

## BID SIGNATURE PAGE

Type or Print the following information.

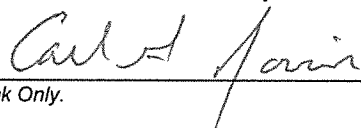
PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Harbor House, Inc. of Fort Smith, AR			
Address:	PO Box 4207			
City:	Fort Smith	State:	AR	Zip Code: 72914-4207
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
AR Certification #: _____ * See Minority and Women-Owned Business Policy				

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)831-7646
Email:	cnorris@recoveryhhi.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.  <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

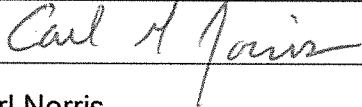
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: CEO  
Use Ink Only.  
 Printed/Typed Name: Carl Norris Date: November 1, 2021

## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

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

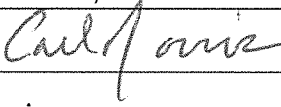
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	Harbor House, Inc. of Fort Smith, AR	<b>Date:</b>	November 1, 2021
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Carl Norris		

## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

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


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

<b>Vendor Name:</b>	Harbor House, Inc. of Fort Smith, AR	<b>Date:</b>	November 1, 2021
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Carl Norris		

### **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

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

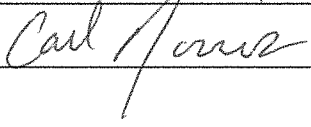
<b>Vendor Name:</b>	Harbor House, Inc. of Fort Smith, AR	<b>Date:</b>	November 1, 2021
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Carl Norris		



## **SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

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

<b>Vendor Name:</b>	Harbor House, Inc. of Fort Smith, AR	<b>Date:</b>	November 1, 2021
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Carl Norris		

## PROPOSED SUBCONTRACTORS FORM

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

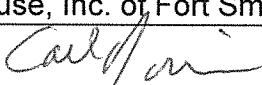
**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

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.**

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

<b>Vendor Name:</b>	Harbor House, Inc. of Fort Smith, AR	<b>Date:</b>	November 1, 2021
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Carl Norris		

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: SUBCONTRACTOR NAME:

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

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

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

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	Person's Name(s)	Relation
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 11/1/21

Vendor Contact Person Carl Norris Title CEO Phone No. (479) 461-2321

Agency use only

Agency 0710

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.



Employees found to be in violation of this policy will be subject to disciplinary action, up to and including termination. Employees who are unsure about the confidential nature of specific information must ask their supervisor for clarification. Employees will be subject to appropriate disciplinary action, up to and including termination, for knowingly or unknowingly revealing information of a confidential nature. Protecting the confidentiality of our consumers, employees, and other HARBOR HOUSE, INC. business is the responsibility of all employees.

## **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 without regard to political affiliation, race, color, religion, national origin, age, gender, disability, marital status or any other non-merit factor, except where such factor is a bona fide occupational requirement, with proper regard for the privacy and constitutional rights of citizens, and 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.
- 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.

## **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.
- For computation of overtime, actual hours worked does not include annual, sick 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.
- Scheduled paid work breaks are not required by FLSA and are not authorized by HARBOR HOUSE, INC.
- 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, 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 calling, physical threats or assaults, ridicule or mockery, insults, offensive objects/pictures that create an intimidating or hostile work environment.
  - 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 a term 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, innuendoes 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 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.

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, or veteran status.

#### **Discrimination**

Broadly defined, discrimination is an intentional or unintentional act, which adversely affects employment opportunities because of race, religion, gender, handicap, marital 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, keeping the following in mind:



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 employees 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, 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.

## **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 changes 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:**

#### **Responsibility of the Employee**



- 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 annual 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 constraint).
- 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.
- Paychecks are issued on a bi-weekly basis, provided the employee, via BambooHR/paper, complete the time sheets, signed by the supervisor and made available to the CFO.
- Employees wanting direct deposit must complete the appropriate paperwork on BambooHR under Onboarding to establish direct deposit. If an employee opts out upon hire, and then decides to participate, they must contact the CFO regarding the process.
- Employees who fail to submit a signed time sheet by the published time may have to wait until the next pay run.
- The employee's salary and the number of exemptions claimed, as allowed by law, determine payroll deductions.
- When applicable, each employee may authorize, in writing, deductions as allowed by HARBOR HOUSE, INC. compensation and payroll deduction plans within FLSA guidelines.

To be eligible for a salary increase, a current annual performance evaluation, indicating performance at or above standards, must be on file in the employee's BambooHR file.

Annual raise percentages will be approved by the Board of Directors and will be based on

## **Bid Number 710-21-0053, Area 1**

Harbor House, Inc. of Fort Smith, Arkansas currently provides comprehensive alcohol and/or other drug abuse treatment service for Specialized Women's Services (SWS) clients and, if funded, will continue to make services available statewide to all counties within the catchment area.

### **2.2 Minimum Qualifications:**

- A. Harbor House, Inc. of Fort Smith, AR (HHI) is registered to do business in the State of Arkansas. Official documentation from the Arkansas Secretary of State is attached.
- B. All required licensure and certification documents are attached, including Behavioral Health Agency certification, DPSQA alcohol and drug treatment license and CARF Accreditation.
- C. HHI has Specialized Women's Services (SWS) programs and buildings in Arkansas. The Fort Smith location is at 3900 Armour and the Hot Springs location is at 812 Mountain Pine Road. Attached is an attestation that the two currently operational SWS programs can accommodate a minimum of -20- beds.
- D. DPSQA licensure and certification copies are attached.
- E. HHI is a Behavioral Health Agency enrolled as a service provider in the Arkansas Medicaid Program. Medicaid number documentation is attached.
- F. HHI is CARF accredited. The accreditation was initially scheduled for a three-year survey in March 2021. This was delayed by CARF due to COVID 19 (see attached documentation). The accreditation was extended until November 2021. The accreditation survey was completed on October 13-15, 2021 and HHI is awaiting the detailed survey report. The exit conference was extremely favorable.
- G. HHI ensures that all services (client-related or non-client related) are provided by appropriate qualified or credentialed staff and the requirements will be met for the duration of the contract period. A staffing plan is attached, as are copies of SWS staff credentials.
- H. HHI has HIPAA compliance electronic health records system (see attachment) and this shall be accessible to DAABHS and DPSQA staff during on-site monitoring for compliance.

### **2.3 Scope of Work:**

#### **2.3.1 Service Requirements**

- A. Comprehensive services shall be provided to alcohol and other drug-abusing pregnant adult women and adult women with small children.
- B. The SWS programs for HHI include documented evidence of a pre-admission screening, an intake/assessment, which at a minimum includes financial eligibility, evidence-based screening tools for substance abuse and co-occurring problems, ASAM based determination of treatment modality and initial treatment plan, as well as a comprehensive treatment plan.

- C. HHI follows the identified term for family as it applies to the scope of work – one mother and up to two children under the age of seven – to be allowed on-site in the residential facility for treatment. It is understood that the mother may be biological, adopted or considered the legal guardian of the children.
- D. Services provided in HHI SWS programs include individual, group and support network involvement/family counseling; substance abuse treatment services; psychoeducation; care coordination/case management; and discharge/aftercare planning. While not a requirement of this contract, in the spirit of quality care, HHI also provides recovery coaching services and Transitional Living options for SWS clients.
- E. HHI SWS programs include room, board and laundry facilities; periodic drug testing; treatment; and meals.
- F. HHI SWS services include documentation of childcare, transportation, all medical treatment, housing, education/job skills training, parenting and child development training, family reunification, family education and support and house rules.
- G. SWS programs use trauma-based Evidence Based Programs (EBP) from a list of two identified by DAABHS – Seeking Safety or Trauma Recovery & Empowerment Model. The HHI programs currently use Seeking Safety.
- H. HHI treatment services currently include 30+ hours of structured treatment on a weekly basis.
- I. HHI ensures that full-time employed women must attend at least -15- hours of therapeutic services.
- J. HHI's physical environment, educational and program elements, and staff qualifications exceed licensure standards.
- K. HHI has two fully operational SWS programs to meet SWS service needs. If by chance, HHI needs to work with other approved facilities to arrange placement, DAABHS will be notified immediately.

### **2.3.2 Standard Care**

- A. HHI ensures that clients funded by DAABHS meet eligibility guidelines. It is understood that HHI will receive payment from DAABHS for necessary services provided to individuals whose income is at or below 150% of the Federal Poverty Level. Income is evaluated over the course of the last -12- months.
- B. HHI ensures evidence-based practices are utilized. Materials used are relevant to the population served and the modality of treatment. Please see attached list of EBP utilized at HHI. HHI ensures that staffing providing services have documented training and policies and procedures are in place regarding training, continuing education and required use of the curriculum. Clinical documentation in client files indicates that evidence-based materials are implemented appropriately.
- C. HHI ensures family/support network involvement in the treatment process. This includes documented attempts to ensure meaningful family/support network involvement. Contradicted involvement will be documented. HHI SWS clients who have children enrolled in treatment with the mother, have documented contact/interactions as outlined in the Licensure Standards. HHI makes every effort to involve client's children living elsewhere and document such services.

- D. Children in SWS settings receive age appropriate therapy and medical treatment as needed. If the need arises to accommodate room for additional family members, HHI will seek approval from DHS.
- E. SWS services include counseling and education about the risks of HIV, Tuberculosis, risks of needle-sharing, risks of transmission to sexual partners and infants, steps to ensure transmission does not occur and referral for HIV or TB services, if necessary.
- F. HHI ensures that treatment services are strengths-based, trauma-informed, holistic, culturally relevant, educational individualized, and recovery oriented. Client strengths are identified during the screening/intake/assessment process and continue throughout treatment, until discharge. Clinical documentation reflects that strengths are utilized when appropriate and are considered a key part of the treatment experience. Treatment includes documented educational/informational activities that enhance quality of life, prevention, resiliency and recovery. HHI client charts provide clear evidence that clients are involved in the development of treatment goals and objectives, revisions of goals and objectives and in the development of an aftercare plan. All documentation is individualized and client specific. Aftercare and discharge planning is individualized and includes identification of appropriate referrals to specific and relevant community resources, and specific plans on how to maintain or exceed progress achieved during the course of treatment. Up-to-date community resource guides are available at every HHI location.

### **2.3.3 Care Coordination (Residential)**

HHI assists clients and families in gaining access to needed medical, social, educational and other services. Care Coordination is provided using a wrap-around model and includes: input into the treatment planning process, coordination of the treatment planning process, referral to services and resources identified in the treatment plan, facilitating linkages between levels of care, monitoring and follow-up activities necessary to ensure the goals identified in the treatment plan are met or revised as needed, and assisting with transitioning between levels of care and/or integrating back into the community.

### **2.3.4 Records and Reporting**

- A. It is understood that DAABHS reserves the right to request various reports on an as-needed basis. Upon request, HHI will provide specific reports. All reporting will be submitted to DAABHS within designated time frames.
- B. All DAABHS funded services are entered into the Data Information System by HHI by the fifth working day of the following month. This includes the waiting list duration, admission reports, environmental change reports, discharge reports and continuing care tracking.
- C. HHI will submit the Wait List and Capacity Management reports as directed by DAABHS.
- D. HHI will submit an Annual Program Report by June 15th for the preceding contract year.

- E. HHI will submit an annual independent financial and compliance audit under the guidelines of DHS and Bid Number 710-21-0053 and mailed or emailed as referenced in the IFB.
- F. HHI ensures compliance with Attachment J – DHS Incident Reporting Policy 1090, including time frames for submission.
- G. HHI ensures compliance with any other reporting information requested by DAABHS within the timeframe established for the reporting process.

### **2.3.5 Staffing**

- A. HHI ensures all services (client-related or non-client related) are provided by appropriate qualified or credentialed persons.
- B. All staff providing treatment-related services have current licenses or certifications with supporting documentation located in their personnel file.
- C. HHI ensures the minimum number of staff providing treatment-related services, or support staff if utilized, have current CPI, CPR, First Aid and infant and child CPR certifications.
- D. HHI has multiple staff certified in Motivational Interviewing. All new hire clinical staff receive a full day of Motivational Interviewing training at orientation.
- E. All staff, interns and volunteers are qualified for their positions or responsibilities based on job descriptions and undergo appropriate background checks relevant to the population served.
- F. HHI maintains evidence of criminal background checks, as well as child and adult maltreatment background checks in all employee charts. All background checks are completed upon hire and every five years for criminal and every two years for maltreatment.
- G. HHI maintains evidence of annual performance evaluations on all staff that have been employed for a year, including contracted staff.
- H. HHI ensures that staff providing services have documented training in identified evidence-based curriculum and that this is placed in employee files. New staff have 90 calendar days to complete training in the evidence-based curriculum.
- I. CITs and/or LMHPs receive weekly supervision based on certification or licensure. Proof is kept on file by the Clinical Director and Assistant Clinical Director.
- J. Policies and procedures are in place in regards to training and continuing education for staff as well as use of evidence-based programs. A copy is sent to DAABHS and DPSQA.
- K. HHI and required staff will participate in trainings and meetings as required by DAABHS.

### **2.3.6 Compliance**

- A. HHI will determine financial eligibility and conduct clinical screening/assessment and recommend the appropriate program and level of service for all clients.
- B. HHI will maintain CARF accreditation to provide substance abuse residential and outpatient treatment programs. A copy of any adverse action and corrective actions plans will be sent to DAABHS. Accreditation correspondence will be sent to DABHS within



five business days, this includes: Annual Conformation to Quality Reports, Maintenance of Accreditation, etc. Final reports will be submitted to DAABHS upon receipt.

- C. HHI will maintain compliance with all regulatory agencies applicable to these services and DAABHS Rules of Practice and Procedure and Licensure Standards.
- D. HHI will maintain enrollment as a service provided in the Arkansas Medicaid Program for the length of the contract.
- E. HHI will inform DAABHS and DPSQA staff prior to any changes in management staff, contact information, site moves, additional sites or changes in ownership within five business days. It is understood that new sites must be inspected and licensed before services are provided.

### **2.3.7 Technology Requirements**

- A. HHI maintains a fully functioning electronic health record system – Credible.
- B. HHI ensures that all required clinical documentation, consents, notifications, receipts, et c. are available upon request.
- C. HHI ensures information is entered into the ADMIS within established guidelines.
- D. HHIs Technology Department ensures adequate security, confidentiality, back-up and disaster recovery preparedness. Data storage or transmission is secure and complies with all state and federal laws, including, but not limited to HIPAA.
- E. HHI maintains two twenty-four-hour emergency phone numbers, that are operable seven days a week for all service areas. These numbers can assist with emergency situations and access to services. The phone numbers are provided in client handbooks, visible at entries and provided on vital voice mails. Policies and procedures are in place outlining the training and management of this process.

### **2.3.8 Physical Plant Requirements**

- A. HHI ensures all services are provided in safe, secure and healthy environments.
- B. HHI maintains compliance with all physical plant requirements as specified in the Licensure Standards. Compliance includes areas relevant to any and all services provided.
- C. HHI ensures that all service site utilities (gas, electric, water, plumbing, etc.) are maintained in proper working condition. HHI will notify DAABHS within twenty-four hours of any issues with facility utilities.
- D. Physical facility repairs will be completed by appropriately qualified persons or technicians.
- E. HHI ensures that all utilities are properly repaired within seventy-two hours of a determination that a deficiency exists, except when the repair is the responsibility of the utility company.
- F. HHI maintains compliance with all physical plant requirements as specified in the Licensure Standards.

### **2.3.9 Billing**

- A. HHI will bill other available payors before billing the state for services rendered on a fee-for-service basis.
- B. HHI will demonstrate ongoing staff development and recruitment processes to ensure good stewardship of state and federal funds.

### **2.4 Performance Standards:**

- A. It is understood that state law requires that all contracts for services include Performance Standards for measuring the overall quality of service provided. HHI will meet acceptable standards to avoid assessment of damages.
- B. It is understood that the state may be open to negotiations of Performance Standards prior to contract award, prior to the commencement of services or at times throughout the contract.
- C. It is understood that the state has the right to modify, add or delete Performance Standards throughout the contract should the state determine it is in its best interest to do so. Any changes or additions to performance standards will be made in good faith following acceptable industry standards and may include the input of the vendor so as to establish standards that are reasonably achievable.
- D. It is understood that changes made to the Performance Standards will become an official part of the contract.
- E. It is understood that Performance Standards will continue throughout the contract.
- F. It is understood that failure to meet the minimum Performance Standards as specified may result in the assessment of damages or termination of the contract.
- G. It is understood that in the event a Performance Standard is not met, HHI will have the opportunity to defend, respond to or cure as determined by the state, the insufficiency. The state may waive damages if it determines there were extenuating factors beyond the control of the vendor that hindered the performance of services of it is in the best interest of the state. It is understood that the state will have final determination of the performance acceptability.
- H. It is understood that any compensation be owed to the agency due to the assessment of damages, HHI will follow the direction of the agency regarding the required compensation process.

# Arkansas Secretary of State Verification



**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 6th day of January 2021.

  
John Thurston

Secretary of State

Online Certificate Authorization Code: 0d23010974bda04

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

# Required Licensure and Certification Documents



License Number: 33688

## This Is to Certify That

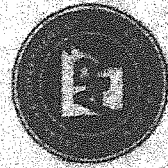
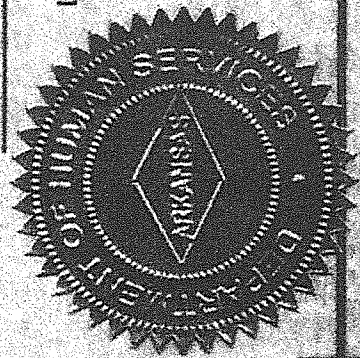
Harbor House Inc, of Fort Smith AR

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

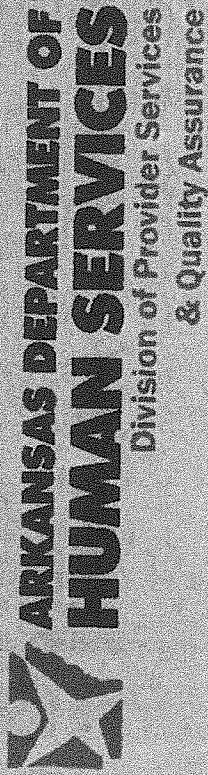
N/A capacity \_\_\_\_\_ Alcohol and Other Drug Abuse Treatment Programs \_\_\_\_\_  
on the premises located at \_\_\_\_\_, 3900 Armour \_\_\_\_\_,

Fort Smith \_\_\_\_\_, County of \_\_\_\_\_, Sebastian \_\_\_\_\_, Arkansas.

License Effective: 04/16/2019 | License Expires: 04/16/2022







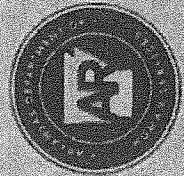
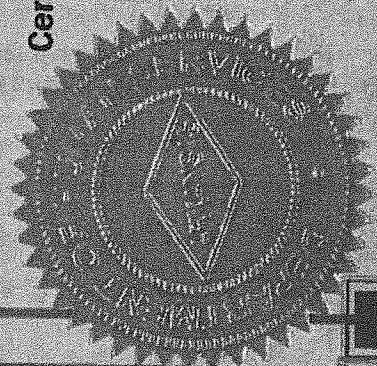
Certificate Number: 32248

## This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH AR  
3900 ARMOUR FORT SMITH AR 72904

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

Certificate effective from 09/30/2021 to 05/30/2022 (unless sooner revoked).



Harbor House, Inc. of Fort Smith, AR had its most recent CARF Accreditation Survey on October 13-15, 2021. This was previously scheduled for March of 2021, but CARF delayed it due to COVID-19.

Harbor House, Inc. of Fort Smith, AR should receive the survey report and accreditation status by November 30, 2021



## Cindy Stokes

---

**From:** Jimmie Wooding <jwooding@recoveryhhi.org>  
**Sent:** Tuesday, December 1, 2020 5:48 PM  
**To:** Cindy Stokes  
**Subject:** Fwd: CARF Expiration Date & Survey Timeframe

Sent from my iPhone

Begin forwarded message:

**From:** Leila Nassar <lnassar@carf.org>  
**Date:** December 1, 2020 at 5:22:46 PM CST  
**To:** jwooding@recoveryhhi.org  
**Subject:** CARF Expiration Date & Survey Timeframe

Dear Ms. Wooding:

Due to the unprecedented challenges faced by organizations during the public health crisis, CARF has postponed hundreds of surveys planned for 2020. As a result, CARF is now experiencing an extremely high volume of surveys in the January/February timeframe. Accordingly, **CARF is permanently changing the accreditation expiration date for Survey Number 139374 to November 30, 2021, with a corresponding September/October survey timeframe.** The survey will be conducted under the 2021 standards manual, with 2020 fees. A complimentary PDF of the applicable 2021 manual will be emailed to you after it is published in January.

If you accept this change, you do not need to take any action. CARF will update its records and you will receive an email confirmation in approximately two weeks. CARF will contact you before scheduling the survey to identify any specific dates to avoid.

CARF understands that the new survey timeframe may be a hardship for some organizations. **To reject this change and retain the current accreditation expiration date and survey timeframe, you must reply to this email within seven (7) calendar days (December 8, 2020).**

CARF appreciates your flexibility and apologizes for any inconvenience. Thank you for your dedication to enhancing the lives of persons served.

Sincerely,  
Leila Nassar  
Manager, Survey Services  
CARF International  
888-281-6531, ext. 7150

Survey #139374 - Harbor House, Inc.  
Company #306471

**Survey Accreditation Detail**

As of 1/6/2021

**Survey Number:** 102666  
**Company Number:** 214015  
**Accreditation Decision:** Three-Year Accreditation  
**Accreditation Expiration Date:** 11/30/2021  
**Company Submitting Application:** Harbor House, Inc. dba Harbor Recovery Center  
615 North 19th Street  
Fort Smith, AR 72901

**Program Summary:**

Administrative Location Only  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Residential Treatment: Integrated: SUD/Mental Health (Adults)

**Companies with Programs:**

**Harbor House, Inc. dba Harbor Recovery Center (214015)**

615 North 19th Street  
Fort Smith, AR 72901  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Residential Treatment: Integrated: SUD/Mental Health (Adults)

**Harbor Behavioral Health (284710)**

19 North 5th Street  
Fort Smith, AR 72901  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

**Harbor House Booneville (307708)**

57 North 4th Street  
Booneville, AR 72927  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

**Harbor House Clarksville (319281)**

114 South Fulton Street  
Clarksville, AR 72830  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

**Harbor House Conway (306468)**

1055 Sunflower Drive, Suite 104  
Conway, AR 72034  
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

## Survey Accreditation Detail

As of 1/6/2021

### Harbor House Fayetteville (320226)

130 North College Avenue, Suite G  
Fayetteville, AR 72701

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

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

### Harbor House Fort Smith (294791)

805 Garrison Avenue, 2nd Floor  
Fort Smith, AR 72901

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

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

### Harbor House Hot Springs (343762)

812 Mountain Pine Road  
Hot Springs, AR 71973

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

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

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

### Harbor House Hot Springs Outpatient (294788)

835 Central Avenue, Suite 114  
Hot Springs, AR 71901

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

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

### Harbor House Little Rock (294789)

3700 65th Street  
Little Rock, AR 72209

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

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

### Harbor House North Little Rock (306484)

324 West Pershing  
North Little Rock, AR 72116

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

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

### Harbor House Ozark (294786)

200 South Fourth Street  
Ozark, AR 72949

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

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

### Harbor House Rogers (306690)

1200 West Walnut, Suite 1200/1115  
Rogers, AR 72758

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

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

## Survey Accreditation Detail

As of 1/6/2021

### Harbor House Russellville (335345)

702 East Fourth Street

Russellville, AR 72801

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

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

### Harbor House Texarkana (306689)

604 Walnut Street

Texarkana, AR 71854

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

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

### Harbor House West Memphis (306483)

228 Tyler Avenue

West Memphis, AR 72301

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

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

### Harbor House, Inc. (306471)

512 South 16th Street

Fort Smith, AR 72901

Administrative Location Only

### Harbor House, Inc. dba Gateway Recovery Center (237870)

3900 Armour Avenue

Fort Smith, AR 72904

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

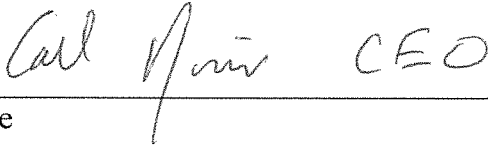

Outpatient Treatment: Integrated: SUD/Mental Health (Adults)

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

Company Count: 18

# SWS Bed Number Attestation

Harbor House, Inc. of Fort Smith, Arkansas attests that both existing Specialized Women's Services (SWS) programs in Fort Smith, Arkansas and Hot Springs, Arkansas can accommodate a minimum of twenty beds each.

 _____ CEO Signature	 _____ Date
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# Harbor House Medicaid Numbers

## HH Medicaid Site Number List

Updated 7.19.21

Booneville	237588526
Clarksville	239186526
Conway	237456526

### Fort Smith Locations

HRI	236252526
Conn Point	238019526
GRC	238020526
HRC	193623744

### Hot Springs Locations

HS OP	239197526
Residential Site	266523526

Little Rock	237538526
N. Little Rock	239063526
Ozark	239200526
Pine Bluff	239188526
Searcy	239191526
Texarkana	239199526
West Memphis	237544526



# Staffing Plan

**HHI (including SWS) Staffing Plan Categories****Locations Served****Clinical Positions:**

Therapists – LCSW, LMSW, LPC, LAC	All
Substance Abuse Counselors – CIT, ADC, AADC, LADAC, QBHP	All
Recovery Coaches – CIT, ADC, QBHP	All
Peer Specialists – PIT, APSP Peer Recovery Credential	All

**Support Positions:**

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

**Administrative Positions:**

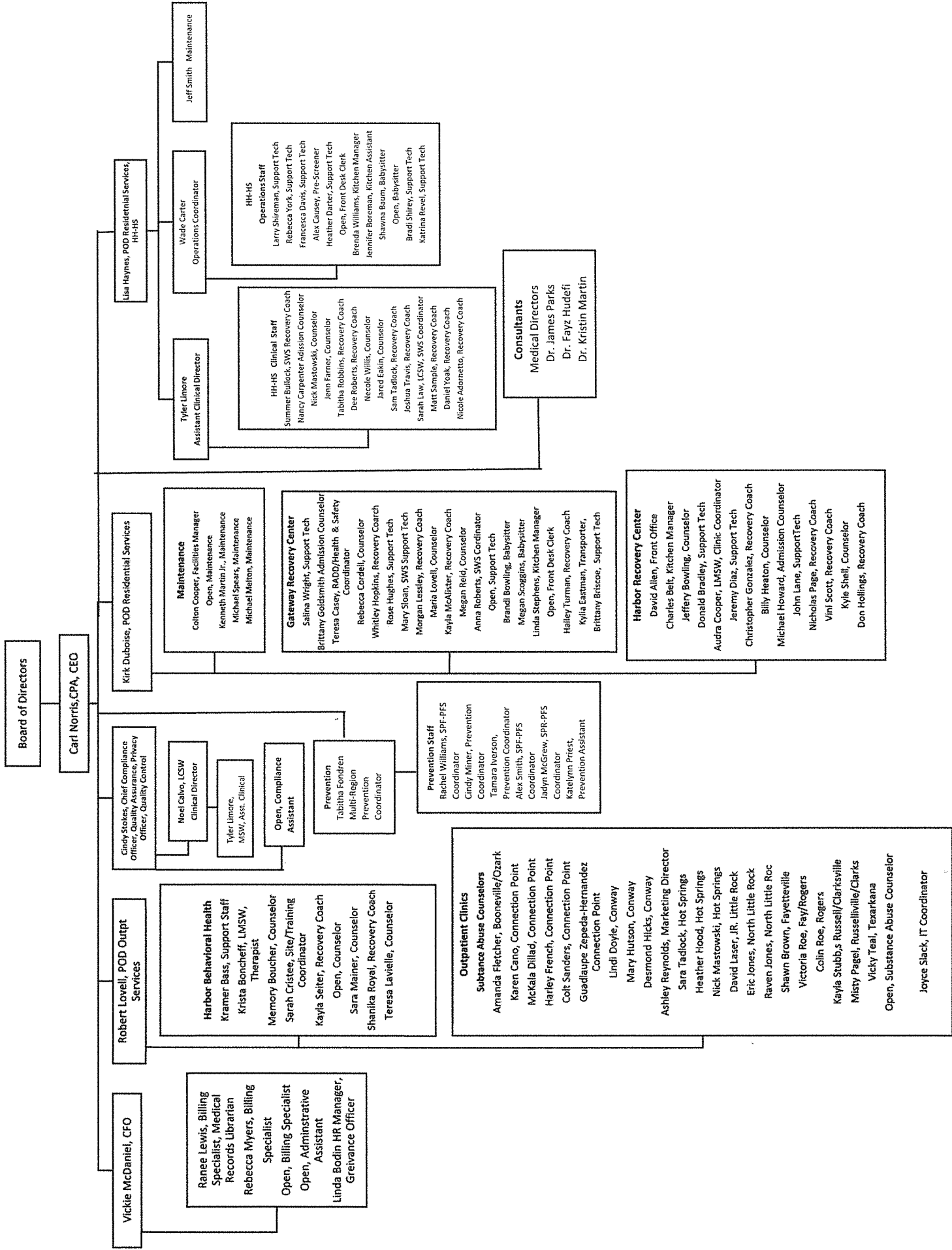
HR Manager	All
Billing Specialists	All
IT Coordinator	All
Marketing Director	All
Administrative Assistant	All
Compliance Assistance	All

**Senior Management:**

CEO	All
CFO	All
CCO	All
PODs	
Clinical Director and Assistant Clinical Director	All
Facilities Manager	All

**Medical Directors:**

Dr. James Parks, Psychiatrist	All
Dr. Fayz Hudefi, Psychiatrist	All
Dr. Kristin Martin, DO, Addictionologist	All





Arkansas Department of Health  
Social Work License Card

License No.

7526-C

Expiration Date:

11/30/2021

Noel M. Calvo, LCSW

2208 Carthage Drive

Fort Smith AR 72901

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

A handwritten signature in dark ink, appearing to read "Bryce Hudson", written over a horizontal line.

Chairman



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

CIT-M-00109

---

Dear NOEL CALVO

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 2021/06/15 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

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



**American Red Cross**  
Training Services

## Certificate of Completion

Noel Calvo

has successfully completed requirements for

**Adult and Pediatric First Aid/CPR/AED**

Date Completed: 09/27/2021

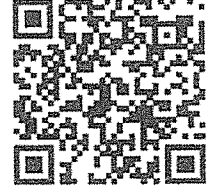
Validity Period: 2 - Years

Conducted by: Harbor House, Inc



To verify certificate, scan code or visit [redcross.org/digitalcertificate](https://redcross.org/digitalcertificate) and enter ID.

Learn and be inspired at [LifesavingAwards.org](https://LifesavingAwards.org)



000NV00



September 23, 2020

To whom it may concern,

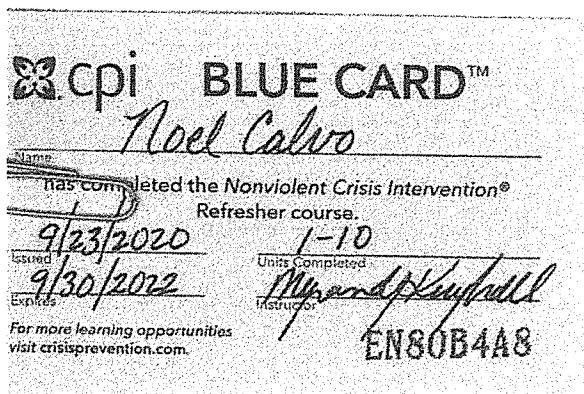
This letter is to verify that on 9/23/2020 Noel Calvo participated in a Nonviolent Crisis Intervention : Refresher - Classroom training class. The entire course was conducted in 4.5 hours and documentation of this course was submitted to CPI on 9/23/2020.

In addition to this letter which shall be placed in the participant's employee file, the participant received/ will receive a BlueCard® upon completion of the course. Both the letter and the BlueCard® shall remain valid for training confirmation purposes until 9/23/2021.

Respectfully,

A handwritten signature in black ink, appearing to read 'Myranda Kuykendall', is written over a horizontal line.

Myranda Kuykendall  
Certified Instructor with Baptist Health Fort Smith



The Oklahoma State Regents For Higher Education  
Acting Through The  
Northeastern State University

have admitted

Tyler Preston Limore

to the degree of

Master of Social Work

and all the honors, privileges and obligations belonging thereto, and in witness thereof  
have authorized the issuance of the diploma duly signed and sealed.

Issued at Northeastern State University at Tahlequah, Oklahoma,  
this eighth day of May, Two Thousand Twenty-one.



FOR THE STATE REGENTS:

*Ann Hollaway*  
Chair

*Ms. [Signature]*  
Secretary

*[Signature]*  
Chancellor



FOR THE UNIVERSITY:

*[Signature]*  
Chair, Board of Regents

*[Signature]*  
President of the University

*Deborah Landry*  
Provost and Vice President for Academic Affairs



# 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

01/02/2020

Issue Date

*Diane Byrnes*  
President

*Dr. K. R. M. S. L.*  
Vice-President

1659

Certificate Number

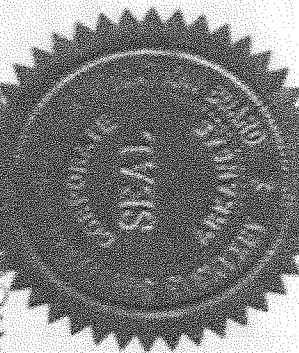
*Diane Byrnes*  
President

*Dr. K. R. M. S. L.*  
Vice-President

12/31/2021

Expiration Date

*Myrian Carter, SOC, CS, PA*  
Secretary





**American Red Cross**  
Training Services

## Certificate of Completion

**Tyler Limore**

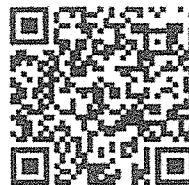
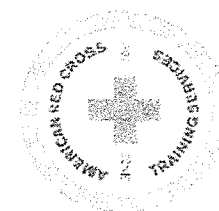
has successfully completed requirements for

**Adult and Pediatric First Aid/CPR/AED**

Date Completed: 01/12/2021

Validity Period: 2 - Years

Conducted by: Harbor House, Inc



To verify certificate, scan code or visit [redcross.org/digitalcertificate](https://redcross.org/digitalcertificate) and enter ID.

Learn and be inspired at [LifesavingAwards.org](https://LifesavingAwards.org)

00H3PDF



April 22, 2021

To whom it may concern,

This letter is to verify that on 4/12/2021 Tyler Limore participated in a Verbal Intervention : Initial - Blended training class. The entire course was conducted in 4 hours and documentation of this course was submitted to CPI on 4/22/2021.

In addition to this letter which shall be placed in the participant's employee file, the participant received/ will receive a BlueCard® upon completion of the course. Both the letter and the BlueCard® shall remain valid for training confirmation purposes until 4/22/2023.

Respectfully,

Christopher Gonzalez  
Certified Instructor with Harbor House Incorporated

---

CRISIS PREVENTION INSTITUTE | 10850 W. Park Place, Suite 250 | Milwaukee, WI 53224  
TOLL-FREE 800.558.8976 | FAX 414.979.7098 | TTY 888.758.6048 (Deaf, hard of hearing, or speech impaired)  
crisisprevention.com

# 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

12/19/2019

Issue Date

1605

Certificate Number

12/31/2021

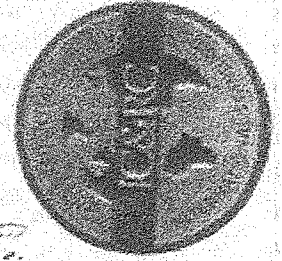
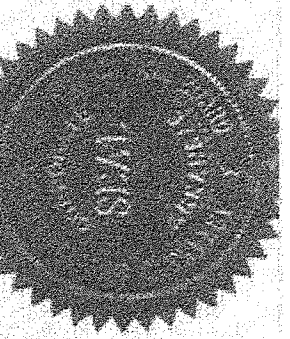
Expiration Date

*Diane B. Brown*  
President

*Kirk Duboise*  
Vice-President

*Myra Conley*  
Secretary

*Myra Conley*  
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

12/31/2020

Issue Date

*Diane Bynum*  
President

*Dr. K. R. M. S. C.*  
Vice-President

1605

Certificate Number

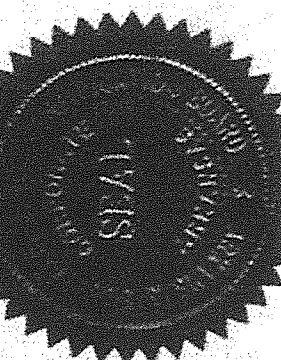
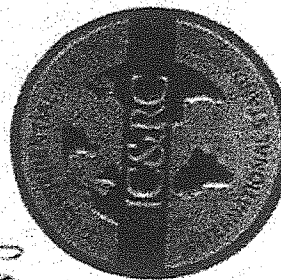
*Diane Bynum*  
President

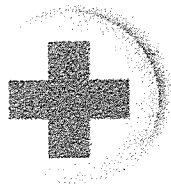
*Dr. K. R. M. S. C.*  
Vice-President

12/31/2022

Expiration Date

*Miriam Carter, SOC, CSPK*  
Secretary





**American Red Cross**  
Training Services

## Certificate of Completion

Kirk Duboise

has successfully completed requirements for

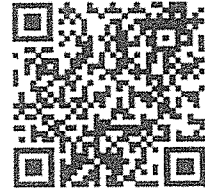
**Adult and Pediatric First Aid/CPR/AED**

Date Completed: 04/28/2021  
Validity Period: 2 - Years

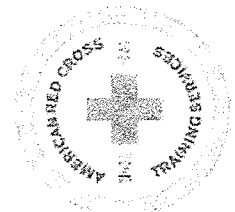
Conducted by: Harbor House, Inc

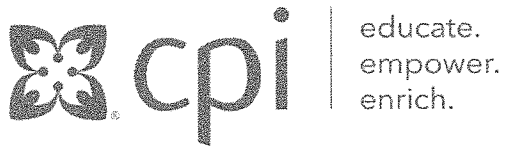
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00K7LS1





March 04, 2021

To whom it may concern,

This letter is to verify that on 3/4/2021 Kirk Duboise participated in a Verbal Intervention : Initial - Classroom training class. The entire course was conducted in 6 hours and documentation of this course was submitted to CPI on 3/4/2021.

In addition to this letter which shall be placed in the participant's employee file, the participant received/ will receive a BlueCard® upon completion of the course. Both the letter and the BlueCard® shall remain valid for training confirmation purposes until 3/4/2023.

Respectfully,

Christopher Gonzalez  
Certified Instructor with Harbor House Incorporated



# Arkansas Substance Abuse Certification Board

Hereby Certifies

TABITHA FONDREN

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

10/05/2021

Issue Date

1620

Certificate Number

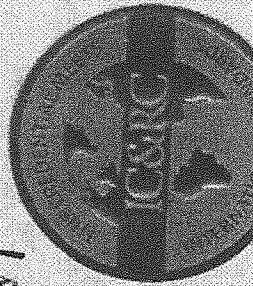
12/31/2023

Expiration Date

M. W. H. L. MSW, LADAC, CS, RADAC

[Signature]  
Vice-President

[Signature]  
Secretary







November 11, 2020

To whom it may concern,

This letter is to verify that on 11/10/2020 Tabitha Fondren participated in a Nonviolent Crisis Intervention : Refresher - Classroom training class. The entire course was conducted in 3 hours and documentation of this course was submitted to CPI on 11/11/2020.

In addition to this letter which shall be placed in the participant's employee file, the participant received/ will receive a BlueCard® upon completion of the course. Both the letter and the BlueCard® shall remain valid for training confirmation purposes until 11/10/2022.

Respectfully,

Christopher Gonzalez  
Certified Instructor with Harbor House Incorporated



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

CIT-HS-00179

Dear ANNA ROBERTS

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 2021/02/23 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

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



**American Red Cross**  
Training Services

## Certificate of Completion

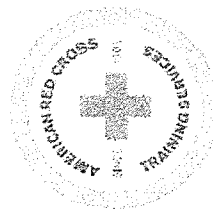
Anna Roberts

has successfully completed requirements for

**Adult and Pediatric First Aid/CPR/AED**

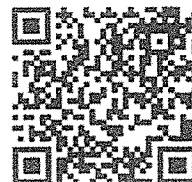
Date Completed: 03/01/2021  
Validity Period: 2 - Years

Conducted by: Harbor House, Inc



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Learn and be inspired at [LifesavingAwards.org](https://LifesavingAwards.org)



0011QJR



March 04, 2021

To whom it may concern,

This letter is to verify that on 3/1/2021 Anna Roberts participated in a Verbal Intervention : Initial - Blended training class. The entire course was conducted in 4 hours and documentation of this course was submitted to CPI on 3/4/2021.

In addition to this letter which shall be placed in the participant's employee file, the participant received/ will receive a BlueCard® upon completion of the course. Both the letter and the BlueCard® shall remain valid for training confirmation purposes until 3/4/2023.

Respectfully,

Christopher Gonzalez  
Certified Instructor with Harbor House Incorporated



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

CIT-A-00006

Dear WHITLEY HOPKINS

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 2019/06/12 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

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



**American Red Cross**  
Training Services

## Certificate of Completion

Whitley Hopkins

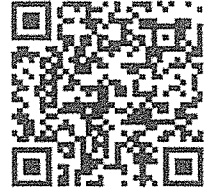
has successfully completed requirements for

**Adult and Pediatric First Aid/CPR/AED**

Date Completed: 06/21/2021

Validity Period: 2 - Years

Conducted by: Harbor House, Inc



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Learn and be inspired at [LifesavingAwards.org](https://LifesavingAwards.org)

00M3907





educate.  
empower.  
enrich.

June 10, 2020

To whom it may concern,

This letter is to verify that on 6/10/2020 Whitley Hopkins participated in a Nonviolent Crisis Intervention : Refresher - Classroom training class. The entire course was conducted in 3 hours and documentation of this course was submitted to CPI on 6/10/2020.

In addition to this letter which shall be placed in the participant's employee file, the participant received/ will receive a BlueCard® upon completion of the course. Both the letter and the BlueCard® shall remain valid for training confirmation purposes until 6/10/2022.

Respectfully,

Tosha Wilson  
Certified Instructor with Harbor House Incorporated

---

**CRISIS PREVENTION INSTITUTE** | 10850 W. Park Place, Suite 250 | Milwaukee, WI 53224  
TOLL-FREE 800.558.8976 | FAX 414.979.7078 | TTY 888.758.6048 (Cost, hard of hearing, or speech is barred)  
**crisisprevention.com**

# HIPAA Compliant EHR System (Credible)





## Letter of Intent Small Business Limited

June 13, 2014

Jimmie Ann Wooding  
CEO/Executive Director  
Harbor House, Inc.  
615 No. 19<sup>th</sup> St  
Fort Smith, Arkansas 72901

Dear Ms. Wooding:

Credible Wireless, Inc. (Credible) is pleased to submit this Letter of Intent (LOI). The following pages provide a description of Credible's implementation services and software modules. Exhibit A: *Credible's Agency Specific Pricing Guidelines and Hour Allocations* and Exhibit B: *Credible's Agency Specific Letter of Intent Modifications* collectively detail Agency requirements and Credible's commitments. Credible's Software as a Service (SaaS) solution provides secure, proven, easy to use software while our growing customer base delivers added value through networking and shared best practices. Credible appreciates the time that Harbor House, Inc. spent discussing the benefits of Credible software.

By deploying Credible Behavioral Healthcare Software, Agency will receive the following benefits:

1. Fully integrated software, including Mobile, Electronic Prescription, eLabs, Wiley Treatment Libraries, and Business Intelligence modules, if purchased.
2. Easy to use interface with straightforward and legible screens, role based security, and online help tools.
3. HIPAA compliant operations, data access, and security.
4. Four (4) annual software feature releases for the life of the contract at no additional cost.
5. Secure Hosting and Disaster Recovery services.
  - a. Enterprise level primary and secondary sites with 24 hour, 7 days a week, 365 days a year monitoring, full operational redundancy, and state of the art hardware and software.
  - b. Server rooms secured with biometric thumbprint readers and monitored by security cameras.
  - c. Built-in redundancy for all power and cooling systems.
6. Meaningful Use Certification: Credible is ONC-ATCB certified as a complete EHR as of June 1, 2011 by the Certification Commission for Health Information Technology (CCHIT). By this agreement, Credible commits to maintain its continued Meaningful Use certification. Credible's CHS EHR Certification ID is 30090001TQK9EAC, verifiable at <http://www.health.hhs.gov>.
7. Agency received best in class billing software, which currently handles over \$1,900,000,000 billion dollars in Medicaid, Medicare, and 3<sup>rd</sup> Party claims.
8. Powerful standard and ad-hoc reporting tools for Billing, Service, Claims, Client, Employee, Ledger, and Service data.
9. Increased productivity and reduction in staff paperwork through elimination of duplicate data entry and paper-based documentation inefficiencies.
10. Increased accuracy and timeliness of data with real-time reporting.
11. Simplified and fully integrated documentation, reporting, scheduling, and billing.
12. Client Portal with secure Agency managed access to specific data points by Agency's clients, consumers, and/or patients.
13. Provider Portal with simplified and secure data transfer amongst Credible Partners, as well as from Agency referral sources and business partners, regardless of whether or not they utilize the Credible platform.

Letter of Intent - Confidential & Proprietary

June 13, 2014

Page 1 of 16 Initial

7529 Sandhill Place, Suite 210, Resville, MD 20858  
or 301-652-9590 f: 240-744-3063 e: info@credibleinc.com w: credibleinc.com



14. Credible's Library with detailed feature information, configuration instructions, and full presentations on major modules and features. In addition, the Library includes Credible Best Practices for clinical, intake, billing, reconciliation, and other critical Agency processes.
15. Credible's Training Department which is dedicated to enhancing Agency's staff knowledge, experience, and optimization of Agency's return on investment with Credible.
16. Credible's Mobile module - the industry's most reliable and versatile mobile application allowing Agency staff to document wherever and whenever they provide services. Working in either connected or disconnected modes, Credible Mobile is available for iPad<sup>TM</sup>, iPhone<sup>TM</sup>, Android enabled devices, laptops, netbooks, and tablet PCs.
17. Credible provides a secure online domain where Agency's contract is posted. Agency can control communication protocols, request consulting and training services, request contract additions, and view real time any known issues and/or challenges.

Letter of Intent - Confidential & Proprietary

June 13, 2014

Page 2 of 16 Initial

# Evidence Based Curriculum at HHI

## Evidence Based Curriculum at HHI

- MI
- ACT
- Reality Works
- MYTE
- Stewards of Children
- Seeking Safety
- Nurturing Parenting
- EMDR
- EFT
- Nurturing Fatherhood
- Circle of Security
- Bringing Up Baby
- DBT
- Living in Balance

# Sample Group Schedules

Class Schedule WEEK 3: 2021 Schedule September 13-September 19 (Grants that are eligible for Companion Group Session)

Time	Monday 13	Tuesday 14	Wednesday 15	Thursday 16	Friday 17	Saturday 18	Sunday 19
6:00am 6:30-7am	Wake-Up Medication	Wake-Up Medication	Wake-Up Medication	Wake-Up Medication	Wake-Up Medication	Wake-Up (8:00) Medication	Wake-Up (8:00) Medication
6:45am-7:45am	Living Skills *Whitley* Breakfast Meditation *Becky*	Living Skills *Whitley* Breakfast Meditation *Becky*	Living Skills *Whitley* Breakfast Meditation *Becky*	Living Skills *Whitley* Breakfast Meditation *Becky*	Living Skills *Whitley* Breakfast Meditation *Becky*	Breakfast Meditation (9:30) Free Time Take Good Care of Self	Breakfast Meditation (8:30) Free Time Live a Recovery Lifestyle
7:45-8:15am 8:15am-8:30am 8:30am-10:00am	Breakfast Meditation *Becky*	Breakfast Meditation *Becky*	Breakfast Meditation *Becky*	Breakfast Meditation *Becky*	Breakfast Meditation *Becky*	Breakfast Meditation (9:30) Free Time Take Good Care of Self	Breakfast Meditation (8:30) Free Time Live a Recovery Lifestyle
10:00am-10:15am 10:15am-11:45am	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation (9:30) Free Time Take Good Care of Self	Break Meditation (8:30) Free Time Live a Recovery Lifestyle
11:45am 12:00-12:30pm 1:00pm-2:30pm	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation (9:30) Free Time Take Good Care of Self	Break Meditation (8:30) Free Time Live a Recovery Lifestyle
2:30pm-3:00pm 3:00pm-4:30pm	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation *Becky*	Break Meditation (9:30) Free Time Take Good Care of Self	Break Meditation (8:30) Free Time Live a Recovery Lifestyle

GR Residentia!

Class Schedule WEEK 4: 2021 Schedule September 20- September 26 (Group Meds are up in our Computer Group Sessions)

Time	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Saturday 25	Sunday 26
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (8:00)	Wake-Up (8:00)
6:15am-6:30am	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation	Meditation
6:45am	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*		
7:30am	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30am)	Breakfast (8-8:30am)
8:30am-10:00am	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Break
10:15am-11:45am	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm-2:30pm	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills	Skills Group: Values ACT Group: Mind and Recovery Skills
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00pm-7:00pm- Residential							
6:00pm-7:30pm- Outpatient							

FLC Residents!

Class Schedule WEEK 1: 2021 Schedule September 27- October 03 (Classes are a sign of Outpatient Group Sessions)

Time	Monday 27	Tuesday 28	Wednesday 29	Thursday 30	Friday 01	Saturday 02	Sunday 03
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up
6:15-6:30am	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation	Wake-Up (8:00) Meditation
6:45am	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*		
7:30am	Meditation	Meditation	Meditation	Meditation	Meditation		
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30am)	Medication
8:30am-10:00am	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Free Time	Free Time
10:00am-10:15am	Break	Break	Break	Break	Break		
10:15am-11:45am	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Take Good Care of Self	Live a Recovery Lifestyle
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm-2:30pm	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing	Skills Group: Family Recovery Session and Detective Healing
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group	Morgan Reflection Group
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:30pm-7:30pm- Residential							
6:00pm-7:30pm- Outpatient							

FLC Residential

Class Schedule WEEK 2: 2020 Schedule October 04- October 10 (COVID-19 PREVENTION MEASURES)

Time	Monday 04	Tuesday 05	Wednesday 06	Thursday 07	Friday 08	Saturday 09	Sunday 10
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (8:00)	Wake-Up
6:30-7am	Medication	Medication	Medication	Medication	Medication	Medication	Medication
7:45-8:15am	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Breakfast	Breakfast
8:15am-8:30am	Medication *Becky*	Medication *Becky*	Medication *Becky*	Medication *Becky*	Medication *Becky*	Medication (9:30)	Medication (8:30)
8:30am-10:00am	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Free Time Take Good Care of Self	Free Time Live a Recovery Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional) Kayla
10:15am-11:45am	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	#5 Live Recovery Lifestyle Deep Cleaning/ Living Skills
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm-2:30pm	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group	Skills Group #1: Self Care #2: Reflection Group
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Kayla #1: Self care Skills: Reflection Group	Morgan #1: Self care Skills: Reflection Group	Kayla #1: Self care Reflection Group	Kayla #1: Self care Reflection Group	Hailey #1: Self Care Skills: Reflection Group	Hailey #1: Self Care Skills: Reflection Group	Visitation (2:30-4:30)
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:30pm-7:30pm-Residential							No Visitation Due to COVID19



# Weekly Parent/ Child Interaction Report



## SWS Weekly Parent/Child Interaction Report

Please circle all that apply:

**Discipline:**      Consistent                      Inconsistent

**Verbal:**            Appropriate                      Inappropriate

**Physical:**        Appropriate                      Inappropriate

**Meal Time:**

Sits down with child                      Leaves child unattended                      Varies

**Eating Habits:**                      Appropriate                      Inappropriate

*Comments:*

**Bath Time**      Daily                      2-3 X week                      Varies

                         Good                      Fair                      Poor

**Family structure play:**                      Consistent                      Inconsistent

*Comments:*

**Communication Skills:**                      Consistent                      Inconsistent

*Comments:*

**Physical Contact:**                      Affectionate                      Unaffectionate

*Comments:*

**Medication:** Per prescription                      Consistent                      Inconsistent

Documents of medication dosage:                      Consistent                      Inconsistent

*Comments:*

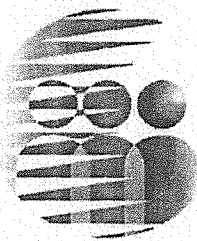
Date: Start                      End

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

SWS

Rev. 5/2016

# Motivational Interviewing



Mid-America  
**ATTC**

Unifying science, education  
and services to transform lives.

This is to certify that

**Tabitha Fondren**

has completed a training entitled

***Motivational Interviewing Assessment:  
Supervisory Tools for Enhancing Proficiency  
(MIA:STEP)***

held in Little Rock, AR June 6-7 2011.

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Director

June 6-7, 2011

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Date

This program has been approved for 12 contact hours  
by the Arkansas Substance Abuse Certification Board.



# Introduction to Motivational Interviewing: "Preparing People to Change"

The following participant has achieved a sufficient level of competency  
in applying Motivational Interviewing technique

that he is qualified as a

Certified Motivational Interviewing Inservice Trainer

Motivational Interviewing Institute of Arkansas

Robert Lovell, CADC, LCADC

Name of Attendee

J.G. Regnier, LADAC, ACADC, CCS, SAP

J.G. Regnier, LADAC, ACADC, CCS, SAP

12/09/10

Date

# Group and Individual Supervision Forms

# Group Supervision Contact Record

Time: \_\_\_\_\_ am/pm to Time: \_\_\_\_\_ am/pm

Setting of Supervision: \_\_\_\_\_

<input type="checkbox"/> Ethics	<input type="checkbox"/> Informed Consent	<input type="checkbox"/> Trauma	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Client Rights	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Credible	<input type="checkbox"/> Assessment of Professional Competencies
<input type="checkbox"/> Confidentiality	<input type="checkbox"/> Case Management	<input type="checkbox"/> Policies & Procedures	<input type="checkbox"/> Clinical Risk Factors- Suicide, Violence, Risky Behaviors, Self-Harm
<input type="checkbox"/> Person-Centered Plan	<input type="checkbox"/> Client Records	<input type="checkbox"/> Interviewing Skills	<input type="checkbox"/> 12 Core Functions
<input type="checkbox"/> Cultural Competency	<input type="checkbox"/> Screening	<input type="checkbox"/> Individual, Group, Family	<input type="checkbox"/> Critical Incidents
<input type="checkbox"/> Documentation	<input type="checkbox"/> Assessments	<input type="checkbox"/> Fidelity to Model	

Comments: What took place, future plans, follow-up assignments, concerns, needs, supervisee response, etc.

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## Employee Sign-In


\_\_\_\_\_  
LMHP or Supervisor's Signature, Date and License Number

\_\_\_\_\_  
Clinical Supervisor Signature and Date



# Individual Supervision Contact Record

Supervisee Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm to Time: \_\_\_\_\_ am/pm

Setting of Supervision: \_\_\_\_\_

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Ethics               | <input type="checkbox"/> Informed Consent | <input type="checkbox"/> Trauma                    | <input type="checkbox"/> Medication Management  |
| <input type="checkbox"/> Client Rights        | <input type="checkbox"/> Legal Issues     | <input type="checkbox"/> Credible                  | <input type="checkbox"/> Assessment of Professional Competencies                              |
| <input type="checkbox"/> Confidentiality      | <input type="checkbox"/> Case Management  | <input type="checkbox"/> Policies & Procedures     | <input type="checkbox"/> Clinical Risk Factors- Suicide, Violence, Risky Behaviors, Self-Harm |
| <input type="checkbox"/> Person-Centered Plan | <input type="checkbox"/> Client Records   | <input type="checkbox"/> Interviewing Skills       |   |
| <input type="checkbox"/> Cultural Competency  | <input type="checkbox"/> Screening        | <input type="checkbox"/> Individual, Group, Family | <input type="checkbox"/> 12 Core Functions  |
| <input type="checkbox"/> Documentation        | <input type="checkbox"/> Assessments      | <input type="checkbox"/> Fidelity to Model         | <input type="checkbox"/> Critical Incidents   |

Comments: What took place, future plans, follow-up assignments, concerns, needs, supervisee response, etc.

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\_\_\_\_\_  
LMHP or Supervisor's Signature, Date and License Number

\_\_\_\_\_  
Clinical Supervisor Signature and Date

