From time to time, additional documents are provided to our Board, staff, clients, and the community to convey important information about BAC and the changes made as a result of quality initiatives.



Corrective Action

The value of the PQI process at Horizons, rests with what measures have been taken from the feedback, reviews, reports, monitoring, suggestions and mandates. BAC is dedicated to building on our strengths and recognizing our areas of weakness. We embrace challenges and view them as opportunities for improvement. We strive to promote solutions and establishes “best practice,” while always monitoring the need for further change-knowing that with change, comes great possibility.

We welcome, and encourage all stakeholder feedback.
Please contact us by mail at:

Behavioral Awareness Center, Inc.
2002 W. Anklam Road
Tucson, AZ. 8574
Ph: (520) 629-9126
Fax:(520) 629-9282

On the Web at: www.bacmethadone.com
By email at: brackie@bacmethadone.com

I. Security Plan

Plan Element	OTP’s Security Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
1. Evidence that plan is based on SAMHSA or DEA Standards	Yes	DEA Certificate 2019-2020, OTP Cert U.S. Dept Health. Council on Accreditation Certificate.	AHCCCS Determination
2. Contains patient management strategies designed to ensure security policies that will: <ul style="list-style-type: none"> ✓ Reduce potential harm to patients and the neighborhood. ✓ Lower the risk of exposure to illicit transactions and other consequences of overcrowding and poor patient management 	Yes	Relevant Documentation: BAC Policy #89 Unwanted Intruder BAC Policy #11a Requirements for earned take home medication and or suspension of take home medication No overcrowding because of hours of operation. No loitering permitted. 16 Surveillance Camera's 24 hours a day Silent alarm immediate law enforcement response. SAMSHA guidance on clinical best practice using MAT to combat opioid epidemic.	AHCCCS Determination



Opioid Treatment Program – Reporting Requirements

II. Neighborhood Engagement Plan

Plan Requirement	OTP’s Neighborhood Engagement Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
1. Outlines engagement strategies with key stakeholders in the neighborhood, including: <ul style="list-style-type: none"> ✓ Homeowner’s Associations ✓ Neighborhood Associations ✓ School administrators ✓ Neighboring businesses ✓ Community organizations ✓ The city or town council ✓ Law enforcement ✓ Block Watch organizations ✓ Any other key stakeholders 	Yes	Relevant Documentation: BAC Policy #140 Performance and Quality Improvement A Guide for Stakeholders BAC Policy #15	AHCCCS Determination
2. Includes information about but not limited to ensuring consideration of and response to: <ul style="list-style-type: none"> ✓ Reasonable safety, security and trash removal concerns ✓ Concerns regarding adequate parking for patients and staff ✓ Patient drop-off/pick-up ✓ Other matters of concern to the key stakeholders 	Yes	Relevant Documentation: All Containers that have contained Methadone are disposed into a locked trash receptacle that is under 24hr camera surveillance. Photos of: Surveillance System, locked trash receptacle, Employee and Patient Parking Area's	AHCCCS Determination

Plan Requirement	OTP’s Neighborhood Engagement Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
		S	

III. Comprehensive Patient Care Plan

Plan Requirement	OTP’s Comprehensive Patient Care Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
1. Outlines standards of care for Medication Assisted Treatment and how those standards will be implemented, including: <ul style="list-style-type: none"> ✓ Standards for dosing ✓ Standards for the provision or referral to appropriate counseling, Behavioral therapy services, and peer support services 	Yes	Relevant Documentation: BAC Policy #31 Administration of Methadone, tablets, Diskets, and Buprenorphine. BAC Policy #39 Drug education and Counseling. BAC Policy #40 Drug Free Treatment Program BAC Policy #41 Involvement of Family BAC Policy #58 Input from Person Served BAC Policy #60 Performance Quality Improvement BAC Policy #62 Workloads BAC Policy #64 Family Education and Involment BAC Policy #81 Transition Recovery Support Services Discharge and Aftercare	AHCCCS Determination

Plan Requirement	OTP’s Comprehensive Patient Care Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
<p>2. Denotes whether or not the provider provides therapy services directly or refers patients to another provider for the service</p> <ul style="list-style-type: none"> ✓ If a referral, the plan must include strategies to ensure patients can access referred services in a timely manner 		<p>Relevant Documentation: BAC Policy #38 Referral Options a,b,c</p>	<p>AHCCCS Determination</p>

IV. Community Relations and Education Plan

Plan Requirement	OTP’s Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
<p>1. Documents policies and procedures to measure and minimize the negative impact the opioid treatment program may have on the community, to promote peaceful coexistence and to plan for change in the program and program growth, including:</p> <ul style="list-style-type: none"> ✓ Policies and procedures which consider community needs and impacts when selecting a site for the program or program growth ✓ Policies and procedures for maintaining a clean and orderly facility that does not impede pedestrian or traffic flow, which includes disclosure demonstrating the expected census and daily traffic count for the clinic (see disclosure template) ✓ Policies and procedures for considering community input on the potential impact the program may have on the community ✓ Policies and procedures for communicating with community leaders to foster good community relations 	<p>Yes</p>	<p>Relevant Documentation: BAC Policy #72 Community Relation Community Outreach Contact Sheets Monthly building inspection of both interior and exterior of the property Copy of last Town Hall Meeting Invitation Council on Accreditation Survey Community Feedback Form BAC policy #72 Community Education Contact Forms</p> <p style="text-align: center;">*</p>	<p>AHCCCS Determination</p>

Plan Requirement	OTP's Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
2. Establishes a liaison with community representatives to share information about the program, the community and mutual concerns and issues	Yes	Relevant Documentation: Community Education Contact Forms Part of A.C.D. Job Description	AHCCCS Determination
3. Identifies program personnel who will function as community relations coordinators and define the goals and procedures of the community relations plan	Yes	Relevant Documentation: BAC policy #72 Community Education Contact Forms	AHCCCS Determination
4. Documents policies and procedures for serving as a community resource on substance use and related health and social issues as well as promoting the benefit of medication-assisted treatment in preserving the public health	Yes	BAC Policy #72, Newspaper Articles, BAC Website Policy and procedures updated by Accreditation Specialist and Assistant Clinical Director	AHCCCS Determination
5. Documents policies and procedures for soliciting community input about medication-assisted treatment and the program's presence in the community	Yes	Relevant Documentation: Stakeholder Advisory Group BAC Policy #140	AHCCCS Determination

Plan Requirement	OTP’s Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
6. Documents policies and procedures to effectively address or resolve community problems, including patient loitering and medication diversion, and ensuring enforcement of these policies so that program operations do not affect community life adversely	Yes	Relevant Documentation: Stakeholder Advisory Group BAC Policy #140 Diversion Control BAC Policy 87	AHCCCS Determination
7. Documents community contacts and community relations efforts, including the evaluation of the effectiveness of activities over time in addressing outstanding problems or deficiencies, and supplies any relevant meeting minutes demonstrating community relations efforts.	Yes	Relevant Documentation: Stakeholder Advisory Group BAC Policy #140 Copy of AFM/Consumer/Stakeholder Advisory Meeting Minutes	AHCCCS Determination

Plan Requirement	OTP's Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
8. Documents policies and procedures for disclosing the process for community contacts to notify the administration's clinical resolution unit of any unresolved problems or deficiencies that includes, if appropriate, coordination with the state opioid treatment authority	Yes	Relevant Documentation: Client and or Community Grievance Procedure BAC Policy #15	AHCCCS Determination
9. Develops communication mechanisms that provide interested parties and potential patients with general information about the program outside of regular operating hours	Yes	Relevant Documentation: Copies of events attended BAC Website Healthnewt reviews Google my Buisness	AHCCCS Determination

V. Diversion Control Plan

Plan Requirement	OTP’s Diversion Control Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
1. Documents measures to reduce the possibility of diversion of controlled substances from legitimate treatment use	Yes	Relevant Documentation: BAC Policy #87 Diversion Control / Replacement Dose —	AHCCCS Determination