

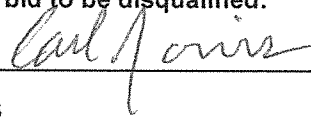
# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Harbor House, Inc. of Fort Smith, AR			
Address:	PO Box 4207			
City:	Fort Smith	State: Arkansas	Zip Code:	72914
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:	Carl Norris	Title:	CEO	
Phone:	(479)461-2321	Alternate Phone:	(479)785-4083	
Email:	cnorris@harborhouse.inc			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Bid Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
COMBINED CERTIFICATIONS FORM				
Prospective Contractor has included in this submission packet the signed <i>Attachment H: Combined Certifications for Contracting with the State of Arkansas</i> .				

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

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

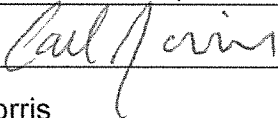
Authorized Signature:  Title: CEO

Printed/Typed Name: Carl Norris Date: March 6, 2025

## SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Harbor House, Inc. (Carl Norris, CEO)	Date:	March 6, 2025
Signature:		Title:	CEO
Printed Name:	Carl Norris		

## PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

*Type or Print the following information.*

Subcontractor's Company Name	Street Address	City, State, ZIP

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

## COUNTIES

Instructions: Select each county in which services can be provided by the Prospective Contractor.

Arkansas	
Ashley	
Baxter	X
Benton	X
Boone	X
Bradley	
Calhoun	
Carroll	X
Chicot	
Clark	X
Clay	
Cleburne	X
Cleveland	X
Columbia	X
Conway	X
Craighead	
Crawford	X
Crittenden	
Cross	
Dallas	X
Desha	
Drew	
Faulkner	X
Franklin	X
Fulton	

Garland	X
Grant	X
Greene	
Hempstead	X
Hot Spring	X
Howard	X
Independence	
Izard	
Jackson	
Jefferson	X
Johnson	X
Lafayette	X
Lawrence	
Lee	
Lincoln	
Little River	X
Logan	X
Lonoke	
Madison	X
Marion	X
Miller	X
Mississippi	
Monroe	
Montgomery	X
Nevada	X

Newton	X
Ouachita	X
Perry	X
Phillips	
Pike	X
Poinsett	
Polk	X
Pope	X
Prairie	
Pulaski	
Randolph	
Saline	X
Scott	X
Searcy	X
Sebastian	X
Sevier	X
Sharp	
St. Francis	
Stone	
Union	X
Van Buren	X
Washington	X
White	X
Woodruff	
Yell	X

All counties (Statewide)	
--------------------------	--

## SERVICE TYPES

Instructions: Select each type of substance abuse treatment service that can be provided by the Prospective Contractor. **All services will include intake and assessment.**

Residential - Full day	X
Residential - Partial Day	X
Residential - Adolescent	
Outpatient – Individual	X
Outpatient – Family	X
Outpatient – Group	X

Outpatient – multi-family group	X
Outpatient – Adolescent	
Outpatient - Intensive	X
Specialized Women Services	X
RADD Observation Detox	X
Medication Management	

## SECTION 2.4 MINIMUM QUALIFICATIONS



Currently enrolled as a service provider in the Arkansas Medicaid Program. Prospective Contractor's Medicaid Service Provider Number: \*See below



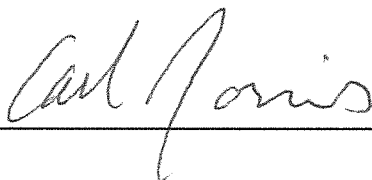
NOT currently enrolled as a service provider in the Arkansas Medicaid Program.

- \* Harbor Recovery Center #309216526
- \* Gateway Recovery Center #238020526
- \* Harbor Behavioral Health Fort Smith #236252526
- \* Hot Springs Residential #266523526
- \* Hot Springs Outpatient #315593526
- \* Fayetteville Outpatient #297954526
- \* Rogers Outpatient #298264526
- \* Russellville Outpatient #298246526
- \* Conway Outpatient #310222526

## STATEMENT OF ATTESTATION

The Contractor **must** be enrolled as a service provider in the Arkansas Medicaid Program by the contract start date of May 1, 2024. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment. Any enrollment information after the bid opening must be submitted to ....

By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

Authorized Signature: \_\_\_\_\_

Printed/Typed Name: Carl Norris Date: March 6, 2025

Attachment A:  
Executive Order 98-04  
Disclosure Form

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action Number \_\_\_\_\_

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: \_\_\_\_\_

☐ Yes ☒ No Harbor House, Inc. of Fort Smith, AR

TAXPAYER ID NAME: Harbor House, Inc. of Fort Smith, AR

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Norris FIRST NAME: Carl

M.I.: \_\_\_\_\_

ADDRESS: PO Box 4207

CITY: Fort Smith

STATE: AR

ZIP CODE: 72914

COUNTRY: USA

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

### FOR INDIVIDUALS \*

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

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

☒ None of the above applies

### FOR AN ENTITY (BUSINESS) \*

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

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

☒ None of the above applies

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action Number \_\_\_\_\_

## Contract and Grant Disclosure and Certification Form

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

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

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

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

Signature Carl Norris Title CEO Date 3/6/25

Vendor Contact Person Carl Norris, CPA Title CEO Phone No. 479-785-4083

Agency use only

Agency Number \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Contact Person \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

Contract or Grant No. \_\_\_\_\_

# Equal Opportunity Policy For Harbor House, Inc.

## **EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

### **Policy:**

It is the policy of HARBOR HOUSE, INC. to base personnel policies and procedures on the principles which are in compliance with established criteria, including, but not limited to, Federal and State regulations, to include compliance with Title VI/Title VII of the 1964 Civil Rights Law, and guidelines of the Equal Employment Opportunities Commission (EEOC) currently in force and standards of certifying and accrediting agencies.

### **Purpose:**

The purpose of this policy is to assure equal employment opportunity for applicants and employees in all aspects of personnel administration. This is done without regard to political affiliation, race, color, religion, national origin, age, gender, disability, sexual orientation, gender identification, marital status, veteran status or any other non-merit factor. Exceptions factor in when a bona fide occupational requirement exists. Proper regards are put in place as they pertain to the privacy and constitutional rights of citizens, prohibiting discrimination against any person on the basis of such non-merit factors.

### **Procedure:**

- Recruit, select, and advance employees on the basis of their relative abilities, knowledge and skill.
- Provide equitable and adequate compensation.
- Provide training opportunities for employees, as identified, to support high-quality performance and promote career development.
- Retain employees on the basis of the adequacy of their performance, to support correction of inadequate performance, and to separate employees whose inadequate performance is not corrected.
- HARBOR HOUSE, INC., if required by law, will establish a written affirmative action program to achieve prompt and full utilization of minorities, the disabled, Vietnam-era or disabled veterans, and women at all levels and in all segments of the work force. The results of the program would be reviewed annually, and the program modified as necessary to achieve its stated objective.
- Process any claims of discrimination in accordance with applicable laws and internal policies/procedures.
- The program will not employ any person currently receiving substance abuse treatment services. This also prohibits the use of clients to monitor any components of the program.
- Former substance abuse clients shall not provide direct treatment services or monitoring for at least twelve (12) months after their discharge from substance abuse treatment; the decision to employ former clients shall be determined on an individual basis.
- Employees must have at least a GED as well as any other required education for the job.
- Employees must have a valid driver's license and be at least 21 years of age.
- A description of the policies and procedures used to demonstrate compliance with the guidelines of the EEOC currently in force shall be prominently displayed within the office and copies will be made available upon request.
- Harbor House, Inc. is not a federal contractor and does not fall under Executive Order 11246.

## **FAIR LABOR STANDARDS ACT COMPLIANCE**

### **Policy:**

It is the policy of HARBOR HOUSE, INC. to abide by the Fair Labor Standards Act (FLSA).

### **Purpose:**

The purpose of HARBOR HOUSE, INC.'s Fair Labor Standards Act compliance policy is to ensure operation within the legal guidelines of the FLSA.

### **Procedure:**

- Minimum wage, or above, as regulated by law and as posted at HARBOR HOUSE, INC., is paid to all covered employees.
- The HR Manager in conjunction will make exempt and non-exempt designations from the overtime provisions of the FLSA for each position with the CEO.
- Bona fide executive, administrative, and professional employees are exempt from the minimum wage and overtime provisions of the FLSA.
- All non-exempt employees will be paid the standard overtime rate for any actual hours worked over 40 per week. Overtime pay must be approved by the employee's supervisor.
- For computation of overtime, actual hours worked does not include PTO or injury leave, or travel time.
- The work schedule for all employees, exempt and non-exempt, may be adjusted according to HARBOR HOUSE, INC.'s needs.
- Paid work breaks are scheduled by supervisors.
- Exempt, salaried employees of HARBOR HOUSE, INC. are expected to work at least 40 hours per week. Any deviation resulting in less than 40 hours per week must be approved by their supervisor and/or the CEO.

## **HARASSMENT**

### **Policy:**

It is the policy of HARBOR HOUSE, INC. to expressly prohibit any form of unlawful employee harassment. HARBOR HOUSE, INC. requires employees to treat each other with mutual respect.

### **Purpose:**

The purpose of HARBOR HOUSE, INC.'s harassment policy is to prevent improper interference with the ability of HARBOR HOUSE, INC.'s employees to perform position functions and duties.

### **Procedure:**

- It is the responsibility of all management personnel to create an atmosphere free of discrimination and harassment, sexual or otherwise; including belittling, mockery, etc.
- Harassment is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of that person's race, skin color, religion, gender, national origin, age or disability, sexual orientation, gender identification, or veteran status or that person's relatives, friends or associates and that
- Has the purpose or effect of creating an intimidating, hostile or offensive work environment.
- Has the purpose or effect of unreasonable interference with the individual's work performance and otherwise adversely affects the individual's employment opportunities
- Harassing conduct including epithets, slurs, negative stereotyping or threatening, intimidating or hostile acts and written (to include disbursement through company e-mail) or graphic material that denigrates or shows hostility is prohibited. Unwelcome physical or verbal behavior, offensive jokes, belittling comments, slurs, epithets, name
- Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual or otherwise offensive nature, especially when:
  - Submission to such conduct is made explicitly or implicitly as a condition of employment;
  - Submission to or rejections of such conduct is used as the basis for decisions affecting an individual's continued employment;
  - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment;
  - Sexually harassing conduct including unwelcome offensive comments, jokes, innuendos and other sexually oriented statements is prohibited to include communication through company e-mail.
- Employees are responsible for respecting the rights of their co-workers.
- Behavior that a reasonable person would consider offensive in the workplace, Even if it does not rise to the level of unlawful conduct, violates the respect rule.
- Interactions are to be guided by courtesy and common sense.
- Violations of the respect rule are reported to the appropriate supervisor, Grievance Officer, Chief Compliance Officer or CEO. Confidentiality will be maintained to the maximum extent possible.
- Employees are responsible for promptly reporting all perceived harassment based on gender, race, religion, national origin, age, disability, sexual orientation, gender identification, veteran status or any other factor to the appropriate supervisor, Grievance Officer, Chief Compliance Officer or CEO. Confidentiality will be maintained to the maximum extent possible.

- Supervisors or managers who have received a harassment report are responsible for promptly reporting all complaints to the Grievance Officer, Chief Compliance Officer and/or CEO, or designee(s) who will immediately investigate the matter and take appropriate action.
- Retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation is prohibited.
- Appropriate disciplinary action will be taken against any employee found guilty of harassing another employee.

HARBOR HOUSE, INC. takes allegations of harassment or discrimination seriously and will respond promptly to complaints. Where it is determined that inappropriate conduct has occurred, HARBOR HOUSE, INC. will act promptly to eliminate the conduct and will impose corrective action as necessary, including disciplinary action where appropriate, which may include termination of employment. Each department supervisor is responsible for disseminating and enforcing the policy and procedures so that each employee is aware of the policy and held responsible for his/her behavior.

HARBOR HOUSE, INC. has a **no-reprisal** expectation and **prohibits retaliation** against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action, up to and including termination.

HARBOR HOUSE, INC. complies full with Title VI/Title VII of the 1964 Civil Rights Law and the Equal Employment Opportunities Commission (EEOC). Signage is posted at all locations. The agency recognizes that the question of whether a particular action or incident is purely personal, a social relationship, or has discriminatory employment effects, requires a factual determination based on all facts.

Given the nature of this type of discrimination, the agency also recognizes that false accusations of sexual harassment can have serious effects on the work environment. All employees of the agency must act responsibly in conjunction with an environment free of discrimination. Employees are encouraged to raise questions he/she may have regarding employment discrimination with their immediate supervisor, the Grievance Officer, the Chief Compliance Officer or CEO.

## **EQUAL EMPLOYMENT OPPORTUNITY**

Equal opportunity means the right to enjoy equal opportunity in employment, admission to and participation in HARBOR HOUSE, INC. programs and activities, and the selection of vendors who provide services or products without regard to an individual's race, religion, gender, age, sexual orientation, national origin, disability, veteran status, or gender identification.

## **DISCRIMINATION**

Broadly defined, discrimination is an intentional or unintentional act, which adversely affects employment opportunities because of race, religion, gender, disability, marital status, age, sexual orientation, gender identification, veteran status or national origin, or other protected areas supported by employment law.

"Harassment" means unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law. Harassment includes, but is not limited to:

- Display or circulation of written materials or pictures that are degrading to a person or group as previously described;
- Verbal abuse or insults about, directed at, or made in the presence of an individual or group as previously described.

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment or decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working or academic environment.

Under these definitions, direct or implied requests by management, supervisor, faculty, or other individuals in a position of authority for sexual favors in exchange for actual or promised job or benefits such as favorable reviews, salary increases, promotions, increased benefits, continued employment, recommendations or other advantages constitutes sexual harassment.

The definition of sexual harassment is broad and it includes a wide spectrum of interpretations. In addition to the above examples, other unwelcome sexually oriented conduct, whether intended or not, that has the effect of creating a work environment that is hostile, offensive, intimidating or humiliating to either employees or clients also may constitute sexual harassment.

Such conduct may include but is not limited to sexual epithets, jokes, comments, inquiries or gossip regarding one's sex life or sexual activity; displaying sexually suggestive objects, offensive e-mails or instant messages, pictures or cartoons; and unwelcome leering, whistling, or brushing against the body or sexual gestures. Unwelcome conduct may be considered harassment or sexual harassment depending upon the totality of the circumstances, including the severity of the conduct and its pervasiveness.

## **RESPONSIBILITIES/EXPECTATIONS**

The CEO is responsible for the overall direction of the EEO/Harassment/Complaints Procedure Policy and will provide support as needed to ensure that the Equal Employment Opportunity and Americans with Disabilities objectives are met.

Administrators, supervisors and managers are responsible for implementation of and meeting plan objectives within their respective organizational units and will ensure that all employees under their supervision are fully informed regarding the EEOC, ADA, and Harassment policies and procedures. Administrators, supervisors and managers will be held accountable through the annual evaluation of their work and that part of their performance rating will be based on their efforts and effectiveness in the area of Equal Employment Opportunity and Americans with Disabilities Act. The Chief Compliance Officer and/or CEO develops and recommends revisions as required and manages policies and procedures to ensure compliance with government regulations, as well as local, state, and federal laws.

The CCO and/or CEO serves as a resource to managerial personnel offering support, guidance and direction in personnel related matters. All employees share responsibility for avoiding, discouraging and reporting any form of harassment or discrimination.

All HARBOR HOUSE, INC. employees are expected to fully cooperate with ongoing investigations.

Information gathered from all affected employees' statements are crucial for completing a fair and balanced investigation of the complaint. Supervisors are required to allow adequate time as needed by the Grievance Officer for investigating and for interviews with employees during regular work hours.

Supervisors will coordinate with the Grievance Officer to arrange scheduling of the interview. The supervisor will coordinate with the Grievance Officer and reschedule a second interview time at the employee's work site.

The CEO has primary responsibility for ensuring that a proper investigation and resolution of discrimination or harassment complaints occurs. Any employee who feels that he or she has been subjected to discrimination and/or harassment of any kind should bring these matters to the attention of the Grievance Officer if they feel comfortable, or anyone in their management reporting chain.

If an employee seeks investigation through management, the complaint will promptly be investigated by the Grievance Officer. Prompt reporting of discrimination or harassment is essential to a fair, timely and thorough investigation. Accordingly, complaints should be filed as soon as possible following the incident(s) at issue.

When initiating the complaint process, the complainant should provide the following information:

- All relevant facts, including the date(s) of the occurrence(s), the identity of all parties;
- The location(s) and circumstances of the behavior at issue, and any other information the complainant feels is relevant;
- The specific nature of the discrimination or harassment involved in the complaint;
- Other individuals who might be aware of or have knowledge of the situation;
- What actions, if any, the complainant has taken as a result of the incident(s); and
- What remedy or relief is being sought (although the imposition of any particular remedy is in the discretion of the Grievance Officer and/or CEO).

A full investigation, including a review of records, documents, witnesses and all data related to the allegation, will occur. The Grievance Officer will advise management and the employee of the outcome of the investigation, offer recommendations regarding resolution of the issues which arose during the investigation, and assist management in determining the appropriate remedial or disciplinary action, if applicable. All investigations will occur within a reasonable time frame, the spirit and intent being a timely resolution.

Complaints initiated in good faith by an employee will in no way cast a reflection on that employee's standing, loyalty or desirability, nor will such be construed as any reflection on the employee's supervisor or fellow employees. Employees who initiate a complaint in good faith will in no way be faced with any retaliatory consequences. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances.

Not all discrimination or harassment complaints require a detailed investigation process. Some complainants may wish to explore informal alternatives, which may involve, but are not limited to, one or more of the following:

- The Grievance Officer may counsel the complainant concerning options for responding to the problem on his/her own initiative, for example through oral or written communication with the respondent or the respondent's department head/supervisor in the case of an employee.
- The Grievance Officer may arrange for a meeting(s) and/or distribution of relevant policy statements and/or other forms of educational materials to the appropriate department, residential area, etc.
- If both complainant and respondent agree, the Grievance Officer may arrange and facilitate a meeting between the parties in an attempt to reach a mutually acceptable resolution.

Other options may be pursued which are consistent with applicable laws and/or HARBOR HOUSE, INC. policies and procedures. Employees found to be in violation of the discrimination or harassment policy will be subject to disciplinary sanctions. Disciplinary sanctions shall be based on the nature and severity of the offense as well as any record of prior disciplinary action imposed on the respondent.

In general, sanctions may include, but are not limited to, one or more of the following: apologies, verbal reprimands, written warnings, letters of reprimand, attendance at appropriate workshops, and, in the case of employees, suspension, denial of merit pay for a specified period of time, involuntary demotion, removal from administrative or supervisory duties, and/or termination of employment.

While HARBOR HOUSE, INC. is not identified as a federal contractor or subcontractor, this organization does not discriminate, does post EEO posters, keeps necessary records, permits access during compliance evaluations, recruits qualified candidates, audits employment practices to prevent discrimination.

HHI is very conscientious of maintaining a reputation of care and integrity in the areas in which we work. Any employee referencing the name of Harbor House, Inc. or referring to "their employer" in ANY way without permission, on social media, will be subject to disciplinary actions, including possible termination. If you wish to post anything referencing HHI or your employer, first obtain approval from your supervisor.

## **RESPONSIBILITY OF MANAGEMENT STAFF**

### **Policy:**

The management staff, or their designees, is responsible for performance of personnel functions subject to delegation by and/or approval of the CEO or designee(s).

### **Purpose:**

The purpose of HARBOR HOUSE, INC.'s responsibility of management staff policy is to facilitate administration of personnel policies and maintain personnel system integrity.

### **Procedure:**

- To select, train, re-train, transfer, promote, discipline and/or terminate employees within a department or program;
- To effectively supervise employees, including a six-month training period for new hires;
- To fairly evaluate the performance of employees;

- To report any changes in position duties of the employee to the CEO;
- To request change in salary within established scales for classes, current budget parameters, and human resources policies;

## **PERSONNEL POLICY AND PROCEDURE REVIEW**

### **Policy:**

It is the policy of HARBOR HOUSE, INC. for each employee to be responsible for acquainting her/himself thoroughly with the personnel policies and procedures.

### **Purpose:**

The purpose of the responsibility of the employee policy is to facilitate administration of personnel policies and maintain personnel system integrity.

### **Procedure:**

- The employee receives, or has access to, and reviews the personnel policies and procedures on or before the first day of employment;
- Documentation verifying such receipt and review is signed and filed in the employee's personnel file;
- The employee receives and reviews all revisions as distributed and inserts such revisions into their personnel policies manual;
- Documentation verifying such receipt and review is signed and filed in the employee's personnel file;
- The employee can submit suggestions for changes and improvements to the Employee and Personnel Practices manuals in writing to the CCO and/or the CEO.

## **COMPENSATION**

### **Policy:**

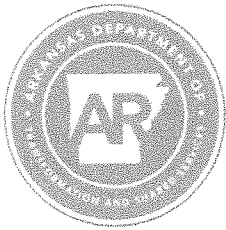
It is the policy of HARBOR HOUSE, INC. to maintain a compensation system consistent with both internal and external management practices.

### **Purpose:**

The purpose of HARBOR HOUSE, INC.'s compensation policy is to support fair and equitable salaries for all employees while practicing sound financial management and internal equity.

### **Procedure:**

- Compensation of employees in any of the following ways, based on budgetary constraints, is allowable as long as the procedures are consistent with the board approved range of salaries and benefits as included in the budget preparation process;
- Base pay using current salary system;
- When applicable, health and vision insurance cost will be a shared cost between the agency and the employee (based upon budgetary constraints);
- When applicable, Group Life insurance will be a shared cost between the agency and the employee (based upon budgetary constraints);
- When applicable, licensure and continuing education costs will be shared between the agency and the employee (based on budgetary constraints);
- Any combination of the above as allowed by law or HARBOR HOUSE, INC. policy;



## Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

### COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.

A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.

2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.

No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.

3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.

A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.

4. **Scrutinized Company Restriction:** Required with bid or proposal submission.

A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: 710-24-025 Description: Substance Abuse Treatment

Agency Name: Harbor House, Inc. of Fort Smith, AR

Vendor Number: \_\_\_\_\_ Vendor Name: Carl Norris

Carl Norris  
Vendor Signature

March 6, 2025

Date

# Documentation of Minimum Qualifications

- Certificate of Good Standing
- Alcohol and Drug Treatment and Behavioral Health Agency Licensure and Certification
- CARF Accreditation
- Staffing Plan, Staff Names and Staff Licensure, Certifications



**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**HARBOR HOUSE, INCORPORATED OF FORT SMITH,  
ARKANSAS**

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office May 27, 1966.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 31st day of October 2024.

  
John Thurston

Secretary of State

Online Certificate Authorization Code: 6638302e51ecbd9

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)



License Number: 35875

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH ARKANSAS

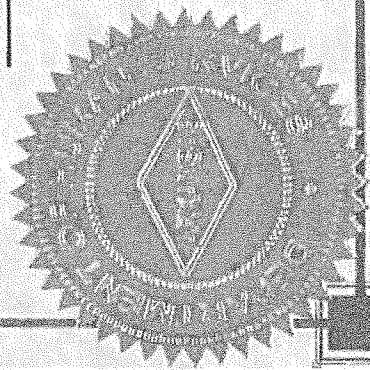
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ Alcohol and Other Substance Abuse Treatment Programs \_\_\_\_\_

on the premises located at \_\_\_\_\_ 812 MOUNTAIN PINE ROAD \_\_\_\_\_,

HOT SPRINGS \_\_\_\_\_, County of \_\_\_\_\_ GARLAND \_\_\_\_\_, Arkansas.

License Effective: 01/21/2025 | License Expires: 01/20/2028





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

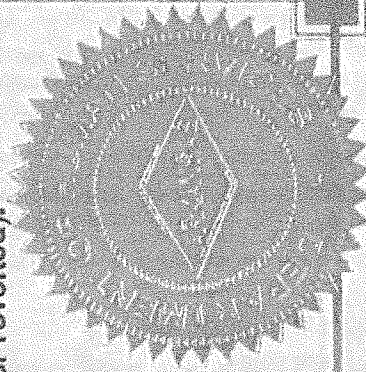
Certificate Number: 49328

***This Is to Certify That***

HARBOR HOUSE INCORPORATED OF FORT SMITH AR DBA HARBOR RECOVERY SYSTEMS  
812 MOUNTAIN PINE ROAD HOT SPRINGS AR 71913

has met provider requirements to operate a(n)/as PARTIAL HOSPITALIZATION

Certificate effective from 10/13/2023 to N/A (unless sooner revoked).





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

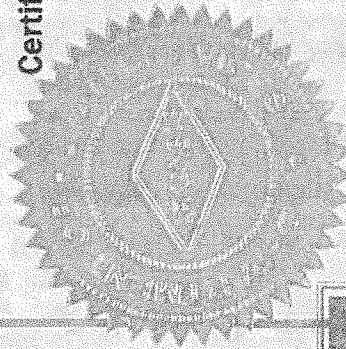
Certificate Number: 35874

***This Is to Certify That***

HARBOR HOUSE INCORPORATED OF FORT SMITH ARKANSAS  
812 MOUNTAIN PINE ROAD, HOT SPRINGS, AR 71913

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 05/30/2022 to 05/29/2025 (unless sooner revoked).





License Number: 33689

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH AR DBA HARBOR RECOVERY CENTER

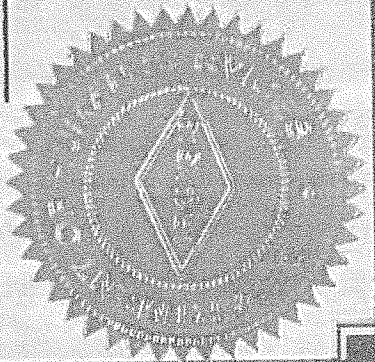
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ Alcohol and Other Substance Abuse Treatment Programs \_\_\_\_\_

on the premises located at \_\_\_\_\_ 615 North 19th Street \_\_\_\_\_,

FORT SMITH \_\_\_\_\_, County of \_\_\_\_\_ SEBASTIAN \_\_\_\_\_, Arkansas.

License Effective: 03/03/2023 | License Expires: 03/02/2026





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

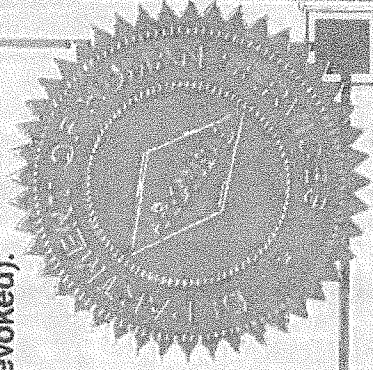
Certificate Number: 48829

***This Is to Certify That***

HARBOR HOUSE INCORPORATED OF FORT SMITH AR DBA HARBOR RECOVERY SYSTEMS  
615 N 19TH ST FORT SMITH AR 72901-3319

has met provider requirements to operate a(n)/as PARTIAL HOSPITALIZATION

Certificate effective from 10/12/2023 to N/A (unless sooner revoked).





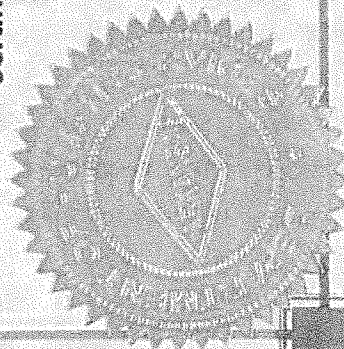
Certificate Number: 32247

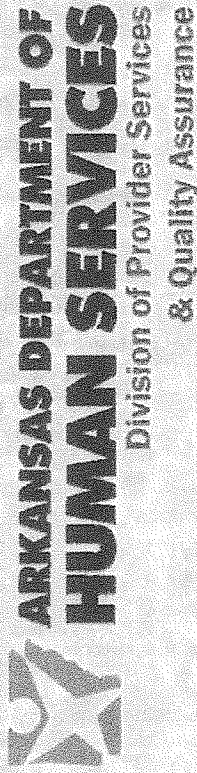
## *This Is to Certify That*

HARBOR HOUSE INCORPORATED OF FORT SMITH ARKANSAS  
615 NORTH 19TH STREET, FORT SMITH, AR 72904

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 05/30/2022 to 05/29/2025 (unless sooner revoked).





License Number: 33688

## This Is to Certify That

HARBOR HOUSE INCORPORATED OF FORT SMITH DBA HARBOR RECOVERY SYSTEMS

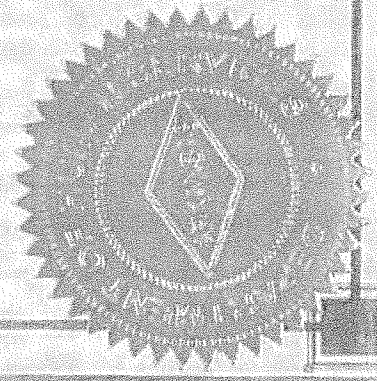
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ ALCOHOL & SUBSTANCE ABUSE TREATMENT \_\_\_\_\_

on the premises located at \_\_\_\_\_ 3900 ARMOUR \_\_\_\_\_,

FORT SMITH \_\_\_\_\_, County of \_\_\_\_\_ SEBASTIAN \_\_\_\_\_, Arkansas.

License Effective: 04/17/2022 | License Expires: 04/16/2025





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

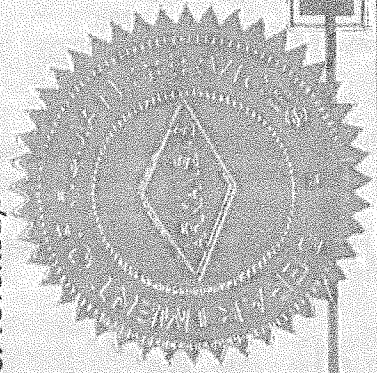
Certificate Number: 49324

***This Is to Certify That***

HARBOR HOUSE INCORPORATED OF FORT SMITH AR DBA HARBOR RECOVERY SYSTEMS  
3900 ARMOUR ST FORT SMITH AR 72904

has met provider requirements to operate a(n)/as PARTIAL HOSPITALIZATION

Certificate effective from 10/12/2023 to N/A (unless sooner revoked).





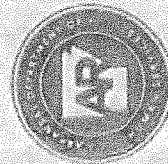
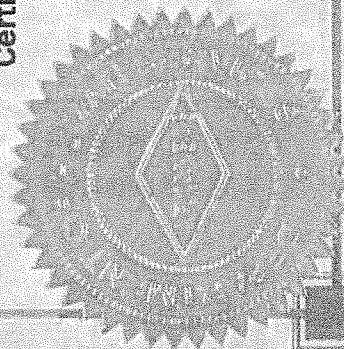
Certificate Number: 32248

## *This Is to Certify That*

HARBOR HOUSE INCORPORATED OF FORT SMITH ARKANSAS  
3900 ARMOUR AVENUE, FORT SMITH, AR 72904

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 05/30/2022 to 05/29/2025 (unless sooner revoked).





License Number: 45624

## This Is to Certify That

HARBOR HOUSE INCORPORATED OF FORT SMITH AR

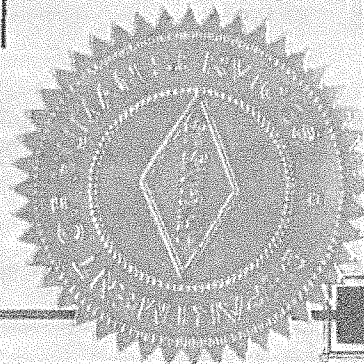
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

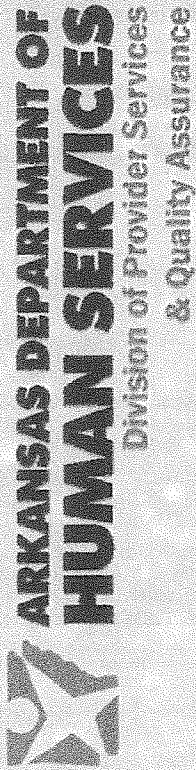
N/A capacity \_\_\_\_\_ Alcohol and Other Substance Abuse Treatment Programs \_\_\_\_\_

on the premises located at \_\_\_\_\_ 3811 ROGERS AVENUE SUITE B \_\_\_\_\_,

FORT SMITH \_\_\_\_\_, County of \_\_\_\_\_ SEBASTIAN \_\_\_\_\_, Arkansas.

License Effective: 09/09/2022 | License Expires: 09/08/2025





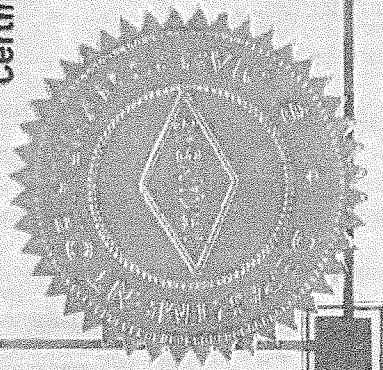
Certificate Number: 45491

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH AR  
38111 ROGERS AVENUE FORT SMITH AR 72903

has met provider requirements to operate a(n)/as \_\_\_\_\_ Behavioral Health Agency.

Certificate effective from 08/29/2022 to 05/30/2025 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

License Number: 33686

## *This Is to Certify That*

HARBOR HOUSE INC OF FORT SMITH ARKANSAS  
DBA HARBOR RECOVERY SYSTEMS

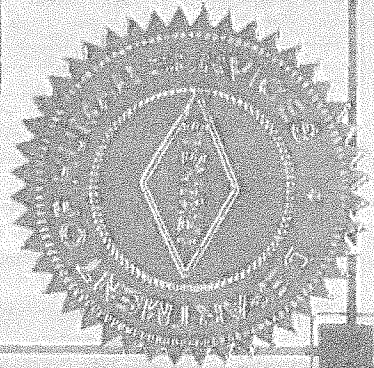
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ Alcohol and Other Substance Abuse Treatment Programs \_\_\_\_\_

on the premises located at \_\_\_\_\_ 700 S GERMAN LANE SUITE 103 \_\_\_\_\_,

CONWAY \_\_\_\_\_, County of \_\_\_\_\_ FAULKNER \_\_\_\_\_, Arkansas.

License Effective: 10/11/2024 | License Expires: 04/16/2025





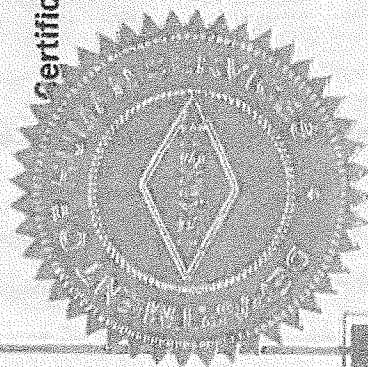
Certificate Number: 33106

# This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH ARKANSAS  
700 SOUTH GERMAN LANE CONWAY AR 72034

has met provider requirements to operate a(n)/as \_\_\_\_\_ Behavioral Health Agency.

Certificate effective from 10/23/2024 to 05/29/2025 (unless sooner revoked).





License Number: 50135

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH ARKANSAS

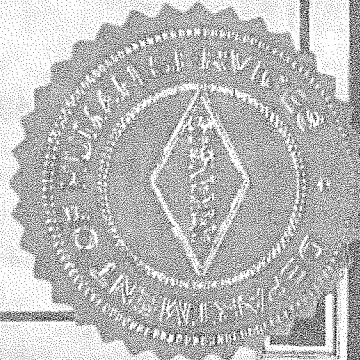
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

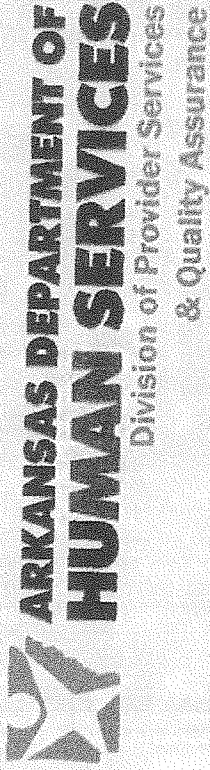
N/A capacity \_\_\_\_\_ Alcohol & Substance Abuse Treatment Programs \_\_\_\_\_

on the premises located at \_\_\_\_\_ 618 S KNOXVILLE \_\_\_\_\_,

RUSSELLVILLE \_\_\_\_\_, County of \_\_\_\_\_ POPE \_\_\_\_\_, Arkansas.

License Effective: 01/19/2025 | License Expires: 01/18/2028





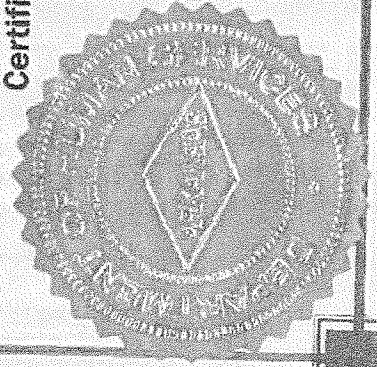
Certificate Number: 50008

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH AR  
618 S KNOXVILLE RUSSELLVILLE AR 72801

has met provider requirements to operate a(n)/as \_\_\_\_\_ Behavioral Health Agency.

Certificate effective from 12/19/2023 to 05/29/2025 (unless sooner revoked).





License Number: 34044

## This Is to Certify That

HARBOR HOUSE INCORPORATED OF FORT SMITH DBA HARBOR RECOVERY SYSTEMS

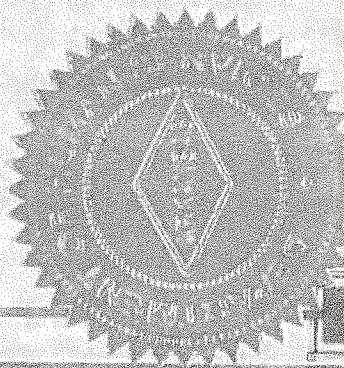
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ ALCOHOL & SUBSTANCE ABUSE TREATMENT \_\_\_\_\_

on the premises located at \_\_\_\_\_ 1200 WEST WALNUT STREET SUITE 1115 \_\_\_\_\_,

ROGERS \_\_\_\_\_, County of \_\_\_\_\_ BENTON \_\_\_\_\_, Arkansas.

License Effective: 04/17/2022 | License Expires: 04/16/2025





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

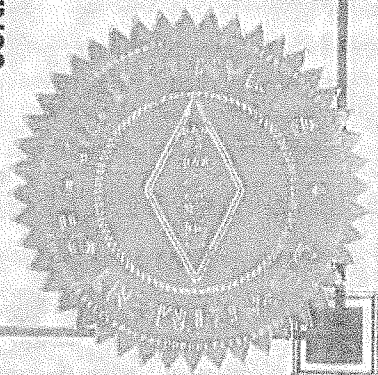
Certificate Number: 33293

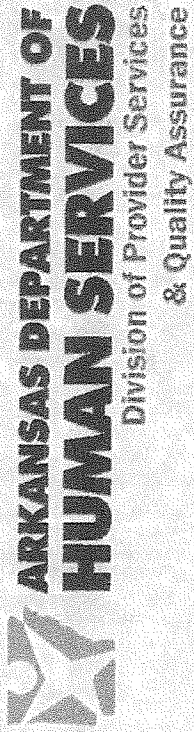
***This Is to Certify That***

HARBOR HOUSE INCORPORATED OF FORT SMITH ARKANSAS  
1200 WEST WALNUT, SUITE 1115, ROGERS, AR 72758

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 05/30/2022 to 05/29/2025 (unless sooner revoked).





License Number: 37752

## This Is to Certify That

HARBOR HOUSE INCORPORATED OF FORT SMITH DBA HARBOR RECOVERY SYSTEMS

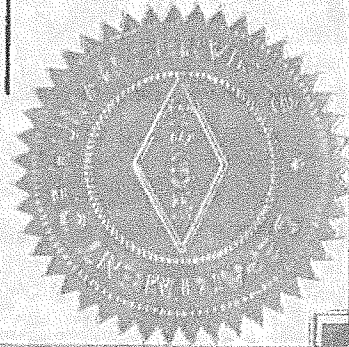
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ ALCOHOL & SUBSTANCE ABUSE TREATMENT \_\_\_\_\_

on the premises located at \_\_\_\_\_ 615 WEST GRAND AVENUE SUITE 2A \_\_\_\_\_,

HOT SPRINGS \_\_\_\_\_, County of \_\_\_\_\_ GARLAND \_\_\_\_\_, Arkansas.

License Effective: 04/17/2022 | License Expires: 04/16/2025





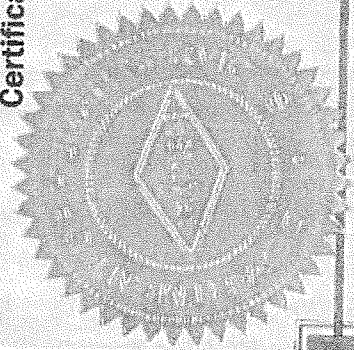
Certificate Number: 36685

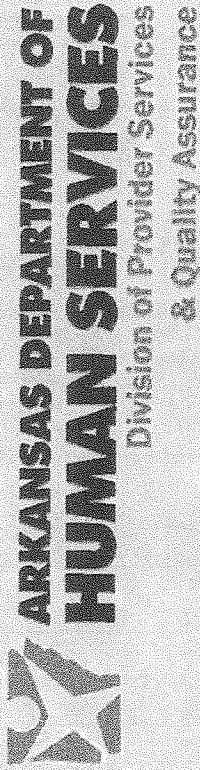
## This Is to Certify That

HARBOR HOUSE INCORPORATED OF FORT SMITH ARKANSAS  
615 WEST GRAND AVENUE, SUITE 2-A, HOT SPRINGS, AR 71901

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 05/30/2022 to 05/29/2025 (unless sooner revoked).





License Number: 34087

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH AR FAYETTEVILLE

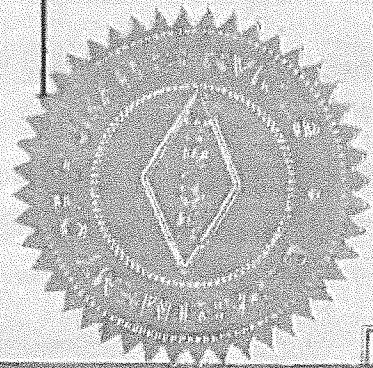
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ Alcohol and Other Substance Abuse Treatment Programs \_\_\_\_\_

on the premises located at \_\_\_\_\_ 130 North College Avenue \_\_\_\_\_,

Fayetteville \_\_\_\_\_, County of \_\_\_\_\_ Washington \_\_\_\_\_, Arkansas.

License Effective: 11/30/2022 | License Expires: 11/29/2025





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

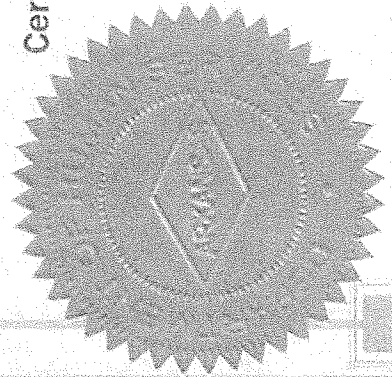
Certificate Number: 32067

***This Is to Certify That***

HARBOR HOUSE INCORPORATED OF FORT SMITH ARKANSAS  
130 NORTH COLLEGE AVENUE, SUITE G, FAYETTEVILLE, AR 72701

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 05/30/2022 to 05/29/2025 (unless sooner revoked).



January 29, 2025

Cindy Stokes, LADAC, AADC, CPC  
Harbor House, Inc.  
620 South 21st Street  
Fort Smith, AR 72901

Dear Ms. Stokes:

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

Day Treatment: Integrated: SUD/Mental Health (Adults)  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Residential Treatment: Integrated: SUD/Mental Health (Adults)

This accreditation will extend through November 30, 2027. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

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

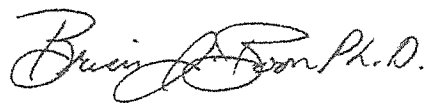
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to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

Your organization's complimentary accreditation certificate will be sent separately. You may order additional certificates from Customer Connect (<https://customerconnect.carf.org>).

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Michelle Nevarez-Sandy by email at [mnevarez-sandy@carf.org](mailto:mnevarez-sandy@carf.org) or telephone at (888) 281-6531, extension 7083.

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

Sincerely,

A handwritten signature in black ink, reading "Brian J. Boon Ph.D." in a cursive script.

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

Enclosures

A Three-Year Accreditation is issued to

## Harbor House, Inc.

for the following program(s)/service(s):

Day Treatment: Integrated: SUD/Mental Health  
(Adults)

Intensive Outpatient Treatment: Integrated: SUD/Mental Health  
(Adults)

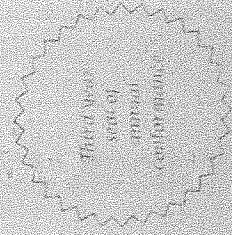
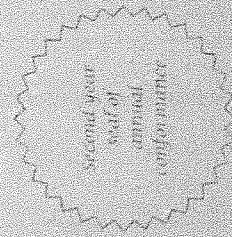
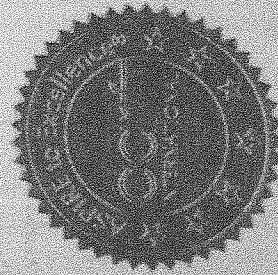
Outpatient Treatment: Integrated: SUD/Mental Health  
(Adults)

Residential Treatment: Integrated: SUD/Mental Health  
(Adults)

This accreditation is valid through  
**November 30, 2027**

First accredited in 2011

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.



This accreditation certificate is granted by authority of:

*Donald J. Dew*

Donald J. Dew

*Brian J. Boon, Ph.D.*

Brian J. Boon, Ph.D.

**HHI Staffing Plan Categories****Locations Served****Clinical Positions:**

Clinical Director – Outpatient Services  
Clinical Director – Residential Services  
Therapists – LCSW, LMSW, LPC, LAC  
Substance Abuse Counselors – CIT, ADC, AADC, LADAC, QBHP  
Recovery Coaches; Screening Specialists – CIT, ADC  
Peer Specialists – PIT, APSP Peer Recovery Credential

All  
All  
All  
All  
All  
All

**Support Positions:**

Support Techs – RDS, CIT  
Transporters – CPR/First Aid, CPI  
Front Officer Clerks – CPR/First Aid, CPI  
Kitchen Managers – ServSafe certification  
Facilities Assistants  
Babysitters – CPR/First Aid, CPI, Babysitter Course

Residential  
Residential  
Residential  
Residential  
All  
Residential

**Administrative Positions:**

HR Manager  
Billing Specialists; Staff Accountant  
IT Coordinator  
Marketing Manager  
Administrative Assistant  
Compliance Coordinator

All  
All  
All  
All  
All  
All

**Senior Management:**

CEO  
CFO  
CCO  
Directors  
Clinical Directors and Assistant Clinical Director  
Facilities Manager

All  
All  
All  
  
All  
All

**Medical Directors:**

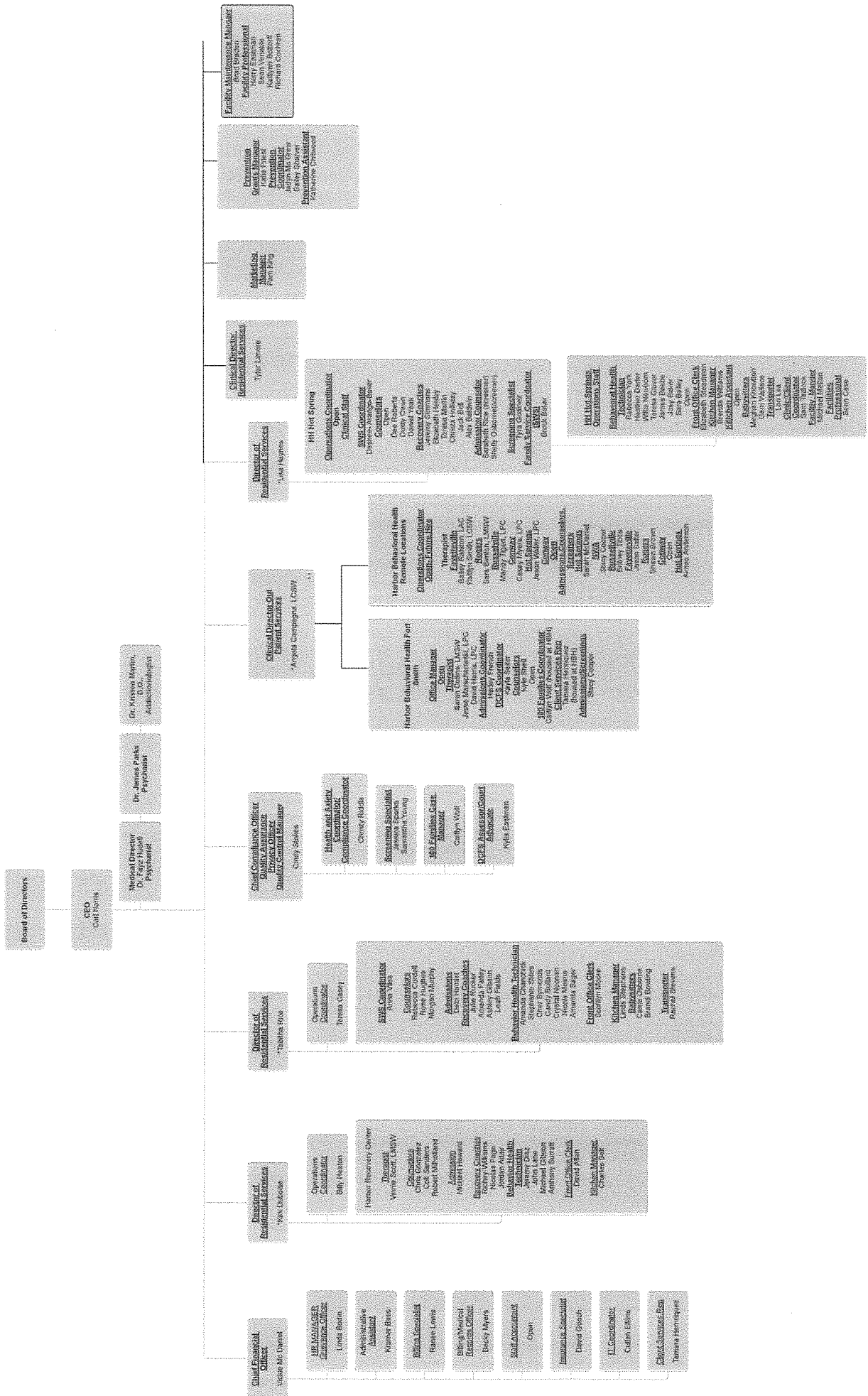
Dr. Fayz Hudefi,, Psychiatrist – Medical Director  
Dr. James parks, Psychiatrist  
Dr. Kristin Martin, DO, Addictionologist

All  
All  
All

List of Proposed Staff  
#710-24-025 Substance Abuse Treatment  
DHS DCFS

- Dr. Fayz Hudefi, Psychiatrist – Medical Director
- Dr. James Parks, Psychiatrist
- Dr. Kristin Martin, DO and Addictionologist
- Tyler Limore, LCSW, ADC, CS – Clinical Director of Residential Services
- Angela Campagna, LCSW – Clinical Director of Outpatient Services
- Casey Myers, LPC – Therapist
- Mandy Tigert, LPC – Therapist
- Kaitlyn Smith, LCSW – Therapist
- Jason Waller, LPC – Therapist
- Susan Smith, LPC – Therapist
- David Harris, LPC – Therapist
- Sarah Collins, LMSW – Therapist
- Vini Scott, LMSW – Therapist
- Sara Benton, LMSW – Therapist
- Jesse Marschewski, LAC – Therapist
- Bailey Ralston, LAC - Therapist
- Cindy Stokes, LADAC, AADC – Chief Compliance Officer
- Kirk Duboise, ADC, CS – Director of Residential Services
- Lisa Haynes, ADC, CS – Director of Residential Services
- Tabitha Rice, ADC – Director of Residential Services
- Dee Gothard, ADC – Operations Coordinator
- Billy Heaton, ADC, CS – Operations Coordinator
- Chris Gonzalez, ADC – Counselor
- Michael Howard, ADC – Admissions Coordinator
- Nic Page, ADC – Recovery Coach
- Becky Cordell, ADC – Counselor
- Rose Hughes, ADC – Counselor (enrolled in Masters of Social Work program)
- Anna Viles, ADC – SWS Coordinator
- Harley French, ADC – Admissions Coordinator
- Kyle Shell, ADC – Counselor
- Kayla Seiter, ADC – DCFS Coordinator
- Honey Lewis, AADC – Counselor (enrolled in Masters of SW program)
- Shawn Brown, ADC – Counselor
- Brock Baker, CIT – Family Services Coordinator for SWS
- Desiree Arango-Baker, CIT – SWS Coordinator
- Kyla Eastman, CIT – Court/DCFS Advocate (enrolled in Masters of SW program, tests for ADC in June)
- Colt Sanders, CIT – Counselor (Graduates with Masters in Counseling in May, tests for ADC in July)
- Dusty Owens, CIT – Counselor (Soon to take her LAC exam and AADC exam)
- Morgan Murphy, CIT – Counselor (Tests for ADC in June)
- Teresa Casey, CIT – Operations Coordinator )Tests for ADC in June)
- Sam Tadlock, CIT – Clinic/Client Care Coordinator for Residential Treatment (Tests for ADC in June)
- Daniel Yoak, CIT – Counselor (Tests for ADC in June)
- Britney Tibbs, CIT – Admissions Counselor (Tests for ADC in June)
- Robert Milholland, CIT – Counselor (Tests for ADC in June)
- Amanda Farley, CIT – Recovery Coach
- Alex Baldwin, CIT – Recovery Coach

All staff in Residential Treatment are certified as RDS – Regional Detoxification Specialists.



9:23

5G 86

armedicalboard.org



## ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

Fayz Hudefi, M.D.  
3003 Lake Overlook Court  
Fort Smith, AR, USA 72903

Registration Year: 2025      Active/Unlimited

No.: E-4773      Issued: 4/7/2006      Expires: 2/28/2026

Below is your registration card to be carried with you.

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

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



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

Registration Year: 2025      Active/Unlimited

No.: E-4773      Issued: 4/7/2006      Expires: 2/28/2026

Fayz Hudefi, M.D.  
3003 Lake Overlook Court  
Fort Smith, AR, USA 72903



# ARKANSAS STATE MEDICAL BOARD

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

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

James Robert Parks, M.D.  
102 E Sunbridge Drive  
Suite 1  
Fayetteville, AR, USA 72703


Registration Year: 2025      Active/Unlimited

No.: E-5479      Issued: 12/7/2007      Expires: 2/28/2026

Below is your registration card to be carried with you.

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

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

	<b>Arkansas State Medical Board</b> <b>1401 West Capitol, Suite 340</b> <b>Little Rock, AR 72201</b>
Registration Year: 2025	Active/Unlimited
No.: E-5479	Issued: 12/7/2007      Expires: 2/28/2026
James Robert Parks, M.D. 102 E Sunbridge Drive Suite 1 Fayetteville, AR, USA 72703	



# ARKANSAS STATE MEDICAL BOARD

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

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

**Kristin Kay Martin, D.O.**  
2600 West Main Street  
Russellville, AR, USA 72801


**Registration Year: 2025      Active/Unlimited**

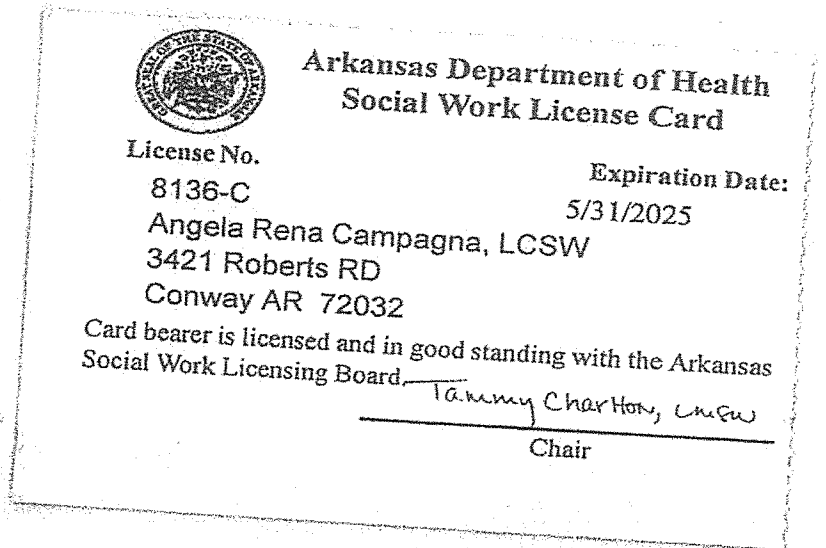
**No.: E-6205      Issued: 8/7/2009      Expires: 11/30/2026**

**Below is your registration card to be carried with you.**

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

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

	<b>Arkansas State Medical Board</b> <b>1401 West Capitol, Suite 340</b> <b>Little Rock, AR 72201</b>
Registration Year: 2025      Active/Unlimited	
No.: E-6205      Issued: 8/7/2009      Expires: 11/30/2026	
Kristin Kay Martin, D.O. 2600 West Main Street Russellville, AR, USA 72801	





Arkansas Department of Health  
Social Work License Card

License No.

11551-C

Tyler Limore, LCSW

101 Tannda St.

Hot Springs AR 71913

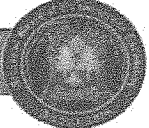

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

Expiration Date:

1/31/2027

Elizabeth Grone, LCSW

Chair

<b>Arkansas Board of Examiners in Counseling And Marriage &amp; Family Therapy</b>		
<b>LICENSE CARD</b>  This is to certify that <b>Bailey Ralston</b> holds ACTIVE status as a(n): <b>LAC</b> in the state of Arkansas in accordance with Arkansas Code Annotated §17-27 — 101 et seq.	License #: <b>A2407017</b> Initial Date: <b>07/18/2024</b> Expiration Date: <b>05/31/2026</b>	
		<p>PLEASE NOTIFY ARBOEC OF ANY CHANGE OF ADDRESS IMMEDIATELY</p>  <hr/> <p>Justin Moore BOARD CHAIR</p>


Arkansas Board of Examiners in Counseling  
And Marriage & Family Therapy

PLEASE NOTIFY ARBOEC OF ANY CHANGE  
OF ADDRESS IMMEDIATELY

LICENSE CARD

This is to certify that  
Jesse Marschewski  
holds ACTIVE status as a(n):  
LAC  
in the state of Arkansas in accordance  
with Arkansas Code Annotated §17-27  
— 101 et seq.

License #:  
A2408011  
Initial Date:  
08/06/2024  
Expiration Date:  
05/31/2026

  
Justin Moore  
BOARD CHAIR

ARKANSAS DEPARTMENT OF HEALTH  
SOCIAL WORK LICENSING BOARD

P. O. Box 251965  
Little Rock, AR 72225



Issue Date: July 16, 2024

Governor Sarah Huckabee  
Renee Mallor  
Secretary  
Kr

Sarah Kate Collins, LMSW  
1804 Appaloosa Dr.  
Greenwood, AR 72936

Phone: 5

Fax: 5

Email: swlb@

Website: arkar

Dear Sarah;

The Social Work Licensing Board is pleased to announce that your licensure as a Licensed Master Social Work successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all correspondence.

Your license, No. 26415-M, is subject to renewal July 31, 2026 and every two years thereafter. Your license requires submitting the renewal fee and verification that you completed 30 hours of social work continuing education during the licensure period (August 1, 2024 – July 31, 2026). The specifics of the continuing education requirement can be found at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please bookmark and review the website often for any updates or changes.

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

Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

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

Sincerely,

Elizabeth Crone, LCSW  
Chair of the Board

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

If lost or stolen, an additional card may be requested by written request and a check or money order in the amount of one dollar (\$1). A request form is available on the Board's website.



Arkansas Department of Health  
Social Work License Card

License No.

26415-M

Sarah Kate Collins, LMSW  
1804 Appaloosa Dr.  
Greenwood AR 72936

Expiration Date:

7/31/2026

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

Elizabeth Crone, LCSW  
Chair

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

**State of Arkansas  
Board of Examiners of Alcoholism and  
Drug Abuse Counselors**

*Certifies that:*

**Cindy Stokes      1231**

has complied with the requirements in accordance with the laws of the State and is  
hereby licensed with all rights, privileges and responsibilities prescribed by

Act 1588 of 1999 to practice as a

Licensed Alcoholism and Drug Abuse Counselor

**January 1, 2024**

**Effective Date**

**December 31, 2025**

**Expiration Date**

**Carol Moore  
Chairperson**

**Andrea Roaf-Little  
Vice-Chair**

**Rusti Holwick  
Secretary/Treasurer**

# Arkansas Substance Abuse Certification Board

Hereby Certifies

CINDY STOKES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Advanced Alcohol Drug Counselor

12/19/2023

Issue Date

A-180

Certificate Number

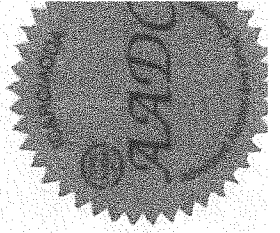
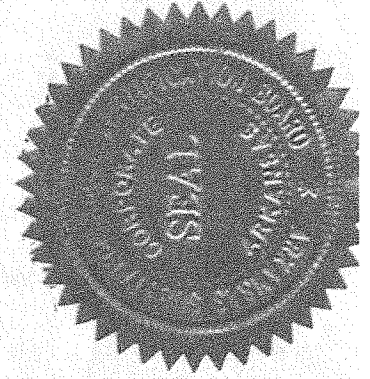
12/31/2025

Expiration Date

Marybeth L. MSW, LADAC, CS, AADC  
President

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

HONEY LEWIS

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as

## Advanced Alcohol Drug Counselor

12/04/2024

Issue Date

A-488

Certificate Number

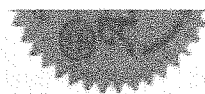
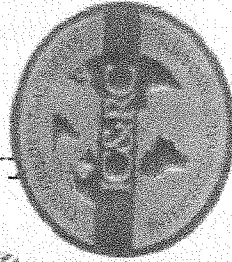
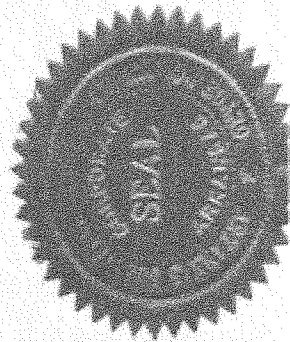
12/04/2024

Expiration Date

*M. L. Lewis*  
President

*[Signature]*  
Vice-President

*[Signature]*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

ANNA VILES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

11/08/2024

Issue Date

2249

Certificate Number

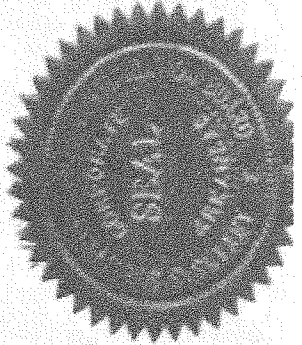
11/08/2024

Expiration Date

*Maurya L. Long, CS, MDC*

*[Signature]*  
Vice-President

*[Signature]*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

KYLE SHELL

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

12/18/2023

Issue Date

2226

Certificate Number

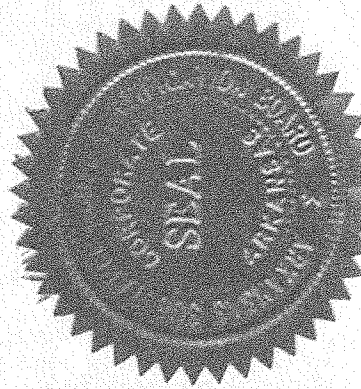
12/18/2025

Expiration Date

M. W. LADAC, CS, AADC

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

TABITHA RICE

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

10/09/2023

Issue Date

1620

Certificate Number

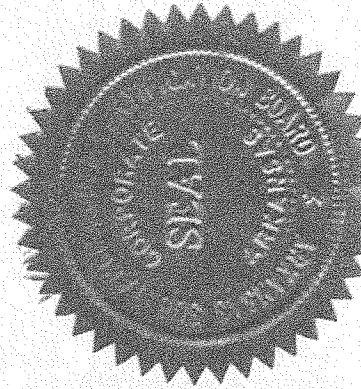
12/31/2025

Expiration Date

M. Woytek / MSW, LADAC, CS, ADC

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

# Herby Certifies

NICHOLAS PAGE

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

# Certified Alcohol and Drug Counselor

12/18/2023

Issue Date

1730

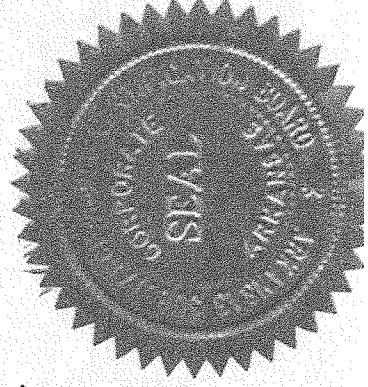
Certificate Number

12/31/2025

Expiration Date

Mywotyk L MSN, LADAG, CS, PAD C

*SB*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

MICHAEL HOWARD

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

10/29/2024

Issue Date

2246

Certificate Number

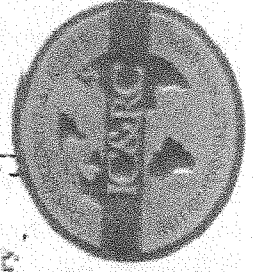
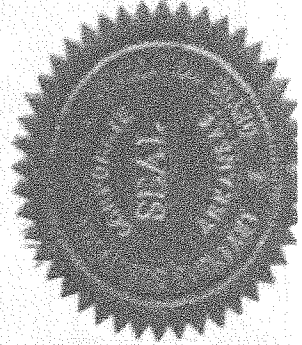
10/29/2024

Expiration Date

*Allyson L. New, LNCAC, CS, MACC*

*[Signature]*  
Vice-President

*[Signature]*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

ROSE HUGHES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

11/08/2024

Issue Date

2248

Certificate Number

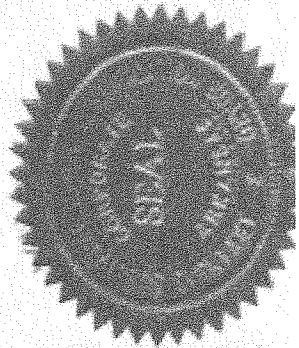
11/08/2024

Expiration Date

Marytjelle L. MSW, LADC, CS, MAC

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

TYLER LIMORE

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

12/31/2021

Issue Date

1659

Certificate Number

12/31/2023

Expiration Date

Marybeth L MSW, LADAC, CS, RADC

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

LISA D. HAYNES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

12/26/2023

Issue Date

M. W. York / MSW, LADAC, CS, AADC

[Signature]  
Vice-President

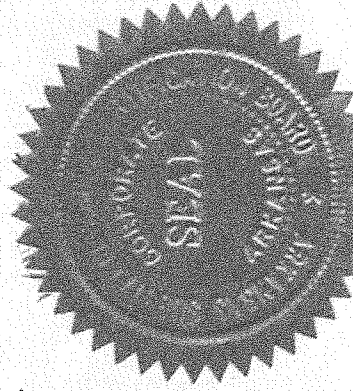
1297

Certificate Number

12/31/2025

Expiration Date

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

WILLIAM HEATON

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

03/10/2023

Issue Date

2019

Certificate Number

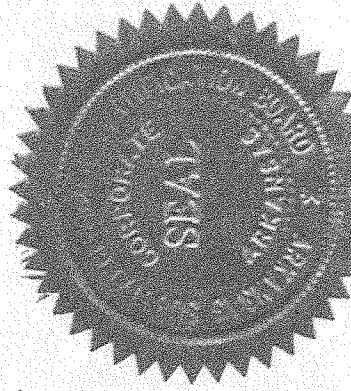
03/19/2025

Expiration Date

*M. Wooten* LMSW, LADAC, CS, RADC

*[Signature]*  
Vice-President

*[Signature]*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

HARLEY FRENCH

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

09/20/2023  
Issue Date

2217

Certificate Number

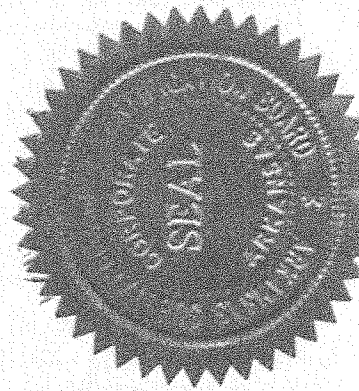
09/20/2025

Expiration Date

Maryvale / MSN, LADAC, CS, RADC

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

CHRISTOPHER GONZALEZ

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

01/12/2024

2227

01/12/2026

Issue Date

Certificate Number

Expiration Date

Marybeth L. MSW, LADAC, CS, MAC

AB Jones, MS, C  
Secretary

[Signature]  
Vice-President



# Arkansas Substance Abuse Certification Board

Hereby Certifies

DUANNA GOTHARD

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as

## Certified Alcohol and Drug Counselor

11/19/2024

Issue Date

2253

Certificate Number

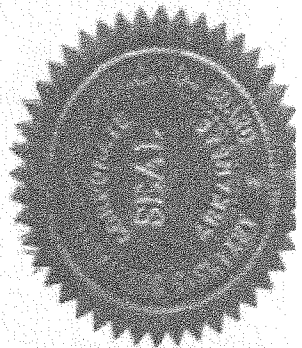
11/19/2024

Expiration Date

Allyson L. New, LNC, CS, MDC

*[Signature]*  
Vice-President

*[Signature]*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

KIRK DUBOISE

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

12/19/2023

Issue Date

M. Wootch / MSW, LADAC, CS, RADC

[Signature]  
Vice-President

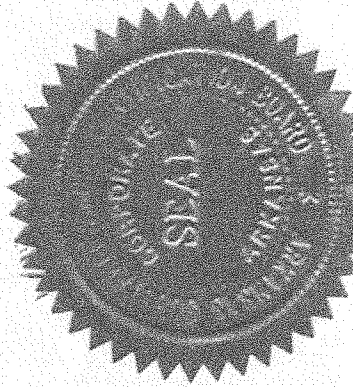
1605

Certificate Number

12/31/2025

Expiration Date

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

REBECCA CORDELL

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

02/13/2025

Issue Date

Marybeth L. MSW, LADC, CS, RADC

[Signature]  
Vice-President

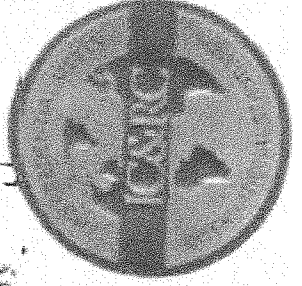
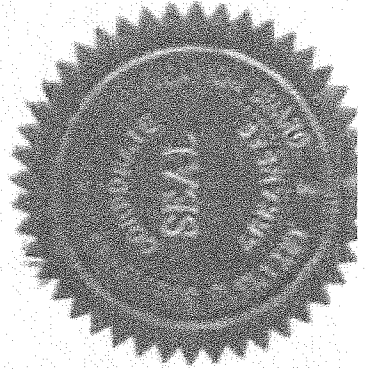
2202

Certificate Number

03/30/2027

Expiration Date

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

## Hereby Certifies

SHAWN BROWN

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

11/04/2024

Issue Date

2247

Certificate Number

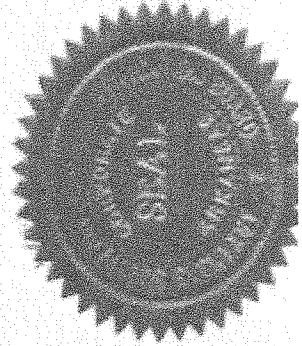
11/04/2024

Expiration Date

Maryfolk / MSW, LADC, CS, MACC

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

KIRK DUBOISE

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

12/06/2024

Issue Date

1605

Certificate Number

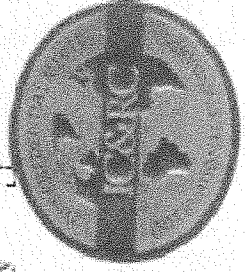
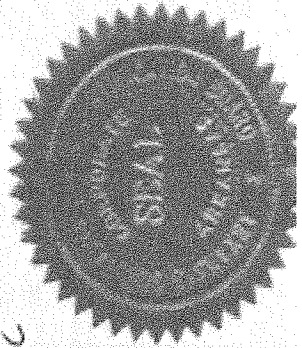
12/31/202

Expiration Date

Matthew L. Newlin, LMSW, LADC, CS, NACCS  
President

Kirk Duboise  
Vice-President

Shirley H. Newlin  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

WILLIAM HEATON

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

07/31/2024

Issue Date

CS-2067

Certificate Number

07/31/2026

Expiration Date

Marybeth L. MSW, LADAC, CS, RADC  
President

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

LISA D. HAYNES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

12/15/2024

Issue Date

1297

Certificate Number

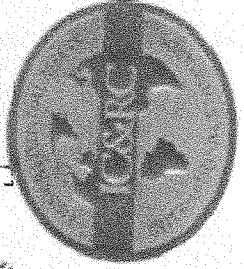
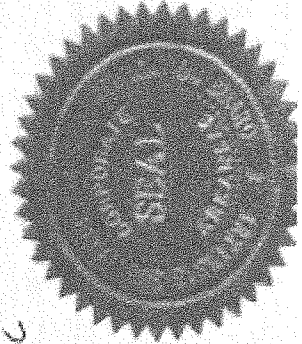
12/31/2025

Expiration Date

Marybeth L. New, LMSW, CS, RADC  
President

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

TYLER LIMORE

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

12/27/2022

Issue Date

1659

Certificate Number

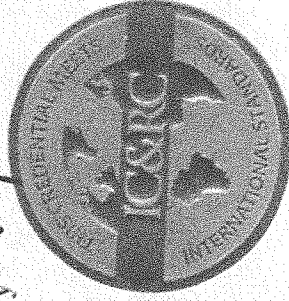
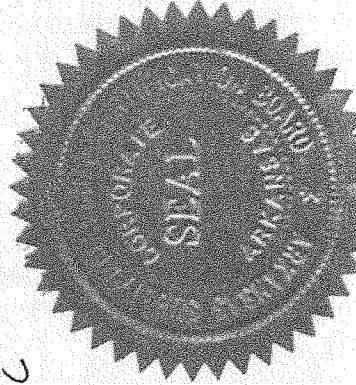
12/31/2024

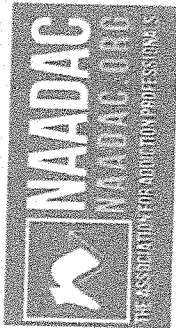
Expiration Date

Marybeth L. MSW, LADAC, CS, AADC  
President

[Signature]  
Vice-President

[Signature]  
Secretary





# NAADAC, The Association for Addiction Professionals

hereby attests that

**William Heaton**

has met all of the DOT requirements for practice as a Substance Abuse Professional  
and may use the title of

**SAP**

Executive Director, NAADAC

Director of Training, NAADAC

Certification Number: **174330**

Course Date Completed: **February 13, 2022**

Expiration Date: **February 28, 2025**

# Arkansas Substance Abuse Certification Board

Has conferred upon

CINDY STOKES

The Certification of

## Co-occurring Disorders Professional Associate

And all the Rights, Privileges and Honors thereto appertaining.

In Witness Whereof, this certification duly signed has been issued and the seal of the Arkansas Substance Abuse Certification Board hereunto affixed.

Issued by the Arkansas Substance Abuse Board of Directors

09/29/2023

Issue Date

502

Certificate Number

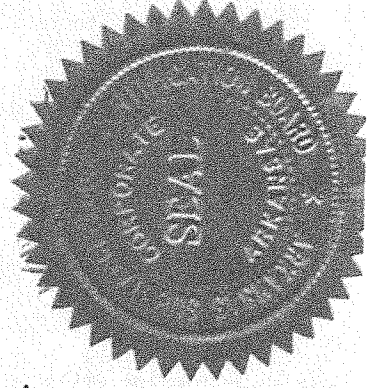
12/31/2025

Expiration Date

Anthony L. MSW, LADAC, CS, RADC  
President

[Signature]  
Vice-President

[Signature]  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

CINDY STOKES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Peer Recovery

12/19/2023

Issue Date

002

Certificate Number

12/31/2025

Expiration Date

Marybeth L MSW, LADAC, CS, RADC  
President

[Signature]  
Vice-President

[Signature]  
Secretary





Dear TERESA CASEY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/05/27 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Teresa Casey

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, AADC

LADAC,

Harbor House,  
Inc.

7/8/24

Date

Agency



Dear ALEX BALDWIN

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2022/09/06 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Alex Baldwin

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, <sup>LADAC,</sup>  
<sup>AADC</sup>

Harbor House,  
Inc.

\_12/13/2  
4  
Date

Agency



Dear AMANDA FARLEY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2023/08/30 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Amanda Farley

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, AADC

LADAC,

Harbor House, Inc.

Agency

7/8/24

Date



Dear DESIREE ARANGO-  
BAKER

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2024/11/01 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Desiree Arango - Baker

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, <sup>LADAC,</sup>  
<sup>AADC</sup>

Harbor House,  
Inc.

10/28/24  
Date

Agency



Dear BROCK BAKER

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2025/02/03 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

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If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

**Brock Baker**

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDOR

**Cindy Stokes,**

LADAC, AADC

**Harbor House,  
Inc.**

2/7/25  
Date

Agency



Dear DANIEL YOAK

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/06/24 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

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If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Daniel Yoak

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, LADAC, AADC

Harbor House, Inc.

7/27/21  
Date

Agency



Dear BRITNEY TIBBS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2024/05/28 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Britney Tibbs

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes,  
AADC

LADAC,

Harbor House,  
Inc.

Agency

Date



Dear SAMUEL TADLOCK

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/01/20 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Sam Tadlock

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, <sup>LADAC,</sup>  
<sup>AADC</sup>

Harbor House,  
Inc.

09/26/2023

Date

Agency

Dear KAYLA SEITER

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/10/04 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Kayla Seiter

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, <sup>LADAC,</sup>  
<sup>AADC</sup>

Harbor House,  
Inc.

7/8/24

Date

Agency



Dear COLT SANDERS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2020/08/04 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Colt Sanders

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, AADC

LADAC,

Harbor House, Inc.

Agency

7/8/24

Date



Dear DUSTY OWEN

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2022/01/27 your CIT registration is valid for 5 years.

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If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Dusty Owwn

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, AADC

LADAC,

Harbor House,  
Inc.

7/8/24

Date

Agency



Dear ROBERT  
MILHOLLAND

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2022/06/27 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Robert Milholland

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, AADC

LADAC,

Harbor House,  
Inc.

3/16/2023

Date

Agency



Dear MORGAN LESSLEY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/02/10 your CIT registration is valid for 5 years.

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If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

ph: 501.749.4040 \* fx: 501.280.0056 \* [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) \* [www.asacb.com](http://www.asacb.com)

# Certificate of Training

THIS CERTIFIES

Morgan Murphy

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, AADC

LADAC,

Harbor House,  
Inc.

7/8/24

Date

Agency



Dear KYLIA EASTMAN

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2022/03/01 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Kylia Eastman

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, <sup>LADAC,</sup>  
<sup>AADC</sup>

Harbor House,  
Inc.

3/18/2022  
Date

Agency



Dear JORDAN ADAIR

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2023/01/18 your CIT registration is valid for 5 years.

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Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Certificate of Training

THIS CERTIFIES

Jordan Adair

AS A QUALIFIED  
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, <sup>LADAC,</sup>  
<sup>AADC</sup>

Harbor House,  
Inc.

7/8/24

Date

Agency

## OFFICIAL BID PRICE SHEET

### 710-24-025 Substance Abuse Treatment

All costs must be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed Official Bid Price Sheet with bid submission.

**Instructions:**

Enter a unit price for each item. Totals for each table and the total average cost will automatically calculate. DCFs will not accept any rate above the current Medicaid rates.

Table 1: Intake & Assessment		Unit of Measure	Unit Price
Intake and Assessment		Rate per Each	\$ 135.00
Total			\$ 135.00
Table 2: Residential Services		Unit of Measure	Unit Price
Residential Treatment		Rate per Day	\$ 150.00
Partial Day Treatment		Rate per 4 Hours	\$ 130.00
Adolescent		Rate per Day	
Specialized Women Services		Rate per Day	\$ 150.00
RADD Observation Detox		Rate per Each	\$ 250.00
Medication Management		Rate per Each	
Total			\$ 680.00
Table 3: Outpatient Services		Unit of Measure	Unit Price
Individual		Rate per 0.25 Hour	\$ 25.00
Family		Rate per 0.25 Hour	\$ 17.50
Group		Rate per 0.25 Hour	\$ 10.00
Multi-Family Group		Rate per 0.25 Hour	\$ 20.00
Adolescent		Rate per 0.25 Hour	
Intensive		Rate per Day	\$ 112.00
Total			\$ 184.50
TOTAL AVERAGE COST			\$ 876.50

**AUTHORIZED SIGNATURE:**

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Harbor House, Inc. of Fort Smith, AR

Signature: \_\_\_\_\_

Printed N Carl Norris, CEO