

D. Experience and Qualifications

D.1. State the number of years the Vendor/Contractor has been in existence, the current number of employees, if any, and the primary markets served.

Community Bridges, Inc. (CBI) is a 501c3 non-profit agency incorporated in 1982. CBI's mission is to maintain the dignity of human life and be an agent of positive change in our communities. Our services include comprehensive, medically integrated behavioral health care, medical detoxification, community psychiatric emergency care, transitional support, co-occurring enhanced outpatient treatment, homeless outreach and navigation services, transitional and permanent supportive housing for women and families, permanent housing for chronically and non-chronically homeless individuals, and community education and outreach. CBI's programs are licensed through the Arizona Health Care Cost Containment System and are accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF). As of September 2021, CBI has a total of 1,459 employees across seven counties in Arizona.

D.2. Describe the Vendor's experience in performing the work requested in this RFP.

Introduction: As one of Arizona's largest providers of Community Behavioral health services, including substance use treatment and operating numerous crisis facilities, Community Bridges Inc. (CBI) not only brings extensive experience working with individuals with mental illness, substance use disorders and co-occurring disorders, across all of Arizona, but also has unique expertise working with the criminal justice system, law-enforcement and individuals experiencing crises. CBI's Continuum of care ensures continuous care for a patient as they move across multiple care facilities, and treatments. CBI's Addiction Services is a continuum of care providing integrated treatment for co-occurring psychiatric and substance use disorders. With a large pool of over 90 Psychiatrist, Psychiatric Nurse Practitioners and MD's who support our crisis facilities, as well as numerous other levels of care, including residential, outpatient, transitional settings, street outreach, specialty court programs, ACT teams, etc., our clinical care model is unprecedented.

CBI has vast experience in partnering with community agencies, probation and jails to provide co-located behavioral services, including co-location models, for conducting psychiatric evaluations, risk assessments, and prescribing medication services to individuals experiencing mental health issues, including weekly staffing meetings and coordination of care. CBI has an extensive network of telehealth capacities, which were expanded during the pandemic, which had multiple benefits by expanding access to care while reducing disease exposure for staff and patients.

To support Cochise County, we will leverage this wide array of psychiatric practitioners to support the behavioral health needs of inmates who enter the Cochise County jail system. These efforts will be overseen by Dr. Barksdale, who has extensive experience working with individuals with co-occurring disorders and justice involvement. Dr. Barksdale will be supported by an additional Advanced Practice Nurse Prescriber (APNP) who is under direct oversight by Dr. Barksdale. CBI's Nurse Practitioners have extensive experience working with a wide array of patients, including those in crisis, needing detox, SMI, justice involved and regularly are involved in the assessment and treatment of individuals involved in the

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Title 36/Involuntary process and treatment. Specifically, Brenda Vigue, APRN, DNP, FNP-BC, PMHNP-NC, has over twenty years of experience and expertise in working with populations living in rural environments and experiencing serious mental illness.

Under the oversight and guidance of Dr. Barksdale, CBI's approach is to provide in-person, tele-health, telephonic and email support, with 24/7 availability by leveraging the extensive psychiatric practitioner pool that CBI already has in place. To improve continuity of care, relationships with inmates and interface with jail staff, CBI will identify key staff as primary providers for this project, however the vast pool of practitioners can be utilized as back-up if key staff are unavailable and to provide 24/7/365 rapid access when Cochise County needs extra clinical care.

To support the holistic needs of Cochise County, CBI also will propose a wide array of enhancements to support the psychiatric services required in this RFP. These enhancements can be added a-la-carte to the minimum required elements of this RFP. As a large community-based behavioral health provider, CBI is able to provide seamless coordination and re-entry support as inmate transition from in-custody to reentry into the community, to improve continuity of care, helping to prevent people falling through the cracks, improving compliance with treatment once released from jail, and access to services designed to reduce future recidivism. While these services would be provided by different staff and funded via different mechanisms, CBI can offer the synergy and efficiency of being the psychiatric provider for individuals while in-custody and also coordinate and/or provide their care as they are reintegrated into the community, reducing the risk of disconnects that all too often lead to non-compliance with treatment and criminal recidivism.

Task 1- Initial Mental Health Evaluation via telepsychiatry services and in-person visits if needed.

CBI would work in collaboration with the detention center staff to arrange for the first evaluation. The initial meeting occurs after booking and involves the jail medical team. During the medical assessment a determination will be made if the jail medical team wants the inmate to be seen by a CBI practitioner. Once that determination has been made, the medical team sends an e-mail to the CBI jail program team and requests the appointment. The jail coordinator or administrator providing program oversight will then put the inmate on the next available practitioner slot allocated. A second path for an inmate to be seen by a CBI practitioner is for a follow-up medication appointment. If a determination has been made that psychiatric medication will be part of the inmate's incarceration stay, the practitioner will see the inmate on a routine basis.

CBI will provide appropriate level of licensed providers to complete MHEs on a timely basis by telepsychiatry or in person evaluations if needed. Once an evaluation is complete, the evaluation will be printed, along with any prescriptions and/or lab orders and delivered to the medical team. CBI will coordinate with Detention and Medical/Mental Health staff to ensure that evaluations and all necessary services can be scheduled in advance to meet agreed upon timelines for services. CBI adheres to all Standards in Health Services in Jail J-E-05.

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Task 2- Contractor will be expected to remain “on-call” for continuation of orders, initiation of medications, mental health emergencies and telephone consultation between the hours of 6am and 10pm.

CBI will maintain on call services with the appropriate level of providers to ensure continuation of orders, to address and provide guidance for mental health emergencies and to provide telephone consultation between the hours of 6 am and 10 pm. CBI will develop a plan to establish the most optimal route of communication for these services. A secure email system will be in place for communication on nonurgent clinical issues. CBI will provide a schedule of mental health staff who will be available by telephone during the hours of 6 am and 10 pm to address immediate and urgent concerns. CBI will communicate with Detention Medical staff when there may be periods of unavailability along with a plan for coordination of care during these times. Such communication will occur in a timely manner when CBI is aware of staff unavailability and unanticipated disruption as soon as CBI is aware of the unavailability.

CBI will comply with all requirements regarding availability and the prompt notification of unavailability should this occur, although in light of the large pool of providers in our network, who can provide back-up coverage, we do not anticipate that this will be an issue. As a large community health provider, who operates numerous crisis centers throughout the state, CBI has continued access to a pool of psychiatric providers and on-call practitioners who are available through telehealth for Cochise County from 6am-10pm, but can be made available 24 hours a day 7 days a week and throughout the 365 days of the year.

Task 3 - Psychiatric medication management.

To ensure inmates with mental health issues can maintain stable levels of functioning, CBI would work with the jail medical health team to dispense medicine. For prescriptions of current inmates, the order will be put into the EHR which interfaces with the detention center Pharmacy. If an inmate has a community re-entry plan in place the Prescribing Provider can approve the inmate to be released with the remainder of their medication card. Additionally, mental health staff and providers will work with patients using a MI model to encourage cooperation with taking medication to avoid need for involuntary administration. Detention/Medical staff can identify a need for short acting emergency medication, and CBI will develop a policy and procedure consistent with existing jail standards to accommodate these infrequent occurrences/need.

Task 4- Diagnostic, suicide risk, involuntary admission recommendation.

CBI will review all suicide attempts in order to develop plans to minimize suicide risk and future such behavior and ideation. CBI staff will be available to conduct such reviews with detention staff should they request or see benefit to such reviews. In regard to medication levels, CBI has a psychotropic medication policy and procedure to address criteria for medication prescribing, modification of and/or discontinuation of medications and procedure/practice guidelines for monitoring therapeutic levels of psychotropic medications relative to use of mood stabilizers such as lithium and Depakote. CBI provides a continuum of care to include being an existing T36 contractor for Cochise County and continuity of care at our Toole facility. CBI will work with medical staff to ensure the Standards for Health NCHCE standards J-B-05 are met and adhered to.

Task 5- Medication education for staff and inmates.

CBI recognizes the importance and value of medication education for both patients and staff to assure good outcomes and to minimize risk. CBI will provide medication education for the patient population and staff in the form of written materials, in-service training and case-based teaching using examples of patients who have been incarcerated to improve understanding of medications and to increase patient likelihood of cooperating with treatment. High risk medications will be identified for staff with training specific to these medications. We will alert staff to patients receiving such medications to facilitate observation and communication to monitor the patient's progress and status. CBI will provide training and support to staff and members on an individual basis or with the assistance of the training department and marketing department for materials.

Task 6- Review, revision, and approval of assessments of clients.

CBI will review, revise and approve assessments completed by Detention/medical staff. Reviews will be done by the appropriate level of licensed staff to conform with best clinical practices in jails. RTC reports and COT reports as provided will be reviewed to inform prescribing and continuation of psychotropic medications. Detention medical staff will complete the initial assessment and the CBI physician will review the assessment and provide approvals. CBI can provide support to detention medical staff as requested for support or consultation.

Suicide Risk Assessments: CBI will conduct a suicide risk assessment at each clinical visit and will have a system in place for identifying patients at higher risk for suicide which will be developed to proactively monitor these patients. This will be completed by identifying people as they are booked in initial evaluation and through follow up evaluations with individuals who have had past suicide attempts, which is the best predictor for future attempts. Suicide monitoring will be to NCCCHS standards, such as staff identifying suicide inmates and immediately initiating precautions to ensure inmate safety, creating treatment plans and addressing suicidal ideation and its reoccurrence.

Task 7 - Consultation, training, and support of multi-disciplinary team members.

CBI will provide oversight for Cochise County Public Health's Social Worker's clinical hours and will review agendas and contents of group counseling and contents of groups/initiatives to include group templates and syllabus. CBI's standard in oversight practice is in support of the team member. CBI ensures that clinical supervision and clinical oversight is provided by a person who has the experience, training and competency in behavioral health services that the agency is authorized to provide, and all services provided by the supervisee. Clinical supervisors will adhere to the qualifications set forth by the Arizona Administrative Code.

The direction or oversight provided is either face to face or by videoconference or telephone by an individual qualified to evaluate, guide, and direct all behavioral health services provided by a licensee to assist the licensee to develop and improve the necessary knowledge, skills, techniques, and abilities to allow the licensee to engage in the practice of behavioral health ethically, safely, and competently.

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The CBI Psychiatrist will provide overarching oversight, for the entire team, however CBI has discovered that the therapist/social worker staff tend to find more value in weekly oversight coming from an independently licensed therapist. CBI will work with the needs of the Detention center staff to develop most needed areas of training and supervision. In addition to clinical oversight and supervision, CBI will offer training and develop curricula that would include PowerPoint presentations, handouts and hold discussion-based environments. CBI would also have extra attention to Suicide Prevention Training.

Task 8- Utilization review, quality improvement protocols and peer review.

CBI will participate in utilization review, quality improvement protocols and peer review as necessary. CBI will have a UR/QI policy and a procedure for peer review that includes criteria for peer review, selection of QI processes and guidelines for mortality reviews consistent with best practices in accordance with NCCCHS Standards

Task 9- Documentation and reporting as established by Cochise County on an Electronic Health Record HER.

CBI will use CorrecTek Portal access to the EHR which will be provided. CBI will work closely with Detention Medical Staff to ensure CBI has the medical records for patients they will be seeing available to them. Additionally, CBI will work with Cochise County IT in order to gain access to the VPN and the application.

Task 10- Review, suggest and consult on current approved psychiatric medication formulary.

CBI will be establishing a Medication Management policy and procedure which will include the above. We would initiate with current formulary, and then work in tandem with Cochise County to review and see if any adjustments would be recommended, considering the jail's preferences and limitations. CBI will work with the jail medical health team to dispense medicine. For prescriptions of current inmates, the order will be put into the EHR which interfaces with the detention center Pharmacy.

Task 11- Work cohesively with all Detention Medical Staff, Detention Staff and contracted Restoration to Competency (RTC) Staff to ensure good continuity of care.

To ensure continuity of care, CBI will work cohesively with all Detention Medical Staff, Detention Staff and contracted Restoration to Competency (RTC) Staff during weekly staffing.

Task 12- Provide discharge/bridge medications for inmates being released with a documented discharge plan:

CBI will provide discharge/bridge medications for inmates released with a documented discharge plan. Specifically, CBI is proposing the services of a Jail Liaison and Post-Release Forensic Peer Support Navigator. These functions are specifically designed to improve the coordination as inmates prepare to transition back into the community. In addition to the medication-related coordination between Cochise County's Public Health worker and CBI Practitioners, CBI proposes an additional level of support and coordination related to discharge/bridge medication. The Jail Liaison would work directly with Cochise County Staff and CBI Psychiatric Staff to ensure bridge prescriptions are in place prior to discharge, that the inmate is aware of that coordination, and will work hand-in-hand with the Post-Release Forensic Peer

Support Navigator, to ensure continuity during discharge, not only offering the inmate transportation as they are discharging from jail and support during re-entry to the community, but also will support the individual to fill prescriptions upon discharge and coordinate initial intake appointments in the community.

Task 13- Provide continuity of care within the Cochise County Jail and with community mental health providers:

CBI's Practitioner will coordinate with "Doc to Doc" requests for individuals who are currently receiving services from an outside agency, and needs assistance regarding medication reviews to ensure continuity of care.

As needed, we will coordinate with County Health staff regarding document requests and EHR documentation. Cochise County's EHR will also be utilized for documenting treatment plans and test results, which will be available to be shared digitally with the patient, as requested.

Proposed Enhancements:

In addition to delivering these required deliverables, CBI proposes several enhancements to improve continuity of care as individuals transition back into the community. Typically discharge and re-entry is a critical transition point, that unfortunately, all too often, leads to disconnects and interruptions in treatment. While our project staff will be actively involved in working with County Jail staff to ensure discharge, medications, and treatment recommendations are all provided and coordinated, the reality is, that the vast majority of inmates typically will have minimal meaningful connections with post-incarceration treatment, once they leave the jail. Effectively undermining much of the treatment progress that was initiated during their incarceration.

CBI proposes enhancements to not only reduce the burden on Cochise County staff, but also greatly increase connectivity to ongoing community care, resulting in greater treatment compliance and reductions in re-arrests. This includes offering a complete array of solutions designed to improve coordination of care, prepare for re-entry activities while incarcerated, warm hand-offs and coordination for engagement into community services, social services, Social Determinants of Health (SDOH), etc. Having access to multi-prong approaches increases the opportunities for coordination of care, starting at booking all the way through to re-entry and ongoing care out in the community, improving outcomes and reducing recidivism. These solutions and enhancements can be included as a package, or a-la-carte, depending on the County's desires and priorities, and are designed to augment the Psychiatric services sought in this RFP. This approach is built on the foundation of the Evidence Based Model of Risk-Need-Responsivity (RNR) and not only focuses on treatment services, but also addressing criminogenic risk factors, commonly associated with recidivism. The key components offered are:

1. Jail Re-Entry Coordination

- a. Physically Co-located in jail, this staff assist with coordination, identification, re-entry hand-offs, interface with current community treatment providers, and can help the county with the AHCCCS "turn on" process if desired.
- b. This staff can perform similar activities as the staff provided by CHA currently, however, due to RBHA/SMI funding limitations, our understanding is that the CHA staff can only

work with SMI enrolled individuals. While SMI individuals are over-represented in the jail system, in reality, individuals with general mental health needs (GMHSU), comprise a much larger proportion of inmates with behavioral health needs, and typically have minimal or no existing community services in place, thus represent a large unmet need to improve coordination of care and reductions in recidivism.

- c. We recognize space is of premium inside the jail, and could share existing space used by CHA or other staff, and/or adjust our work days/hours to provide added coverage while minimizing the number staff in jail at anyone one time.
- d. The Jail Coordinator could offer various groups that include peer support, life skills, relapse prevention and/or other groups based on need of the population.

2. Post-Release Forensic Peer Support Navigator

- a. Through the use of “shared experiences” and formal behavioral health training, Forensic Peers excel in engaging justice-involved individuals, reducing anxiety, and helping "navigate" follow-up supportive contacts, services, treatment, etc. Thus, increasing access to care, while addressing the unmet behavioral health needs and complex health conditions of individuals, resulting in improved quality of life *and* public safety in Cochise County.
- b. The Forensic Peer can coordinate directly with Jail Re-Entry Coordinator (and CHA staff) for warm-handoffs and coordination as individuals transition from jail back into community. They can offer a wide array of peer support services to facilitate connectivity to community-based treatment and social services, etc. and to address SDOH needs that tend to create barriers to care and lead to recidivism.
- c. The Forensic Peer could offer various groups that include peer support, life skills, relapse prevention and/or other groups based on need of the population.
- d. The Forensic Peer can provide transportation support, including transportation directly from the jail back into the community, including the opportunity to directly transport to an expedited treatment intake in the community. The transport is provided by certified peer-support specialist, who can use their personal experiences to help reduce anxiety for the individual during their re-entry into the community. Due to distances and limited mass-transit options in Cochise County and surrounding communities. this transportation assistance is crucial to improving outcomes and access to services, especially during this critical community re-entry “window of opportunity”, which is paramount in regard to successfully connecting individuals to ongoing care during re-entry.
- e. The Forensic Peer Support staff not only provides emotional and “case management” types of support, but addresses forensic needs and support criminal justice system compliance, provides transportation, coordination with community social service/SDOH and also can coordination care with existing or new outpatient treatment providers (whether provided by CBI or other community providers)
- f. Staff can also support transportation back to “home” county and/or other levels of care as appropriate.
- g. As a large community behavioral health provider, with contracts with all Medicaid Health Plans in the regions, we will leverage main-stream funding resources to minimize costs to

County. We anticipate that approximately 50% of the cost of the position, can be covered from AHCCCS reimbursements, minimizing the cost to the County. County funding will only serve as "mortar" funding to cover the gaps of mainstream benefits, while permitting us to provide services to any individuals being released from jail, regardless of benefit status, or waiting for AHCCCS to be reinstated, thus greatly improving the opportunities to successfully engage individuals during the critical re-entry "window."

3. Crisis Residential &/or Longer-Term Residential Treatment

- a. The ability to complete same-day intakes on the day of jail discharge is a critical step in improving access to health care. Unfortunately, justice-involved individuals rarely receive this timely intervention. The first day or even first few hours following jail-discharge is the critical "window" to engage individuals into services. The first step in developing an individualized treatment plan is to complete an initial intake/assessment, which can be built on observations and recommendations developed while the individual was incarcerated. To aid in accomplishing this, the Post-Crisis Forensic Peer Support staff can transport the individual directly to CBI's Crisis Residential facility in Cochise County, to conduct an expedited intake/assessment, often on the day of discharge, to take advantage of the narrow "window-of-insight" typically associated during jail re-entry activities, effectively removing the most common barrier to jail re-entry activities.
 - During these intakes, an individualized service plan will be developed, based on a person-centered approach to meet the unique needs of the individual including referrals to ongoing evidence-based treatments (EBT), such as IOP, Medication Assisted Treatment (MAT), Cognitive Behavioral Treatment (CBT), Residential Treatment and other modalities. These ongoing methods of treatment may be provided by a variety of community behavioral and physical health providers, or by CBI as appropriate and desired by the participant.
- b. When clinically appropriate, the Jail Re-Entry Coordinator and Post-Release Forensic Peer can facilitate coordination and transportation directly from jail to Crisis Residential stays to provide short-term opportunity to acclimate to the community and ensure urgent behavioral health needs are met.
 - This also provides the added opportunity to seek "prior-authorization" through various insurance benefits for longer Residential Treatment stays when clinically appropriate. This process can be started while still incarcerated, and providing smooth transition directly to services during re-entry.

Task 14- Participate in, or coordinate participation of a same level provider, in psychological autopsies in the appropriate circumstances per Cochise County Detention Medical's Policy and Procedures.

CBI will participate in, or coordinate participation of a same level provider, in psychological autopsies in the appropriate circumstances per Cochise County Detention Medical's Policy and Procedures according to NCCCH Standards for Health Services in Jails.

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Task 15- Contractor will provide on-site consultations for inmates of higher- level acuity on an as needed basis.

CBI will provide on-site visits every 4-6 weeks. In addition, CBI will provide on-site consultations as needed in accordance with the requirements. CBI will assure HIPAA training for officers as they will be present during clinical visits. CBI will provide on-site consultations as needed and in accordance with the requirements. CBI will ensure HIPPA training for officers is provided since they will be present during clinical visits.

Task 16- Contractor will maintain their own technology system in a secure area where they provide services.

CBI will follow our security policy for equipment and IT and in accordance with HIPPA regulations.

Task 17- Contractor will work with the on-site Medical Provider to oversee and manage ETOH detox patients and withdrawal from other substances, including but not limited to, sedatives, opioids, and stimulants.

CBI working in collaboration with the jail Medical Provider to oversee and manage the ETOH detox and withdraw from other substance, CBI will have a policy and procedure for detox and use evidence-based monitoring tools (e.g., CIWA/COWS) for monitoring withdrawal symptoms. CBI shall ensure that each inmate is monitored from the time of booking for signs and symptoms of withdrawal, as well as other behavioral and medical symptoms that may warrant action. Withdrawal symptomology will be monitored utilizing a standardized withdrawal monitoring instrument selected by the Registered Nurse (RN) on duty based upon the patient's reported substance of choice obtained during the Intake and Assessment Screening.

Task 18- Contractor will adhere strictly to the Tarasoff Duty to Warn Rule.

CBI will adhere strictly to the Tarasoff Duty to Warn Rule, which will be collaborated upon with the detention center. CBI will ensure that each inmate who presents or reports danger to self (DTS) or danger to others (DTO) ideation will receive an immediate intervention to minimize the level of risk presented by the episode.

Task 19- Suicide Prevention; Proposals shall identify specific procedures and expectations for screening and treatment of prisoners identified as being "at-risk" for suicide.

CBI will coordinate with Custody and Detention Health staff on prisoners who are at "at risk" for suicide and initiate immediate protocols to assess for acute suicidal or nonacute suicidal inmates. CBI will make the necessary recommendations on appropriate intervals and observations based on inmate acuity level. In addition, CBI will work closely with Custody and Detention staff to monitor those inmates who fall into a high-risk period. Inmates may be at greater risk during initial admission to jail, following a court date, new legal matters that arise, and during the loss of a family member or loved one. CBI will provide the necessary screening, evaluation, and recommendations for interventions.

Task 20- TASK ENCOURAGED BUT NOT REQUIRED; Creation, managing, and overseeing a Restoration to Competency (RTC) Program.

CBI will work cooperatively with Cochise County's RTC process, including Pima County Detention Center, Arizona State Hospital and/or Dr. Sloan King. We understand that Restoration to Competency functions differently and has different "goals" than traditional behavioral health treatment, and that RTC can occur in a variety of settings, for example:

1. Jail (i.e., Cochise or Pima County Detention Center) with RTC staff directly visiting/treating the inmate while in custody,
2. State Hospital with ASH staff providing RTC services,
3. Outpatient settings. These settings can either be in a residential treatment facility setting (typically with RTC staff providing restoration services while the person is engaged in residential treatment) or in traditional "outpatient" office setting, with the individual living in mainstream community housing, but with the individual required to regularly attend outpatient restoration, from a designated outpatient provider.

In all cases, RTC's primary focus is on restoration of the individual to be able to stand trial. Due to the unique accountability factors associated with community based RTC, typically RTC staff are different than traditional treatment staff, even if both functions are provided by the same organization.

Due to the complexities associated with RTC and the variety of modalities availability and utilized by Cochise County, we propose, that we would conduct a deeper review of the current contracted services, protocols and operational flows, that Cochise County currently utilizes, to determine feasibility of CBI offering RTC contracted services, once we are on the ground and can best determine the most value we can bring to Cochise County.

At minimum, our psychiatric staff would work in concert with Cochise County RTC providers, to ensure smooth continuity of care, including medication support for individuals who remain in custody, and also ensure appropriate discharge coordination for those individuals who will receive RTC services in outpatient settings.

Additionally, CBI operates a residential treatment facility in Cochise County (Benson), where conceivably some inmates, who meet medical necessity, could be discharged from jail for community treatment. If some of these individuals are also involved in ongoing RTC, our residential treatment facility would work cooperatively with Cochise County Outpatient RTC services (i.e. Dr. Sloan) to provide her with seamless access to individuals (either in person or via telehealth) to facilitate RTC activities in parallel with behavioral health recovery treatment services being provided by CBI.

Summary: In conclusion, CBI is ready to meet Cochise County's needs for psychiatric services within the jail, and through our extensive pool of qualified psychiatric practitioners, can provide 24/7/365 coverage and back-up support if the primary staff are not available. CBI has over 1,500 employees, robust IT and administrative infrastructure, and is not only ready and able to provide the required psychiatric services at go-live but can also bring a suite of "enhancement" services online rapidly, if Cochise County wishes.

As a large and well respected non-profit community behavioral health provider, not only is CBI prepared to provide mental health care services to inmates who are incarcerated, but can also offer a variety of enhancements and offer unique solutions and access to a robust continuum of community-based services, including outpatient treatment, peer support, residential treatment facilities, housing support, crisis services, MAT, etc. thereby improving continuity and seamless re-entry transition from jail to community treatment. Smooth coordination of care during this transition period is typically one of the largest gaps in re-entry activity and is critical to successfully engaging individuals into ongoing outpatient care and continuing medication regimes initiated while incarcerated, which helps result in reduced criminal recidivism.

Building on excellent care while incarcerated and improving continuity to ongoing community-based care once released back into the community, are keys to decreasing recidivism and improving the quality of life for all who reside in Cochise County. We look forward to partnering with Cochise County to further your mission of reducing recidivism and treating each person in custody with respect and dignity by providing a standard of care equivalent.

D.3 Describe any other experiences related to the work or services described in the RFP and provide any additional information specific to the capabilities required in this RFP.

CBI has provided similar services throughout the state of Arizona to other detention centers throughout Arizona since 2013. Below is a highlight of some of the similar programs and outcomes.

Maricopa County Healthcare for the Homeless: In 2013, Community Bridges, partnered with Healthcare for the Homeless to provide co-located behavioral services. The co-located staffing model included Nurse Practitioner (NP) and Navigation Services. The NP was responsible for conducting psychiatric evaluations, risk assessments, and prescribing medication services to individuals experiencing mental health issues. Activities and medication prescriptions were documented in the electronic health record, printed, and a copy was provided to Healthcare for the Homeless staff to coordinate with their pharmacy on medication pick-up. Weekly staffing meetings were held with CBI and Healthcare for the Homeless staff on case management activities, medication, and client progress.

Healthcare for Homeless Navigator was responsible for working with Healthcare for the Homeless Social Workers on social determinants of health. The navigator was responsible for the completion of an AHCCCS application, securing the necessary documents for AHCCCS interview, coordinate with local housing providers for housing resources, and the Department of Economic Security for additional resources. Navigators would also conduct routine follow-up and outreach activities to ensure client's were connected to resources.

Yuma County Adult Probation Department: In 2017, CBI established an MOU with Yuma County Probation Department to provide substance abuse treatment services for drug court participants. CBI provides comprehensive behavioral health services including psychiatric services, assessment, individual and group counseling as well as Medication Assisted Treatment (MAT). CBI conducts weekly meetings with Drug Court Probation Officers, Drug Court Judges, Prosecution and Defense Attorneys on the progress, barriers, and response to treatment.

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CBI Peer Based Services Coordinator (BHT's) are co-located with assigned probations to address SDOH, coordinate with community resources i.e., housing, food, AHCCCS, and arrange transportation. Peers conduct the intake screening for Drug Court referrals and facilitate Moral Reconciliation Therapy (MRT) groups at the co-located site.

Gila County Jail Programming: In 2018, Community Bridges, Inc., partnered with Gila County Sheriff's Office to develop a Jail Re-Entry Coordinator position. Stakeholders from the community recognized a gap in service coordination for justice involved members. The intent behind developing this position was to ensure that inmates exiting the Gila County jail system had the appropriate coordination for behavioral health services upon release. Key stakeholders involved in this initiative included the Gila County Sheriff's Office, Health Choice, Southwest Behavioral Health, and Horizon Health and Wellness.

The impact of coordination into behavioral health services was to reduce recidivism and ensure individuals had much needed access to behavioral health services. The creation of this position also aligned with the macro initiative led by AHCCCS to focus on providing support for individuals transitioning out of the criminal justice system and offer reach-in services provided by the various Managed Care Organizations.

Between 2019-2020 CBI screened 214 members in Gila County. Of the 214 members screened, 172 individuals accepted a referral and coordination occurred. Fifty-eight percent (58%) of the individuals who accepted a referral were connected to behavioral health services and were not re-arrested in the subsequent 12-months. The data supports a reduction in recidivism and an increase in access to care.

Gila County Jail Telehealth Practitioner Program: In December 2018, CBI entered a contract to provide telehealth psychiatric practitioner services in the Gila County Sheriff's Department, Globe Jail facility. In the initial development phase, GCSO determined that they did not have the available computer equipment to facilitate the virtual evaluations. In addition to the lack of available equipment, GCSO made the determination that whatever device was used would need to be mobile. GCSO expressed concern over their limited amount of available space to operate this program and articulated to CBI that the best device for this program would be a mobile system. CBI developed a mobile telehealth cart that would withstand the day-to-day operations of a jail environment and added the system to the program. With CBI having the asset ownership, CBI IT leadership could facilitate upgrades and work remotely in the system when needed. During the program development, it was also determined that CBI would require more bandwidth than the county had available. With GCSO permission, CBI's IT leadership worked with GCSO IT leadership and CBI ran our own internet into the jail. This also allowed CBI's IT security leadership better control of the data. Once the startup operational logistics were completed, the program went live.

The path for an inmate to be seen by a psychiatric practitioner begins with the initial meeting with the jail medical team after booking. During the medical assessment a determination is made if the jail medical team wants the inmate to be seen by a CBI practitioner. Once that determination has been made, the medical team sends an e-mail to the CBI jail program team and requests the appointment. The jail coordinator or administrator providing program oversight will then put the inmate on the next available practitioner slot allocated to GCSO. The jail has weekly allocated practitioner time.

A second path for an inmate to be seen by a CBI practitioner is for a follow-up medication appointment. Inmates can remain in the county jail for weeks, months and up to years. If the jail has made the

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determination that psychiatric medication will be part of the inmate's incarceration stay, the practitioner will see the inmate on a routine basis.

A third path for an inmate to be seen is on an emergent basis. If the jail medical team determines that an inmate needs an urgent psychiatric appointment, the jail medical team member will call the CBI administrator and request the urgent appointment. The time frame for an urgent evaluation is 24 hours or less. The CBI administrator will work with medical scheduling to secure the next available appointment and coordinate the service.

Once an evaluation is complete, the evaluation will be printed, along with any prescriptions and/or lab orders and delivered to the jail medical team by CBI jail coordinator. If the jail coordinator is unavailable, the CBI administrator will facilitate this process. The paper process is utilized due to CBI not having access to GCSO computer programming.

Consults are done on a case-by-case basis. If the medical team reviews the evaluation and any accompanying orders and determines no additional information is needed, that episode of care stops there. If the medical team requires a consult staffing, CBI team will set up staffing with the practitioner. The program is set up on an "as needed" basis. GCSO is only billed for the practitioner time utilized. No additional fees are charged.

Apache County Jail Programming: In 2020, CBI partnered with Apache County Sheriff's Office to develop and operate a Jail Re-Entry Coordinator position in their jail. The blueprint for the Gila County system was utilized to develop the program in Apache County. With a working platform to reference, we were able to develop and go live with this program much quicker than the first one in Gila County

Navajo County Jail Programming: In 2021, CBI partnered with Navajo County Sheriff's Office to develop and operate a Jail Re-Entry Coordinator position in their jail. The blueprints from the Gila and Apache County systems was utilized to develop the program in Navajo County. The established framework of the positions in Gila and Apache Counties, permitted a seamless and timely implementation for Navajo County. The position was funded through Health Choice SOR grant funding allocated to Navajo County.

The CBI Continuum of Care: Through the CBI continuum of services, an extensive number of services are available to participants ranging from the lowest level of interventions to the highest-level interventions. Our interventions include physical medical stabilization (PCP), medicine management, Medically Assisted Treatment (MAT), Therapeutic Counseling, Living Skills, Case Management, Peer Support, Groups (i.e., Intensive Outpatient Services, Anger Management), and Employment Services. Higher level of services is available, including but not limited to short-term and long-term residential treatment, short term psych stabilization and detox (also called Access Point). CBI has multiple Access Points throughout the state of Arizona that stabilize the member within the 23-hour setting. Assessments are done using the ASAM criteria that will help determine the members level of care required for member with addiction or co-occurring condition. In the event member requires additional or higher-level care CBI works to transfer the member to an inpatient, transition point or residential setting. If the member requires a lower level of care after Access Point and is experiencing homelessness, CBI helps the member find a shelter bed.

The goal of the continuum of care services in the institutional setting is to move the member as quickly as possible into stable preventative care. Preventative care has had many names over the years such as

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Outpatient and Patient Centered Medical Homes. The goal of preventative care is to maintain our health on a non-crisis level. Preventative care is care management done by visiting with a clinician for maintenance care such as routine check-ups and medicine management. Another form of preventative care is Medically Assisted Treatment (MAT). CBI offers MAT options through the state of Arizona and include access to methadone and suboxone.

As service providers, we must have the capacity to respond to the members' needs in the same fluid motion as water that carves a new path when it hits an obstacle. A standard part of the recovery process is to ebb and flow between crisis and stabilization. We often dance between the crisis stage to the stabilization and prevention stage and return to the crisis stage while stabilizing the foundations of their lives.

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D.3. List of all contracts Vendor has performed within the last five (5) years.

CBI has included the letters of support from the following five partners of projects most like the Cochise County Detention Services RFP. CBI has shared a list of our federal, state, and municipal partners that demonstrates our ability and desire to be a good collaborator and provide the services most needed in our communities across Arizona.

Reference Contact Information	About Contract or MOU Date Range and Funding Amount
Commander Michael Cirivello- Jail Command Apache County Sheriff's Department 370 S. Washington Street St Johns, AZ 85936 928.337.7662 mcirivello@co.apache.az.us	MOU signed 6.15.2020 - present. Funding amount is based on services CBI bills to AHCCCS.
Chief Probation Officer Jason Cash Navajo County Probation 100 Code Talkers Drive Holbrook, AZ 86025 618.977.3178 jacash@courts.az.gov	MOU signed 6.15.2020 - present. Funding amount is based on services CBI bills to AHCCCS.
Commander Major Justin Solberg Gila County Sheriff's Office-Detention Bureau 1400 E. Ash St. Globe, Arizona 85501 928.812.2497 jsolberg@gilacountyaz.gov	Contract signed 12.18.2020. Funding amount is based on a per episode of care rate amount.
Chief Ronald Tischer Payson Police Department 303 N Beeline Hwy Payson, AZ 85541 928.595.4030 rtischer@paysonaz.gov	There is no MOU or formal contract with Payson Police but the reference illustrates CBI's close partnership with a police department in a community (Gila County population 54,018) about the same size as Cochise County (125,922 population).
Ryan M. Byrd Yuma County Drug Court Probation 405 S. Main Yuma, AZ 85364 928.580.9216 dwhite@@courts.az.gov	MOU signed 10/1/2018 – present. Funding amount is based on services CBI bills to AHCCCS.

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CBI currently manages an estimated fifty (50) grant funded programs through federal, state and municipal partners throughout the state of Arizona. Some of CBI's partners are listed below:

Federal Funds:

- SAMHSA
- Department of Health and Human Science
- HUD (CDBG, ESG, COC)
- Veterans Affairs
- FEMA

State Partners:

- DES
- ADHS
- ADOH
- AHCCCS
- Governor's Office

Municipal Partners

- City of Phoenix
- City of Mesa
- City of Glendale
- City of Tempe
- City of Scottsdale
- Maricopa County
- City of Avondale
- City of Chandler
- LDS Church
- Valley of the Sun United Way
- Arizona State University
- Pima County Attorney's Office
- Pima County Workforce and Community Development
- Pima County Health Department
- City of Tucson
- Arizona Community Foundation
- Community Foundation of Southern Arizona
- Blue Cross Blue Shield

Curriculum Vitae

March 8, 2020

VERNON C. BARKSDALE, MD MPH

General Psychiatry & Addiction Medicine
 14409 N. Medinan Dr., Phoenix, AZ 85022
 Cell: 480-206-1063 Fax: 602-870-9017
 Email: vbarksdalemd@gmail.com

Education and Degrees:

1978	The Johns Hopkins University School of Medicine, Baltimore, MD-Doctor of Medicine
1978	The Johns Hopkins University School of Medicine, Baltimore, MD-Master of Public Health
1975	The Johns Hopkins University School of Medicine, Baltimore, MD-Bachelor of Arts
1971-1973	Harvard University, Cambridge, MA-Economics and Pre-Medical Science
1971	Phillips Academy, Andover, MA-Graduated

Post-Graduate Training, Certification and Licensure:

5/16	Licensed in California (Active)
4/15	Licensed in Washington (Active)
6/04-12/13	Certified Physician Investigator (formerly Certified Clinical Investigator) APPI - DIA Clinical Investigator Certification Examination, Washington, DC
05/01	Level II Eye Movement Desensitization and Reprocessing (EMDR) Training Course
05/00	Investigator Support Initiative Training Course Dr. Peter Carberry, Director, Clinical Trial Conduct US Clinical Operations, Pharmacia Corp.
04/90	Medical Review Officer Training Employee Health Programs, Tucson, Arizona.
01/89	Licensed in Arizona Board of Medical Examiners
04/88	Certified in Addiction Medicine American Society of Addiction Medicine (ASAM)
04/86	Certified Acupuncture Detoxification Specialist National Acupuncture Detoxification Association Re-certified 2013
11/85	Board Certified in Psychiatry American Board of Psychiatry & Neurology
06/85	Licensed in New Mexico (Inactive) State of New Mexico Board of Medical Examiners
06/83	Licensed in Virginia (Inactive) State of Virginia Department of Health Regulatory Boards
07/82-06/83	Fellow in Forensic Psychiatry University of Maryland Department of Psychiatry, Baltimore, Maryland Jonas Rapoport, M.D., Director
01/82- 06/82	Elective Mental Health Service Administration

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- Staff Psychiatrist, Provident Hospital, Department of Psychiatry, Baltimore, Maryland
Patricia Newton, M.D., Director
- 06/81 – 06/82 **Fellowship, Minority Fellowship Program**
National Institute of Mental Health, American Psychiatric Association
- 07/81- 12/81 **Fellowship in Child Psychiatry**
The Johns Hopkins University Hospital, Baltimore, Maryland
Joseph Coyle, M.D., Director
- 07/79- 06/81 **Resident and Fellow in Psychiatry**
The Johns Hopkins University, Baltimore, Maryland
Paul McHugh, M.D., Director
- 07/78 –06/79 **Intern**
Union Memorial Hospital, Department of Obstetrics and Gynecology, Baltimore, Maryland
Clifford Wheels, M.D., Director

Professional Organizations/Society Memberships:

American Society of Addiction Medicine, Inc. (ASAM)

Professional Experience:

- 6/17-Current Novant Health Psychiatric Associates, North Carolina. **Inpatient Hospitalist in Greater Charlotte Market, providing inpatient acute behavioral health care for voluntary and court ordered patients. Duties include supervision of Advanced Practice Clinicians, Emergency Department, TelePsych, and Consultation Liaison Service coverage. Independent Contractor provider of clinical services for Community Bridges, Inc clinic, ACT and TelePsych.**
- 6/17-Current Community Bridges, Inc—General Psychiatry for Seriously Mentally Ill Outpatients
- 1/16-6/17 Current Assertive Community Treatment Team (ACT) Psychiatrist, Community Bridges, Inc. Arizona—Provide leader of ACT Team for providing community based services for Seriously Mentally Ill members. Most ACT members are dual diagnosed, with several socio-economic challenges such as chronic homelessness, frequent relapsing and significant trauma backgrounds. The Team provides services from the perspective of “meeting them where they’re at”, and lifting them via motivational therapy and harm reduction interventions to more stable functioning in the community.
- 1/14-1/16 Chief Medical Officer, Recovery Innovations Arizona—Partners with the Executive Leadership Team to develop Recovery Innovations inpatient and out patient programs across lines of business in US. Provides medical leadership for Medical Directors of Recovery Response Centers in 5 states, working with the different state regulations and Provider staffing needs. Supports Quality Improvement Initiatives and assists in formulation of Quality Improvement initiatives and CAPs. Works with HR to develop benefit plans that will attract Providers and recruits providers. Provide innovative strategies to meet market needs within limited capitalization realities. Team Player. Still provides clinical care at local RRC as needed.

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- Chief Medical Officer**
Oversight of Schaller Anderson Behavioral Health's Medicaid and commercial lines of behavioral health business, coordination of medical director activities; provide oversight of care managers for utilization management ; Disease Management Initiatives; integration of physical/behavioral services; network development for physical and behavioral health services; and participation in Quality Management Committee Activities.
- 04/07-12/07
(part time)
- 05/00-08/06 **Physicians at the Peak, Phoenix, AZ**
Principal Investigator/Subinvestigator
- 10/99-04/00 **ICSL Clinical Studies, Phoenix, AZ**
Principal Investigator/Subinvestigator-Independent Contractor
- 11/98-12/04 **CIGNA Behavioral Health, Dallas Operating Unit**
Lead Associate Medical Director
Management of behavioral health benefit plans per practice guidelines; network development; marketing, regulatory and NCQA/URAC compliance; liaison with Health plan Medical Directors and providers; supervise and train care managers; meet or exceed key measures of unit performance in quality, compliance and business achievement of CIGNA Behavioral Care Inc.
- 03/97-02/00 **Charter Hospital of Glendale.**
Medical Director
Physician contracting and recruiting; management of Clinical Directors and Operations with Management Team; Chair, Medical Records and Quality Council; marketing; regulatory compliance; and direct patient care.
- 09/96 – 03/97 **Southeastern Arizona Behavioral Health System (SEABHS).**
Medical Director
Physician contracting, management and recruiting; marketing; regulatory compliance; quality and medical records committees and direct patient care.
- 08/94 – 03/97 **Psychiatric Health Facility, Benson, Arizona**
Medical Director
Quality Management and Medical Records Chair; direct patient care; committee for first JCAHCO accreditation.
- 11/93 – 09/94 **Cottonwood De Tucson, Psychiatric Services, Addiction & Behavioral Health Residential Treatment Center, Tucson, Arizona**
Medical Director
- 08/92 – 08/93 **Program Contract for Aftercare Evaluation and Follow-up Chemical Dependence Treatment Program Arizona State Board of Dental Examiners**
- 06/94 – 06/97 **The Haven, Tucson, Arizona**
Medical Consultant
- 03/91 – 04/93 **Adolescent Psychiatric Services Tucson Psychiatric Institute, Tucson, Arizona**

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- 6/13--Current **Medical Director, Recovery Innovations Arizona Recovery Response Center—West, providing Psychiatric Urgent Care and acute stabilization services using the strength based and no force first philosophy of Recovery Innovations International.**
- 9/11-6/13 **Capitol Site Lead Psychiatrist, People Of Color Network, Inc., providing comprehensive mental health services for the Medicaid population of Maricopa County at four sites, including all ages, including those with serious mental illness and those with court ordered treatment. The network is also part of a new integrated health initiative collaborating with primary care clinics to create a seamless access to care for these vulnerable populations. Responsibilities include direct patient care, supervision of provider staff, staff trainings and collaboration with senior management on network initiatives.**
- 06/00-Current **National Football League Program for Substances of Abuse, Western Region Treating Clinician --Provide emergent and scheduled Addiction Medicine Evaluations for players referred by the Program**
- 6/98-6/2013 **Ebony House Adolescent Clinic. Provide Psychiatric and Addiction Medicine management for adolescents, including those with Autism Spectrum Disorders, ADHD and Substance Use Disorders for children, adolescents and young adults**
- 01/98-Present
(part time) **Private Practice, Psychiatry and Addiction Medicine for Adolescents and Adults; Forensic Psychiatry, Tucson and Phoenix, AZ**
- 06/12-1/14 **Consultant to Athletic Department, Arizona State University.
Provide lectures on substance abuse and performance and consultation on creation of a program for character and performance development in athletes. Provide evaluation and treatment recommendation to ASU counseling department for student athletes referred with identified substance misuse**
- 06/23/08-2010
(part time) **Pivotal Research Centers, Mesa, AZ and Peoria, AZ
Clinical Investigator**
- 05/08-9/11
(full time)
04/07-04/08
(part time) **District Medical Group, LLC Psychiatrist and Hospitalist
Admission evaluations and ongoing care for voluntary, court ordered evaluation, and court ordered treatment inpatients; on-call attending support of resident duties and participation in resident training; responsible for teaching PGY II course in Addiction Medicine; develop clinical research opportunities for the Residents in training and collaborate with hospital administration to improve substance abuse training and treatment at Maricopa Medical Center, Phoenix, Arizona.**
- 02/06-03/07
(Full time) **Phoenix, Arizona.**
- 04/07-04/08 **Cenpatico Behavioral Health of Arizona Tempe AZ
Chief Medical Officer
Supervision of Directors of Quality Management, Pharmacy and Utilization Management. Responsibilities include membership on the Executive Management Team; participation in oversight of this stand-alone Behavioral Health Plan that manages Medicaid populations in four rural counties of Arizona; assistance in network development, compliance with Arizona Department of Behavioral Health Service policies, and increasing consumer voice and choice in their treatment; increasing cultural competency in treatment services; and delivery of best practices in a cost effective manner for the consumers.**
- 04/06-03/07 **Schaller Anderson Behavioral Health Inc., Phoenix, AZ**

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Clinical Director

- 06/90 – 03/97 Outpatient Recovery Services, Inc., Tucson, Arizona
Medical Director, Chief Executive Officer
- 01/89- – 11/90 Addictive Disease Dual Diagnosis Tract, Inpatient Division Tucson Psychiatric
Institute, Tucson, Arizona
Clinical Director
- 09/88 – 1997 Addiction Medicine & Forensic Psychiatry Adolescents and Adults, Tucson,
Arizona
Private Practice
- 08/85 – 08/88 Addiction Medicine & Forensic Psychiatry Adolescents and Adults, Albuquerque,
New Mexico
Private Practice
- 07/83 – 08/85 Adolescent, Adult & Forensic Psychiatry Center Psychiatrists, Ltd, Portsmouth,
Virginia
Private Practice

Publications and Basic Science Research:

“Impulsivity in Obsessive-Compulsive Patients” – British Journal of Psychiatry, Volume 143, Hoehn-Saric & Barksdale, 1983.

“Prolixin Decanoate Presteady State Pharmacokinetics” – Johns Hopkins University, Department of Psychiatry Research Project, 1981.

Special Activities:

Maryland Chirurgical & Medical Society Committee on Emotional Health, 1980 – 1983.

Eisenhower Citizen Ambassador International. People to People Citizen Ambassador Program Delegation on Chemical Dependency Issues, consisting of 23 Chemical Dependency Treatment specialists selected from throughout the United States, who met with specialists in treatment and public policy formulation in Sweden, Norway and the Federal Republic of Germany, from March 10, 1988 to March 26, 1988.

Director, Area VII, American Academy of Psychiatrists in Alcoholism and Addictions, 1988 – 1989

Tucson Urban League. Member of Parent Planning Committee on Education Issues, 1995 – 1996

Board Member of The Haven, a residential treatment program for chemically dependent women, 1992 – March, 1997

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Guest Addiction Medicine Expert, the Maury Povich Show, aired April 1994 and December, 1994

Volunteer, Medical Lecturer, Ebony House, a long-term residential substance abuse treatment facility serving the South Phoenix Community, 1999 – 2008

Fiesta Bowl volunteer, Tempe, Arizona 2005

Arizona Republic Newspaper Feature Section Honoree: Making a Difference in Volunteering during Hurricane Katrina Airlift-November, 2005

Presented Lecture and Workshop: “Medical Meditation: Research, Benefits, and Strategies for Accessing Higher Consciousness” at International Conference of the International Institute of Integral Human Sciences, an NGO affiliated with the United Nations and the Spiritual Science Fellowship of Canada in Montreal, Canada July 3rd, 2010

Hosted internet radio show, “My Mind My Health” on VoiceAmerica.com for a 13-episode series on issues in mental health and addictions from a holistic viewpoint. Guests ranged from internationally known researchers and educators in academic medicine to international thought leaders in spirituality and healing

Keynote Speaker for 5th Annual Earth Transformation Conference December 31, 2010, presented findings from studying spiritual discipline of Kalimasada in Indonesia, and presented research on transcendent aspects of mind

Clinical Research Experience- Principal Investigator:

- 2008 A Multi-Center, Randomized, Placebo-Controlled, Double-Blind, Parallel Group, Phase II Study of 2 Oral Dose Groups of AZDXXXX, with a Lorazepam Arm, in Subjects with Generalized Anxiety Disorder
- 2008 A Multicenter, Randomized, Open-Label, Controlled Study to Evaluate the Safety, Protocol Tolerability, and Efficacy of XXXXXXXXXXXX When Added to Pregabalin in the Treatment of Fibromyalgia
- 2008 A Single and Multiple Dose Pharmacokinetic, Tolerability and Safety Study with LYXXXXXXXX in Pediatric Patients with Attention Deficit Hyperactivity Disorder
- 2008 A Randomized, Double Blind, Placebo-and Oxycodone Immediate Release (IR)-Controlled Study of XXXXXXXXXXXX HCl IR for the Treatment of Acute Pain Caused by Vertebral Compression Fractures Associated with Osteoporosis
- 2008 A Phase 3 Multicenter, Randomized, Double- Blind, Controlled Study of the Long Term Analgesic Efficacy and Safety of XXXXXXXXXXXX alone or in Combination with Non-Steroidal Anti- Inflammatory Drugs (NSAIDS) Versus alone in Patients with Osteoarthritis of the Knee or hip.
- 2008 A Randomized Double Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of XXXXXXXXXXXX as an “Add-on” Therapy in Men with Persistent Overactive Bladder Symptoms Under

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Monotherapy of Alpha Blocker for Lower Urinary Tract Symptoms Emotional and Physical Symptoms of Depression Study, (LEAPS), Lilly. 2004-2005. Principal Investigator

A Double-Blind, Placebo-Controlled, Multicenter Study of the Long-Term Efficacy of MK-0869 in the Maintenance of Antidepressant Effect in Outpatients With Major Depressive Disorder. Merck 0869-065. November, 2002 – 2003. Principal Investigator.

A Double-Blind, Placebo-Controlled, Multicenter Study of the Long-Term Efficacy of MK-0869 in the Maintenance of Antidepressant Effect in Geriatric Outpatients With Major Depressive Disorder. Merck 0869-068. January, 2002 – 2003. Principal Investigator.

A Double-Blind, Placebo Controlled, Parallel-Group Assessment of Selegiline in the Prevention of Relapse of Symptoms of Major Depression. Somerset-Medex S9303-P9806. September, 1999 – January, 2001. Principal Investigator.

Clinical Research Experience- Subinvestigator:

- 2009 A Randomized, Double-Blind, Placebo-Controlled, Parallel-group Study of the efficacy and Safety of XXXXXXXX as Monotherapy for type 2 Diabetes Mellitus
- 2009 A Randomized Double-Blind, Placebo-Controlled, Parallel-Group Study of the Efficacy and Safety of XXXXXXXX as Add-On to XXXXXXXXXXXX Therapy for Type 2 Diabetes Mellitus
- 2009 A 3 Arm, double-blind, placebo-controlled clinical trial to assess the efficacy, safety and tolerability to XXXXXXXXXXXX for the treatment of adults with stuttering
- 2009 Pharmacokinetics of LYXXXXXXXXX Following Administration to Subjects with CCLS, Impaired Renal Function
- 2009 A Randomized Double Blind Placebo Controlled Four Week Study of the Efficacy and Safety of Four Doses (0.05mg, 0.1 mg, 0.25 mg, 0.5mg) of XXXXXXXXXXXX MR tablets vs. Placebo in Idiopathic Restless Legs Syndrome.
- 2009 A Randomized, Double-Blind, Single Dose, Four-Period, Six Treatment, Placebo-Controlled Balanced Incomplete Block, Cross-Over, Multicenter, Ascending Dose Study of Four Doses of PTXXX in Patients with Moderate COPD Compared to Open Label XXXXXXXXXXXX (18ug, Administered via the Handihaler) as an Active Control.
- 2009 A Double Blind, Randomized, Placebo-and Active-Controlled Efficacy and Safety Study of the Effects of XXXXXXXXXXXX/Conjugated Estrogens Combinations on Endometrial Hyperplasia in Postmenopausal Women.
- 2008 A Randomized, Open-Label, Parallel-Group, Multicenter Study to Evaluate the Comparability of the Glycemic Effects of XXXXXXXXXXXX Once Weekly From Two Different Manufacturing Sites in Subjects with Type 2 Diabetes Mellitus
- 2008 A Randomized, Double-Blind, Placebo-Controlled, Parallel Group Efficacy and Safety Study of BI XXXX (5mg), Administered Orally Once Daily for 18 Weeks Followed by a 34 Week Double-Blind Extension Period (placebo patients switched to XXXXXXXXXXXX) in type 2 Diabetic Patients with Insufficient glycemic Control for Whom Metformin Therapy is Inappropriate (intolerability or contraindication)

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- 2008 A Phase 3, Randomized, Double-blind, Placebo-controlled, Parallel-group Trial of Linaclotide Administered Orally for 12 Weeks in Patients with Chronic Constipation
- 2008 An Open-label, Long-term Safety Study of Oral XXXXXXXXXXXX Administered to Patients with Chronic Constipation or Irritable Bowel Syndrome with Constipation
- 2008 A Multicenter, Randomized, Open-Label, Controlled Study to Evaluate the Safety, Protocol Tolerability, and Efficacy of XXXXXXXXXXXX When Added to XXXXXXXXXXXX in the Treatment of Fibromyalgia
- 2008 Efficacy and Tolerability of XXXXXXXXXXXX Compared with XXXXXXXXXXXX in Patients with Coronary Artery Disease and Stage I or II Hypertension
- 2008 An open-Label, Multiple-Dose, Multiple - Day, Non-Randomized, Single-Arm Safety Study of Repeat-Dose of XXXXXXXXXXXX (Intravenous Diclofenac Sodium) in Patients with Acute Post-Operative Pain
- 2008 A Randomized Trial Comparing Exenatide with Placebo in Subjects with Type 2 Diabetes on Insulin XXXXXXXXXXXX With or Without Oral Antihyperglycemic Medications
- 2008 A Single and Multiple Dose Pharmacokinetic, Tolerability and Safety Study with LYXXXXXXXXX in Pediatric Patients with Attention Deficit Hyperactivity Disorder
- 2008 A Multi-center, Randomized, Controlled Study to Investigate the Safety and Tolerability of XXXXXXXXXXXX XXXXXXXX XXXXXXXXXXXXXXXX (XXX) vs. Standard Medical Care in Treating Iron Deficiency Anemia
- 2008 A Multi-center, Randomized, Controlled Study to Investigate the Safety and Tolerability of A Single Dose of XXXXXXXXXXXX XXXXXXXX XXXXXXXXXXXXXXXX (XXX) vs. Standard Medical Care in Treating Iron Deficiency Anemia in Subjects Who are Not Dialysis Dependent
- 2008 A phase IIa, multicenter, randomized, placebo-controlled clinical trial to study the safety and efficacy of MK-XXXX for migraine prophylaxis in patients with episodic migraine
- 2008 A Randomized, Double Blind, Placebo-and Oxycodone Immediate Release (IR)-Controlled Study of XXXXXXXXXXXX HCl IR for the Treatment of Acute Pain Caused by Vertebral Compression Fractures Associated with Osteoporosis
- 2008 A Phase 3 Randomized, Double- Blind, Placebo-Controlled Multicenter Study of the Analgesic Efficacy and Safety of Tanezumab in Patients with Osteoarthritis of the knee.
- 2008 A Phase 3 Randomized, Double- Blind, Placebo-Controlled Multicenter Study of the Analgesic Efficacy and Safety of tanezumab in Patients with Osteoarthritis of the hip.
- 2008 A Phase 2 Multicenter, Randomized, Double Blind, Placebo Controlled Study of the Safety, Tolerability, and Pharmacokinetics of Multiple Doses of PF XXXXXXXXXXXX in Patients with Mild to Moderate Alzheimer's Disease
- 2008 A multicenter, randomized, placebo-controlled, "factorial?" design, 12-month study to evaluate the efficacy and safety of AVEXXXXX 25mg/day and 50mg/day co-administered with all registered atorvastatin strengths ranging from 10mg to 80mg in patients with primary hypercholesterolemia

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2008 A Multicenter, Randomized, Parallel-Group, Placebo-Controlled, Efficacy and Safety Trial to Evaluate the Effect of SCHXXXXXX on Weight In Obese and Overweight Subjects

2008 A Double-Blind, Randomized, Placebo-Controlled Study Assessing the Safety and Efficacy of DVS SR for the Treatment of Vasomotor Symptoms Associated with Menopause.

A Randomized, Double-blind, Placebo-controlled, Multicenter, 52-week Study to Evaluate the Endometrial Safety of Transdermal Testosterone (300 mcg/day) in Naturally Postmenopausal Women with Hypoactive Sexual Desire Disorder. 2007 – April, 2008. Proctor & Gamble. Protocol 20072004. Embrace.

A Randomized, Double-Blind, Placebo-Controlled, Multicenter, Phase III Study of Rosuvastatin (Crestor) 20 mg in the Primary Prevention of Cardiovascular Events Among Subjects with Low Levels of LDL-Cholesterol and Elevated Levels of C-Reactive Protein. April, 2003 – May, 2008. Astra Zeneca 4522US/0011. Jupiter.

A Multicenter, Double-Blind, Randomized, Placebo- and Active-Controlled, Parallel-Group, Dose-Ranging Study of MK-0594 in Patients With Overactive Bladder. August, 2006 – 2007. Merck. MK-0594, 003-10.

A Phase 3, Randomized, Multicenter, Double-Blind Study Comparing the Analgesic Efficacy of Extended Release Hydrocodone/Acetaminophen Tablets (Vicodin CR) to Placebo in Subjects with Osteoarthritis. August, 2006 – 2007. Abbott Laboratories. M04-697.

A Multicenter, Randomized, Double-Blind Factorial Study of the Co-Administration of MK-0431 and Metformin in Patients with Type 2 Diabetes Mellitus Who Have Inadequate Glycemic Control. One Year Open Label Extension. August, 2006 – 2008. Merck. MK-0431-036-10.

A Multicenter, Randomized, Double-Blind Parallel Group, 12 Week Study to Evaluate the Efficacy and Safety of MK-0524B (dosed as co administered MK-0524A and Simvastatin Tablets) Versus Atorvastatin in Patients With Mixed Hyperlipidemia. August, 2006 – 2008. Merck. MK-0524B, 024-00.

A Long-Term, Open-Label Extension Study to Investigate the Long-Term Safety of SYR110322 (SYR-322) in Subjects with Type 2 Diabetes. August, 2006 – April, 2008. Takeda. SYR-322-OLE—012.

A Multicenter Randomized, Double-Blind, Placebo-Controlled Study to Determine the Efficacy and Safety of SYR110322 (SYR-322) When Used in Combination with a Sulfonylurea in Subjects with Type 2 Diabetes. August, 2006 – 2007. Takeda. SYR-322-SULF-007.

A Multicenter Randomized, Double-Blind, Placebo-Controlled Study to Determine the Efficacy and Safety of SYR100322 (SYR-322) When Used in Combination with Metformin in Subjects with Type 2 Diabetes. August, 2006 – 2007. Takeda. SYR-322-MET-008.

A Multicenter Randomized, Double-Blind, Placebo-Controlled Study to Determine the Efficacy and Safety of SYR110322 (SYR-322) When Used in Combination with Pioglitazone in Subjects with Type 2 Diabetes. August, 2006 – 2007. Takeda. SYR-322-TZD-009.

A Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Determine the Efficacy and Safety of SYR110322 (SYR-322) Compared With Placebo in Subjects with Type 2 Diabetes. August, 2006 – 2007. SYR-322-PLC-010.

A Multicenter Randomized, Double-Blind, Placebo-Controlled Study to Determine the Efficacy and Safety of SYR110322 (SYR-322) When Used in Combination with Insulin in Subjects with Type 2 Diabetes. August, 2006 – 2007. Takeda. SYR-322-INS-011.

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An 8 Week Randomized, Double-Blind Multicenter Study of xxxx and Placebo in Patients Suffering From Panic Disorder to Assess Efficacy and Safety. 1999 – 2000.

A Study of Low Dose xxxx in Patients with Generalized Anxiety Disorder: A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Multi-Center Study to Assess Efficacy and Safety.

A 12 Week, Double-Blind, Fixed Dose Comparison of xxxx and xxxx mg Dose of Paroxetine and Placebo in Patients Suffering From Post Traumatic Stress Disorder. 1999- 2000.

A Double-Blind, Randomized, Multicenter, Parallel, Group Design Study to Evaluate the Efficacy and Safety of xxxx Dose Ranges of xxxx in Comparison with Placebo and Haloperidol in the Treatment of Schizophrenia. 1999-2000.

A Placebo Controlled, Double-Blind xxxx Fixed Doses of xxxx in the Treatment of Elderly Patients with Insomnia. 1999 – 2000.

A Multicenter, Randomized, Double-Blind xxxx Controlled Study of the Efficacy and Safety of xxxx in Subjects With Major Depression Who Failed SSRI Treatment Due to Lack of Efficacy. 1999- 2000.

Xxxx versus Placebo and xxxx in Acute Treatment of Major Depression. 1999 – 2000.

A Double-Blind, Placebo Controlled Comparative Efficacy Study of xxxx and xxxx in Producing Remissions in Out Patients with Major Depressive Disorders. 1999 – 2000.

Brenda Vigue, APRN, DNP, FNP-BC, PMHNP-BC

(617) 640-3857 Cell
272 N. Muleshoe Road, Apache Junction, AZ 85119
jaeleigh13@gmail.com

Experience

- 10/2017-present Community Bridges Inc., LLC Payson, Globe, & Mesa AZ
- ◆ Psychiatric Nurse Practitioner for rural, outpatient adult population with and without serious persistent mental illness.
 - ◆ Psychiatric Nurse Practitioner for psychiatric emergency center
 - ◆ Provides comprehensive initial emergent, urgent, and outpatient psychiatric consultations.
 - ◆ Reviews and accepts or declines involuntary commitment petitions.
 - ◆ Provides psychopharmacology/medication management to patients age 18 years and older with mental illness.
- 12/2005-present Metamorphosis Aesthetic Trends Dedham, MA/Mesa, AZ
- ◆ Owner/aesthetic Nurse Practitioner
 - ◆ Providing advanced aesthetic procedures to adult population, including laser hair removal, photorejuvenation, vein treatments, botulinum toxin, and dermal filler administration.
 - ◆ Responsible for ordering supplies and medications, web site development and updates
 - ◆ Responsible for accounting, payroll and other business related expenses
 - ◆ Responsible for policy & procedure development and oversight
- 5/2017-10/2017 Horizon Health & Wellness Apache Junction, AZ
- ◆ Psychiatric Nurse Practitioner for outpatient adult population with and without serious persistent mental illness.
 - ◆ Provide comprehensive initial psychiatric consultations.
 - ◆ Provides psychopharmacology/medication management to patients age 18 years and older with mental illness
- 4/2016-5/2017 Locum Tenens.com/Southwest Behavioral Health Phoenix, AZ
- Full-time Psychiatric Nurse Practitioner—Bethany Village Clinic
- ◆ Locum tenens Psychiatric Nurse Practitioner for outpatient adult population with serious persistent mental illness.
 - ◆ Provide comprehensive initial psychiatric consultations.
 - ◆ Provides psychopharmacology/medication management to patients age 18 years and older with serious persistent mental illness
- 10/2015-9/2016 Lake Powell Medical Center Page, AZ
- Part-time Psychiatric Mental Health Nurse Practitioner
- ◆ Part-time Psychiatric Nurse Practitioner for rural outpatient adult population under an integrated care model.
 - ◆ Provide comprehensive initial psychiatric consultations.
 - ◆ Provides psychopharmacology/medication management to patients age 18 years and older with mental illness.
- 10/2015-4/2016 Consilium Staffing Westwood, MA
- Full-time Psychiatric Nurse Practitioner—Westwood Lodge
- ◆ Locum tenens Psychiatric Nurse Practitioner for Adult and Adolescent Dual Diagnosis and Adult Partial Hospitalization Programs.
 - ◆ Locum tenens Psychiatric Nurse Practitioner for inpatient psychiatric units.
 - ◆ Provides psychopharmacology/medication management to patients age 13 years and older with mental illness
 - ◆ Provide comprehensive initial psychiatric consultations

- 7/2015-10/2015 Aureus Medical Winslow, AZ
- ◆ Full-time Psychiatric Nurse Practitioner—Indian Health Services
 - ◆ Locum tenens Psychiatric Nurse Practitioner
 - ◆ Provides psychopharmacology/medication management to Native American patients age 13 years and older with mental illness
 - ◆ Provide comprehensive initial psychiatric consultations
- 9/2014-12/2016 Correctional Psychiatric Services Bourne, Plymouth, Dartmouth MA
- Full-time Nurse Practitioner
- ◆ Provide primary, urgent and emergent medical care to male & female inmate populations.
- 10/2013-9/2014 Sweetser Sanford, ME
- Full-time Nurse Practitioner
- ◆ Provides psychopharmacology/medication management to patients age 15 years and older with serious, persistent mental illnesses
 - ◆ Provide comprehensive initial psychiatric consultations
 - ◆ Provides consultation for agency patients receiving psychotherapy
- 10/2012-10/2013 Center for Life Management Derry, NH
- Full-time Nurse Practitioner
- ◆ Provides psychopharmacology/medication management for adults with serious persistent mental illnesses
 - ◆ Medication provider for ACT team patients
 - ◆ Provide urgent/emergent hospital psychiatric consults
 - ◆ Provides consultation for agency patients receiving psychotherapy
- 8/2008-7/2015 MinuteClinic® Medway, MA
- Family Nurse Practitioner
- ◆ Clinical Lead, Massachusetts South Market
 - Provides leadership, consistency and support to clinics
 - Function as a support to field NP's
 - Serve as a resource along with the Manager of Operations (MO), on policies and procedures
 - Assist with Joint Commission readiness
 - Serve as mentor/coach for new staff
 - Assist with staff meeting preparation and presentation
 - Responsible for the market's schedule and ensuring coverage for all hours of operation
 - Participate in local marketing efforts
 - ◆ Site Coordinator
 - Responsible for clinic oversight and coordination between CVS store manager and MinuteClinic.
 - ◆ Qualified Delegate
 - Responsible for orienting and training new staff
 - ◆ Diagnose and treat common family illnesses for patients over 24 months of age in an outpatient setting
 - ◆ Document patient visits via computerized charting using Electronic Medical Records system
 - ◆ Practice autonomously in clinic settings in retail locations
 - ◆ Responsible for ordering supplies and medications
- 1/2007-8/2007 Regis College Weston, MA
- Adjunct Faculty
- ◆ Clinical instructor for senior nursing students at acute rehabilitation hospital
 - ◆ Clinical instructor for complex nursing care
- 3/2006-8/2006 NARA Luxury Medical Spa Southborough, MA
- Lead Nurse

- ◆ Providing aesthetic procedures to adult population, including laser hair removal, photorejuvenation, vein treatments, Botox® and dermal filler administration.
- ◆ Responsible for updating treatment policies and procedures as well as ordering supplies and medications

7/2004-3/2006 Boston University Family Medicine Boston, MA

Faculty, Nurse Practitioner

- ◆ Primary care provider rehabilitation/long-term care facility
- ◆ Primary care provider home care population
- ◆ Assistant instructor geriatric residency training program

7/2003-7/2004 Commonwealth of Massachusetts Brockton, MA

Health Clinic Director

- ◆ Provided primary and urgent care to uninsured mentally ill population.
- ◆ Provided oversight to health clinic and its nursing staff
- ◆ Presenter at monthly Nursing Grand Rounds
- ◆ Committee member: Pharmacy & Therapeutics, Infection Control, Medical Staff

8/2001-7/2003 United Healthcare Waltham, MA

Nurse Practitioner

- ◆ Provided primary, urgent and emergent care to nursing home population.
- ◆ Provided medical on-call coverage approximately 2 nights/week.
- ◆ Document patient visits via computerized charting using Electronic Medical Records system

8/1996-8/2001 Correctional Medical Services Bridgewater, MA

Nurse Practitioner

- ◆ Provided primary, urgent and emergent care to male inmate population.
- ◆ Provided detoxification, urgent and emergent care to addiction population.
- ◆ Committee member: Pharmacy & Therapeutics.

5/1994-2/1997 Upham's Corner Health Center Dorchester, MA

Senior Nurse Practitioner

- ◆ Provided primary, urgent and emergent care to inner city population.
- ◆ Coordinated monthly staff education meeting.

4/1993-3/1995 Olsen Kimberly Quality Care Boston, MA

Visiting Nurse

- ◆ Provided home visits to adult, child, and infant populations.

5/1990-4/1993 Beverly Hospital Beverly, MA

Staff Nurse

- ◆ Staff nurse on adult/pediatric medical-surgical unit
- ◆ Nurse Intern—1990-1991 (ER, respiratory and cardiac step-down units)

Education

5/2017-5/2019 UMASS-Amherst Amherst, MA

- ◆ Doctor of Nursing Practice program

1/2011-5/2012 UMASS--Lowell Lowell, MA

- ◆ Psychiatric Mental Health Nurse Practitioner, post-master's certificate program

- | | | |
|---------------|--|-------------------|
| 5/1993-5/1994 | Boston College | Chestnut Hill, MA |
| ◆ | Master of Science, Family Nurse Practitioner | |
| ◆ | National Service Corps full scholarship | |
| 9/1990-6/1993 | Northeastern University | Boston, MA |
| ◆ | Bachelor of Science in Nursing | |
| ◆ | Recipient, University Award for Academic Excellence in Nursing | |
| 8/1989-5/1990 | New England Baptist Hospital | Boston, MA |
| ◆ | Diploma in Nursing | |
| ◆ | High Honors, Director's list | |

Awards

- ◆ Northeastern University-- Recipient, University Award for Academic Excellence in Nursing—1993
- ◆ National Service Corps full scholarship—5/1993-9/1996
- ◆ National Service Corps Student Loan Repayment—7/2017-present

Licensing/Certification

- ◆ Advanced Practice Nurse, Massachusetts Board of Registration in Nursing, previous licensure
- ◆ Advanced Practice Nurse, New Hampshire Board of Registration in Nursing, previous licensure
- ◆ Advanced Practice Nurse, Maine Board of Registration in Nursing, previous licensure
- ◆ Advanced Practice Nurse, Arizona Board of Registration in Nursing
- ◆ Advanced Practice Nurse, North Carolina Board of Registration in Nursing, previous licensure
- ◆ DEA Registration—Arizona
- ◆ DEA Registration—Buprenorphine waiver
- ◆ ANCC certification—Family Nurse Practitioner
- ◆ ANCC certification—Psychiatric Mental Health Nurse Practitioner

Memberships

- ◆ Member, Sigma Theta Tau, Alpha Chi Chapter
- ◆ Member, American Nurses Association
- ◆ Member, American Academy of Nurse Practitioners
- ◆ Member, American Psychiatric Nurses Association

Publications

- ◆ Curtin, L., Gall, G., Vigue, B. (May 15, 2006). Legislative Column "Safe Staffing in Massachusetts: A Year of Legislative Action" *Online Journal of Issues in Nursing*. Available at: <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume112006/No2May06/SafeStaffinginMassachusettsAYearofLegislativeAction.html>.
- ◆ Vigue, B. (2019). Mitigating Prescription Opioid Risk: Prescription Drug Monitoring Programs. Available at: https://scholarworks.umass.edu/nursing_dnp_capstone/198.



OFFICE OF THE SHERIFF
JOSEPH DEDMAN, JR., SHERIFF
APACHE COUNTY, ARIZONA



John F. Hogeboom
President/CEO
Community Bridges, Inc.
1855 W. Baseline Road, Suite 101
Mesa, AZ 85202

Dear John Hogeboom,

This letter of support is being provided to Community Bridges, Inc. (CBI), a leading partner in delivering quality substance use and other behavioral health services. CBI works closely with our law enforcement agency and provides an array of services in justice involved settings. Their service continuum allows them to respond quickly to a multitude of needs. We have found their partnership here in Apache County to be invaluable in our community. Our organization extends its support and will provide a reference for their continued efforts in treating substance abuse and mental health services for incarcerated individuals in Cochise County.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Cirivello", written over a horizontal line.

Commander M. Cirivello

HONORED TO SERVE, PROUD TO PROTECT

P.O. BOX 518 · 370 S. WASHINGTON · ST. JOHNS, AZ 85936 · PHONE: (928) 337-4321 · FAX: (928) 337-2709



NAVAJO COUNTY PROBATION DEPARTMENT
Superior Court – State Of Arizona

Dale Nielson
Presiding Judge

Jason Cash
Chief Probation Officer

John F. Hogeboom
President/CEO
Community Bridges, Inc.
1855 W. Baseline Road, Suite 101
Mesa, AZ 85202

Dear John Hogeboom,

This letter of support is being provided to Community Bridges, Inc. (CBI), a leading partner in delivering quality substance use and other behavioral health services. CBI works closely with our criminal justice agency and provides an array of services in justice involved settings. Their service continuum allows them to respond quickly to a multitude of needs. We have found their partnership to be invaluable in our community. Our organization extends its support and will provide a reference for their continued efforts in treating substance abuse and mental health services for incarcerated individuals in Cochise County.

Sincerely,

Jason Cash
Chief Probation Officer

Mike Johnson – Chief Deputy
Travis Baxley – Task Force Commander
Sarah White – Chief Administrative Officer
Tim Scott – Lt. Northern District
Virgil Dodd – Lt. Southern District



Matthew Binney, Undersheriff
Justin Solberg – Jail Commander
Dennis Newman – Lieutenant
Erich Kenney- Lieutenant
Jared Osborn - Lieutenant

Office of
Sheriff of Gila County
J. Adam Shepherd

September 15, 2021

John F. Hogeboom
President/CEO
Community Bridges, Inc.
1855 W. Baseline Road, Suite 101
Mesa, AZ 85202

Dear Mr. Hogeboom,

This letter of support is being provided to Community Bridges, Inc. (CBI), a leading partner in delivering quality substance use and other behavioral health services. CBI works closely with the Gila County Sheriff's Office and provides an array of services in justice involved settings. Their service continuum allows them to respond quickly to a multitude of needs. We have found their partnership to be invaluable in both our community and Detention Facilities. Our organization extends its support and will provide a reference for their continued efforts in treating substance abuse and mental health services for incarcerated individuals in Cochise County.

Sincerely,

A handwritten signature in black ink that reads "Justin M. Solberg".

Justin M. Solberg
Jail Commander, Gila County Sheriff's Office



Payson Police Department

Chief of Police
Ronald J. Tischer
Lieutenant
Jason Hazelo

303 N. Beeline Highway
Payson, AZ 85541
(928) 474-5177

John F. Hogeboom
President/CEO
Community Bridges, Inc.
1855 W. Baseline Road, Suite 101
Mesa, AZ 85202

September 15, 2021

Dear John Hogeboom,

This letter of support is being provided to Community Bridges, Inc. (CBI), a leading partner in delivering quality substance use and other behavioral health services. CBI works closely with our law enforcement agency and provides an array of services in justice involved settings. Their service continuum allows them to respond quickly to a multitude of needs. We have found their partnership to be invaluable in our community. Our organization extends its support and will provide a reference for their continued efforts in treating substance abuse and mental health services for incarcerated individuals in Cochise County.

Sincerely,

Ronald J. Tischer
Chief of Police, Payson, AZ



Yuma County – Yuma, Arizona

OFFICE OF THE SUPERIOR COURT
ADULT PROBATION DEPARTMENT
405 SOUTH MAIN STREET
YUMA, ARIZONA 85364
928-329-2210
FACSIMILE 928-329-1037



RYAN M. BYRD
CHIEF ADULT PROBATION OFFICER

DAVID M. HAWS
PRESIDING JUDGE

September 20, 2021

John F. Hogeboom
President/CEO
Community Bridges, Inc.
1855 W. Baseline Road, Suite 101
Mesa, AZ 85202

Dear John Hogeboom,

This letter of support is being provided to Community Bridges, Inc. (CBI), a leading partner in delivering quality substance use and other behavioral health services. CBI works closely with our law enforcement and provides an array of services in justice involved settings. Their service continuum allows them to respond quickly to a multitude of needs. We have found their partnership to be invaluable in our community. Our organization extends its support and will provide a reference for their continued efforts in treating substance abuse and mental health services for incarcerated individuals in Cochise County.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ryan M. Byrd", is written over a horizontal line.

Ryan M. Byrd
Chief Probation Officer
Yuma County Adult Probation