



**MEETING OF THE  
WASHINGTON COUNTY QUORUM COURT  
COUNTY SERVICES COMMITTEE**

Monday, October 30, 2023  
6:00 P.M.  
Washington County Quorum Court Room

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**A G E N D A**

**1. CALL TO ORDER AND WELCOME**

**2. PRAYER AND PLEDGE**

**3. ADOPTION OF AGENDA**

At the beginning of each meeting, the agenda shall be approved. Any JP may request an item be added or removed from the agenda subject to approval of the Committee.

**REPORTS**

**4. JUVENILE DETENTION- DIRECTOR CHRIS TINSLEY**

- Monthly Statistics Report (4.1-4.6)

**5. SHERIFF'S OFFICE- SHERIFF JAY CANTRELL**

- Monthly Activity Report (5.1)

**NEW BUSINESS**

**6. PRESENTATION ON NWA CSU- DIRECTOR KRISTEN MCCALLISTER**

**7. AN ORDINANCE PROHIBITING THE USE OF COMPRESSION RELEASE ENGINE BRAKES IN WASHINGTON COUNTY; AND, FOR OTHER PURPOSES.**

Item 23-O-139a (7.1)

**8. AN ORDINANCE AMENDING ORDINANCE 2018-50 TO UPDATE THE FAMILY AND MEDICAL LEAVE POLICY IN THE WASHINGTON COUNTY EMPLOYEE HANDBOOK.** Item 23-O-146 (8.1)

**9. AN ORDINANCE AMENDING ORDINANCE 2018-50 TO UPDATE THE WORKERS' COMPENSATION POLICY IN THE WASHINGTON COUNTY EMPLOYEE HANDBOOK.** Item 23-O-147 (9.1)

**10. PUBLIC COMMENT**

Twelve-minute comment period with a three-minute limit for each individual to comment on items on the agenda.

**11. ADJOURNMENT**



Washington County Juvenile Detention Center  
885 Clydesdale  
Fayetteville, AR 72701  
Christopher B. Tinsley, Director  
444-1670, ext.3

Patrick Deakins  
Washington County Judge

# Memo

To: Judge Patrick Deakins  
From: Christopher B. Tinsley, **Director** *Christopher B. Tinsley*  
CC: Lance Johnson, Sabrina Mason, Brittany Thornton, Cassie Fields, Kendrick Sexton  
Date: **October 02, 2023**  
Re: Juvenile Detention Monthly Statistics Report, **September 2023**

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Please find attached the following statistical reporting for the Washington County Juvenile Detention Center for the month of **September 2023**:

- Daily population count
- Detention data comparisons for **2022** and **2023**
- Totals and averages, **2022** and **2023**
- Average daily population for **September** : **10.60**
- Number of transports: **0**

## Washington County Juvenile Detention Center Daily Population Count for September 2023

The information contained within this report was developed using the center's daily population count forms, which were designed to provide the Juvenile Court staff with daily population information.

### September 2023

					01 <b>Population 07</b>	02 <b>Population 07</b>
03 <b>Population 07</b>	04 <b>Population 07</b>	05 <b>Population 07</b>	06 <b>Population 07</b>	07 <b>Population 07</b>	08 <b>Population 07</b>	09 <b>Population 06</b>
10 <b>Population 05</b>	11 <b>Population 06</b>	12 <b>Population 07</b>	13 <b>Population 07</b>	14 <b>Population 07</b>	15 <b>Population 07</b>	16 <b>Population 07</b>
17 <b>Population 07</b>	18 <b>Population 07</b>	19 <b>Population 12</b>	20 <b>Population 12</b>	21 <b>Population 12</b>	22 <b>Population 12</b>	23 <b>Population 12</b>
24 <b>Population 11</b>	25 <b>Population 12</b>	26 <b>Population 12</b>	27 <b>Population 12</b>	28 <b>Population 14</b>	29 <b>Population 14</b>	30 <b>Population 12</b>
					Day of Month	Daily Population

## Washington County Juvenile Detention Center Detention Data Comparisons

The following information is a comparison of detention data elements for the month of **September** for **2022** and **2023**.

Statistical Information	2022	2023
Average number of intakes per day	0.87	0.80
Number of intakes (total for period)	26	24
Number of days of detention (total for period)	172	129
Average age	15.04	15.08
Average length of stay	6.62	5.38

Top Five Offenses Used for Detention			
2022		2023	
Offense	# of Intakes	Offense	# of Intakes
Battery 3 <sup>rd</sup> (Misdemeanor)	5	Battery 3 <sup>rd</sup> (Misdemeanor)	4
Assault (Misdemeanor)	3	Assault (Misdemeanor)	2
Disorderly Conduct (Misdemeanor)	3	Battery 2 <sup>nd</sup> (Felony)	2
Battery (Misdemeanor)	2	Disorderly Conduct (Misdemeanor)	2
Battery 2 <sup>nd</sup> (Felony)	2	Resisting Arrest (Misdemeanor)	2

\*Minor in Possession of liquor/alcohol is a status offense alone because it is not a criminal offense as an adult; therefore, this charge is generally accompanied by another criminal offense or violation.

# Washington County Juvenile Detention Center

## Totals and Averages

This report covers 30 days 9/1/2023 to 9/30/2023

The Avg. Daily Intake is 0.80

<b>Intakes</b>	24
<b>Days of Detention</b>	129
<b>Average Age</b>	15.08
<b>Average Stay</b>	5.38

## Totals and Averages by County and Percentage of Facility Use

**Start Date** 9/1/2023 **End Date** 9/30/2023

This report covers 30 days

<b>County</b>	<b># Intakes</b>	<b># Detention Days</b>	<b>Average Stay</b>	<b>Av. Daily Intake</b>	<b>Percentage of Total Days</b>
Washington	24	129	5.38	0.80	100.00 %
	24	129	5.38	0.80	100.00 %

## Totals and Averages by Court

<b>Court</b>	<b># of Intakes</b>	<b># of Days</b>	<b>Avg. Stay</b>
<b>Division 3</b>	14	90	6.43
<b>Division 8</b>	10	39	3.90

# Washington County Juvenile Detention Center

## Totals and Averages

This report covers 30 days 9/1/2022 to 9/30/2022  
 The Avg. Daily Intake is 0.87

<b>Intakes</b>	26
<b>Days of Detention</b>	172
<b>Average Age</b>	15.04
<b>Average Stay</b>	6.62

## Totals and Averages by County and Percentage of Facility Use

**Start Date** 9/1/2022 **End Date** 9/30/2022

This report covers 30 days

<b>County</b>	<b># Intakes</b>	<b># Detention Days</b>	<b>Average Stay</b>	<b>Av. Daily Intake</b>	<b>Percentage of Total Days</b>
Madison	3	20	6.67	0.10	11.63 %
Washington	23	152	6.61	0.77	88.37 %
	26	172	6.62	0.87	100.00 %

## Totals and Averages by Court

<b>Court</b>	<b># of Intakes</b>	<b># of Days</b>	<b>Avg. Stay</b>
<b>Division 8</b>	14	99	7.07
<b>Division 3</b>	12	73	6.08

## Average Daily Population

	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023
<b>Total admits</b>	40	44	43	26	27	33
<b>Total days</b>	386	557	386	278	198	318
<b>Average daily population</b>	12.87	17.97	12.87	8.97	6.39	10.60

## September 2023

Currently Holding	Last Day of The Month
0	Sentenced
3	Adult charged youth currently holding
1	FINS
0	DYS
0	Early release to treatment or other appropriate facility (Includes other county holds)
0	CSTP
1	Sent to acute placement



## September Transports

0	Total Transports
0	Local Transports
0	Out of town transports
0/0/0	Law Enforcement/Other agency transported/parent or legal guardian
0	JDC transports



# **OFFICE OF THE SHERIFF**



## **WASHINGTON COUNTY, ARKANSAS**

A TRADITION OF SERVICE SINCE 1828

JAY CANTRELL, SHERIFF

### Activity Report

09/16/2023 - 10/15/2023

	Current	Prior Year
Calls for Service:	<b>2,152</b>	<b>1,822</b>
Detention Intakes:	<b>895</b>	<b>852</b>
Sent To Prison:	<b>60</b>	<b>31</b>
Daily Average High Count:	<b>808</b>	<b>818</b>
State Prisoner ADP:	<b>170</b>	<b>111</b>
Federal Prisoner ADP:	<b>74</b>	<b>69</b>
Pre-Trial ADP:	<b>495</b>	<b>557</b>
County Commit ADP:	<b>12</b>	<b>19</b>

\*ADP = Average Daily Population

**Crisis Stabilization Unit Report**

State Fiscal Year: 2024  
 Provider: Northwest Arkansas CSU (Washington Co.)  
 Report Completed by: Jessica Farmer  
 Send Report to: [BH.Reporting@DHS.Arkansas.gov](mailto:BH.Reporting@DHS.Arkansas.gov)

**REFERRALS FOR CSU ASSESSMENT**

**REFERRALS FOR CSU ASSESSMENT- TOTAL** number (includes all types of referrals (pho

**ORIGINATION**

**REFERRAL SOURCE**

Referral Source-- law enforcement agency  
 Referral Source-- Community Mental Health Center  
 Referral Source-- Emergency Department  
 Referral Source-- self  
 Referral Source-- other source

**REFERRING COUNTY**

Referring County-- Benton  
 Referring County-- Carroll  
 Referring County-- Boone  
 Referring County-- Washington  
 Referring County-- Madison  
 Referring County-- Newton  
 Referring County-- Other/Unknown

**OUTCOME**

**RECOMMENDED FOR IN-PERSON ASSESSMENT**

Referral Outcome-- # recommended for in-person assessment  
 Referral Outcome-- # recommended for in-person assessment but as

**NOT RECOMMENDED FOR IN-PERSON ASSESSMENT**

Referral Outcome: Not Recommended for In-Person Assessment-- # due  
 Referral Outcome: Not Recommended for In-Person Assessment-- # due  
 Referral Outcome: Not Recommended for In-Person Assessment-- # due  
 Referral Outcome: Not Recommended for In-Person Assessment-- # due  
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 Referral Outcome: Not Recommended for In-Person Assessment-- # due  
 Referral Outcome: Not Recommended for In-Person Assessment-- **TOTA**

**ASSESSMENTS**

**Assessments- TOTAL** number of initial face to face assessments

**ASSESSMENTS NOT RESULTING IN ADMISSION**

Assessments NOT Resulting in Admission-- # due to physical health unsta  
 Assessments NOT Resulting in Admission-- # due to behaviorally unstable  
 Assessments NOT Resulting in Admission-- # due to triaged to medical de  
 Assessments NOT Resulting in Admission-- # due to client refused  
 Assessments NOT Resulting in Admission-- # due to did not meet medica  
 Assessments NOT Resulting in Admission-- # due to CSU at capacity  
 Assessments NOT Resulting in Admission-- # due to other reason  
 Assessments NOT Resulting in Admission-- **TOTAL (auto-calculated)**

**Assessments- TOTAL** number of behavioral health assessments

**ADMISSIONS**

Admissions-- TOTAL number (clients may be duplicated)

Re-Admissions-- TOTAL number

**PRIMARY PRESENTING CONDITION**Admissions with Primary Presenting Condition of-- mental health conditionAdmissions with Primary Presenting Condition of-- substance-induced conditionAdmissions with Primary Presenting Condition of-- co-occurring substance condition**RISK FACTORS OF ADMISSIONS TO CSU (clients may be duplicated)**Admission with Risk Factor-- # deemed suicidalAdmission with Risk Factor-- # deemed self-harmfulAdmission with Risk Factor-- # deemed dangerous to others**ADMISSION TYPE**Admission Type-- # voluntary stayAdmission Type-- # court-ordered**CLIENT DEMOGRAPHICS****GENDER**Unduplicated Count by Gender-- # maleUnduplicated Count by Gender-- # femaleUnduplicated Count by Gender-- # (trans) manUnduplicated Count by Gender-- # (trans) womanUnduplicated Count by Gender-- # non-binaryUnduplicated Count by Gender-- # otherUnduplicated Count by Gender-- # unknown**RACE**Unduplicated Count by Race-- # WhiteUnduplicated Count by Race-- # Black/African AmericanUnduplicated Count by Race-- # Native American/Alaska NativeUnduplicated Count by Race-- # Native Hawaiian/Other Pacific IslanderUnduplicated Count by Race-- # AsianUnduplicated Count by Race-- # more than one raceUnduplicated Count by Race-- # unknown/unspecified**ETHNICITY**Unduplicated Count by Ethnicity-- # HispanicUnduplicated Count by Ethnicity-- # non-HispanicUnduplicated Count by Ethnicity-- # Unknown**DISCHARGES**

Discharges- TOTAL number (clients may be duplicated)

Discharges- TOTAL number of unduplicated clients discharged**DISPOSITION**Discharge Disposition-- # to a home or residenceDischarge Disposition-- # to substance abuse treatment or detoxDischarge Disposition-- # to hospitalDischarge Disposition-- # to jail or law enforcement custodyDischarge Disposition-- # to mental health facilityDischarge Disposition-- # to therapeutic communityDischarge Disposition-- # to Arkansas State HospitalDischarge Disposition-- # to other hospital for acute psychiatric careDischarge Disposition-- # to homeless shelterDischarge Disposition-- # with other dispositionDischarge Disposition-- # with unknown disposition**FOLLOW-UP**Discharge Follow-Up-- # discharged with follow-up treatment plan

Discharge Follow-Up-- # discharged without follow-up treatment plan  
Discharge Follow-Up-- # discharged without follow-up treatment plan due

#### DISCHARGE REFERRALS

Discharges referred to-- CMHC for behavioral health services  
Discharges referred to-- other behavioral health services  
Discharges referred to-- job placement services  
Discharges referred to-- transportation services  
Discharges referred to-- housing services  
Discharges referred to-- other community services

#### LENGTH OF STAY

Length of Stay-- average stay (in hours) for the month (based on all discharges)  
Length of Stay-- # stays over 72 hours

#### FINANCIAL DATA

##### HEALTHCARE COVERAGE AT TIME OF CSU ADMISSION

Coverage at Admission-- traditional Medicaid  
Coverage at Admission-- original Medicare  
Coverage at Admission-- commercial insurance (including ARHOME, Medi  
Coverage at Admission-- self-pay/indigent  
Coverage at Admission-- applied for coverage at CSU  
Coverage at Admission-- not enrolled or unknown  
Reason not enrolled-- resident of another state  
Reason not enrolled-- started application, but client left AMA  
Reason not enrolled-- started application, but client was transferred  
Reason not enrolled-- client is undocumented  
Reason not enrolled-- client reports having insurance, but unable to verify  
Reason not enrolled-- tried to assist with application, but client refused  
Reason not enrolled-- other reason (please explain)

##### CLIENT HEALTHCARE REIMBURSEMENTS (for any service rendered)

Dollar Amount of Reimbursements-- by traditional Medicaid  
Dollar Amount of Reimbursements-- by original Medicare  
Dollar Amount of Reimbursements-- by commercial insurance (including  
Dollar Amount of Reimbursements-- by other sources  
Dollar Amount of Reimbursements-- TOTAL (auto-calculated)

#### BED DAYS

ACU Bed Days-- # non-reimbursable  
ACU Bed Days-- # that received reimbursement  
ACU Bed Days-- TOTAL (auto-calculated)

#### QUALITY METRICS

Incidents-- # clients referred by law enforcement for services & delayed n  
Incidents-- # medication errors  
Incidents-- # assaults against clients  
Incidents-- # assaults against staff  
Incidents-- # client injuries  
Incidents-- # property damage over \$100  
Incidents-- # facility calls for law enforcement support (e.g. 911)  
Incidents-- # facility calls for ambulance  
Incidents-- # client left AMA  
Incidents-- # arrested on the grounds  
Incidents-- # short staffing incidents  
Incidents-- # other incidents

**Incidents-- TOTAL (auto-calculated from above)**

one, in person, etc)

assessment not completed

- to physical health unstable
- to behaviorally unstable/dangerous
- to triaged to medical detox
- to client refused
- to did not meet medical necessity
- to CSU at capacity
- to other reason (Please explain)

**L (auto-calculated)**

- ble
- e/dangerous
- to
- l necessity





e to leaving AMA

arges)

igap, Part C/Medicare, etc.)

to higher level of care

erify

ed (including 2nd refusal once more stable)

ARHOME, Medigap, Part C, etc.)

more than 30 min for any reason



Item 23-O-139a

Requested by: Justice of the Peace Charles Dean  
Drafted by: County Attorney Brian R. Lester

**ORDINANCE NO. 2023-**

**BE IT ENACTED BY THE QUORUM COURT OF THE COUNTY OF WASHINGTON, STATE OF ARKANSAS, AN ORDINANCE TO BE ENTITLED:**

**AN ORDINANCE PROHIBITING THE USE OF COMPRESSION RELEASE ENGINE BRAKES IN WASHINGTON COUNTY; AND, FOR OTHER PURPOSES.**

**WHEREAS**, the use of compression release engine braking systems within the limits of Washington County, Arkansas, has generated excessive noise leading to complaints and disturbances among residents; and,

**WHEREAS**, in the interest of public health, safety, and welfare, it is deemed necessary by the Quorum Court of Washington County to regulate such noises within its jurisdiction.

**NOW, THEREFORE, BE IT ORDAINED BY THE QUORUM COURT OF WASHINGTON COUNTY, ARKANSAS:**

**ARTICLE 1.** “Compression release engine braking system” shall refer to an engine compression release brake system or any similar engine braking system which produces excessive noise.

**ARTICLE 2.** The use of compression release engine braking systems is hereby prohibited within the boundaries of Washington County, Arkansas, unless used in emergency situations where the safety of the driver or other motorists may be in jeopardy.

**ARTICLE 3.** Any individual, corporation, or entity found to be in violation of this ordinance shall be subject to a fine of \$500 for each offense. Each day a violation continues shall be considered a separate offense.

**ARTICLE 4.** Washington County shall post or cause to be posted signs at appropriate locations indicating the prohibition of the use of compression release braking systems within the County.

**ARTICLE 5.** Should any section, subsection, provision, clause, or any part of this ordinance be adjudged to be unconstitutional or invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part

43 so adjudged to be invalid.

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**ARTICLE 6.** This ordinance shall be enforced by the Washington County Sheriff's Office or any other appropriate law enforcement agency.

**ARTICLE 7.** This ordinance shall become effective immediately upon its adoption and publication.

\_\_\_\_\_  
PATRICK W. DEAKINS, County Judge

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BECKY LEWALLEN, County Clerk

Introduced by: JP Charles Dean  
Date of Adoption:  
Members Voting For:  
Members Voting Against:  
Members Abstaining:  
Members Absent:

Committee History: County Services 10/02/23: Tabled until next County Services Meeting  
Quorum Court History:

Item 23-O-146

Requested by: County Judge Patrick W. Deakins  
Drafted by: County Attorney Brian R. Lester

**ORDINANCE NO. 2023-**

**BE IT ENACTED BY THE QUORUM COURT OF THE COUNTY OF WASHINGTON, STATE OF ARKANSAS, AN ORDINANCE TO BE ENTITLED:**

**AN ORDINANCE AMENDING ORDINANCE 2018-50 TO UPDATE THE FAMILY AND MEDICAL LEAVE POLICY IN THE WASHINGTON COUNTY EMPLOYEE HANDBOOK.**

**WHEREAS**, the current Washington County Handbook was passed by Ordinance 2018-50; and,

**WHEREAS**, the County desires to update the Family and Medical Leave policy within the handbook.

**NOW, THEREFORE, BE IT ORDAINED BY THE QUORUM COURT OF WASHINGTON COUNTY, ARKANSAS:**

**ARTICLE 1.** Section 10 of the Benefits and Approved Leave portion of the Washington County Handbook 11-2018 is repealed in its entirety.

**ARTICLE 2.** The following policy is adopted:

**FAMILY AND MEDICAL LEAVE**

To provide eligible employees with family and medical leave benefits pursuant to the Family and Medical Leave Act of 1993, as amended (“FMLA”).

**General Family and Medical Leave Definitions**

**A. Parent:** For the purpose of this policy, “parent” is the biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a child. This does not include parents “in law.”

**B. Son or Daughter:** For the purpose of FMLA leave taken for birth or adoption, or to care for a family member with a serious health condition, son or daughter is defined as a biological, adopted or foster child, a stepchild, a legal ward, or child of an employee who is standing in loco parentis, who is either under age eighteen (18), or age eighteen (18) or older and incapable of self-care because of a mental or physical disability at the time that the FMLA leave is to commence.

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44 **C. Spouse:** A husband or wife as defined or recognized under State law for purposes of  
45 marriage in the state where the employee resides, including common law marriage.

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47 **D. Serious Health Condition:** An illness, injury, impairment, or a physical or mental  
48 condition that involves one of the following: Inpatient care (overnight stay); Incapacity  
49 requiring absence from work for more than three (3) calendar days and that involves  
50 continuing treatment by a health care provider; Continuing treatment by a health care  
51 provider for a chronic or long-term health condition that is incurable or which, if left  
52 untreated, would likely result in a period of incapacity for more than three calendar  
53 days; or Prenatal care by a health care provider.

54  
55 **E. Health Care Provider:** A doctor of medicine or osteopathy who is authorized to  
56 practice medicine or surgery by the state in which the doctor practices, or other persons  
57 determined by the United States Secretary of Labor to be capable of providing health  
58 care services. Others capable of providing health care include podiatrist, dentist, clinical  
59 psychologist, optometrist, chiropractor, nurse practitioner, nurse midwife, clinical social  
60 worker, physician assistant, or Christian Scientist Practitioners.

61  
62 **F. Continuing Treatment:** Two or more visits to a health care provider within 30-  
63 days of the commencement of the incapacity; or two (2) or more treatments by a health  
64 care practitioner on referral from, or under the direction of, a health care provider  
65 within 30-days of the commencement of the incapacity; or A single visit to a health care  
66 provider within seven days of the commencement of the incapacity that results in a  
67 regimen of continuing treatment.

### 68 69 **General Family and Medical Leave Provisions**

70  
71 The Family Medical Leave Act (FMLA) of 1993 requires employers with fifty (50) or  
72 more employees to offer up to twelve (12) weeks of unpaid, job-protected leave to  
73 eligible employees for certain family and medical reasons. The FMLA also allows an  
74 employee who is the spouse, son, daughter, or parent, or nearest blood relative of an  
75 injured Armed Services member to take the twelve (12) weeks of unpaid leave plus an  
76 additional fourteen (14) weeks, for a total of twenty-six (26) weeks. Eligible county  
77 employees may take unpaid leave for the following reasons:

- 78  
79 • The birth and care of the employee’s child;
- 80  
81 • The placement of a child into an employee’s family by adoption or by foster-care  
82 arrangement and to care for the newly placed child;
- 83  
84 • For spouse, son, daughter, or next of kin of an eligible service member to care  
85 for an injured service member that is seriously injured or ill in the line of active  
86 duty, up to twenty-six (26) weeks during a “single 12-month period;”
- 87  
88 • The care of an immediate family member (spouse, child or parent, but not a

parent “in-law”) who has a serious health condition;

- The inability of a county employee to work because of a serious health condition which renders the employee unable to perform the essential functions of his or her job; and

- For any qualifying exigency when the employee’s spouse, son, daughter, or parent is a covered military member (on active duty or is notified of an impending call to active duty) in support of a contingency operation.

You must conclude leave for the birth of a child or for adoption or foster care within twelve (12) months after the event. However, leave may begin prior to birth or placement, as circumstances dictate. In determining the amount of leave available to an employee for the reasons above, the county will consider any FMLA leave taken in the 12-month period. Washington County’s 12-month period will be defined as a calendar year January 1<sup>st</sup> to December 31<sup>st</sup>.

Leave entitlements for medical reasons are predicated upon the existence of a serious health condition suffered by you or an immediate family member. A serious health condition is an illness, injury, impairment, physical or mental condition that involves:

- Inpatient care in a hospital, hospice or residential medical care facility; or

- Continuing treatment by a health care provider for a chronic or long-term health condition:

- That is so serious if not treated, would likely result in a period of incapacity of more than three calendar days; or

- For prenatal care.

Generally, a condition will be considered a serious health condition if the condition or its treatment causes an employee to be absent from work on a recurring basis or for more than three calendar days.

FMLA requires that the County maintain the health coverage of an employee eligible for FMLA under any group plan during the time the employee is on FMLA leave.

### **FMLA Eligibility**

To be eligible for the FMLA benefits employees must: 1) be employed by the County for at least one year and 2) have worked 1250 hours over the previous twelve (12) months preceding the date of the leave is requested to begin. An employee returning from fulfilling his or her National Guard or Reserve military obligation shall be credited with the hours of service that would have been performed but for the period of military service in determining whether the employee worked the 1,250 hours of service.

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**Calculation of Leave**

Employees eligible for FMLA may use up to twelve (12) weeks of leave during a 12-month period measured forward from the date the employee’s first FMLA leave begins. Therefore, the 12-month period will begin on the first date FMLA leave is taken. The next 12-month period will begin on the first day FMLA leave is taken after completion of any previous 12-month period.

**Use of Paid Time off Benefits**

When leave is taken under FMLA, you will be required to first use your available accrued sick and vacation leave as well as any compensatory time during the twelve (12) week family leave before becoming eligible for unpaid leave. Using paid time off benefits does not add to the total length of the maximum 12-week leave permitted nor does approval of Catastrophic Sick Leave Benefits.

For example, Employee A has two (2) weeks of accrued vacation leave and two (2) weeks of accrued sick leave. Employee A requests and is granted four (4) weeks of FMLA leave. This leaves Employee A with eight (8) remaining weeks of available unpaid FMLA leave.

**Intermittent or Reduced Leave**

In circumstances where FMLA leave is sought for your own serious health condition or that of a family member, you may take leave intermittently or be placed on a reduced work schedule, if medically necessary. In addition, when you chose to use FMLA for the birth or adoption of a child, you may also take leave intermittently or be placed on a reduced work schedule. However, this may only be done with prior permission and approval of the employee’s Department Head or Elected Official and the Human Resource Director. If you request intermittent or reduced leave status, the County may in its sole discretion temporarily transfer you to another job, with equivalent pay and benefits, if another position would better accommodate the intermittent or reduced schedule. Furthermore, if the need to use leave is foreseeable and based on pre-planned and pre-scheduled medical treatment, you should schedule the treatment in a manner that does not unduly disrupt the County’s operations.

**Notification**

You must provide your Department Head or Elected Official and the Human Resource Director with thirty (30) days’ written notice of your need to be absent for FMLA purposes when the need is foreseeable or predictable. The County will provide appropriate forms on which to make known your need to be absent. However, if emergency circumstances prevent thirty (30) days’ written notification, you must notify your Department Head, Elected Official or Human Resources as soon as possible.

**Leave Provisions for Spouses both Working for the County**



181 In the event a husband and wife both work for the County, the maximum combined  
182 leave for both spouses is twelve (12) weeks, if FMLA leave is taken for the adoption or  
183 birth of a healthy child, or to take care of a sick parent.  
184 If FMLA leave is taken to care for an ill child, spouse, or for the employee's own serious  
185 illness, then each spouse is entitled to twelve (12) total weeks of leave.

### 186 187 **Job Restoration** 188

189 Employees granted FMLA leave will be returned to the same position held prior to the  
190 leave or one that is equivalent in pay, benefits and other terms and conditions of  
191 employment. A fitness for duty certification may be required prior to reinstatement.  
192

### 193 **Employee Benefits** 194

195 All employee accrual time such as sick, annual leave and holidays will freeze upon  
196 entering an FMLA leave status with the County. Accrual time lost due to leave time  
197 taken will not be reinstated if employee returns to full-time work status. However, once  
198 the employee returns to active duty their accrual of such time will resume. Note: The  
199 exception to this is if the employee is approved for Catastrophic Sick Leave Benefits then  
200 their regularly accrued sick benefits will be added to the Bank to ensure compliance with  
201 this policy.

202 County provided medical, dental and vision coverage will continue to be provided to  
203 employees on FMLA leave so as to not cause any further undue hardship to the  
204 employee or their family; however, upon returning to active status the employee will be  
205 required to reimburse the County for previously paid premiums within a reasonable  
206 timeframe\*. The Human Resource Department will coordinate this repayment plan.  
207 Additionally, any supplemental insurance that the employee may be enrolled in will be  
208 the responsibility of the employee to pay while on leave.

209  
210 *\* Missed premiums shall be withheld at twice the rate until they have been paid back to*  
211 *the county.*  
212

### 213 **Certification** 214

215 Medical certification by a qualified health care provider, is required for FMLA leave for  
216 medical reasons. A certification form may be obtained from Human Resources. This  
217 form should be filled out and returned to Human Resources. When the leave is  
218 foreseeable and at least 30-days' notice has been provided, the employee must provide  
219 the certification before the leave begins. When prior notice of the leave is not possible,  
220 the employee must provide the requested certification within fifteen (15) calendar days  
221 of the employee's departure, unless it is not practicable under the circumstances to do  
222 so, despite the employee's diligent good faith efforts. Employees who do not provide  
223 certification within these fifteen (15) calendar days must provide a reasonable  
224 explanation for the delay along with the certification.

225 Qualified health care providers include: doctors of medicine or osteopathy, podiatrists,  
226 dentists, clinical psychologists, optometrists, chiropractors, nurse practitioners, nurse-

227 midwives, clinical social workers and physician assistants authorized to practice under  
228 State law and performing within the practice under State law. Qualified health care  
229 providers also include Christian Science practitioners listed with the First Church of  
230 Christ, Scientist, in Boston, Massachusetts.

231

232 **Release to Return to Work**

233

234 A medical doctor's release is required for all County employees who return to work from  
235 a medical leave of five (5) working days or longer, which is taken for the employee's own  
236 serious health condition. Such release shall be provided to Human Resources prior to  
237 returning to work.

238

239 **Dispute Resolution**

240

241 If a disagreement occurs over the medical opinion provided by your physician, the  
242 County may require a second medical opinion from a qualified health care provider  
243 chosen by the County. The County will pay for a second or, if necessary, a third medical  
244 opinion. In the event a third opinion is deemed necessary, the County and the employee  
245 will jointly select the third qualified health care provider. The third opinion will be  
246 considered final.

247 Additional information and forms may be obtained from Human Resources.

248

249 **Applications for Use**

250

251 Washington County will apply the current FMLA rules and regulations. For additional  
252 information on FMLA please refer to the brochure available in Human Resources.

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258 \_\_\_\_\_  
PATRICK W. DEAKINS, County Judge

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260

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262 \_\_\_\_\_  
BECKY LEWALLEN, County Clerk

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264 Introduced by:

265 Date of Adoption:

266 Members Voting For:

267 Members Voting Against:

268 Members Abstaining:

269 Members Absent:

270

271

272 **Committee History:**

273 **Quorum Court History:**

Item 23-O-147

Requested by: County Judge Patrick W. Deakins  
Drafted by: County Attorney Brian R. Lester

**ORDINANCE NO. 2023-**

**BE IT ENACTED BY THE QUORUM COURT OF THE COUNTY OF WASHINGTON, STATE OF ARKANSAS, AN ORDINANCE TO BE ENTITLED:**

**AN ORDINANCE AMENDING ORDINANCE 2018-50 TO UPDATE THE WORKERS' COMPENSATION POLICY IN THE WASHINGTON COUNTY EMPLOYEE HANDBOOK.**

**WHEREAS**, the current Washington County Handbook was passed by Ordinance 2018-50; and,

**WHEREAS**, the County desires to update the Workers' Compensation policy within the handbook.

**NOW, THEREFORE, BE IT ORDAINED BY THE QUORUM COURT OF WASHINGTON COUNTY, ARKANSAS:**

**ARTICLE 1.** Section 19 of the Benefits and Approved Leave portion of the Washington County Handbook 11-2018 is repealed in its entirety.

**ARTICLE 2.** The following policy is adopted:

**ON-THE-JOB INJURY & WORKERS' COMPENSATION**

**8.01 POLICY**

In accordance with the Arkansas Workers' Compensation Act, Washington County provides benefits to those employees who are injured or contract a disease during the course and scope of employment (On-the-job injury).

**8.02 PROVISIONS OF THE WORKERS' COMPENSATION ACT**

Benefits include:

- A. Lifetime medical benefits for necessary treatment of compensable injuries and illnesses;
- B. Disability income benefits for a specified period of time and up to dollar limits established by law.

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By law, benefits are not payable if the injury:

- A. Is intentional or self-inflicted;
- B. Results from the employee’s horseplay or voluntary intoxication (either alcohol or drug-induced);
- C. Arises from voluntary participation in off-duty recreational, social, or sports events;
- D. Results from "acts of God," unless a person’s job exposes him or her to a greater than ordinary risk of injury from such acts; or
- E. Is inflicted by someone else for personal reasons unrelated to employment.

Refer to the Arkansas Workers’ Compensation Act for complete details regarding benefits, rules, procedures and dispute resolution. The website is: <https://law.justia.com/codes/arkansas/2020/title-11/chapter-9/>

**8.03 RESPONSIBILITIES**

**Human Resources**

Human Resources is responsible for administering the Workers’ Compensation program, and will have financial and operational oversight of the program. The county purchases insurance and the respective claims adjusters will determine compensability and adjust claims in accordance with the Arkansas Workers’ Compensation Act.

**Employees**

Employees shall report all on-the-job injuries to their supervisor immediately after an injury. They are also responsible for making sure medical documentation is promptly submitted to Human Resources following initial medical treatment, as well as after each subsequent medical treatment. Acceptable documentation for the initial treatment is patient discharge instructions from an emergency medical facility or similar medical documentation showing the employee’s diagnosis as well as possible return to work status. Employees are also responsible for completing the Form N, Employee’s Notice of Injury. Failing to do so in a timely manner could result in delay or lack of payment for treatment received as well as continued treatment.

**Supervisors**

Supervisors will ensure the injured employee receives prompt medical attention if required. They will investigate all accidents to identify causes, pinpoint unsafe conditions and prevent similar accidents from recurring. Supervisors will report all on-

89 the-job injuries to Human Resources no later than within one business day after  
90 notification by the employee; however, prompt notification is preferred. Supervisors  
91 must submit the Workers' Compensation – First Report of Injury or Illness and/or the  
92 Accident/On-the-Job Injury form(s) all of which are available through Human  
93 Resources or can be found on Washington County's website under the Workers'  
94 Compensation benefits tab. The instructions regarding how to complete the form are  
95 printed on the form. Supervisors are responsible for ensuring that all accident forms are  
96 completed properly with supplemental documentation and forwarded appropriately.

#### 97 98 **8.04 WORKERS' COMPENSATION**

99  
100 If you become injured or ill while you are at work due to a work-related incident, you  
101 may be eligible to receive workers' compensation. Workers' compensation is available to  
102 you by law to ensure that you get appropriate and reasonable medical care for injuries or  
103 illnesses sustained while you are on the job. Should your injury or illness require that  
104 you take an extended period of absence from work, you may be eligible for disability  
105 benefits through workers' compensation.

106  
107 An employee who suffers an occupational injury in the performance of his or her duty  
108 may receive workers' compensation benefits. In order for an employee to qualify for  
109 workers' compensation, the employee, unless rendered physically or mentally unable by  
110 the injury, must:

- 111  
112 1. Report the injury to his or her supervisor immediately after it occurs, if possible;  
113 otherwise, no later than the end of the working day in which the injury occurred;  
114 and
- 115  
116 2. Report the injury to the Human Resource Department within seventy-two (72)  
117 hours after the accident or injury.

118  
119 Rules and regulations concerning Workers' Compensation have been posted on  
120 department information boards.

121  
122 You are ***not*** to use emergency treatment facilities for on-the-job injuries unless the  
123 injury is a ***true*** emergency, or unless you are injured outside of normal county office  
124 hours. For medical treatment of all non-emergency workplace injuries, you or your  
125 supervisor should contact the Human Resource Department for a doctor's appointment.  
126 If a representative from Human Resources is unavailable then the employee's supervisor  
127 can attempt to make the appointment at the acceptable doctor's office(s) which are  
128 listed later on in this policy. All necessary documentation is still required to file the  
129 claim and a post-accident drug screen will be carried out following all accidents. For  
130 more information about post-accident drug-testing policies, please see Section (6.13),  
131 Drug and Alcohol Free Workplace.

132  
133 If you are injured on the job and are unable to work, you may be eligible to continue to  
134 draw regular salary using your accrued sick leave, compensatory time and/or vacation

135 time. Temporary disability checks received from Workers' Compensation Insurer will be  
136 provided to employees through the mail. The difference paid by the County will equal  
137 the employee's regular bi-weekly gross pay if the employee has sick or vacation time  
138 available to make-up the difference. If you do not have enough leave time to continue  
139 your salary, then you ***will not*** receive a paycheck from the county and you will keep any  
140 temporary disability checks you get from our Workers' Compensation Insurer.

## 141 **8.05 ON-THE-JOB-INJURY AND REPORTING PROCEDURES**

- 142 1. For emergency situations in which the injury or illness might threaten a person's  
143 life, do the following:
  - 144 • Call "911" immediately
  - 145 • Notify the injured or ill employee's Elected Official or Department Head  
146 immediately.
  - 147 • The notified party will then contact the Human Resource Administrator to  
148 file paperwork.
- 149 2. For urgent situations which are not life-threatening to the employee, but for  
150 which immediate treatment is required, do the following:
  - 151 • Notify the injured or ill employee's Elected Official or Department Head  
152 immediately.
  - 153 • If emergency transportation is not necessary, the injured or ill employee's  
154 Elected Official or Department Head will arrange transportation to either  
155 the emergency room or to the designated medical facility or first aid,  
156 whichever is appropriate.
- 157 3. For non-emergency situations which require medical attention during normal  
158 business hours (7:30 a.m. to 4:30 p.m. Monday through Friday), do the  
159 following:
  - 160 • Notify your Elected Official, Department Head and/or the Human  
161 Resource Administrator as soon as possible.
  - 162 • The Human Resource Administrator will make an appointment for you at  
163 the medical facility designated for you by the County.
- 164 4. For non-emergency situations which require medical attention before or after  
165 normal business hours (7:30 a.m. to 4:30 p.m. Monday through Friday).
  - 166 • Notify your Elected Official, Department Head, or direct supervisor as  
167 soon as possible.
  - 168 • The notified party or someone on their behalf will transport you to the  
169 nearest available clinic or emergency room.
  - 170 • The Human Resource Administrator or a Workers' Compensation  
171 representative will schedule follow-up care as soon as possible at the  
172 designated physician's office after treatment.
- 173 5. After treatment at the hospital and/or at the designated medical facility, you or  
174 someone on your behalf must provide your direct supervisor and/or Human  
175 Resources with any information provided by the physician's office regarding your  
176 medical condition, including, but not limited to:
  - 177 • Completed Workers' Compensation forms;
  - 178 • Follow-up appointment dates;

- 181 • Diagnosis of the injury or illness;
- 182 • Prognosis for recovery;
- 183 • Any specific work restrictions; and
- 184 • The date you can return to full duty (Note: A fitness for duty exam may be
- 185 required.).

186  
 187 This information should be given to the Human Resources within twenty-four (24)  
 188 hours from the date of the physician's visit or the following business day, whichever is  
 189 applicable. Additional paperwork may be required to process a claim through Workers'  
 190 Compensation; see the Human Resource Administrator for more information.

191  
 192 **8.06 CLINICS AND MEDICAL FACILITIES APPROVED FOR USE OF**  
 193 **TREATMENT**

194  
 195 **Physicians**

196  
 197 First option is to contact Conservative Care Occupational Health Clinic if an on-the-job  
 198 injury occurs during regular business hours. This should be coordinated through  
 199 Human Resources, but is not necessary for the injured employee to be seen initially so  
 200 as to not delay treatment.

201		
202	<b>Main Clinic:</b>	<b>2<sup>nd</sup> Option for treatment:</b>
203		
204	<b>Conservative Care Occupational Health</b>	<b>TBD by HR</b>
205	<b>4001 Wagon Wheel Rd</b>	
206	<b>Springdale, AR 72762</b>	
207	<b>Phone: (479) 725-3000</b>	

208  
 209 If Conservative Care Occupational Health Clinic (CCOHC) cannot see the employee in a  
 210 reasonable amount of time, then an alternative office will be selected by the Human  
 211 Resource Administrator. If for any reason CCOHC is not available at the Springdale  
 212 location then the other acceptable doctor would be CCOHC located in Lowell, AR.  
 213 Failure to utilize the approved medical provider for treatment could result in denial of  
 214 the employee's workers' compensation claim as well as disciplinary action, up to and  
 215 including termination of employment.

216  
 217 **Emergent Care**

218  
 219 If the employee is injured outside of regular business hours or if the injury is severe  
 220 enough to be considered an emergency then they may utilize the preferred following  
 221 places of treatment, however, in the event of an emergency the closest treating facility is  
 222 suggested:

223		
224	<b>Main Clinic:</b>	<b>2<sup>nd</sup> Option for treatment:</b>
225		
226	<b>Washington Regional</b>	<b>Northwest Health</b>

227 **Emergency Dept.**  
228 **3215 N. Northhills Blvd.,**  
229 **Fayetteville, AR 72703**

**Emergency Dept.**  
**1255 S Shiloh Dr.**  
**Fayetteville, AR 72701**

230  
231 If you have further questions regarding the County’s workers’ compensation procedures  
232 or policy please feel free to contact Human Resources.

233  
234 **Therapist**

235  
236 If any employee is in need of psychological or general counseling services the following  
237 clinic has been selected for approval through the County’s elected insurance plan:

238 Health Advocate through The Standard

239 <https://members.healthadvocate.com/ha/#/health/requesthelp>

240 Phone: 888.293.6948

241  
242 If you have further questions or need additional information on services offered through  
243 the above provider please contact Human Resources or the County’s Benefit Broker –  
244 JTS.

245  
246 **First Aid Care**

247  
248 If an employee is initially injured and only requires first aid care this can be carried out  
249 by the employee’s Department Head (if first aid certified) or by another who is qualified.  
250 Documentation of treatment will still be kept on applicable forms provided through  
251 Human Resources.

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253  
254 \_\_\_\_\_  
255 PATRICK W. DEAKINS, County Judge

\_\_\_\_\_  
DATE

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259 BECKY LEWALLEN, County Clerk

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261 Introduced by:

262 Date of Adoption:

263 Members Voting For:

264 Members Voting Against:

265 Members Abstaining:

266 Members Absent:

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269 Committee History:

270 Quorum Court History: