Counseling Associates, Inc.

Comprehensive Substance Abuse Treatment Services (CSATS) RFP-Original Technical Proposal

Bid # 710-21-0018

Respondents Contact Person: Lee Koone, LCSW. Cell: 501-208-2382. Lkoone@caiinc.org 8-13-2021

DAABHS Comprehensive Substance Abuse Treatment Services Regions

- Please check the region in which you are willing to provide the service. See Attachment G for map of treatment regions.
- Do not include additional information if not pertinent to the itemized request.
- Please return with your response packet.

Catchment Area 1

- Catchment Area 2
- Catchment Area 3
- Catchment Area 4
- Catchment Area 5
- Catchment Area 6
- Catchment Area 7
- Catchment Area 8

PROPOSAL SIGNATURE PAGE Bid # 710-21-0018

1

Technical Proposal Packet

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

	PROSE		RACTOR'S INFOR	MATION		12.14
Company:	Counsel	ing A.	ssociate	5		
Address:	350	salen	Rd. Ster	\$ q		
City:	COMUDA		State: AR	· · · ·	Zip Code:	12034
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			FOR CONTACT IN			
Contact Perso	n: Lee Koo	re	Title:	VPO	Clinic	col Sern
Phone:	501-208-	2382	Alternate Phone:	50 -	336-	8300
Email:	IKOOn	\cap	inc. org		~~~	
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VENDOR AGREEMENT AND COMPLIANCE PAGES Bid # 710-21-0018

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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.

Authorized Signature:	Use Ink Only.			
Printed/Typed Name:	Brign W. Davis	Date:	08-11-21	

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.

 Authorized Signature:

 Printed/Typed Name:

 Brian W. Davis

 Date:

SECTIONS 3, 4, 5 - 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(s) of the bid solicitation.

Authorized Signature:	Use Ink Only.			
Printed/Typed Name:	Brig-W. Davis	_ Date:	08-11-2	

PROPOSED SUBCONTRACTORS FORM Bid # 710-21-0018

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
Harbor House	615 n. 19th St.	Fort-Smith, AR. 72901
midSouth	2707 Brownsla	ne gonesboro, Al
Halth Systems		72401
ic. Delta Reconny		
Center and -		
Recovery at Mills		
)		

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

Signed Addenda Bid # 710-21-0018 State of Arkansas DEPARTMENT OF HUMAN SERVICES 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors FROM: Chorsie Burns, Buyer DATE: July 28, 2021 SUBJECT: 710-21-0018 COMPREHENSIVE SUBSTANCE ABUSE TREATMENT SERVICES (CSATS)

The following change(s) to the above referenced RFP have been made as designated below:

X Change of specification(s) Additional specification(s) Change of bid opening date and time Cancellation of bid Other

CHANGE OF SPECIFICATIONS

RESPONSE PACKET page 7, Section E.3 STANDARD OF CARE item C has been removed.

RESPONSE PACKET page 7, Section **E.3 STANDARD OF CARE** item **D** last sentence has been replaced with the following: How will progress be measured and documented? (Section 2.4 C)

RESPONSE PACKET page 7, Section **E.3 STANDARD OF CARE** item E is replaced with the following: Describe your approach to aftercare and discharge planning and provide a matrix listing community resources and partners available for referral for continuation service. (Section 2.4 C)

RFP page 23, Section 3.1 C item 3 (chart) is replaced with the following:

Information for Evaluation Sub-Sections	Maximum Raw Points Possible	Sub-Section's Weighted Percentage	* Maximum Weighted Score Possible
E.1 Minimum Qualifications	10	15	105
E.2 Scope of Work	5	25	175
E.3 Standard of Care	20	20	140
E.4 Priority Population	10	10	70
E.5 Records and Reporting	5	5	35
E.6.Staffing	5	10	70
E.7 Subcontractors	5	5	35
E.8 Technology Requirements	5	5	35
E.9 Physical Plant	5	5	35
Technical Score Total	70	100%	700

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal. If you have questions, please contact: Chorsie Burns, <u>chorsie.burns@dhs.arkansas.gov</u> or 501-682-6327

08-11-21 Vendor Signa Date COUNSELING ASSOCIATES WC.

Company

EO.O98-04-CONTRACT GRANT DISCLOSURE FORM Bid # 710-21-0018

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State Board or Commission Member				
State Employee				
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		FOR AN E	NTITY	(BUSINESS)*
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DHS Revision 11/05/2014

Agency Agency Contact Contract Number 0710 Name Department of Human Services Contact Person Phone No. or Grant No.	Vendor Contact Person CAPL Noteus Title CEo Phone No. (479) 785-4083 Agency use only	to the best of my knowledge and belief, all of the above infor disclosure conditions stated herein. / INN:	 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. 	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.	2. I will include the following language as a part of any agreement with a subcontractor:	 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. 	As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:	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.	Attachment Number Contract and Grant Disclosure and Certification Form
srant No.	0. (479) 785-4083	s true and correct and	contract date, I will mail a nent containing the dollar	ilation, or policy adopted equired disclosure or who		bcontractor to complete a om I enter an agreement red of me under the terms	<u></u>	odicy adopted pursuant to fails to make the required	

DHS Revision 11/05/2014

COUNSELING ASSOCIATES EQUAL OPPORTUNITY POLICY Bid # 710-21-0018

YOUR EMPLOYMENT WITH ARISA HEALTH

EQUAL EMPLOYMENT OPPORTUNITY

Arisa is an Equal Opportunity Employer. Employment at Arisa is based upon personal capabilities and qualifications without regard to race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, citizenship status, veteran status or any other protected characteristic as established by law.

This policy applies to all terms and conditions of employment, including, but not limited to, recruitment, hiring, placement, promotion, termination, layoff, compensation, benefits, and all other terms and conditions of employment. It is Arisa's intent to comply with all federal and state laws regarding employment practices.

The Human Resources Department has overall responsibility for this policy and maintains reporting and monitoring procedures. Staff members' questions or concerns should be referred to the Human Resources Department. Any staff member or applicant who believes he or she has been subjected to unlawful discrimination should report the incident immediately. Staff members, or applicants for employment, who seek assistance pursuant to this policy will not have their employment opportunities adversely affected because of such a complaint or be subject to any other type of retaliation.

Appropriate corrective action, up to and including termination, may be taken when any staff member violates this policy.

NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

Arisa is committed to a work environment in which all individuals are treated with respect and dignity. Everyone has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, Arisa expects that all relationships among persons in the workplace will be respectful, business-like and free of bias, prejudice and harassment.

Arisa prohibits discrimination and harassment based on race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, disability, genetic information, marital status, citizenship status, veteran status, association with a person of a protected status, or any other characteristic protected by law. Arisa prohibits and will not tolerate any such discrimination or harassment.

2.2 MINIMUM QUALIFICATIONS

2.2 A. Counseling Associates Active Arkansas Secretary of State's Registration



Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

<u>Begin New Search</u>

For service of process contact the Secretary of State's office.

Officers	Date Filed		Agent Address	Reg. Agent	Principal Address	Status	Filed under Act	Filing Type	Filing #	Fictitious Names	Corporation Name	
SEE FILE, Incorporator/Organizer HAROLD PYLE, Director JEANNIE TINDALL, Director MIKE NEWMAN, Director ALICE HINES, Director	06/21/1972	FAYETTEVILLE, AR 72703	SUITE 200, 234 EAST MILLSAP ROAD	RAYBURN W GREEN	350 SALEM ROAD, SUITE 9 CONWAY, AR 72034	Good Standing	Dom Nonprofit Corp; 176 of 1963	Nonprofit Corporation	100013468	RESOURCE LINK	COUNSELING ASSOCIATES, INC.	

https://www.sos.arkansas.gov/corps/search_corps.php?DETAIL=11803&corp_type_id=&corp_name=Counseling+Associates%2C+Inc&agent_search=&agent_city=&agent_state=&filing_number=&cmd= 1/2

Purchase a Certificate of Good	State of Origin AR	Foreign Address	Foreign Name N/A	AT JUL ABE ABE AND PAU
Submit a Nonprofit Annual Report				Arkansas Secretary of State RITCHIE HOWELL, Director JULIA FROST, Director LORI ROSS, Director ABBEY EDDY, Director MARIBEL ROGERS, Director ANDY GIL, Director BRIAN DAVIS, CEO PAUL DIELMAN, Chairman

Standing for this Entity **Change this Corporation's Address**

2/2

2.2 B. Arkansas Medicaid Provider.

Agency Medicaid Number: Counseling Associates Medicaid Provider Agency number is 116375726. **2.2 C.** Counseling Associates Division of Provider Services and Quality Assurance (DPSQA) Licenses



Division of Provider Services & Quality Assurance

Community Services Licensure and Certification https://humanservices.arkansas.gov/about-dhs/dpsqa

PO Box 8059, Slot S408, Little Rock, AR 72203-8059 501-320-6287 · Fax: 501-682-8551



06/03/2020

Brian Davis Counseling Associates, Inc 2400 S. 48th St. Springdale, AR 72762

RE: Substance Abuse Treatment Recredential Certification

Dear Provider.

You have been assigned a new license number due to internal process changes. Your new certification number is 34061. Your previous license number is 375. Your previous vendor number is 25120,

The following service location is associated with this provider:

316 Hwy 65 North Marshall, AR 72650

New Certification #: 34061

Certification Dates: 03/14/2019 - 03/14/2022

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA_ProviderApplications g dbs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones Assistant Director Division of Provider Services and Quality Assurance Community Services Licensure and Certification Johnathan Jones a dhscarkansas gov

C: Licensure File Daphne Burkins, DXC Tamera Belin, OMIG Johnathan Jones Susan Morrow



Division of Provider Services & Quality Assurance

Community Services Licensure and Certification https://humanservices.arkansas.gov/about-dhs/dpsqa

PO Box 8059, Slot S408, Little Rock, AR 72203-8059 501-320-6287 · Fax: 501-682-8551



08/18/20

Brian Davis Counseling Associates, Inc 2400 S. 48th St. Springdale, AR 72762

RE: Substance Abuse Treatment Recredential Certification

Dear Provider.

You have been assigned a new license number due to internal process changes. Your new certification numbers are 33733, 33734, 33721, 33738, 34074, 34062, 34068, 34073, 34072, and 34054. Your previous license numbers are 371, 372, 369, 373, 380, 376, 380, 376, 377, 379, 378, and 374. Your previous vendor numbers are 25116, 25117, 25114, 25118, 25125, 25121, 25122, 25124, 25123, and 25119.

The following service location is associated with this provider:

1021 East Poplar Street Clarksville, AR 72830

2526 Hwy 65South, Suite 201 Clinton, AR 72031

855 South Salem Road Conway, AR 72830

350 Salem Road, Suite 1 Conway, AR 72034

Substance Abuse Treatment

Vendor # 25116 License # 371 New Certification # 33733 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25117 License # 372 New Certification # 33734 Certification Dates 03 14 2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25114 License # 369 New Certification # 33721 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25118 License # 373 New Certification # 33738 Certification Dates 03/14/2019- 03/14/2022 206 West Main Perryville, AR 72156

8 Hospital Drive Morrilton, AR 72210

106 Mountain Place Drive Mountain View, AR 72560

2504 West Main Street Russellville, AR 72801

110 Skyline Drive Russellville, AR 72836

115 South 3rd Street Heber Springs, AR 72543 Substance Abuse Treatment

Vendor # 25125 License # 380 New Certification # 34074 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25121 License # 376 New Certification # 34062 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25122 License # 377 New Certification # 34068 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25124 License # 379 New Certification # 34073 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25123 License # 378 New Certification # 34072 Certification Dates 03/14/2019- 03/14/2022

Substance Abuse Treatment

Vendor # 25119 License # 374 New Certification # 34054 Certification Dates 03/14/2019- 03/14/2022

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA/Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA Provider Applications g dbs arkansas gov or at (501) 320-6110.

Sincerely,

ac. Joh.

Johnathan Jones Assistant Director Division of Provider Services and Quality Assurance Community Services Licensure and Certification

C: Licensure File Daphne Burkins, DXC Tamera Belin, OMIG Tascha Petersen Contessa Clark Tanya Giles Christina Westminster Otis Hogan Patricia Gann Sharon Donyan Vivian Jackson Melissa Ward

JJ JR

ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance
License Number: 34061
This Is to Certify That
Counseling Associates, Inc.
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 316 Hwy 65 North,
Marshall , County of <u>Searcy</u> , Arkansas. License Effective: 03/14/2019 License Expires: 03/14/2022

ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services	
& Quality Assurance	
License Number: 33734	
This Is to Certify That	
Counseling Associates, Inc- Clinton	
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 2526 Hwy 65 South, Suite 201	
Clinton, County of Van Buren, Arkansas.	
License Effective: 03/14/2019 License Expires: 03/14/2022	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	



Division of Provider Services & Quality Assurance

Confirmation Letter

August 3, 2021

BRIAN DAVIS COUNSELING ASSOCIATES INC 350 SALEM ROAD SUITE 9 CONWAY AR 72034

Please find enclosed, certificate number 36436. This is issued for the following location(s):

COUNSELING ASSOCIATES INC 244 HIGHWAY 65 NORTH SUITE 6 CLINTON AR 72301

If you have any questions, please feel free to schedule time with me

Sincerely,

Joshua Rice, Quality Support Technician

cc: DAABH - Tanya Giles, Christina Westminster, Tascha Peterson Gainwell Technologies - Courtney Tipple, Audrey Orange, Daphne Burkins OMIG - Tamera Belin



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12. 10. 10. 10.	ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services	
	& Quality Assurance License Number: 34068	
	This Is to Certify That	
	Counseling Associates, Inc- Mountain View	
	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 106 Mountain Place Drive,	
	Mountain View , County of <u>Stone</u> , Arkansas,	
	License Effective: 03/14/2019 License Expires: 03/14/2022	

The second second	ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance
	License Number: 34054
A COLORADO	This Is to Certify That
	Counseling Associates, Inc- Heber Springs
	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 115 South 3rd Street
	Heber Springs, County of Cleburne, Arkansas.
Section Section	License Effective: 03/14/2019 License Expires: 03/14/2022

2.2 D. Counseling Associates CARF Accreditation



CARF Accreditation Report for Counseling Associates, Inc.

Three-Year Accreditation



CARF International Headquarters 6951 E. Southpoint Road Tucson, AZ 85756-9407, USA

www.carf.org
Contents

Executive Summary Survey Details Survey Participants Survey Activities Program(s)/Service(s) Surveyed Representations and Constraints Survey Findings Program(s)/Service(s) by Location

About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Counseling Associates, Inc. 350 Salem Road, Suite 1 and 9 Conway, AR 72034

Organizational Leadership

Brian Davis, LCSW, CEO Brian Lutz, CFO Lee Roberson Koone, LCSW, Chief Clinical Officer

Survey Date(s)

February 20, 2019-February 22, 2019

Surveyor(s)

David A. Blondeau, M.S.W., LISW-CP, Administrative Debbie C. Dacus, LPE, Program Jeane P. Chapman, Ed.S., SPE/HSP, Program Nancy C. Dawkins, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Out-of-Home Treatment: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Previous Survey

Three-Year Accreditation March 2, 2016–March 4, 2016

Accreditation Decision

Three-Year Accreditation Expiration: March 31, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of Counseling Associates, Inc. conducted February 20, 2019–February 22, 2019. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey
 process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Counseling Associates, Inc. demonstrated substantial conformance to the standards. Counseling Associates embraces the value of providing quality care to the clients. The professionals employed by the organization are dedicated to fulfilling its mission. They consistently carry out their roles in an atmosphere of teamwork. Clients spoke highly of the organization and the caliber of care provided, and they reported that the services they receive meet their needs. The organization is highly respected in the community. Recommendations are limited in their scope, and the organization appears to have the commitment and resources to address them. Throughout this survey, the organization demonstrated a strong commitment to the accreditation process as a method for achieving continuous quality improvement.

Counseling Associates, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Counseling Associates, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Counseling Associates, Inc. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Counseling Associates, Inc. was conducted by the following CARF surveyor(s):

- David A. Blondeau, M.S.W., LISW-CP, Administrative
- Debbie C. Dacus, LPE, Program
- Jeane P. Chapman, Ed.S., SPE/HSP, Program
- Nancy C. Dawkins, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may includes

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Counseling Associates, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as
 program descriptions, records of services provided, documentation of reviews of program resources and
 services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Mental Health (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Out-of-Home Treatment: Mental Health (Children and Adolescents)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Counseling Associates, Inc. demonstrated the following strengths:

• The organization's board members represent a broad cross section of the community and demonstrate a strong commitment to the mission and values of the organization.

- The leadership is continually assessing the needs of the community and implementing approaches to meet those needs.
- Counseling Associates enjoys a good reputation in the community it serves. The organization maintains
 positive relationships with community organizations and is committed to strong partnerships and collaborative
 efforts with stakeholders statewide.
- Counseling Associates has recently purchased a building next door to the current outpatient clinic in Morrilton. This additional location in Morrilton will provide space to enhance the organization's ability to provide community integration, groups, and a drop-in or clubhouse type program that better meets the needs of clients. The location includes a store with donated supplies and clothing that may be accessed when a demonstrated need is determined. Many of the items in the store are donated by staff. Some items are also provided through community donations.
- The organization's fundraising campaign, Every Child Deserves a Home, raised over two million dollars for construction of a state-of-the-art residence for girls ages 11 through 18. Haven House is slated to be completed in 2019 and will provide housing for girls who are in the foster care system.
- Counseling Associates has encouraged staff to be trained in the evidence-based program Parent-Child Interaction Therapy (PCIT). Specially designed rooms with time-out areas, observation windows, video cameras, and electronic earpieces have been made available to allow for the provision of this type of therapeutic intervention. The therapist observes behind the one-way mirror while the parent interacts with the child. The earpiece allows the therapist to provide instruction to the parent to enhance their skills when challenging behaviors are evident. This 15-week program is a strong component of the variety of evidencebased practices implemented in the outpatient programs.
- The organization has open access to services, reducing the number of no-show appointments for intake.
 Clients value the opportunity to walk in when in need of services and be assessed and admitted without a long wait.
- Case managers are well trained and are said to go above and beyond to support clients with their many needs to improve resiliency, recovery, and wellness.
- Counseling Associates is an active participant in the community coalition. This coalition is valuable to the community by bringing leaders together to discuss and plan for interventions to better meet behavioral health needs.
- With a large mental health center in the state losing its contract, Counseling Associates has undergone a major change, which has resulted in the opening of four new sites and seeing approximately 1,000 new clients. This has been a major transition for the organization, but it has made this process as smooth as possible for clients and staff alike.
- The organization has a strong sense of commitment to both clients and its staff.
- The organization has a great deal of longevity among its leadership, which is a result of good communication, training, and transparency regarding its vision and upcoming changes.
- Clients interviewed all report feeling respected and like staff members genuinely care about them. One client
 reported, "I learn something new every time I see my therapist, and I don't know where I would be without
 them." Clients speak positively about their therapists and other providers and their availability for support
 when needed. For example, a client shared, "My therapist really listens to me and that helps me."
- The organization's first-episode psychosis program benefits clients, families, and the community through early intervention and education and leads to improved levels of functioning and supports.

- The juvenile justice drug court program, providing treatment to drug-involved juvenile persons in the criminal justice system with the goal of reducing recidivism and substance abuse, has been successful in maintaining the same team of probation officers, judges, and other legal professionals, which has contributed to the positive gains attained by the program.
- Counseling Associates recognizes the benefit of lived experience and as a result has been successful in
 recruiting an experienced certified peer specialist from another state. As a result, the influence of the unique
 perspective of a person in recovery is afforded to staff and clients. Additionally, as a result of her extensive
 work experiences as a peer specialist, she was selected to contribute a module for use in the state's peer
 specialists training program.
- Through its Therapeutic Foster Care program, Counseling Associates has a long history of providing child and family centered, community-based wraparound services for children and families in concert with the Department of Child and Family Services and in accordance with state and national standards. The consistency and longevity of foster parents and homes ensures ongoing structured nurturing environments supported by ongoing training and opportunities for respite care to reduce burnout.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed selfassessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.5.c.(3)

It is recommended that written emergency procedures address when sheltering in place is appropriate.

1.H.12.e.

It is recommended that safety equipment located in vehicles used to transport clients be monitored to ensure that it is current and not expired and present in all vehicles.

Consultation

- There is evidence that Counseling Associates conducts an analysis of emergency drills during staff and safety committee meetings. It is suggested that the drill report form be modified to include a section for analysis of the effectiveness of the drill. Completing a written analysis of the drill/test immediately following the event reduces the possibility that issues in need of improvement are overlooked.
- The organization's written policies address debriefing for staff and/or supervisors following a critical incident involving clients. It is suggested that a debriefing occur for any incident that jeopardizes the well-being or safety of clients, personnel, and visitors, and be offered to all who witnessed the event.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

Consultation

• The organization's succession planning identifies competencies needed and experienced personnel qualified to step into a new role if needed. It is suggested that the organization explore leadership training and mentoring options for key staff members to prepare them for increased responsibilities.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Technology and system plan implementation and periodic review
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.1.e.(3) 1.K.1.e.(4) 1.K.1.e.(5)

It is recommended that Counseling Associates implement policies promoting the rights of clients that include informed consent or refusal or expression of choice regarding concurrent services, composition of the service delivery team, and involvement in research projects if applicable.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

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Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Team composition/duties
- Crisis intervention provided
- Relevant education
- Medical consultation
- Clinical supervision
- Services relevant to diversity
- Family participation encouraged
- Assistance with advocacy and support groups

Recommendations

2.A.21.d.

It is recommended that the organization's assessment of competency and competency-based training for personnel providing direct services include interviewing skills.

2.A.25.d.

2.A.25.i.

It is recommended that the documented ongoing supervision of both clinical and direct service staff address risk factors for suicide and other dangerous behaviors as well as model fidelity, when implementing evidence-based practices. Further, the organization might consider creating a single form to document clinical supervision of all staff providing direct services.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Waiting list
- Ineligibility for services
- Primary and ongoing assessments
- Admission criteria
- Reassessments
- Orientation information provided regarding rights, grievances, services, fees, etc.

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services

Recommendations

2.C.2.a.(1)

It is recommended that the person-centered plan consistently include goals that are expressed in the words of the client.

Consultation

It is suggested that staff members might benefit from additional training to enhance their skills in writing objectives that are measurable.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

- Referral or transition to other services
- Unplanned discharge referrals
- Active participation of persons served
- Plan addresses strengths, needs, abilities, preferences
- Transition planning at earliest point
- Follow up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to his/her own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually

Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs

■ Written procedures that address medication control, administration, and/or prescribing, as applicable to the program

Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program

Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

Consultation

• The current form used for the documented peer review includes a box to address the use of multiple medications. This box is reportedly intended to be used for both polypharmacy and co-pharmacy. It is suggested that the directions for completion of this box more clearly describe what is to be reviewed in regard to the use of both polypharmacy and co-pharmacy.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

Assistive devices used for persons with physical or medical needs.

■ Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent selfinjurious behavior or injury to others.

- Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

2.H.1.b.(4)

It is recommended that the documented review of the services provided address model fidelity, when an evidencebased practice is identified.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Key Areas Addressed

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment

- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Recommendations

There are no recommendations in this area.

3.N. Out-of-Home Treatment (OH)

Description

These programs provide treatment services outside of their natural homes to children/adolescents for whom there are documented reports of maltreatment or identified behavioral health needs. Treatment is provided in a safe and supportive setting and may be time limited. The program goal is to reunite the children with their natural families or to provide what is identified as being in the best interest of each child. The program may include foster care, treatment foster care, specialized foster care, therapeutic foster care, therapeutic family services, preadoption placements, care in parent/counselor homes, or group home care.

Key Areas Addressed

- Child- and family-centered planning
- Provides training, monitoring, and supervision
- Access to behavioral health professionals
- Integrated continuum of care and referral networks

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

E.1 A 2.2 E. Counseling Associates Staffing Plan and Licensure

2.7 Organization Chart



Staffing Plan

All clinicians involved with this contract are independently licensed in the State of Arkansas as Licensed Professional Counselors. The Director of Substance Abuse Services, Erin Willcutt, directly reports to the VP of Clinical Services who reports to the CEO. Dan McCuin is responsible for coordination of the contracts and all substance abuse services in Stone, Cleburne, Searcy and Van Buren Counties. He provides SA outpatient services, assesses and screens for residential placement in Stone, Cleburne, Searcy and Van Buren Counties. Hayley Hogue provides additional SA services in Searcy County. Both of these clinicians have many years of experience treating clients with co-occurring and SA disorders. Both have had training in evidence based treatment, Motivational Interviewing.

Mid-South Health Systems: Recovery at Arisa and Delta Recovery Subcontractors Staffing Plan with Licensure or Certifications attached.

Harbor House

Subcontractors Staffing Plan with Licensure or Certifications attached.

Erin A. Willcutt M.S., L.P.C

309 Water Falls Ln, Russellville, AR, 72802 Phone: 1-479-223-1055 Email: <u>ewillcutt@caiinc.org</u>

Education

Hector High School. High School Diploma. Graduated December 1996.

Arkansas Tech University B.A. History & Political Science. Graduated December 2000. Arkansas Tech University. Prerequisites for admission to graduate school. Completed May 2004.

University of Central Arkansas M.S. Counseling. Psychology. Graduated December 2006.

Licensure and Certifications

Licensed Associate Counselor (LAC) Arkansas Licensed Professional Counselor (LPC) Arkansas National Certified Counselor (NCC) February 2007- June 2010 June 2010- Present October 2010- Present

Professional Employment/ Experience

Counseling Associates Inc. Internship

August 2006 – December 2006

Duties:

- Individual therapy and group therapy
- On-site domestic violence group
- Diagnostic assessment and treatment planning
- Maintaining appropriate documentation for therapeutic interventions and supervision

Counseling Associates Inc. Adult Outpatient Therapist February 2007-2014

Duties:

- Provide weekly group therapy at River Valley Battered Woman's Shelter.
- Provide crisis interventions for victims of sexual assault, rape, and domestic violence.
- Provide on-site and after hours crisis assessment and intervention
- Individual Psychotherapy for wide range of mental illnesses.
- Diagnostic Assessment and Treatment Planning.
- Provide on-site training for staff and community training as required

- Provide on-site supervision and support for student therapist
- Maintain detailed and appropriate documentation of all therapeutic interventions
- Treatment plan review
- Provided crisis therapy in communities following natural disasters and community tragedies.

Counseling Associates Inc. Lead Therapist EHR Implementation. January 2011-2014

Duties:

- Collaborate developed work flows, process, and implementation plan for conversion to electronic health records (EHR) (L&W, Credible)
- Created and developed forms in EHR system collaboratively ensuring inclusion of CARF, Medicaid, and other regulatory agency standards.
- Co- provided and developed all agency clinical EHR training.
- Developed and implemented standards for use of Credible's treatment planning module (TX Plus).
- Created Clinician Training Manual for new and existing staff.
- Provided agency support, training and instruction for continued improvement and use of EHR system.
- Continued leadership in addressing concerns, problems and workflows around continued use and development of EHR.

Counseling Associates

West End Program Operations Director	January 2015 – 2020
EMR Coordinator	January 2015 – 2020
West End Emergency Services Coordinator	January 2019- 2020

Duties Program Operations:

- Directly supervise a multi-disciplinary team of 35 + clinicians, medical staff, and support staff to ensure successful daily operations of large outpatient clinic.
- Supervise clinic coordinator and staff for satellite clinic (7 +)
- Ensure medial, clinical, and support staff coverage to meet client needs for Pope, Johnson, and Yell Counties.
- Responsible for hiring staff, implementation and development of employee corrective action plans, disciplinary actions, and employee terminations.
- Responsible for participation in budget development and effectively manage program budgets for Russellville and Clarksville clinics.
- Promoting a positive work environment with balance between employee morale and agency goals and requirements.
- Perform supervision by attending monthly meetings, i.e., Directors, team and coordinators, to ensure communication and continuity of services.
- Interact with Center Boards members and provide Board reports as requested.

- Bi- weekly director meetings focusing on overall agency goals, problem resolution, and input / development of agency policies and procedures.
- Monitor staff productivity, quality, and customer satisfaction through the monitoring of QA tools and ensuring standards necessary to comply with accreditation and other stands required by State or Federal law.
- Serve as a liaison between the Center, community, and agency representatives in order to identify opportunities and problems to meet the needs of the community.

Duties EMR Coordinator:

- Schedule and facilitate EMR team meetings, document and communicate through written instructions EHR changes to supervisors and staff.
- Create and develop Credible clinical / support forms as needed.
- Participate in monthly State User Group meeting.

Duties West End Emergency Services Coordinator:

- Supervise and coordinate all daytime emergency services for Pope, Johnson, and Yell Counties.
- Act as a liaison between agency and local hospitals, ER's and detention centers to ensure effective and efficient delivery of crisis intervention services.
- Review clinical documentation and provision of all crisis services.
- Participate in Mental Health Coalition Meetings for Pope and Johnson County.

Counseling Associates, Inc./ Arisa Health Director of Adult & Substance Abuse Services

February 2020 – Present

Duties:

- Supervise and oversee clinic operations for 9 clinic locations in the Central Region of Arisa Health.
- Supervise and lead program coordinators in 9 clinic locations
- Develop and implement program changes, operational changes, and provide oversite for clinical services across the region.
- Develop and implement process for expansion of Substance Abuse services in the Central Region.
- Participate in weekly SA Director meetings to streamline and increase cohesiveness for Arisa SA policies, procedures, and processes.
- Monitor staff productivity, quality, and customer satisfaction through the monitoring of QA tools and ensuring standards necessary to comply with accreditation and other stands required by State or Federal law.
- Responsible for ensuring staff coverage, moral, teamwork, and cohesiveness across Central Region to promote optimal client care and staff satisfaction.

Special Projects

Meaningful Use Team Lead: Lead meaningful use team responsible for facilitating meetings, developing workflows, implementing EMR changes, and communicating information to supervisors and prescribers to successfully meet required standards for Stage 1, Stage 2, and Modified Stage 2 ensuring 3 years of meaningful use funding for Counseling Associates, Inc.

DSM IV / DSM 5 Transition: One of team leaders in developing and facilitating form and EHR changes to successfully ensure all medical records transitioned to use of new DSM-5 criteria. Provided clinician training, support, and review of transition documentation.

Transformation: Participated in development of new services, forms, reporting, and work flows associated with transition to new Medicaid service guidelines. Corresponsible for ensuring creation of all new forms and providing instructions to staff.

Open Access: Responsible for leading and successfully implementing new intake processes and procedures at two clinic locations to reduce wait time for services and increase access to care.

Awards:

2015 CAI Clinician of the year

Strengths / Skills

- In depth knowledge of Credible EHR system including form building, and understanding of search and reporting tools.
- Strong staff motivation and teamwork building skills
- Proficient with Microsoft Word, Microsoft power point
- Ability to work independently and make difficult decisions when necessary.
- Strong conflict resolution skills

References available on request.

Arkansas Board of Examiners in Counseling and Marriage & Family Therapy 501-683-5800

Erin Willcutt

Russellville Russellville,Hector, 72801,72843

LICENSE #: P1005030 | TYPE: LPC | STATUS: ACTIVE

ADDITIONAL INFO Date of Issue: 5/18/2010 Date of Expiration: 5/31/2022 Standing: Good Standing Email: ewillcutt@caiinc.org

License Search



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy Name: Erin Willcutt

License: LPC License No.: P1005030 Status: Active Renewed: 6/30/2020 Expires: 5/31/2022

John "Dan" McCuin

Judsonia, AR 72081 mccuindan@yahoo.com 5015937573

Authorized to work in the US for any employer

Work Experience

Substance Abuse Coordinator

Counseling Associates Inc - Heber Springs, AR October 2018 to Present

In this position, I have coordinated, implemented, and overseen multiple Substance Abuse and Co-Occurring care programs in three different clinical locations. These programs include Medically Assisted Treatment, ACC and SA services for DCFS, Services for DWI Offenders, Juvenile Drug Court and Juvenile Court services, as well as providing standard mental health, substance abuse, and cooccurring services. I am able to utilize my experience, knowledge, and passion to help clients recover from mental health and substance abuse issues. I am able to be an advocate for clients in the DCFS and Legal systems, and to help struggling clients gain access to residential substance abuse treatment and psychiatric hospitalization, if needed. I am able to coordinate services and develop partnerships with other entities such as the Court system and DCFS to better serve our mutual clients. I staff mutual ACC/SA clients with DCFS and sit on the Juvenile Drug Court team as treatment representative in Cleburne County. I help organize medical, pharmaceutical, and counseling services, through MAT, for clients with Opioid and Alcohol Use D/O's. My workdays are busy and my evenings and weekends often include, documentation, reporting, and other administrative responsibilities. I would say that my most significant accomplishments are the relationships that I form with the clients that I serve. When I see a client beat an addiction, find peace and success, or reunite with their families, that makes all the hard work worth it!

Mental Health Professional

HRA/PFH - Searcy, AR July 2013 to October 2018

Licensed as both an Licensed Professional Counselor and a Licensed Alcohol and Drug Abuse Counselor, I work primarily with adult and adolescent clients that have co-occurring substance abuse and mental health disorders.

Mental Health Professional

ARKANSAS COUNSELING ASSOCIATES - Searcy, AR August 2012 to July 2013

МНРР

HRA Acute Care Crisis Unit September 2011 to May 2012

Intake/Screening

- Psychoeducation
- Crisis Stabilization
- Discharge Planning/Referral/Placement

Clinical Internship

Clinical Intern

HRA Searcy Behavioral Health January 2011 to September 2011

January 2011-September 2011 • Diagnosis, Therapy, and Discharge/Referral under clinical and educational supervision

Substance Abuse Counselor in Training

Substance Abuse Counselor in Training

HRA W D Mills July 2007 to September 2011

- Substance Abuse Counseling
- Discharge Planning/Referral

License

• I am licensed as an LPC.

I have good people skills. I learn new things quickly and am open-minded to suggestions. I bring a passionate desire to help the clients that I serve.

Education

MS in Mental Health Counseling Capella University

BA in Theater Arts

University of Arkansas at Little Rock - Little Rock, AR

Skills

- Counseling
- Mental Health
- CPR Certified

Certifications and Licenses

Licensed Professional Counselor (LPC)

July 2017 to June 2019

Licensed Alcohol and Drug Abuse Counselor

January 2018 to December 2019

Additional Information

I am passionate about helping others, particularly those adults and adolescences impacted by cooccurring Mental Health and SUD issues.



Hayley Hogue hayleybhogue@gmail.com

2130 S HWY 27, Marshall, AR 72650 (479)264-9167

Licensure

Licensed Professional Counselor (LPC) Arkansas Board of Examiners in Counseling P1503021

Certifications: **TFCBT**

Experience

Mental Health Professional

September 2018 – current

- Provide mental health services to the community in the CMHC setting.
- Diagnostics, assessments individual counseling, marriage and family counseling, group therapy
- Create plans for treatment in a client centered format
- Provide crisis interventions/ assessments
- Substance Abuse treatment
- Maintain chart compliance and standards with agency and external regulations
- Team based setting and consultation and staffing with a variety of people in agency and in the community
- Provide educational services for the local schools regarding mental health

Mental Health Professional

January 2018- August 2018

- Provide mental health services to the community in the CMHC setting.
- Diagnostics, assessments individual counseling, marriage and family counseling, group therapy
- Create plans for treatment in a client centered format
- Provide crisis interventions/ assessments
- Maintain chart compliance and standards with agency and external regulations •

Mental Health Professional

September 2011- December 2017

Counseling Associates

Marshall, AR



Health Resources of Arkansas

Clinton, AR

Counseling Associates

Russellville, AR

March 2015- current

- Provide mental health services to the community in the CMHC setting.
- Diagnostics, assessments individual counseling, marriage and family counseling, group therapy
- Create plans for treatment in a client centered format
- Provide crisis interventions/ assessments
- Substance Abuse treatment
- Maintain chart compliance and standards with agency and external regulations
- Team based setting and consultation and staffing with a variety of people in agency and in the community
- Provide educational services for the local schools regarding mental health
- Juvenile Drug Court therapist for the last year on employment

Education

University of Arkansas at Little Rock

January 2007- August 2011

Master of Arts Rehabilitation Counseling

Arkansas Tech University

September 2004- August 2006

Bachelorette of Arts Rehabilitation Science

References

Dianne Skaggs (501) 372- 7062

Tessa Riffell

(479) 968- 1298

Whitney Emerson (479) 970- 0386 Executive Director of Mental Health Counsel of Arkansas

Children's Coordinator, Counseling Associates

Director of Member Connections and Community Engagement


Arkansas Board of Examiners in Counseling and Marriage & Family Therapy 501-683-5800

HAYLEY HOGUE

Marshall, 72650

LICENSE #: P1503021 | TYPE: LPC | STATUS: ACTIVE

ADDITIONAL INFO

Date of Issue: 3/11/2015 Date of Expiration: 5/31/2023 Standing: Good Standing Email: hhogue@caiinc.org

MIDSOUTH STAFFING INFORMATION AND LICENSURE

December 29, 2020

Jared Sparks, LCSW, PhD, CHC Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. 2707 Browns Lane Jonesboro, AR 72401

Dear Dr. Sparks:

It is my pleasure to inform you that Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Community Integration: Integrated: SUD/Mental Health (Adults) Crisis Intervention: Integrated: SUD/Mental Health (Adults) Crisis Intervention: Integrated: SUD/Mental Health (Children and Adolescents) Crisis Stabilization: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents) Residential Treatment: Integrated: SUD/Mental Health (Adults) Residential Treatment: Integrated: SUD/Mental Health (Adults) Residential Treatment: Substance Use Disorders/Addictions (Adults) Specialized or Treatment Foster Care: Mental Health (Children and

Specialized or Treatment Foster Care: Mental Health (Children and Adolescents)

Governance Standards Applied

This accreditation will extend through October 31, 2023. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

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

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

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

CARF International Headquarters 6951 E. Southpoint Road Tucson, AZ 85756-9407, USA Dr. Sparks

2

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Jessica Montijo Soto by email at jmontijo@carf.org or telephone at (888) 281-6531, extension 7075.

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

Sincerely,

om Ph.D.

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

Enclosures



Division of Provider Services & Quality Assurance

Confirmation Letter

May 21, 2021

Jared Sparks Northeast Arkansas CMHC Inc 2707 Browns Lane Jonesboro Arkansas 72401

Please find enclosed, license number

32815 This is issued for the following location(s)

Northeast Arkansas CMHC Inc 3204 East Moore Avenue Searcy Arkansas 72143 Mid-South Health Systems Inc

If you have any questions, please feel free to schedule time with me.

Sincerely,

Julie Kaplan, Support Specialist

cc: DAABH - Tanya Giles, Christina Westminster, Tascha Peterson Gainwell Technologies - Courtney Tipple, Audrey Orange, Daphne Burkins OMIG - Tamera Belin

> P.O. Box 1437, Slot S408 • Little Rock, AR 72203 1437 • 501-320-6110 (p) 501-682-6836(f) HUMANSERVICES.ARKANSAS.GOV



Division of Provider Services & Quality Assurance

Certificate Number: 32815

This Is to Certify That

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

3204 East Moore Avenue, Searcy, Arkansas 72143

Certificate effective from 05/01/2021 đ 04/30/2024 (unless sooner revoked).

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

Behavioral Health Agency.





Wivision of Provider Services & Quality Assurance

Certificate Number: 32034

This Is to Certify That

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

4451 North Washington Street, Forrest City, Arkansas 72335

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

IS Behavioral Health Agency.

to 04/30/2024 (unless sooner revoked). Certificate effective from 05/01/2021

ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance	License Number: 34066	This Is to Certify That	Northeast Arkansas CMHC; Mid-South Health Systems, Inc.	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 Program	on the premises located at 4451 North Washington	Forrest City , County of Saint Francis , Arkansas.	License Effective: 07/01/2019 License Expires: 06/30/2022		
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Division of Provider Services & Quality Assurance

Community Services Licensure and Certification https://humanservices.arkansas.gov/about-dhs/dpsqa



PO Box 8059, Slot S408, Little Rock, AR 72203-8059 501-320-6287 · Fax: 501-682-8551

08/05/2020

Ruth Allison Dover, CEO Jared Sparks, VPC Mid South Health Systems. Inc 2707 Browns Lane Jonesboro, AR 72401

RE: License to Provide Substance Abuse Treatment

Dear Provider.

Mid South Health Systems, Inc.'s license has been approved from July 23, 2020 through July 22. 2023, as long as there has not been a lapse in Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

The DPSQA Program License is included with this mailing. The DPSQA Program License should be displayed at a prominent public location within the licensed site(s).

The following service location is associated with this provider:

3204 E. Moore Ave Searcy, AR 72143

3202 E. Moore Ave Searcy, AR 72143

Certification # 34059

Certification Dates: 07/23/2020-07/22/2023

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQ X Provider <u>Applications</u> dhs arkausas.gov or at (501) 320-6110.

Sincerely.

Johnathan Jones Assistant Director Division of Provider Services and Quality Assurance Community Services Licensure and Certification P 501 320,6500 1 501 082 8551 700 8 Main 81 810 8127

> humanservices.arkansas.gov Protecting the vulnerable, fostering independence and promoting better health

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C: Licensure File Daphne Burkins, DXC Tamera Belin, OMIG Tascha Petersen Contessa Clark Tanya Giles Christina Westminster Patricia Gann Sharon Donyan Vivian Jackson Melissa Ward File

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ARKANSAS DEPARTMENT OF ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services Bivision of Provider Services	CDits 31s to Certify CDat Current of Handlich Systems, Inc Rid South Health Systems, Inc Nia Series by the Arkensas Department of Human Services to maintain and operate a Is hereby granted a license by the Arkensas Department of Human Services to maintain and operate a Is hereby granted a license by the Arkensas Department of Human Services to maintain and operate a Is hereby granted a license by the Arkensas Department of Human Services to maintain and operate a Is hereby granted a license by the Arkensas Department Program Is hereby granted a license Expires. Is hereby granted a license Expires. 07/22/2023	
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(ndd)/1)4-15-19

CIT-HS-00023



Dear JENNIFER WASHINGTON

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 2019/03/26 your CIT registration is valid for 5 years.

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

Beginning Jan 1st 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 or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC. Ruth Affison Dover, Executive Director IS CERTIFIED AS A MENTAL HEALTH PARAPROFESSIONAL THIS CERTIFICATION IS NON-TRANSFERABLE. UNDER PROFESSIONAL SUPERVISION. 22 AND IS QUALIFIED TO WORK AT i i ò June 13, 2018 Date L J TEL THE CHAR ्रिव्य T in a 12023 brazel Irrecoval

Jennifer L. Washington

523 Grand Ave. Helena, AR/ (870) 228-2206/ jennifermitchell0510@gmail.com

Objective:

For Grant Purposes

Education:

Phillips Community College University of Arkansas Helena, AR August 2021

Studying: Behavioral Health

U.S. Career Institute On-line June 2006- December 2006

Received: Diploma Medical Billing and Coding

South East College of Technology Little Rock, AR May 2002-Feburary 2003

Received: Diploma Medical Assistant

Central High School West Helena, AR August 1996- May 2000

Received: High School Diploma GPA: 3.4

Skills:

Counselor In Training (CIT)

Pharmacy Technician (2010-2017)

American Red Cross CPR & First Aid Certification

Employment History:

Arisa Health Inc. Forrest City, AR June 2018- Present

Position: Counselor In Training/Assistant Dorm Coordinator

BPS West Helena, AR August 2017-May 2018

Position: Packaging Supervisor

Benzer Pharmacy Helena, AR November 2015- August 2017

Position: Pharmacy Technician

Activities:

Volunteered at Senior Citizens Day Program West Helena, AR

(References Available Upon Request)





Dear SARIAH VALLEY

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 2019/07/08 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" 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>an asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

= 11 ALL ΞP) NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC. Ruth Allison Dover, Executive Director Sariah Valley IS.CERTIFIED AS A QUALIFIED BEHAVIORAL HEALTH PROVIDER AND IS QUALIFIED TO WORK AT C J C J 2007113 UNDER PROFESSIONAL SUPERVISION. THIS CERTIFICATION IS NON į. Certifican February 6. 2019 Date2100 eromo 10.000

Sariah A. Valley

160 Oakland Ave. /Helena,Ar / (907) 750-4255 / sariahvalley@gmail.com

Objective:

For Grant Purposes

Education:

University of Arkansas Little Rock	Little Rock, AR	Januar	y 2018-Present			
Studying: Nursing and Public Health						
Phillips County Community College	West Helena, AR	August 2	015- May 2015			
Received: Associate of Applied Science in Behavioral Health						
University of Alaska Fairbanks	Fairbanks, AK	August	2011- May 2015			
James T. Hutchison High School	Fairbanks, AK	August	2011- May 2015			
Current GPA: 3.2						
.tills Profile:			1942 			
Counselor in Training (CIT)						
Licensed Practical Nurse (LPN)						
American Red Cross Basic Life Support certification (BLS)						
American Red Cross CPR & First Aid certification						
Employment History:						
Arisa Health Inc.	Forrest City	ı, AR	February 2018- Present			
Position: Counselor in Training/Licenced Practical Nurse						
Valley Law Firm Esq.P.A.	Helena, AR		December 2015- February 2018			
Position: Legal Assistant						
Activities:						
`'nlunteered At local Boys and Girls Club of Phillips County to promote healthy choices.						
(References Available Upon Request)						



March 19, 2018

Demertic Johnson 120 S. 8th St. West Helena, AR. 72390

Dear Demertic,

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 March 19th, 2018 your CIT registration is <u>valid for 5 years</u>.

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 1²¹ 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature. If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jacon C. Skinner

Jason C. Skinner, Administrator ASACR

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35 NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC. Ruth Allison Dover, Executive Director IS CERTIFIED AS A MENTAL HEALTH PARAPROFESSIONAL THIS CERTIFICATIONAS NON-TRANSFERABLE. UNDER PROFESSIONAL SUPERVISION AND IS QUALIFIED TO WORK AT Demertic Johnson March 21, 2018 DatePROFILE PARTY AND A THE PARTY CONTRACTOR OF Lanto 255S

Demertic Johnson

Summary

Dedicated Human Resources Coordinator focused on using knowledge of recruiting, employee relations, training and development and filing. Highly organized and well established in administrative environments that are fast-paced and challenging.

Highlights

- New Employee Orientation
- Staff Training and Development
- I-9 Form Completion
- HR policies and procedures expertise
- Microsoft Office Suite Expert
- Maintains Confidentiality
- Employment Tax Information Expertise
- People-Oriented

Work Experience

Present Delta Recovery Center Counselor in Training/Clinic Coordinator

- Initiated and completed intake for future clients.
- Initiated and completed transitional and discharge plans.
- Conducted peer groups on substance abuse and recovery documents.
- Tracked the success of former clients based on their recovery.
- Formulated and completed treatment plans for substance abuse clients.

May 2014- March 2018 Isle of Capri Casino HR Coordinator

• Explain all human resource policies and procedures to all employees.

Education

Spring 2011-May 2013 University of Central Arkansas Conway, Arkansas

Major: Communication Disorders

- Graduated in May 2013 with a Bachelor of Science in Communication Disorders
- Overall GPA: 3.69 Major GPA: 3.87

References: Mia Robbins: Clinic Coordinator Mid-South Health Systems (870) 995-8538 <u>mrobbins@mshs.org</u>

Jameco K. Malone: Employment Interviewer II

Mississippi Department of Employment Security

(662) 624-9001

jmalone@mdes.ms.gov

- Select and interview candidates for all open positions.
- Create job descriptions to attract a talent pool within market wage range.
- Generate employee tracking reports.
- Design new employee packets and delivers them during orientation.
- Create unique ways to deliver policies and procedures in new employee orientation.
- Maintain current and terminated employee files and general record keeping.
- Monitor all wage and adjustments to percentages of start, minimum and maximum of the wage scale.
- Complete all input to payroll for new hires, wage adjustments, special allowance and termination pay out.

September 2013-May 2014 National General Insurance Sourcing Specialist

- Conducting outbound calls to warm prospects and existing clientele.
- Selling National General Insurance as an organization,
- Recommends potential products or services to management by collecting customer information and analyzing customer needs.
- Prepares product or service reports by collecting and analyzing customer information.

August 2012-May 2013: University of Central Arkansas Academic Advisor

- Assisted students with academic work.
- Planned programs promoting diversity and community building.
- Resourced students with information about the multiple academic assisting programs on campus.
- Planned, coordinated and executed events -- Oversaw the planning and execution of logistics and operations for private meetings, conferences and special events.
- Managed all sort of the event operations The facility selection, contracting, pricing, transportation, accommodations, food and beverage selections and audio/visual service arrangements.
- Supervised production of events Worked with event sponsors and internal/external teams on all aspects of planning the event.
- Planned the event floor plan and its budget and produced the event materials and accessories.

Education Spring 2011-May 2013 University of Central Arkansas Conway, Arkansas

Major: Communication Disorders

- Graduated in May 2013 with a Bachelor of Science in Communication Disorders
- Overall GPA: 3,69 Major GPA: 3.87

References: Mia Robbins: Clinic Coordinator Mid-South Health Systems (870) 995-8538 mrobbins@mshs.org

Jameco K. Malone: *Employment Interviewer II* Mississippi Department of Employment Security (662) 624-9001

jmalone@mdes.ms.gov



March 13, 2020

Jimmy Dixon 3204 E. Moore Searcy, AR. 72143

Dear Jimmy,

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 March 11, 2020 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 even your address or name changes.

Beginning Jan 1st 2018 ONLY 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 or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner, Administrator ASACB

JIM DIXON

(SIMPLE)

18384 HWY 64 MCCRORY AR 72101 870731466

Skilled CIT with experience in Substance Abuse Counseling, Familiar with programs such as credible, google, and word.

EXPERIENCE

AUG 2018-PRESENT

CIT, MIDSOUTH HEALTH SYSTEMS

Outpatient substance abuse counseling, Lesion for white county juvenile drug court, works closely with ACC and DHS to ensure treatment services. Performs assessments and drug screens.

OCT 2007-JULY 2009

SECURITY/ TRANSPORTATION, WILBUR D MILLS PROVIDED TRANSPORTATION AND SECURITY FOR INPATIENT TREATMENT CLIENTS.

JULY 2009-AUG 2018

CIT, HEALTH RESOURCES/WILBUR D MILLS

Outpatient substance abuse and alcohol counselling and day treatment. Lead groups, performs assessments, and drug screens. Worked closely with ACC and DHS to ensure treatment services.

EDUCATION

GED -1979

SKILLS

- Active listening
- Writing and computer

- Self motivated
- Team player
- Problem solving

ACTIVITIES

Community support involvement with Every Child is ours.

Arkansas State Board of Examiners in Counseling 101 East Capitol Avenue, Ste 202 Little Rock, AR 72201

Awanna Leigh Smith 1314 W. Washington Ave Jonesboro, 72401

License # P2007041

credible Acanyed to 1-30-20



Arkansas State Board of Examiners in Counseling

Licensee: Awanna Leigh Smith License: P2007041 LPC Effective: 7/28/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

Awanna Smith

(870) 243-1382

1314 W. Washington Ave. Jonesboro, AR 72401

Personal Summary: Self-motivated, disciplined, and conscientious therapist/administrator with extensive knowledge of therapeutic rehabilitation. Has documented and proven ability to emphasize/sympathize with individuals, both clients and co-workers, while also retaining an objective and realistic attitude.

- Competent with working with diverse populations.
- Competent with writing and implementing policies and procedures.
- Competent with clinical as well as administrative tasks.
- Experienced with recruiting, training, and management of clinical, administrative, and support staff with non-profit, rehabilitation organizations.
- Experienced with developing and presenting educational demonstrations on addictions and co-occurring disorders.
- Experienced with clinical supervision of counseling staff and clinical students/interns.
- Experienced with developing and monitoring financial budgets for non-profit organizations.
- Experienced with marketing and fundraising for non-profit organizations.

Education: 04/2019 – present, Grand Canyon University, on-line, PhD in Philosophy of Psychology.

> 09/2015, Capella University, Master of Science in Addictions Counseling (Mental Health Counseling certificate program), summa cum laude.

05/1996, Arkansas State University, Bachelor of Science in Medical Technology, summa cum laude.

12/1990, Arkansas State University, Bachelor of Science in Early Childhood Education.

Work Experience:

03/2019 to present: MidSouth Health Systems, Substance Abuse/Mental Health Therapist Job Duties: Conducting mental health assessments, substance use assessments, and assigning diagnoses; collaboration(s) with client(s) leading to identifying and assessing needs of client and family and ensuring the necessary services are provided; individual, group, and family therapy; developing and maintaining clinical records such as treatment plans, progress notes, and termination summaries; emergency crisis screenings and placement for the gravely disabled.

10/2018 to 3/2019: Life Strategies Counseling, Inc., Jonesboro, AR, Mental Health Professional Job Duties: Conducting mental health assessments, substance use assessments and assigning diagnoses; through collaboration(s) with the client(s), identifying and assessing client and family needs and ensuring the appropriate services are provided; developing and

maintaining clinical records such as treatment plans, progress notes, and termination summaries.

03/2006 to 10/ 2018: NEARRC (Northeast Arkansas Regional Recovery Center), Jonesboro, AR

• 4/2014 to 10/2018 - Director of Substance Abuse Treatment Services Job Duties: Ensuring the adherence to the Arkansas Department of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention standards; ensuring standards are maintained for Commission on Accreditation of Rehabilitation Facilities (CARF); mental health/substance use disorder diagnoses, development of client treatment plans and reviews for adolescent and adult populations, individual and group counseling, case management, crisis intervention; ensuring compliance to the ethical standards of the substance abuse profession; recruiting, training, and supervision of residential and outpatient counselors, of administrative staff, of regional alcohol drug and detoxification manager, of house staff manager and of house staff personnel.

• 6/2010 to 4/2014 - Program Coordinator/Clinical Supervisor

Job Duties: Supervision of all clinical staff members; conducting staffing and in-house training sessions; monitoring accreditation requirements; counseling to all federal clientele; assessing needs for clients; preparation and implementation of treatment plans; crisis intervention; case management; individual and group setting counseling for adolescent and adult populations on male and female units; scheduling and screening of candidates.

6/2008 to 5/2010 - Certified Counselor, Male and Female Populations
Job Duties: Assessing needs for clients; preparation and implementation of treatment plans; crisis intervention; case management; individual and group setting counseling for adolescent and adult populations on male and female units; scheduling and screening of candidates.

7/2006 to 6/2008 - Counselor in Training, Female Population
Job Duties: Preparation and implementation of treatment plans; facilitation of lectures; individual and group counseling on female unit; client screening.

• 3/2006 to 7/2006 – Regional Alcohol and Drug Detoxification (RADD) Specialist Job Duties: Intake of clients into observational detoxification modality; monitoring vital signs; monitoring certifications of Regional Detoxification Specialist (RDS) trained staff members.

10/05 to 03/06: Home Instead Senior Care, Jonesboro, AR, Caregiver Job Duties: Providing companionship and medical care to elderly clients, monitoring vital signs and dispensing medication.

08/04 to 04/05: Wolverine World Wide, Jonesboro, AR, 2N Fancy (Two needle stitcher) Job Duties: Assembly of and quality inspection of United States Military apparel.

Areas of Expertise:

- 13 years of experience with non-profit agency operations;
- 13 years of clinical counseling experience;
- Experienced with State of Arkansas Probation/Parole procedures, Arkansas Juvenile Justice System procedures, Arkansas Drug Court procedures, and Federal Pretrial and Probation procedures;
- Computer literate with both PC and Apple formats;
- Proficient with Microsoft Office and Corel Office Suite;

- Page 3 of 3
- Specialist in adult and adolescent substance abuse/mental health counseling;
- Certified Tobacco Treatment Specialist;
- Specialist in Motivational Interviewing;
- Proficient with group and individual counseling;
- Specialist in dual disorder counseling;
- Experienced with couples counseling; and
- Proficient with and knowledgeable of varying therapeutic approaches and theories.

Licenses and Certifications:

- Licensed Associate Counselor (Arkansas) # A1807092, LPC expected 12/2020;
- Licensed Alcohol and Drug Abuse Counselor (Arkansas) #401L;
- Alcohol and Drug Counselor #1409 (Internationally Certified);
- Clinical Supervisor #1409 (Internationally Certified);
- Key Supervisor certified for the MATRIX model for evidenced based addictions counseling.

References available upon request

Arkansas State Board of Examiness in Counseling 101 East Capitol Avenue, Ste 202 e Rock, AR 72201

Deanned to S. Harp 7-15-2020 Woldthe 2.16

Christie Dawn Ring P.O. Box 372 Ravenden, AR 72459

License # P1901013

Speciality: Rehabilitation



Arkansas State Board of Examiners in Counseling

Licensee: Christie Dawn Ring License: P1901013

LPC

active: 3/25/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

CHRISTIE RING

Licensed Professional Counselor – Since January 2019 539 N. Anderson, Ravenden, AR 72459 · 870-878-1128 · christiedring@gmail.com

EXPERIENCE

DECEMBER 2018 – PRESENT SUBSTANCE ABUSE PROGRAM COORDINATOR, MID-SOUTH HEALTH SYSTEMS

Oversees substance abuse program development and ensures compliance with relevant accreditation standards and state contract performance indicators

- Consults with MSHS clinicians regarding policies and procedures for the substance abuse treatment program as well as civil commitments for residential substance abuse treatment and appropriate clinical care.
- Acts as flaison to residential substance abuse subcontractors, approving all admissions, consulting with subcontractors on problematic referrals/clients and reaching a satisfactory solution; performs quarterly audits to ensure their facilities, programs, and services are compliant with accreditation standards

DECEMBER 2017 - DECEMBER 2018

CLINIC COORDINATOR, MID-SOUTH HEALTH SYSTEMS

- Trained, developed, and coached clinic staff and evaluated training needs of clinical staff
- Participated in company-wide peer reviews, discusses reviews and develops corrective action plans with staff after reviews
- Facilitates weekly staffings to review admissions and other clinical paperwork, review paperwork deadlines, communicate policy/procedure information/changes and provide clinical supervision

MAY 2015 – DECEMBER 2017 MENTAL HEALTH THERAPIST, MID-SOUTH HEALTH SYSTEMS

Demonstrated a working knowledge of DSM diagnostic criteria. Completed thorough Diagnostic Assessments, with all necessary criteria to support the diagnosis.

Incorporated client participation in development of treatment plans that are tied to the problems listed in the Diagnostic Assessment

 Participated in a multidisciplinary treatment team and provided supervision of QBHPs who work on cases shared by the Therapist

EDUCATION

MAY 2015 MASTER OF ARTS IN COUNSELING UNIVERSITY OF ARKANSAS AT LITTLE ROCK

ACTIVITIES

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DECEMBER 2009 BACHELOR OF SCIENCE IN PSYCHOLOGY ARKANSAS STATE UNIVERSITY

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License Search

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy 501-683-5800

Sarah Elkins

LICENSE #: P1403029 | TYPE: LPC | STATUS: ACTIVE

Searcy, 72143

ADDITIONAL INFO Date of Issue: 3/13/2014 Date of Expiration: 6/30/2022 Standing: Good Standing Email: sdavis1@harding.edu Speciality: Tech Assisted Counseling

Sarah E. Elkins

Licensed Professional Counselor 663 Honey Hill Road Searcy, AR 72143 SDavis1@harding.edu 501-230-7417

Objective: To fulfill requirements for a position with Arisa Health

Experience

Mid-South Health Systems Southern Regional Coordinator January 2019 to present

Provide administrative supervision for programming in Cross County, Monroe County, St.
Francis County, and Phillips County

November 2010 to present

- Evaluate programs including practice methods and client outcomes, recommends and implements programs and services to meet current needs of clients. Reduce/eliminate barriers to services
- Actively participate in personnel recruitment, evaluation, retention. Carry out disciplinary action as indicated
- Direct Lead Therapists, customer support staff, and direct service staff in regards to implementation of staff procedures and day-to-day clinic functions. Act as the team leader by training, developing, and coaching agency staff. Evaluate training needs of clinical staff and ensures such training is properly provided
- Ensure compliance with standards (CARF, Medicaid, Mid-South Health Systems policies, etc...) for staff/program Service Provision Requirements and documentation
- Act as a liaison to community agencies/members that interact or provide supportive services to Mid-South Health System clients
- Provide clinical supervision within the scope of professional licensure.

Clinic Coordinator May 2017 to January 2019

- Utilized collaborative documentation to promote person-centered services during the course of mental health services
- Participated in chart reviews of clinical staff and discussed reviews and developed corrective action plans with staff after reviews. Forwarded results to the Quality Assurance Director
- Served as the Wynne clinic's leader by training, developing, and coaching clinic staff
- Evaluated training needs of clinical staff and implemented necessary training
- Provided direct services to clients. Ensures compliance with standards (CARF, Medicaid, etc..) for staff/program productivity and paperwork.
- Facilitated weekly staff meetings to review admissions and other clinical paperwork, review paperwork deadlines, communicate policy/procedure information/changes and provide clinical supervision.
- Represented Mid-South Health Systems in community through participation in committees and activities.
- Actively participated in personnel recruitment, evaluation, retention. Carried out disciplinary action as indicated.

Sarah E. Elkins

Licensed Professional Counselor 663 Honey Hill Road Searcy, AR 72143 SDavis1@harding.edu 501-230-7417

- Ensured all clinic documentation demonstrated that services were medically necessary, consistent with service definitions, and complied with all applicable regulatory requirements
- Participated in a multidisciplinary treatment team. Provided face-to-face supervision of mental health para-professionals and mental health workers who worked on cases shared by clinic coordinator.

Day Rehab Coordinator, November 2011 to May 2017

- Direct the program
- Provide group and individual services to seriously mental ill clients
- Oversee two mental health workers and two van drivers
- Monitor quality of documents completed and services provided
- Carry a part-time case load of 20 hours per month in the outpatient clinic
- Maintain a minimum productivity of 70 hours per month
- Day Rehab Clinic received 0 findings or observations in January audits by Beacon for January 2016 and January 2017 (a first in Mid-South history)
- Personally received 0 findings or observations in January audits by Beacon (January 2016 and January 2017) for both Day Rehab Clinic and Outpatient Clinic services

School Linked Therapist, November 2010 to November 2011

- Maintained or exceeded productivity requirement of 90 hours per month
- Provided services in the outpatient clinic, Wynne Public Schools, and Cross County School District

Additional Qualifications

Covered provider for BlueCross Blue Shield, Cigna, Tricare, Metallic, and Medicaid

Education

Harding University

Master of Science in Marriage and Family Therapy, July 2010 (Internships included terms at Captstone Treatment Center, Pinnacle Point Behavioral Hospital, Families, Inc. in Searcy, and Harding University's Counseling Center) Bachelor of Arts in General Studies, 2007

Certifications and Trainings

National Counseling Exam: passed August 2, 2010 Licensed Professional Counselor since March of 2014 Adult and Child CPR: 2009 to present First Episode of Psychosis: 2016 to present Trauma Focused Cognitive Behavioral Therapy Certification: 2012 Arkansas/2016 National Crisis Prevention Intervention Certification: 2009 to present Three years of American Sign Language
Sarah E. Elkins

Licensed Professional Counselor 663 Honey Hill Road Searcy, AR 72143 SDavis1@harding.edu 501-230-7417

References

Elaine Kemp Turning Leaf Counseling, LLC 711 Canal Ave E Wynne, Arkansas 72396 (870) 229-0526

Robbie Cline, LPC/S-TA, LADAC Facilities Director Corporate Compliance Officer Mid-South Health Systems 2707 Brown's Lane Jonesboro, AR 72401 (870) 972-4004



logged Cardille 12 12 2020

November 17, 2020

Scott Luffman 90 Carter Rd. Austin, AR. 72007

Dear Scott,

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 November 17th, 2020 your CIT registration is <u>valid for 5 years</u>.

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

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

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

Scott A. Luffman 90 Carter Road Austin, AR 72007 (501) 941-8249 edijodat@gmail.com

Objective:

To gain employment in an environment that will allow me to continue to utilize the skills and knowledge that I have gained in previous years. Also, to continue to learn more and grow in my understanding of myself and others.

Education:

•Associated Builders and Contractors, Little Rock AR (ABC) -Ultimately resulting in Master Electrician licensure by the Arkansas State Board of Electrical Examiners (1998) •Arkansas State University, Beebe AR (3.89/4.0 cumulative GPA) -Associate of Arts (May 2012) •University of Central Arkansas (3.681/4.0 cumulative GPA) -Bachelor of Science with a double major (August 2014) Psychology Addiction Studies - Treatment

Experience:

•Wilbur Mills Treatment Facility, Searcy, AR

Counselor in Training / Peer Recovery Support Specialist / Mental Health Paraprofessional / Qualified Behavioral Health Provider. April 2015 – March 2020

•Fellowship Bible Church, Cabot, AR

Facilities Manager, March 2010 – April 2015 te la la Rel™ à o

- ·Luffman Electric, Austin, AR
- Owner, July 1998 March 2010
- aff is she set
- Conrade Electric, Cabot, AR

Job Foreman, September 1993 - June 1998

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Interest:

My interests include camping (specifically dry-camping/boondocking), scuba diving, reading, and research. I have received the certifications of Master Scuba Diver and Assistant Scuba Instructor by the Professional Association of Diving Instructors (PADI). My research interests have focused mainly on cognitive abilities (specifically perceptual versus conceptual cues in visual search) and also different stimuli effecting levels of aggressive behavior.

Activities:

•Treasurer for the Cabot Group of Alcoholics Anonymous (AA), 2007-2009

•Secretary for the Cabot Group of AA, 2010

•State Delegate for Arkansas 4th District of AA, 2009 of AA, 2010

•Treasurer for the Arkansas 4th District of AA

•Sponsor of numerous individuals in recovery with varying degrees of success

•While at ASUB, I was treasurer and one of the founding members of the Psychology Club.

•Member of the National Association of Alcohol and Drug Abuse Counselors (NAADAC)

•Frequently engaged in Continuing Education (CE) credits through seminars and webinars

Achievements:

•Arkansas State University

-Vice Chancellor's List (Fall 2011)

-Chancellor's List (Spring 2011)

-Certificate of Leadership (2011-2012)

-I received the Arkansas Association of Two-Year Colleges (AATYC) Academic

All-Star Award allowing full tuition to any public university in Arkansas.

-I was selected to become a member of Gama Beta Phi (National Collegiate Honor

Society focused on community service).

•University of Central Arkansas

-Presidential Scholar, Spring 2013

-Dean's List, Fall 2013

Dean's List, Spring 2014

Presentation of research at Southwestern Psychological Association (SWPA, 2014)

Presentation of research at Arkansas Symposium for Psychology Students (ASPS, 2014)

Member of Psi Chi (The International Honor Society in Psychology)

I am currently certified by the Arkansas Substance Abuse Certification Board as a Counselor in Training (CIT) and a Peer Recovery Support Specialist (PR). I am also currently a Qualified Behavioral Support Specialist (QBHP).

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References are available upon request.



HOLLY LINDSEY

I HAVE RECENTLY RECEIVED A CADC LICENSE AND I WOULD LOVE TO CONTINUE WORKING WITH OTHERS WHO I CAN GUIDE AND EDUCATE ON SUBSTANCE ABUSE.

Searcy, AR lindseyholly96@gmail.com 5012072632

I HAVE A PASSION FOR WORKING IN THIS FIELD. I STARTED WORK WITH WILBUR MILLS IN 2007 AND I STAYED THERE UNTIL THE COMPANY SHUT DOWN IN 2020. I WOULD LOVE TO CONTINUE WORKING IN THIS FIELD, IT HAS ALOT OF MEANING FOR ME, I HAVE BEEN AFFECTED BY SUBSTANCE ABUSE IN SO MANY WAYS, AND I JUST WANT TO BE ABLE TO GIVING BACK TO OTHERS WHAT I HAVE BEEN GIVING HOPEFULLY MAKING THIS WORLD A BETTER PLACE IN SOME SMALL WAY DAY BY DAY.

Authorized to work in the US for any employer

Work Experience

Order Filler

WALMART DISTRIBUTION - Searcy, AR August 2020 to Present

I CURRENTLY STARTED WORKING AT WALMART DISTRIBUTION CENTER AS AN ORDER FILLER. THIS WILL BE MY SECOND FULL WEEK OF WORKING THERE, I PICK ITEMS AND FILL BOXES THAT NEED TO BE SHIPPED OUT TO THE STORES. I WORK FROM 7 AM TO 3 PM DAILY.

SUBSTANCE ABUSE COUNSELOR

WILBUR MILLS CENTER - Searcy, AR March 2020 to March 2020

I WORKED AS CIT FOR MILLS CENTER FROM 2015 UNTIL MARCH 2020 WHEN I PASSED THE COUNSELING TEST AND BECAME A CADC

SWS COORDINATOR WILBUR MILLS CENTER - Searcy, AR March 2015 to March 2020

I WAS THE SPECIALIZED WOMEN'S AND CHILDREN'S COORDINATOR FOR THE MILLS CENTER. I WAS A COUNSELOR IN TRAINING DURING THIS TIME. I WORKED WITH THE MOTHERS AND THEIR CHILDREN DAILY TO HELP THEM LEARN TO BE BETTER PARENTS AND TO RENTER THE COMMUNITY AS PRODUCTIVE MEMBERS. I TAUGHT GROUPS EVERYDAY FROM 8 AM TO 5 PM. I TAUGHT GROUPS ON EVERYTHING FROM RELAPSE PREVENTION, PARENTING, SHAKEN BABY SYNDROME, BASIC LIFE SKILLS, SEEKING SAFETY AND SO MUCH MORE. I HELPED JIM CLARK THE DIRECTOR AT THE TIME, PUT THIS PROGRAM TOGETHER AND IT WAS VERY SUCCESSFUL. THERE WERE 14 APARTMENTS THAT HOUSED THE WOMEN AND THEIR CHILDREN.

Administrative Assistant

WILBUR MILLS - Searcy, AR February 2014 to March 2015 I ALSO WORKED AS ADMINISTRATIVE ASSISTANT FOR WILBUR MILLS BEFORE BECOMING A CIT. I ANSWERED PHONES, TYPES LETTERS, COMPLETED SCREENINGS, and more.

BILLING CLERK

WILBUR MILLS - Searcy, AR April 2010 to February 2014

I WAS THE BILLING CLERK FOR WILBUR MILLS CENTER. I BILLED FUNDS FOR 21 COUNTIES EACH MONTH. KEPT UP WITH SPREADSHEET DATA, HOW MANY HOURS OF GROUPS AND INDIVIDUAL SESSIONS THAT WERE COMPLETED AND ENTERED INFORMATION INTO THE ADMIS SYSTEM EACH MONTH.

Filing Clerk/Receptionist

WILBUR MILLS CENTER - Searcy, AR August 2007 to April 2010

I WORKED IN THE FILE ROOM, MAKING SURE ALL THE CHARTS WERE UP TO DATE WITH ALL PAPER. WORK, FILLED PAPERS DAILY, MAKING SURE EACH CLIENTS INFORMATION WAS CURRENT AND UPDATED DAILY.

Education

SUBSTANCE ABUSE COUNSELING LICENSE in SUBSTANCE ABUSE

Searcy, AR 1998 Phillipping

SOME COLLEGE in MEDICAL RECORDS

ASU SEARCY - Searcy, AR

High school diploma in REGULAR HIGH SCHOOL DIPLOMA

BEEBE, AR

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Skills and the first second second

- Addiction Counseling (1911)
- Cognitive Behavioral Therapy
- Individual / Group Counseling
- Behavioral Therapy
- Child & Family Counseling
- Motivational Interviewing
- I HAVE WORKED ALOT WITH COMPUTERS, HAVE KNOWLEDGE WITH CREDIBLE, MICROSOFT, EXCEL
- Group Therapy
- Presentation Skills
- Intake Experience
- Case Management
- Social Work

Certifications and Licenses

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Substance Abuse Counseling Certification

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June 13, 2017

Peggy Kilpatrick 25 Bailey St. Enda, AR. 72047

Dear Peggy,

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 June 13th, 2017 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner, Administrator ASACB

(501)388-9102 PO Box 275 Searcy AR, 72145



08/2005 - 06/2016

Peggy Kilpatrick

WORK EXPERINCE

Substance Abuse Counselor in Training CIT/ Support Staff 12/2016-3/2020 Wilbur D. Mills Treatment Center Searcy AR.

- Develop treatment plans for clients in accordance with state regulatory guidelines that demonstrate individualization and evolution based on the information gathered from the assessment.
- Participate in clinical staffing/treatment meetings providing feedback on all pertinent cases.
- Communicate with insurance department ensuring requested information is provided within specified time frames.
- Document all services provided in accordance with state regulatory and agency standards. Ensure that services are entered within appropriate time frame
- Assist clients through transition process and complete final correspondence such as transition summary, plan, letter, etc. Complete all correspondence in a timely fashion
- Represent the agency within community in a professional manner. Maintain positive, professional relationships with referral sources, clients, and coworkers, adhering to Code of Ethics and agency policies.
- Handle crisis situations as they arise.
- Facilitate group counseling, family conferences, and individual sessions.
- Demonstrates interest in long term and short term goals and objectives of the company.
- Other duties as assigned by the Clinical Supervisor, Program Director or the Executive Team members
 - rs Larasana in⊂ in

Home-Based Educator Mt Vernon-Enola Faulkner County HIPPY, Greenbrier, AR

Home Instruction for Parents of Preschool Youngsters

- Work in an empowered environment by working collaboratively with other professionals and personnel. Assist in other tasks, as requested by Coordinator and work flexible hours including evenings as needed.
- Meet with coordinator and other HIPPY staff in weekly sessions to better understand the curriculum. Attend staff development as deemed necessary by HIPPY policy and/or the Coordinator, for the purpose of ongoing training.
- Record and create a home visit report on each family's progress during weekly meetings. Prove the second second
- Maintain confidential family files (forms, pull pages, referrals, enter COPA data, etc.).
- Meet with each parent or caregiver weekly in their homes or a mutually agreed uponisite to role play the curriculum and increase parent or caregiver educational interaction with their child. Plan and participate in all required HIPPY functions (group meetings, field trips, etc.)

Education

(501)388-9102 PO Box 275 Searcy AR, 72145

Peggy.kilpatrick@yahoo.com

Peggy Kilpatrick

University of Central Arkansas Conway, AR Bachelor of Science in Addiction Studies, GPA: 3.14	2013 - 2017
Arkansas State University Beebe, AR Associate in Liberal Arts	2007 – 2012
Arkansas State University Beebe, AR Certificate in Child Development	
 Training Substance abuse prevention skills training Introduction to wellness recovery action planning WRAP: seminar 1 	11/2017 4/2018

Peer specialist core recovery training
 Regional Alcohol and Drug Detoxification
 CPI Non Crisis Intervention
 2/2015

Employment References

Wilbur D. MillsLes CuppClinical Supervisor(479) 719-5207Jim ClarkDirector(501) 412-0400Amanda WalkerMentor(501) 284-9568Dane DillardCo-worker(501) 827-1526

Wooley's Grocery and Feed

Rhonda Cox	Owner	(501) 514-5065
Tanya Cox	Supervisor	(501) 328-7029
192 Y 10		

Faulkner County HIPPY

Carle McEntire () Tammy Westerman	Coordinator Coordinator	(501) 231-3830 (501) 472-4379
Jeanne Kirkpatrick	Co-worker	(501) 428-7424
Jennifer Reams	Co-worker	(501) 472-2940

Rita D. Glaze 104 E. Forbes Dr. Bald Knob, AR. 72010 (501) 283-4075 ritaglaze@yahoo.com

OBJECTIVE: To obtain a full-time position using my abilities and skills that will enable me to effectively and responsibly perform the necessary duties for this position.

WORK EXPERIENCE:

Wilbur D. Mills Tx Center

Sept. 22, 2008 to March 31, 2020 Searcy, AR. 72143

Intake Care Coordinator, Substance Abuse Counselor (CADC, CS), MAT AA

Screened/assessed potential clients to determine appropriate levels of treatment for substance abuse and MAT (suboxone) services and provided referrals to other agencies if needed. Completed all appropriate intake/admission documents. Charting & documentation in Credible and E-clinical. Completed/sent weekly reports to appropriate agencies. Scheduled appointments and provided transportation when needed. Worked with DHS on SNAP & EBT submissions. Worked with the courts, ACC, DHS, Federal Probation Office and other behavioral health facilities for client referrals. Maintained client caseload, provided individual sessions, facilitated groups, provided Drug & Alcohol education to clients and families. Mentored/trained new CITs. Assisted clients in obtaining necessary documents for housing applications, SNAP/Medicaid applications, IDs. Assisted in weekly staffing and reviewed charts. Volunteered as Peer Reviewer for the state. As AA for VAT (suboxone) Clinic, scheduled appointments, took payments, charting/documentation in E-clinical and Credible programs, assisted doctor, nurse and Peer Support staff.

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EDUCATION:

ASU Beebe Associate of Arts Degree

Searcy Foothills Technical Institute
Secretarial/Word Processing Degree

Searcy Foothills Technical Institute

August 1996 to May 2000 Beebe, AR. 72012

August 1992 to June 1993 Searcy, AR. 72143

June 1981 Searcy, AR. 72143

SKILLS:

Experienced with Credible, E-clinical and PMP (prescription monitoring program) Programs. Peer Reviewer, ATR certified, TTS, RADD Certified, Certified Drug/Alcohol Counselor, Certified Clinical Supervisor, CPR/CPI certified, multi-line telephone system. Microsoft Word, Excel and Teams, fax machine, copier, Credit Card and EBT card machine, all other office duties. Typing speed 60 wpm.

references: 'im Clark upervisor

501-412-0400

Natasha Fowler Supervisor 870-514-1761

Sunny Hendrix Friend 501-278-0373 Barbara Hacker Co-worker/Friend 501-593-2730

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September 14,	2020	ds	Jovernor Asa Hutchison José R. Romero, MD,
			Secretary of Health
Richard Brent	Gossett, LCSW		2.0
206 North Fake	es St., Apt. 7		Ruthie Bain
McCrory, AR			Director
,		14T	Phone: 501-372-5071 Fax: 501-372-6301
Dishard Durat C		1	Email: swlb@arkansas.gov
Richard Brent G		with the second s	Website: arkansas.gov/swlb
This is to notify y	ou that your licensure as a Social Wor	ker has been approved for th	e period of October 1.
2020 through Sept renewal.	tember 30, 2022. The attached wallet-s	size license card will serve as	confirmation of license
7.200 - 020			5 /
Please remember	to retain your continuing education de	ocumentation for a period of	two-years in the event
you are audited.	If audited, you will be required to sul	bmit documented proof that	you attended all of the

you are audited. If audited, you will be required to submit documentation for a period of two-years in the event continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (September 30, 2022) you must obtain 30 hours of social work continuing education between the dates of October 1, 2026 through September 30, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please which the Board's website on a regular basis for updates on changes that may affect your license.

Please remove card carefully! Bend back and forth along crease at a long transfer before separating 1 - 115 - 1 - 1 Arkansas Department of Health Social Work License Card License No. Expiration Date: 4110-C 9/30/2022 ard Brent Gossett, LCSW North Fakes St., Apt. 7 McCrory AR 72101 urd bearer is licensed and in good standing with the Arkansas icial Work Licensing Board Debra Shige Afund Dr.D. Low Chair

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

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.

BRENT GOSSETT

McCrory, AR Ph: 870-919-0855 Email: brent.gossett@hotmail.com

Objective: To provide quality, compassionate mental health care to all I serve. I'm very passionate and caring and I believe everyone deserves kindness and respect.

EXPERIENCE

MARCH 2014 – MARCH 2020

JOB TITLE: DIRECTOR OF SOCIAL SERVICES/LCSW, (SENIOR CARE UNIT) FORREST CITY MEDICAL CENTER

Duties/Responsibilities- Provide individual, family and group therapy, utilization review, psychosocial assessments, discharge planning, intake screenings ...

JANUARY 2019 - DECEMBER 2019

JOB TITLE: SENIOR CARE PROGRAM DIRECTOR

Responsibilities: Oversee daily operations of the unit, maintain daily records and trend reports, work closely with nurse manager to provide support and direction to staff

June 2013- December 2014

JOB TITLE: Therapist – Arkansas Counseling Associates Responsibilities: Provided CBT to children, adolescents and adults; worked closely with physicians, teachers and families to develop individualized treatment plans for clients

August 2008- June 2013

JOB TITLE: Case Manager- Arkansas Counseling Associates Responsibilities: Assisted clients and families with meeting goals and objectives developed in their individualized treatment plan.

EDUCATION

JUNE 2011-MAY 2013

DEGREE TITLE: MASTERS OF SOCIAL WORK (MSW)-ARKANSAS STATE UNIVERSITY- JONESBORO

AUGUST 2005-MAY 2009 DEGREE TITLE: BACHELOR OF SOCIAL WORK (BSW) ARKANSAS STATE UNIVERSITY-JONESBORO

REFERENCES AVAILABLE UPON REQUET

HARBOR HOUSE STAFFING INFORMATION AND LICENSURE

HARBOR HOUSE ²	Staffing Plar
HOUSE ² HHI and Subcontractors Staffing Plan Categories	Locations Served
Clinical Positions:	1
Therapists – LCSW, LMSW, LPC, LAC Substance Abuse Counselors – CIT, ADC, AADC, LADAC, QBHP Recovery Coaches – CIT, ADC, QBHP Peer Specialists – PIT, APSP Peer Recovery Credential	All All All All
Support Positions:	
<u>Support rocknows</u>	
Support Techs – RDS, CIT Transporters – CPR/First Aid, CPI Front Officer Clerks – CPR/First Aid, CPI Kitchen Managers – ServSafe certification Facilities Assistants Babysitters – CPR/First Aid, CPI, Babysitter Course	Residential Residential Residential All Residential
Administrative Positions:	
HR Manager Billing Specialists IT Coordinator Marketing Director Administrative Assistant Compliance Assistance	All All All All All All
Senior Management:	
CEO CFO CCO PODs	All All All
Clinical Director and Assistant Clinical Director Facilities Manager	All All
Medical Directors:	
Dr. James Parks, Psychiatrist Dr. Fayz Hudefi, Psychiatrist Dr. Kristin Martin, DO, Addictionologist	All All All
Subcontractors - limited adult and adolescent outpatient and adolescent residential:	
The Guidance Center (WACGC); Counseling Associates, Centers for Youth and Families; Ouachita Behavioral Health, Southwest Arkansas Counseling and Mental Health Center, Arisa -	
limited adult/adolescent OP and adolescent residential	Catchment Areas 4 and 5

Cindy Stokes

From:	Jimmie Woodin
Sent:	Tuesday, Decen
То:	Cindy Stokes
Subject:	Fwd: CARF Expi

immie Wooding <jwooding@recoveryhhi.org> iuesday, December 1, 2020 5:48 PM indy Stokes iwd: 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 <u>permanently</u> changing the accreditation expiration date for Survey Number 139374 to <u>November 30, 2021</u>, with a corresponding <u>September/October</u> 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

CONTINTERNATIONAL

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:

(unless sooner revoked). Behavioral Health Agency. MAN SERVICES Division of Provider Services & Quality Assurance HARBOR HOUSE, INC. OF FORT SMITH, AR (GRC) **ARKANSAS DEPARTMENT OF** This Is to Certify That 3900 Armour Fort Smith, AR 72901 Certificate Number: 32248 Certificate effective from 04/16/2019 to 09/30/2021 B has met provider requirements to operate a(n)/as.

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a ATANNOS. Alcohol and Other Drug Abuse Treatment Programs License Effective: 04/16/2019 | License Expires: 04/16/2022 Harbor House Inc, of Fort Smith AR & Quality Assurance Division of Provider Services This Is to Certify That Sebestian License Number: 33688 3900 Armour Ę1 , County of on the premises located at Fort Smith N/A capacity

					×	r revoked).			
vices ance			ß,	71913	Behavioral Health Agency.	(unless sooner revoked).			
AS DEPARTMENT OF AN SERVICES Division of Provider Services & Quality Assurance	35874	This Is to Certify That	HARBOR HOUSE INC OF FORT SMITH AR	812 MOUNTAIN PINE ROAD HOT SPRINGS AR 71913	Behavio	to 05/30/2022			
HUMAN DEPARTN HUMAN SERV Division of Provid & Quality	Certificate Number:	to Cer	USE INC OF F	É ROAD HOT	a(n)/as		C		
MH	Certific	This Is	HARBOR HO	OUNTAIN PIN	has met provider requirements to operate a(n)/as	om 01/21/2021			
27				812 M	ider requireme	Certificate effective from			
					has met prov	Certificat		1 L	
							and the second	1 (b) 2 (b) 2	



(unless sooner revoked). Behavioral Health Agency. HUMAN SERVICES Division of Provider Services & Quality Assurance HARBOR HOUSE, INC. OF FORT SMITH, AR (HRC) **ARKANSAS DEPARTMENT OF** This Is to Certify That 615 N. 19th Street Fort Smith, AR 72901 Certificate Number: 32247 Certificate effective from 04/16/2019 to 09/30/2021 has met provider requirements to operate a(n)/as.

Is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a Arkansas License Effective: 03/03/2020 | License Expires: 03/03/2023 Alcohol and Other Drug Abuse Treatment Programs Harbor House Inc, of Fort Smith AR & Quality Assurance **Division of Provider Services** This Is to Certify That 615 North 19th Street Sebastian License Number: 33689 67 County of on the premises located at Fort Smith _ capacity N/A



ARKANSAS STATE MEDICAL BOARD

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

Kristin Kay Martin, D.O. 12811 Saint Charles Boulevard Little Rock, AR, USA 72211

Registration Year: 2020 Active/Unlimited

No.: E-6205 Issued: 8/7/2009 Expires: 11/30/2021

Below is your registration card to be carried with you.

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

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





ARKANSAS STATE MEDICAL BOARD

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

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

Registration Year: 2021 Active/Unlimited

No.: E-5479 Issued: 12/7/2007 Expires: 2/28/2022

Below is your registration card to be carried with you.

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

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



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

Active/Unlimited **Registration Year: 2021** Expires: 2/28/2022 Issued: 4/7/2006 No.: E-4773

Below is your registration card to be carried with you.

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



Expires: 2/28/2022 Issued: 4/7/2006 No.: E-4773



8/9/2021

Intrary (awler, ane cs P Who has complled with the requirements established by the Moard and has successfully obtained grkansas Substance Abuse Certification Woard these Standards of Professional Performance, and in doing so, has earned recognition as a 12/31/2021 Vxpiration.Date Certified Alcohol and Drug Counselor Sucretary Berew Certifies TYLER LIMORE Certificate Stanber. 1659 Spin-your All Anos KL MS IS 01/02/2020 manisor pass MCAR ssue Date walley.

resident of the University Probast and Nice President for Academic Affairs Artheastern State Unibersity bard of Regents The Oklahoma State Regents For Aigher Fducation Leborch danday and all the honors, privileges and obligations belonging thereto, and in witness thereof Issued at Northeastern State University at Tahleguah, Oklahoma, have authorized the issuance of the diploma duly signed and sealed. FOR THE UNIVERSITY: this eighth day of May, Two Thousand Amenty-one. Master of Social Mork Tyler Preston Aimore Arting Through The to the degree of have admitted Huner Chancellor Secretary Chair FOR THE STATE REGENTS:





8



Arkansas Social Work Licease Card

Expiration Date:

7/31/2022

License No. 10148-M Audra LeAnn Cooper, LMSW 7710 Euper Lane Fort Smith AR 72903

Card bearer is licensed and in good standing with the Arbansas Social Work Licensing Board. Bight Hubbon , Card

Chniman
8/9/2021

WAVER, ADC. CS PI Who has complied with the requirements established by the Board and has successfully obtained grkansas Substance Abuse Certification Moard these Standards of Professional Performance, and in doing so, has earned recognition as a 12/31/2021 Expirations lists Certified Alcohol and Drug Counselor And real and **Bereby Certifies** KRISTA BONCHEFF 家、田宇自道和福祥的 "气息就能能能能 1663 PLL POP Atto CS 12/09/2019 eu-Presiduan Same Date



Arknases Social Work License Card

Chairman

License No. 10152-M Krista Boncheff, LMSW 911 S 26Ih SI Api 1 Fort Smith AR 72901 Expiration Date: 7/31/2022

Card beares is licensed and in good standing with the Arkansas Social Work Licensing Bourd. Bight Automatic

ARKANSAS DEPARTMENT OF HEALTH SOCIAL WORK LICENSING BOARD

Mailing Address: PO Box 251965 Little Rock, AR 72225-1965

Physical Address: Freeway Medical Tower 5800 West 10th, Suite 100 Little Rock, AR 72204

Phone: 501-372-5071 www.arkansas.gov/swlb Pax: 501-372-6301 Email: swlb@arkansas.gov



TRAINING AND	der upon		rreto appertaining. he atoarding of this diploma of the University		Related R. Rentwork and Treeding
utheastern	The trustees of the Aniversity recommendation of the faculty confer upon Jeffery J. Bolnling the degree of	Master of Science Forensic Psychology	In testimmy inhered The Paurd of Trustees has directed the amerianing of this diplome certified by the President under the corporate seal of the Amiversity	and with the appropriate signatures. Fort Panderdale-Davie, Morida December 31, 2015	
SA ER	ar ailt no		all rights, In testimmy whereof The certified by the		Chesny 1 S. Haulun

8/9/2021

aNUL, ROC. CS PI grkansas Substance Abuse Certification Board Who has complied with the requirements established by the Woard and has successfully obtained these Sandards of Professional Performance, and in doing so, has earned recognition as a 12/31/2021 Experiences fault Certified Alcohol and Drug Counselor Ser S New Barry Hereby Certifies MARIA LOVELL S. or the water is a mained 1651 PLL PLY 115 05 11/27/2019 **FSHERI** ANAT DATE



arkansas Substance Abuse Certification Woard Bho has complied with the requirements established by the Moard and has successfully obtained 1 these Standards of Professional Performance, and in doing so, has earned recognition as Expiration Date Certified Alcohol and Drug Counselor 12/31/2021 AL B Secretar Hereby Certifies LISA D. HAYNES Certificate Number SPEA. 1297 MPNUDTUALE I NSW, LADAL, CS, PADC 12/31/2019 Vice-Presiden Issue Date





December 2, 2019

Dear Counselor:

Congratulations! Enclosed are your wallet certificate and the new date sticker to add to your wall certificate signifying your re-licensure with the State Board of Examiners of Alcoholism and Drug Abuse Counselors for 2020-2021. Check the license carefully and let me know of any discrepancies. Also, let me know if your contact information changes at any time.

Take note of the NEW ADDRESS at the top of the page. This is the address you should use after January 1. The phone & fax #'s and the e-mail address will remain the same. Please don't hesitate to call me with questions or concerns. I enjoy working with each one of you.

Sincerely,

Pam Fite Board Administrator



E.1 B

2.2 F. Counseling Associates Facility Addresses

Counseling Associates has outpatient clinics in Heber Springs (Cleburne County), Mountain View (Stone County), Marshall (Searcy County) and Clinton (Van Buren County). All of these facilities are DPSQA and OADAP licensed, in addition to being CARF Accredited for SA and Mental Health for Adults and Adolescents in these clinics.

Cleburne County

115 S. 3rd Street Heber Springs, AR 72543 501.206.0831

Stone County

106 Mountain Place Drive Mountain View, AR 72560 870.269.4193

Searcy County

316 Highway 65 North Marshall, AR 73650 870.448.2176

Van Buren County-We will be at the current location until 8-31 at which time we will be moving to the new location. We have obtained DPSQA Certification which includes CARF Certification and are transferring OADAP.

Current:

2526 Highway 65 South, Suite 201 Clinton, AR 72031 **New:** 244 Highway 65 North, Suite 6 Clinton, AR 72031 501.745.8007

Program(s)/Service(s) by Location

Counseling Associates, Inc.

350 Salem Road, Suite 1 and 9 Conway, AR 72034

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Out-of-Home Treatment: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Clarksville Outpatient Clinic

1021 East Poplar Street Clarksville, AR 72830

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Clinton Outpatient Clinic

2526 Highway 65 South, Suite 201 Clinton, AR 72031

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Conway CSP and Emergency Services Clinic

855 South Salem Conway, AR 72034

Case Management/Services Coordination: Mental Health (Adults) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents)

Counseling Associates, Inc.

106 Mountain Place Drive Mountain View, AR 72560

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Counseling Associates, Inc.

316 Highway 65 North Marshall, AR 73650

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Day Rehab-Lighthouse

1402 East 16th Street Russellville, AR 72802

Case Management/Services Coordination: Mental Health (Adults) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults)

HAVEN - Conway

1701 Donaghey Avenue Conway, AR 72032

Out-of-Home Treatment: Mental Health (Children and Adolescents)

Heber Springs Outpatient Clinic

115 South Third Street Herber Springs, AR 72543

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Morrilton Outpatient Clinic

6 Hospital Drive Morrilton, AR 72110

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Morrilton Outpatient Clinic

8 Hospital Drive Morrilton, AR 72110

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Community Integration: Mental Health (Adults) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Russellville Outpatient Clinic

110 Skyline Drive Russellville, AR 72801

Case Management/Services Coordination: Mental Health (Adults) Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Adults) Crisis Intervention: Mental Health (Children and Adolescents) Out-of-Home Treatment: Mental Health (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Therapeutic Foster Care

2504 West Main, Suite C Russellville, AR 72801

Case Management/Services Coordination: Mental Health (Children and Adolescents) Crisis Intervention: Mental Health (Children and Adolescents) Out-of-Home Treatment: Mental Health (Children and Adolescents)

E.2 A (2.3) Scope of Work

2.3 A Interim Services

Interim services will/are provided at CA and these include the following:

a. Outpatient comprehensive Substance Abuse treatment services.

b. Counseling and education about human immunodeficiency virus (HIV) and tuberculosis (TB);

c. Counseling and education about the risks of needle-sharing, the risks of transmission to sexual partners and infants;

d. Counseling and education about steps that can be taken to ensure that HIV and TB transmission does not occur;

e. Referrals for HIV or TB services, if necessary;

SEE ATTACHED INFORMATION THAT IS PROVIDED TO CLIENTS REGARDING THE ABOVE.

f. For sex offenders, interim services will include access to all services under this contract for any person who must, by status and/or court order, register himself or herself as a sex offender under the Ark Code §§ 12-12-905 and 12-12-906, if the individual's assessed community notification level is not higher than a level 2, and the individual would otherwise be eligible for those services.

Documentation of all services is maintained in our EMR system.

DOCUMENTATION OF COUNSELING-HIV, TB FOR COUNSELING ASSOCIATES



Services provided by



Overview of Common Contagious Illnesses

Associated with Substance Abuse &

Effects of Substance Use on Fetus for Pregnant Women

HIV/AIDS

"HIV" stands for Human Immunodeficiency Virus.

- H This particular virus can only infect human beings.
- I Immunodeficiency HIV weakens your immune system by destroying important cells that fight disease and infection.
 A "deficient immune system cannot fully protect you.

V - A virus can only reproduce itself by using a cell in the body of its host.

- When people get HIV and do not take medicine to treat it, they will typically progress through three stages of disease one after the other: 1) acute HIV infection; 2) clinical latency, and 3) acquired immunodeficiency syndrome (AIDS). Early testing and treatment are very important.
- You can get or transmit HIV only through specific activities. Most commonly, people get or transmit HIV through sexual behaviors and shared needle or syringe use.

It is recommended that anyone potentially exposed be tested.

<u>Hepatitis</u>

Hepatitis is an inflammation of the liver.

- It can be caused by a variety of toxins such as drugs or alcohol and through viruses passed through sharing needles or sexual contact. Left untreated, hepatitis can lead to cirrhosis of the liver and liver cancer.
- Viral hepatitis is caused by a family of viruses labeled A, B, C, D, and E; each has its own unique route of transmission and prognosis. Hepatitis B (HBV) and hepatitis C (HCV) are the most common viral hepatitis infections transmitted through sharing needles and unprotected sex. Habitual drug use makes the illness harder to treat. The CDC recommends that people who use drugs be tested for hepatitis (HBV and HCV) as part of routine medical care.

<u>Tuberculosis</u>

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air.

- TB usually affects the rungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can spread it to others and ultimately die if they do not get treatment.
- The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. Symptoms of TB disease in other parts of the body depend on the area affected.
- About one in five US tuberculosis patients report abusing alcohol or using illicit drugs, and those who do appear to be more contagious and difficult to treat.

Early testing is important, as this illness is very treatable.

<u>SDTs</u>

Sexually transmitted diseases (STDs) are passed from one person to another through intimate physical contact and unprotected sexual activity.

- STDs can be prevented by not having unprotected sex. You can lower your risk by using condoms and being in a sexual relationship with a partner who does not have an STD.
- There are dozens of STDs and they do not always cause symptoms. It is possible to have an infection and not know it.
- Substance abuse drastically increases a drug user^s odds of contracting life-changing diseases like HIV, Hepatitis B and C, and other STDs. Once a habitual drug abuser is infected, these diseases often progress quickly and can lead to severe illness or even death.

STDs are easily detectable through testing, which is recommended for anyone in this high-risk group.

<u>Voluntary confidential</u> low cost or free testing for each o<u>f the above is available at</u> <u>the</u> local County Health Unit\ Planned Parenthood, University Health Center (college <u>stud</u>ents , <u>local hospital or Primary</u> Ca<u>re Provid</u>e<u>r's offic</u>e.

DOCUMENTATION OF COUNSELING OF PREGNANT WOMEN FOR COUNSELING ASSOCIATES

For Pregnant Women:

What are the effects of alcohol and drug use on the fetus?

"Studies show that various drugs may result in miscarriage, premature birth, low birth weight, and a variety of behavioral and cognitive problems in the child. A baby can also be born dependent on the drug if the mother uses it regularly – a condition called neonatal abstinence syndrome.

Women who are pregnant, considering pregnancy or are breastfeeding should check with their health care provider about the dangers of various drugs to the unborn or breastfeeding baby. Below is a slit of some of the commonly misused drugs that can be harmful."

Obtained from: <u>https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/other-health-effects</u>

While drugs can have a variety of effects, you and the fetus are connected by the placenta and umbilical cord. The associated risk varies depending on the type of drugs used, the frequency of use, and at what point during the development the drugs were used.

Use of drugs or alcohol during pregnancy can include the following:

- Premature birth, Low birth weight, underdeveloped organs
- Higher risk for illness, intellectual and learning disability
- Birth defects, seizure, stroke
- Withdrawal symptoms after delivery
- Miscarriage, still birth, sudden infant death syndrome
- Deformed limbs, feeding problems, long term behavioral problems

Where can I get prenatal care?

Most insurance plans cover prenatal care. If you do not have health insurance coverage, you may qualify for lost-cost or free prenatal care. Arkansas Department of Health offers a prenatal care Maternity Program. To locate the nearest location you can visit: https://www.healthy.arkansas.gov/local-health-units

2.3 B Observation Detox

Services will be provided through a subcontract with Harbor House;

2.3 C Residential Treatment Services

Services will be provided through a subcontract with Mid-South Health Systems Delta Recovery Center and Recovery at Mills.

2.3 D Outpatient Counseling Services

Counseling Associates, an affiliate of Arisa Health since March of 2020, has had a long standing reputation of providing quality care. Outpatient counseling is available to persons in need of assistance in dealing with mental health, relational and substance abuse problems. Included in the outpatient "umbrella" of services are adult and children's counseling individual, group, marriage and family therapy, screening, referral and aftercare, and evaluation and diagnostic services. CA has had experience as a CMHC, RSPMI, DCFS, OADAP and now OBH provider since our inception in 1972 with the following outpatient services.

Services are available to provide a variety of diagnostic and primary substance abuse treatment on both a scheduled and non-scheduled basis. Services provided by the program include, but are not necessarily limited to the following:

- Care Coordination/Case Management;
- Individual, group and family counseling sessions;
- Crisis intervention;
- Psychosocial education;
- Interdisciplinary treatment services.
- Discharge/Aftercare Planning

Outpatient Substance Abuse Services: Services are available to meet the needs of those individuals and families struggling with co-occurring substance abuse and mental health concerns. In addition, those with strictly a substance treatment need may participate in services at CA. We offer individual, group, family/marital, psychoeducation and medication management. Assessment Services are provided within 5 days of referrals for both children and adults and in 48 hours of recommendations for treatment for pregnant women.

Locations: Outpatient services are available in Perry, Yell, Clarksville, Conway, Morrilton, Heber Springs, Mountain View, Marshall, Clinton and Russellville with services offered during regular office hours, evenings to accommodate the needs of persons served and their families. Services are also provided in a variety of locations including but not limited to the home, clinics, school, physician office, community, clinic, jails, DHS offices, etc.; efforts are made to meet the client/family in most appropriate place for treatment.

DIAGNOSISTIC ASSESSMENT/INTAKE EVALUATION

It is the policy of CA to provide access in a timely manner to a thorough evaluation utilizing a uniform screening tool by qualified personnel who are trained on the use of the tool which is documented in our Credible EMR system. Any urgent needs assessed at the time will result in the appropriate actions taken based on the needs of the persons served. Assessment Services are provided within 5 days of referrals for both children and adults and in 48 hours of recommendations for treatment for pregnant women. Many of our locations have same day services where the clients may come that day for an intake appointment. We accept all DCFS referrals.

In order to provide individualized treatment which is responsive to a persons' served needs, a comprehensive assessment of each person served is conducted by a licensed mental health professional. Individual assessment is the foundation of individualized treatment and program planning. The primary purpose of conducting a complete clinical assessment or evaluation is to gather enough information to allow the treatment team to make decisions about the presenting problem(s) and any related issues. Engagement and effective communication are key in developing a collaborative relationship with the person served, defining specific needs and providing direction for treatment recommendations.

The primary therapist assures appropriate implementation of assessment and evaluation activities. Assessment tools used in each program include at a minimum: screening assessment, psychosocial, and, if indicated, validated assessment tools which are of specific relevance to the program's target population and age appropriate. The primary therapist completes a comprehensive assessment based on state approved standardized forms from CARF, Joint Commission, Beacon/eQHealth Solutions/PASSE, Medicaid, and Medicare.

The assessment/evaluation and the master treatment plan are completed on the first visit. The assessment and master treatment plan must be staffed within 14 days if required by reimbursement source.

The initial and ongoing assessments provide for the identification of strengths, abilities, goals, specific and changing needs, and preferences of persons served. In order to gather a complete and accurate assessment, clinicians seek information from a variety of sources including but not limited to the persons served, family members, collateral sources and external sources as applicable to each particular situation.

Diagnosis is discussed with the persons served and family if applicable. Additionally, the clinician also reviews limits of confidentiality and mandated reporting. If a situation arises during the assessment, the clinicians takes all steps possible as mandated by CA and the Arkansas law to ensure the safety of the persons served or others in some circumstances. Ongoing assessment updates allow for updating of significant life events or status changes that the person served may experience which may impact the treatment received. Assessments are typically updated annually to continue to assess for changing needs and appropriate service delivery.

When an assessment identifies a potential risk for dangerous behavior, a personal safety plan/coping card is completed with the person served at the time of the assessment. It includes triggers, coping skills, warning signs, intervention to ensure personal and public safety, actions to be taken, and any advanced directives if applicable.

The assessment process, which includes the development of an interpretive summary, gathers sufficient information to develop a comprehensive person centered treatment plan which is reflective of the assessed needs within the evaluation which in turn is tied to the goals and objectives developed with the person served. Any underlying comorbidities, co-occurring disorders or disabilities are addressed at this time. Assessment updates also drive the goals and objectives developed in future master treatment plans.

CA's assessment in the Credible EMR is reflective of all the CARF designated standards. When substance abuse/use is noted, the therapist will question further during the intake appointment using the assessment document. CA will provide the therapist with the TCU Drug Screen II to use as a tool to further pinpoint co-occurring disorders. The completed TCU Drug Screen II form (or approved alternative) shall be placed in the client's medical record. The ASI will be used on all adult and adolescent person served being specifically treated for substance abuse issues.

The following areas of focus are addressed throughout the assessment and treatment planning process. Through this strength-based multidimensional assessment the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure.

Assessment Dimensions Assessment and Treatment Planning Focus

- 1. Acute Intoxication and/or Withdrawal Potential Assessment for intoxication and/or withdrawal management. Detoxification in a variety of levels of care and preparation for continued addiction services
- 2. Biomedical Conditions and Complications Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services
- Emotional, Behavioral or Cognitive Conditions and Complications Assess and treat cooccurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services

- 4. Readiness to Change Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change
- 5. Relapse, Continued Use or Continued Problem Potential Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
- 6. Recovery Environment Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services.

Documentation of client information and history is to include:

- Confirmation of identity;
- Name, address (street and number, town, county, state, zip), phone, current housing arrangements, guardianship (if applicable), photograph of client, social security number;
- Client's date of birth, sex, race or and ethnicity;
- Name of referral source. Document if treatment was mandated by the referral source;
- If treatment was mandated, the complete address and telephone number of the referral source. Documented conditions of referral and/or information needs of the referral source;
- Types of problems experienced by the client that are in need of resolution;
- Substance abuse history to include most recent use patterns (amount per type, route of administration) ages of first use per substance and age of regular and/or addictive patterns. Document any injection use;
- Document the client's family history to include current marital status, effect of substance use on current and past relationships, history of family members' use, any family members "in recovery", names and ages of dependents and who has custody of dependents while the client is in treatment;
- Client's highest grade completed, major (if applicable), effect of substance use on the client's educational process. The client's reading and writing levels must be evaluated when appropriate; Current/most recent vocations, any trained skills, effects of substance use on employment, adequacy of current employment;
- Legal history, which includes the dates and type of charges, arrests, convictions and sentences;
- Medical and health history to include chronic medical problems, significant medical/physical events, problems that could influence treatment, medical conditions that could prompt a crisis, special diet needs, current medications (does client have sufficient supply during treatment), purpose of current medications, history of alcohol or other drug related conditions (i.e. blackouts, DT's, etc.), "at-risk" behaviors (multiple

sex partners, unprotected sex), pregnancy status, allergies. (allergies and/or other serious conditions are "flagged" on the outside of the record);

- Medication records for both prescriptions and over the counter medications. Drug type, dosage strength, how many, time/date of dispersion, which dispensed/witnessed dosing;
- Psychological/psychiatric treatment history to include dates of any treatment, type of problem(s), who provided treatment, outcome of treatment, any current psychotropic medications;
- Other relevant information to include military service (branch of service, dates of service, discharge status, highest rank, classifications, and any combat experience), copies of court or parole orders, and other information that will aid in assessing the client;
- Summary of client problems and corresponding needs, as based on client information;
- Summary of the client's strengths, needs, abilities and preferences, as based on the client information;
- Based upon the assessment each client will be assigned a Diagnostic and Statistical Manual for Mental Disorders (DSM), substance abuse disorder diagnosis and code.
- A completed Addiction Severity Index (ASI).

Clinicians providing assessments are knowledgeable, trained in the use of applicable tools and are able to communicate with the persons served. Assessments and diagnoses are completed and determined by a clinicians legally qualified to do so in accordance with all applicable laws.

Individual Therapy – Face-to-face treatment provided by a licensed mental health professional on an individual basis. Services consist of structured sessions that work toward achieving mutually defined goals as documented in the master treatment plan.

Family Therapy – Face-to-face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member that is specifically related to achieving goals identified on the beneficiary's master treatment plan.

Group Therapy – Face-to-face interventions provided to a group of beneficiaries on a regularly scheduled basis to improve behavioral or cognitive problems to work toward goal attainment.

Emergency Services-CA's crisis intervention/emergency services are based on the philosophical belief that problems experienced by people rarely conform to the convenience of the "normal" workday. Further, CA believes that when emergency situations arise, they must be dealt with immediately in order to promote the stabilization of persons with acute symptoms of emotional distress. The primary services offered under the crisis intervention/emergency service "umbrella" include: emergency assessment and referral, telephone intervention manned 24-7, face-to-face intervention, and medication revision. The program operates on a 24-hour basis and is staffed by licensed mental health professionals. Additionally, we have a warm line that is available to call for support at any time, day or night, work day and weekends

CA provides the inpatient psychiatric treatment services through contractual arrangements at the Arkansas State Hospital in Little Rock and other private psychiatric facilities in Central Arkansas. Referrals to inpatient facilities are made when a person served is suicidal, homicidal or gravely impaired. Subsequently, inpatient treatment is directed by an attending psychiatrist and provided by an interdisciplinary team of professionals. Inpatient treatment services are specific, goal oriented, and involve family and/or significant others to provide a smooth transition from hospital to community

Discharge/Aftercare Planning

The treatment planning process is continuous at Counseling Associates. At the end of the intake assessment process, enough information is available for long range treatment planning. Assessed needs are identified and tied to the goals and objectives in a formal treatment plan. 90 Day Periodic re-evaluation of the treatment plan occurs thereafter throughout the course of treatment, usually at major key decision points in the person's served treatment to ensure that the plan reflects current issues and that it maintains relevance.

These include:

- Time of admission, transfer, and discharge;
- To address current issues, maintain relevance, modify goals, objectives and interventions as necessary and to respond to any court involvement.
- Major change in the person's served condition which will trigger completion of an assessment update.
- Discovery that interventions are not achieving the treatment objectives or change in frequency of services/levels of care;
- If continued treatment is justified and goals/objectives have been met.

Discharge planning will begin at admission and will continue to be reassessed throughout the treatment process. This is a collaborative effort between the client and the treatment team to ensure continued success and support in the recovery process. CA works with many community stakeholders to ensure the full continuum of client needs are addressed both during and after treatment. Referral sources include housing, employment, health care, basic needs (food clothing) and assistance programs to obtain assistance to promote independent living and recovery support.

2.3 E Partial Day Outpatient Services

Services will be provided through a subcontract with Harbor House;

2.3 F Care Coordination

CA's Mental Health Professionals (MHP) provide care coordination as part of the treatment for clients on their caseloads. The MHP arranges and facilitate the provision of all services as documented in the treatment plan. The have as-needed meetings with the client to monitor and reevaluate the individualized comprehensive plan and with the program staff involved in the delivery of services to the client to monitor and evaluate progress. They are responsible for documenting all contacts and services in the medical records. MHP's develop an aftercare plan with the client prior to discharge.

Financial Eligibility FOR COUNSELING ASSOCIATES

ARISA HEALTH DEPARTMENTAL POLICIES AND PROCEDURES FINANCIAL DEPARTMENT

Subject: Self Pay Sliding Fee Scale	Effective Date: 7/1/2020 Updated: 9/11/2020
Submitted By: Polly Hayes, VP of	Approved By: Laura Tyler & Executive Committee
Accounting	Date Reviewed by Executive Committee: 6/15/2020

POLICY: It is the policy of ARISA HEALTH to provide essential mental health services regardless of the client's ability to pay. Discounts are offered based upon family/household size and annual income. A sliding fee scale is used to calculate the discount and is updated each year using the Federal Poverty Guidelines. If the client is approved for the sliding fee scale, a new application is required to be updated at least annually. If the client has a change related to income or family/household size, they will need to fill out a new application when the change occurs. The Customer Support Representative will assist the client with completing the Sliding Fee Application and will explain the eligibility requirements for the program. The Sliding Fee Scale is advertised on the website for each affiliate of ARISA HEALTH and also marketed in brochures and other printed marketing materials.

PURPOSE: To set forth policies regarding client fees.

PROCEDURE:

- 1. Clients may complete Sliding Fee Scale Application at the time of intake, Customer Support Representative (CSR) will determine if the client has health insurance. If not, CSR will determine if the client is eligible for Affordable Care Act insurance. Clients who are eligible but have not signed up for Affordable Care Act or Arkansas Works insurance will be given specific, written instructions on where and how to apply. CSR will offer clients assistance in using an ARISA HEALTH computer and telephone to apply for insurance through the ACA exchange. Clients who are approved for the sliding fee scale discount will be required to update the application at least annually. If there is a change in related to income or family/household size, the client will need to fill out a new application when the change occurs. When the CSR receives the sliding fee scale application from the client, along with proof of income, which includes any of the following: most recent W-2, most recent paycheck stub, most recent tax return, letter from Social Security or Disability stating the amount they receive, or most recent 1099, 1099-G, or 1099-R, the CSR determines immediately if they fall within 200% of federal poverty level. The client is told whether or not they qualify, and if they do, what discount level they fall in.
- 2. The CSR and/or the therapist will review with the client all available options for paying for services.
- 3. Sliding Fee Discount Charges: Clients who are eligible will be charged based on the sliding fee schedule. The rate is determined by income and family/household size by filling out a sliding fee scale application. Discounts are available to those who provide proof of income. Income includes any monetary remuneration received on a regular basis by any member of the family unit living in a household. The following are considered in computing income, gross wages, tips, social security, disability, workers compensation payments, pensions, annuities, veteran's payments, net business of self-employment, alimony, child support, military, unemployment, rent/royalty income, dividends from stocks, interest income, and public aid. Family/Household size is determined by the number of any member of the family unit living together in a household. See sliding fee table below. There is a nominal fee of \$25 per service for those who are at or below 100% federal poverty level.

ARISA HEALTH DEPARTMENTAL POLICIES AND PROCEDURES FINANCIAL DEPARTMENT

Subject: Self Pay Sliding Fee Scale	Effective Date: 7/1/2020 Updated: 9/11/2020
Submitted By: Polly Hayes, VP of	Approved By: Laura Tyler & Executive Committee
Accounting	Date Reviewed by Executive Committee: 6/15/2020

Poverty	At or below					
Level	100%	125.00%	150.00%	175.00%	200.00%	Over 200%
Family						
Size	\$25 visit	25.00%	40.00%	60.00%	80.00%	100%
1	0-12,760	12,761 - 15,951	15,613 - 19,140	19,141 – 22,330	22,331 - 25,520	25,521+
2	0-17,240	17,241 - 21,550	21,551 - 25,860	25,861 - 30,170	30,171 - 34,480	34,481 +
3	0-21,720	21,721 - 27,150	27,151 - 32,580	32,581 - 38,010	38,011 - 43,440	43,441 +
4	0 - 26,200	26,201 - 32,750	32,751 - 39,300	39,301 – 45,850	45,851 - 52,400	52,401 +
5	0 - 30,680	30,681 - 38,350	38,351 - 46,020	46,021 - 53,690	53,691 - 61,360	61,361 +
6	0-35,160	35,161 - 43,950	43,951 - 52,740	52,741 – 61,530	61,531 – 70,320	70,321 +
7	0 - 39,640	39,641 - 49,550	49,551 - 49,460	49,461 - 69,370	69,371 – 79,280	79,281 +
8	0-44,120	44,121 - 55,150	55,151 - 66,180	66,181 – 77,210	77,211 – 88,240	88,241 +
Add'l						
per						
person	4,480	5,600	6,720	7,840	8,960	8,840

4. Clients are expected to pay for services at the time services are rendered. However, if a client is unable to pay in full at the time of service, ARISA HEALTH will continue providing *essential* mental health services, if those services are necessary to prevent further decompensation or hospitalization. If the client needs more intensive services, a single case agreement will be considered on an individual basis. It is the expectation that the client will make an effort to pay and will not be referred to collection services. ARISA HEALTH does not utilize collection agencies.

Contractual funds are available from DAABHS on a limited basis for designated services and populations. These limited funds will be accepted as payment in full and must be used as a last resort after any third party payer, in accordance with contractual requirements.

Questions

Financi	al Aq	reement

lients Last Name	
nd Counseling Associates, Inc. It is understood that this Financia	al
greement is in effect for twelve (12) months ending	
year from today.	
his fee will be 100% of Counseling Associates, Inc charges upon if this agreement if not renewed prior to ending date. It is also und tat these fees may change during the twelve-month period withou ny charge to the fee schedule during the year would be the resul unding changes that are received by Counseling Associates, Inc. and Source (State Requirement):*	derstood ut notice. t of
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/ou will not be expected to pay deductible amounts charged to yo lay of service. Co-pay's, coinsurance, self pay charges are to be paid on the day	tates, Inc. ou on the
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Asyment of insurance benefits to go directly to Counseling Assoc You will not be expected to pay deductible amounts charged to you lay of service. Co-pay's, coinsurance, self pay charges are to be paid on the day service. If you have Medicare, it will be billed for you and the annual deduc not yet met, and co-insurance will be billed to you when remittance cecived by Counseling Associates, Inc. You may be asked to pay lay of service. Clients who meet the guidelines and are placed on Title XX Grant responsible for charges when grant funds are depleted. Clients who to the service.	iates, Inc. ou on the ctible, if ce has been y on the will be ill be
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* Indicates required field

Household Members

	elect if You or a Member of your Household Receives Income From ne Following Sources (choose all that apply):
	Alimony/child support
	Business income
	Business income
	Farm income
	Insurance annuities
	Interest of dividends
	Lease income
	National Guard or Reserves
	Pensions
	Railroad retirement
	Rental income
	Social Security or SSI
	TANF & General Assistance
	Trust funds
	VA
	Unemployment benefits
	Worker's compensation
	Wages, tips & commissions
Please L	ist All Household Members and Relationship
Name:	

Name:	L	
Relation	ship to Client:	
Add	itional Household Member:	

Total Number in Household:*	
* Indicates required field	

Questions

Househ	old In	come

Household Income		
Income Source:		
Monthly Amount:		
Additional Income Sou	Irce	

Total Monthly Household Income:

Questions

Consent to Bill

By signing this form, you are granting consent to Counseling Associates, Inc to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected consent, and we encourage you to read it in full.

Unless otherwise specified in writing we may contact you by phone, voicemail messages, postcards or letter of your appointments, test results, matters concerning prescriptions and send statements of balance due for services provided. If we cannot send statements for balances due, the payments must be made at time service is received.

I DO HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE COUNSELING ASSOCIATES, INC NOTICE OF PRIVACY PRACTICES.

Due to the current COVID-19 pandemic, we have obtained verbal consent / acknowledgement of the Financial Agreement from the client/guardian. An attempt will be made to obtain a written signature on the form as soon as possible and client/guardian has been offered a copy.*

N/A client present in person

True

* Indicates required field

E.3 Standard of Care

2.4 A, B & C

CA's philosophy states any psychiatric disorder and/or any substance use disorder may occur in any person, regardless of age, gender, or socioeconomic status. Effective responses must be tailored to the needs of the person, instead of consumers needing to fit the specifications of the program. Integrated, continuous treatment relationships, using evidence-based interventions, should be developed to support the client/family with a balance of appropriate interventions and care. We believe services should be easily accessible, cost- effective, evaluated for improvement, culturally sensitive and client and family centered. In addition, we believe in advocating for person serviced in a manner that will reduce stigma and promote the elimination of discrimination through the education of the community and other stakeholders.

Philosophy of Care Statement

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users "where they're at," addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, HRC considers the following principles central to harm reduction practice.

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being-not necessarily cessation of all drug use-as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sexbased discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

http://harmreduction.org/about-us/principles-of-harm-reduction/

Individual Treatment Process

Persons seeking treatment at CA will be assessed by a clinical staff person during the initial appointment during which time a person centered plan will be developed with the person to best meet the identified treatment needs. These Outpatient Counseling Services are delivered at CA by the clinical staff in order to deliver the evidence based treatment models identified.

We believe in treating the Whole Person Health and we take this approach from the initial assessment to the final discharge. Whole Health accounts for the social determinants of health that shape each person's life. We assess for family and social support, community safety, self-care and surroundings that impact our quality of life. Our goal is to Empower, to treat with excellent Clinical Care and to Equip our clients with ways to improve Self Care.

Substance Use Disorders

We assist clients in referrals to more intensive levels of care as needed and we also assist with transition back into the communities when someone is leaving residential care. We have a variety of services to meet the needs of this population across our ten county area including individual, family and group therapies; court ordered treatment, STR services, Juvenile Drug Court in three locations, DCFS substance abuse services for families and Multiple Offender/Court Ordered groups. Psychiatric services are available to meet the medical needs. We treat the whole person. We work with those coming out of incarceration, out of residential treatment and those referred by self or other stakeholders. In addition, we provide DWI Education programs throughout our ten county area.

CA utilizes master's level clinicians, APRN's, and psychiatrists to provide evidence based treatment for substance abuse disorders. Our evidence based treatment approaches include, but are not limited to the modalities below for both Substance Use Disorders and Co-occurring MH/ SUD and Substance use disorders.

EBP: Motivational Interviewing-Counseling Associates utilizes the evidence based treatment approach of Motivational Interviewing. This is available in all clinics for adolescents and adults through individual, group and family therapies depending on treatment recommendations. We have a minimum of 12 staff trained throughout our agency (many have had years of training).

Co-Occurring MH/SUD and Substance Use

Therapist along with intervention specialist help persons (adults and adolescents) with cooccurring illnesses address their special needs including supportive services, transportation and other life skills that relieve stressors and barriers for them to participate in treatment options whether they be residential or individual outpatient services. We assist clients in referrals to more intensive levels of care as needed and we also assist with transition back into the communities when someone is leaving residential care. Psychiatric services are available to meet the medical needs. We treat the whole person. We served over 1300 individuals last fiscal year with co-occurring diagnoses.

Trauma Informed Care

As we know, many of our clients have experienced a long history of trauma which impacts sobriety and recovery. As part of treating the Whole Person, trauma treatment is an important part of work necessary for healing. The staff at CA have a vast knowledge and extensive training in several Trauma Informed Evidenced Based Practices.

We have adult therapists are also trained in EMDR, Trauma Informed Care, and TFCBT in each of our clinics in a variety of combinations. Trauma care is available in all clinics for all ages through individual, group and family therapies depending on treatment recommendations. We have therapists with significant training in one or more of the evidenced based models below.

- Trauma Focused Cognitive Behavioral Therapy (TFCBT): TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a components-based treatment model that incorporates traumasensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives. It is a SAMHSA model program due to the extensive positive outcomes associated with this method of treatment. *Children's therapists have all been trained in this model to one level or another as have many of our adult clinicians. We felt this was necessary due to the fact that the majority of clients we serve have had a history of trauma to some degree.*
- **Cognitive Processing Therapy:** We have several therapist trained in CPT, which is an evidence based trauma training, which is used for the treatment of PTSD in adults.
- **EMDR:** We have had multiple staff member participate in training and supervision requirements of EMDR. We have staff in each location able to provide EMDR services for clients with a variety of trauma histories. CA has 5 staff members trained in EMDR. These clinicians are locations that serve our 10 county area. This is typically done in individual therapy.
TREATMENT

Each person served will have an individualized plan of treatment addressing the unique abilities, strengths, needs, and preferences of the person served. The plan developed reflects the combination of the person's served expressed needs, screening assessment, and the input from team members.

When the persons served are involved in more than one treatment modality, the treatment plan will be a comprehensive coordination addressing the problem areas, objectives, and treatment activities described. The focus will be on integration of the individual into the community, family, natural supports and/or other needed services.

The responsibility for coordinating all activities involved in developing the treatment plan shall be assigned to the primary therapist. The plan is the coordinated involvement of the person served, treatment provider(s), psychiatrist, and other treatment team members. The outpatient treatment team is invited to the staffings and their input is welcomed and considered.

- The master treatment plan will be developed at the initial intake utilizing evidence based practices and staffed within fourteen days of intake by the clinical treatment team. It will be reviewed annually unless required more often by reimbursement source or if focus of treatment changes through assessment update. Goals, objectives and interventions are modified as needed and are reflective of any status changes including ay court or DHS involvement.
- Data for the development of the treatment plan is provided via the person served, referral information, and the assessment of the person served.
- The active involvement of persons served and/or legal guardians in treatment
 planning and informed choice will be evident through opportunities for persons to
 express their needs, preferences, strengths, abilities and choices pertaining to the
 treatment process and, through signatures on treatment plans and case notes (when
 appropriate). Goals are communicated in a manner understandable. Copies of the
 plan are offered to all persons served and is available on the EMR Credible Patient
 Portal site.
- Following admission for treatment an individual treatment plan form is completed by the primary therapist. The treatment plan is a standardized, working document. These forms, which meet the guidelines for Beacon/eQHealth Solutions/PASSE, Medicaid, Medicare, Substance Abuse, CARF and Arkansas Division of Behavioral Health, were the basis behind the current EMR documents. If a person has a specific medical condition, co-morbid diagnosis, or disability that will impact treatment, those needs will be incorporated into the master treatment plan. Services will be provided by personnel best suited to meet the needs of the person served.

TREATMENT PLANNING/AFTERCARE

Treatment planning is individualized; and thus, focuses on the particular problems, needs, strengths, preferences, abilities, and conditions of the individual person served. Persons served and/or the guardian is an active participant in the plan development and review. The planning effort involves identifying the (usually) positive goals and objectives of the person served. Treatment plans are to be communicated to persons served in a manner that is understandable, responsive to any disabilities/disorders or comorbidities, and ensures the safety of the person served if there are any intensive medical needs. Treatment planning process will follow any regulatory timeframes and requirements.

1. NEEDS

Typically, after the assessment/evaluation is completed, enough information should be available for providers to identify the key problem areas and controlling variables. These might be listed on a need list, as part of the evaluation summary, integrated with a strength and/or resource list, etc.

2. GOALS

At this point, the provider, in concert with the person served, should be able to identify specific, understandable goals for the person served to attain, achieve, and display. These goals are related to the problems stated in the treatment plan. Persons served also have goals expressed in his/her own words which are reflective of informed choices. Goals will address any co-occurring diagnosis impacting treatment. Goals are to be measurable, achievable and time specific and appropriate for the level of care. In addition, goals should be reflective of the persons served age, development and culture/ethnicity.

3. OBJECTIVES AND EXPECTED ACHIEVEMENT DATES

Once goals are identified, providers must specify measurable, achievable, time specific objectives with expected achievement dates. Objectives are precisely defined behavioral attainment and problem resolution. Sometimes several objectives may be written for a single goal.

4. METHODS, INTERVENTIONS, SERVICES

Following the specification of objectives, providers then determine the treatment strategies, homework, and/or activities he or she will request of the person served to achieve the desired behavioral changes. There may be several strategies employed concurrently to achieve a single objective. The specification of the strategy includes the provider(s) responsible for performing the intervention and the frequency of delivering it. When applicable, any needs beyond the scope of CA, any legal requirements or any necessary referrals will be addressed by the primary therapist.

The treatment planning process is continuous at Counseling Associates. At the end of the intake assessment process, enough information is available for long range treatment planning. Assessed needs are identified and tied to the goals and objectives in a formal treatment plan. 90 Day Periodic re-evaluation of the treatment plan occurs thereafter throughout the course of treatment, usually at major key decision points in the person's served treatment to ensure that the plan reflects current issues and that it maintains relevance.

These include:

- Time of admission, transfer, and discharge;
- To address current issues, maintain relevance, modify goals, objectives and interventions as necessary and to respond to any court involvement.
- Major change in the person's served condition which will trigger completion of an assessment update.
- Discovery that interventions are not achieving the treatment objectives or change in frequency of services/levels of care;
- If continued treatment is justified and goals/objectives have been met.

Discharge planning will begin at admission and will continue to be reassessed throughout the treatment process. This is a collaborative effort between the client and the treatment team to ensure continued success and support in the recovery process. CA works with many community stakeholders to ensure the full continuum of client needs are addressed both during and after treatment. Referral sources include housing, employment, health care, basic needs (food clothing) and assistance programs to obtain assistance to promote independent living and recovery support.

2.4.C Community Partnership Matrix and Letters of Support

Provider	Nature of Partnership
Adult Education Center	
Alcoholics Anonymous*	CA will provide meeting dates/times or website with
Narcotics Anonymous*	online meetings; CA will encourage attendance
*No letter of support due to conflict with 12 Step	during and after outpatient treatment
Philosophies	
Arkansas Legal Aid	CA will provide website and aid in access should
Arlegalaid.org	client need resources for legal issues
Bethlehem House	Emergency shelter,
Executive Director: Judi Lively	Transitional housing,
1115 Parkway St.	Laundry facilities,
Conway, AR 72034	Hygiene facilities,
Phone 501-329-4862	Food pantry and nightly meals
City of Hope Outreach	
Executive Director: Dr. Phil Fletcher	
Community Action Program of Central Arkansas	
(CAPCA)	
Executive Director: Jennifer Welter	
County Health Departments	Medical needs, immunizations, treatment for
	communicable diseases
Department of Human Services	Enrollment in Medicaid, SNAP, TEA programs
Food pantries:	
Soul Food Café Mission	
Bethlehem House	
St. Peter's Episcopal Church	
Local Housing Authorities	
NAMI	
Local Police Departments	
Russ Bus	
The Safe Place	Emergency shelter and transitional housing for
Executive Director: Jo Warren	female victims of domestic violence and their minor
PO Box 364	children
Morrilton, AR 72110	
Phone 501-354-1884	
Hotline 1-888-554-2501	
Salvation Army	
Local Sheriffs Offices	
Women's Shelter of Central Arkansas	
Work Force	

E.4 Priority Population

Counseling Associates will serve the follow priority population:

1. Intravenous drug users must receive services within fourteen (14) calendar days.

2. Clients with the greatest clinical need.

3. Clients from the catchment areas as specified by DAABHS.

4. Clients from the state of Arkansas.

5. Clients from other states.

C. Priority populations placed on waiting lists will be offered Interim Services within timeframes established in the most current version of the DAABHS Rules of Practice and Procedures. Interim services include counseling and education about the risks of HIV, TB, the risks of needle-sharing, risks of transmission to sexual partners and infants, steps to ensure transmission doesn't occur, and referred for HIV or TB services if necessary. See Attached Document

D. Interim Services are available to all persons on the waiting list to enter a substance abuse treatment program.

E. CA contacts clients receiving Interim Services at least every fourteen (14) calendar days and efforts are documented to keep the client engaged in seeking treatment services.

F. DAABHS will be notified immediately if a priority population client cannot be admitted to the appropriate level of care within the required timeframes for assistance with locating a clinically appropriate placement.

G. CA documents Interim Services offerings and administration in the EMR system Credible.

H&I. CA will provide access to Residential Treatment Services when appropriate through our subcontractors. Clients will be admitted or referred to an available bed within greater than fourteen (14) calendar days of determination of need. If there is not an available bed, CA will reach out to DAABHS to assist with placement including if appropriate obtaining an additional subcontract for residential treatment.

J. CA will ensure access to substance abuse treatment services throughout the entirely of the contract period.

K. CA's subcontractors shall act as a mandatory receiving facility for voluntary admissions and involuntary commitments in compliance with Act 1268 of 1995 or its successor.

E.5 Records and Reporting

Counseling Associates provides regular and special reports or plans per DAABHS guidelines and time frames. We are proficient in completing the necessary reports as we have been the contractor for many years.

B. All DAABHS-funded services provided are entered into the DAABHS Data Information System by the Vendor by the fifth (5th) business day of the following month. Client information including waiting list duration, admissions reports, environment change reports, discharge reports, and continuing care tracking. This includes services to clients, Admission Reports, Environmental Change Reports, and Discharge Reports Late submission of required information may result in penalties assessed on future months' payments.

C. CA will submit the Wait List and Capacity Management reports as directed by DAABHS.

D. CA submits an Annual Program Report per contract guidelines.

E. CA will submit an annual independent financial and compliance audit per contract guidelines.

F. CA follows DAABHS Incident Reporting Policy, including time frames for submission.

G. CA reports information requested by DAABHS within the timeframe requested currently and we will continue to do so in this contract.

H. CA participates in trainings and meetings as required by DAABHS.

E.6 Staffing

Counseling Associates ensures that all services (client-related or non-client related) are provided by appropriate qualified or credentialed persons.

B. All Staff providing treatment-related services are license in Arkansas and this information is contained in the personnel records.

C. CPR documentation is attached. Clinical Staff are trained in CPI as well. This information is held in the personnel file and documented in our EMR system.

E. Please see staff certified in Motivational Interviewing in attached.

F. Criminal background checks on all staff with direct contact with clients, or with access to client records; are in personnel files. Maltreatment background checks are also in personnel files for any staff with direct contact with children, adolescents, or adults. Criminal background checks are completed upon hire, and at least every five (5) years thereafter. Maltreatment background checks must be completed at least every two (2) years. Annual performance evaluations are completed with staff on a yearly basis.

H. Evidence of EBP training is maintained in the personnel file.

I. Counseling Associates does not utilize Counselors-in-Training (CIT).

J. All staff, interns, or volunteers are reviewed prior to hire to ensure that the person is qualified for their positions or responsibilities based on job-descriptions and all must undergo appropriate background checks relevant to the population served including drug testing.

K. See Attached Training Policy

L. CA shall participate in trainings and meetings as required by DAABHS.

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DEMS	Infant CPR	X		Instructor Phone	CARD NUMBER
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(800) 215-9555 www.emssalely.com		(800) 215-9555 www.emssafety.com			
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EBP TRAINING DOCUMENTATION FOR COUNSELING ASSOCIATES

RELIAS LEARNING

Certificate of Completion This certifies that HAYLEY HOGUE

has successfully completed Motivational Interviewing

on 8/29/2017

Training Hours: 1.75

any Myeturn MSN. RN

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.

Amy MJohnion MSN, RN, CPN
Director of Continuing Education
Relias Learning, LLC
111 Corning Road, Suite 250
Cary, North Carolina 27518

RELIAS LEARNING

Certificate of Completion

HAYLEY HOGUE

P1503021

Arkansas Has successfully completed the course: Motivational Interviewing

on

8/29/2017

for

1.50 Clock Hours of Continuing Education Credit

Ing Millingi MSN, PN

Relias Learning, LLC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No.6110, Relias Learning, LLC is solely responsible for all aspects of the program.

For questions or inquiries, please contact Relias Accreditations. Email: accreditations@relias.com

Phone: 1-800-910-0223 (option 1)

Amy Atlahilian MSN, RN, CPN Director of Continuing Education Relias Learning, LLC 111 Corning Road, Suite 250 Cary, North Carolina 27518



Certificate of Completion

Dan McCuin P1412108

Arkansas

Has successfully completed the course:

Motivational Interviewing

on

8/31/2020

for

1.75 Clock Hours of Continuing Education Credit

Relias, LLC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No.6110. Relias, LLC is solely responsible for all aspects of the program.

For questions or inquiries, please contact Relias Accreditations. Email: accreditations@relias.com

Phone: 1-800-910-0223 (option 1)

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ARISA HEALTH, INC. POLICIES AND PROCEDURES Subject: TRAINING Original Issue Date: 8/20/2020 Revision Date: Revision Date: Submitted By: Ruth Allison Dover Page 1 of 1 Approved By: Executive Team: 8/20/2020 Date Reviewed by Executive Team: 8/20/2020 Bate Reviewed by Executive Team: 8/20/2020

POLICY:

To further explain the training purposes of Arisa Health, Inc.

PURPOSE:

The purpose of this policy is to ensure adherence to recordkeeping regulations for agency audits (DHS, CARF, DDS, etc.).

PROCEDURE(S):

Periodic mandatory training will be conducted to maintain agency compliance for various programs. These scheduled trainings will be published in advance so employees and supervisors may make arrangements to attend. Supervisors will be held accountable for their employee's attendance at the scheduled meetings.

At completion of the training, the training certificate should be turned into Human Resources for inclusion into the employee's Training File.

Employees who meet the criteria to provide on-site training must be certified, licensed or specially trained to provide said training, as evidenced by personal documents submitted to Human Resources, prior to said training.

RELIAS TRAINING:

On-line learning is provided by Relias and is assigned based upon a curriculum pre-determined by and based upon specific positions held. Electronic reminders are sent monthly to employees and supervisors to remind them of mandatory trainings. All employees are required to submit to mandatory training. When on-site mandatory training is conducted, employees are expected to attend and will not be rescheduled by Human Resources, if they fail to attend. It is the employee's responsibility to reach out to Human Resources to determine upcoming trainings and available dates. If training is not rescheduled and the certification/license expires, a written warning will be issued. Failure to renew certification/license a second time in a rolling calendar year may result in the employee's termination of employment.

ARISA HEALTH INC. POLICY AND PROCEDURES

Subject: Supervision	Original Issue Date: 1/26/21 Revision Date:			
Submitted by: Angel Lucas, Vice President of Quality Improvement	Approved By: Laura H. Tyler, CEO Date: 1/26/21			
	Date Reviewed by Executive Staff: 1/26/21			
Page 1 of 4				

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POLICY: Staff members who provide direct services are supervised through a variety of avenues to safeguard that clinically appropriate care is being provided. Staff will be supervised in accordance with the standards set forth by the Division of Provider Services and Quality Assurance, Commission on Accreditation of Rehabilitation Facilities (CARF), Office of Alcohol and Drug Abuse Prevention, Child Welfare Licensing, Counseling, Social Work and other Licensing Boards, and other regulatory bodies, as relevant.

PURPOSE: To ensure that adequate and appropriate supervision is provided to those employees providing direct care services.

I. SUPERVISION PROCEDURES:

- A. Supervision may occur through the following avenues, and others as applicable:
 - 1. Clinical staff meetings/Team meetings
 - 2. Supervisor/Supervisee 1:1 meetings
 - 3. Group/Dyadic/Triadic supervision
 - 4. Observation of services and provision of feedback related to the services
 - 5. Review of records for provision of feedback on clinical documentation
 - 6. Follow-up related to the Quality Record Review process, findings, related training, etc.
- B. Supervision requirements:
 - 1. A <u>Qualified Behavioral Health Providers (QBHP)</u> is a person who does not possess an Arkansas license to provide clinical behavioral health services but provides direct-care services under the direct supervision of a Mental Health Professional (MHP).
 - a. Attend weekly face-to-face supervision meetings with their assigned MHP supervisor and/or the MHP coordinating care of shared cases at least every 14 days (12 meetings every 90 days).
 - b. The amount of supervision required is based on the amount of direct care the QBHP is providing. As such, if a QBHP is working part-time or has a period of time in which he/she is not providing direct-care services, the supervision requirement may be pro-rated accordingly, but if part-time the minimum requirement may be no less than 6 meetings every 90 days.
 - c. Supervision must include documentation of specific instructions related to the care of persons served at least twice every 90 days.
 - d. Supervision must include documentation of clinical observation by an assigned MHP at least once each month.

- 2. <u>Behavioral Health Peer Support Specialists</u> are persons with lived experience with mental health disorders and provide direct care services.
 - a. Attend weekly face-to-face supervision meetings with their assigned MHP supervisor and/or the MHP coordinating care of shared cases at least every 14 days (12 meetings every 90 days).
 - b. The amount of supervision required is based on the amount of direct care the Peer Support Specialist is providing. As such, if a Peer Support Specialist is working part-time or has a period of time in which he/she is not providing direct-care services, the supervision requirement may be pro-rated accordingly, but if part-time the minimum requirement may be no less than 6 meetings every 90 days.
 - c. Supervision must address the following areas:
 - Appropriateness of services
 - Intervention and effectiveness of Peer Support services
 - Ability to identify client needs and to access community resources; referrals skills
 - Cultural competency issues
 - Clinical documentation/compliance with standards
 - Ethics, boundaries, legal issues, professional conduct
 - d. Supervision must include documentation of specific instructions related to the care of persons served at least twice every 90 days.
 - e. Supervision must include documentation of clinical observation by an assigned MHP at least once each month.
- <u>Counselors in Training (CIT)</u> are Certified Counselors in Training for providing substance abuse treatment services. The scope of practice for a Counselor in Training, registered as such with the Arkansas Substance Abuse Certification Board is as follows. <u>All functions are to be performed while supervised by</u> <u>an ASACB certified clinical supervisor.</u>
 - a. CITs must receive one hour of individual supervision or 90 minutes of group supervision weekly.
 - b. A CIT can be supervised by persons authorized to approve treatment plans, as specified in the Licensure Standards Manual.
 - c. The CIT Core functions should be addressed in supervision and can be found in The Arkansas Substance Abuse Certification Board Application and Standards Manual.
- 4. <u>Peer Recovery Support Specialists (PRSS)</u> are persons with lived experience with mental health and/or substance use disorders and provide direct care services.
 - a. Each PRSS must have 1 hour of individual or 90 minutes of group supervision each week.
 - b. Supervision must be provided by an organization's documented supervisory staff per their job description.

- c. Supervision must be specifically related to the knowledge and skills necessary to perform all of the International Certification and Reciprocity Consortium peer recovery credential.
- d. PRSSs must have supervision until they meet their 500 hours of supervised work. Of the 500 hours required, 100 hours must be specific to the four domains (25 hours in each domain.) The domains are described in the Step-By-Step Guide to PRSS Certification. The domain categories are as follows: Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility.
- 5. <u>Mental Health Professionals (MHPs)</u> are people who possess an Arkansas license to provide clinical behavioral health care.
 - a. All QBHPs are assigned an MHP who provides supervision. This ensures there are appropriate supervision ratios and someone responsible for ensuring that supervision is being completed.
 - b. All terminally licensed MHPs may provide both MHP and QBHP supervision. It is recommended that MHPs who work with a QBHP provide clinical supervision in the form of case consultation and person served specific instructions.
 - c. Any MHP providing supervision may choose to complete a Supervision training in Relias. In addition, if a supervisor feels that an MHP who is providing supervision needs additional training, this course may be assigned.
 - d. Any MHP working towards terminal licensure must receive required licensure supervision per licensing standards.
 - e. All MHPs whose primary role is direct service provision are required to attend face-to-face supervision at least once every 90 days.
 - f. Any MHP may be directed by the administrative supervisor to provide QBHP supervision and observations.
 - g. Terminally Licensed MHPs may also be directed by the administrative supervisor to provide MHP supervision.
- 6. <u>Interns</u> are students who are looking to gain experience in their field. Supervision is provided to interns as identified above, based on the type of internship. See the Interns policy for more information related to supervision of interns.

C. Supervision Specifics:

1. <u>Supervision Time:</u> Supervision and observation should be of sufficient duration to meaningfully communicate and understand instructions regarding client care. For QBHPs meeting with supervisors individually, this may be as little as 15 minutes for case consult or observation. It is recommended that an hour be available for group supervision of QBHPs, quarterly supervision for MHPs, and licensure supervision.

- <u>Supervisions Ratios</u>: MHPs may supervise no more than 10 QBHPs. MHPs may have other supervisees in addition to the 10 QBHPs. MHPs are to follow licensure requirements for supervision.
- 3. <u>Supervision Format:</u> Supervision may be provided individually or in a group setting. The preferred format may depend on program need or type of supervision. Group formats may be more conducive to communication regarding therapy or intervention techniques that need to be consistent across providers. It is expected that individual case consultation supervision between the MHP and QBHP providing services to shared clients is conducive to better coordination of the treatment plan. Licensure supervision should be provided at no more than the 50% group versus individual.
- 4. <u>Supervision Setting:</u> Supervision can take place in a variety of settings and across teams. There may not be designated meeting space for supervision to occur and care must be taken to protect client privacy and confidentiality, including the sharing of client protected health information (PHI). Supervision may video or face-to-face.
- 5. <u>Supervision Content:</u> Supervision content must meet the criteria identified in the relevant regulatory standards for supervision. Licensure supervision content is guided by the applicable board requirements. There is typically more of an emphasis on professional development in licensure supervision than on administrative issues.
- Should a former employee need information related to supervision or client contact hours, all requests must be submitted to the Vice Presidents of Compliance and Quality. Supervisors or other staff should not print supervision forms to be provided to former staff.

E.7 Subcontracted Services

2.8

2.8 A&B. While Counseling Associates does not intend to provide residential treatment services, we do have contracts for our clients to ensure that they have access to a full continuum of care. These agreements include the following:

Adult Residential Treatment/Care Coordination- We have contracts with Wilbur D. Mills and Delta Recovery Center at Mid-South Health Systems, an Arisa Health Affiliate of Counseling Associates.

Observational Detox- We have a contract with Harbor House for Observational Detox.

Partial Day Outpatient Services- We have a contract with Harbor House for Partial Day Outpatient Services.

2.8 C. When Counseling Associates completes the assessment and initial or comprehensive treatment plan for the client and then refers to one of our subcontractors, we will provide the assessment to the subcontractor within 24 hours for coordination of care and to ensure that the appropriate services are provided based on identified needs.

2.8 E&F. Counseling Associates will implement a monitoring process for our subcontractors to ensure compliance with standards. A checklist based on the Performance Standards will be utilized to review with the subcontractors so that CA is assured that quality care is being provided. In addition, we will ask that all audits be made available for our review to ensure that services are meeting standards. These will occur on a quarterly basis. Additionally, Mid South's Delta Recovery Center and Recovery at Mills are part of our Arisa Health affiliation. They follow all of the same safety standards, emergency protocols, training, and policies and procedures as we do at Counseling Associates.

SEE ATTACHED SUBCONTRACTS

SUBCONTRACT BETWEEN

COUNSELING ASSOCIATES, INC. AFFILIATE OF ARISA HEALTH, INC.

AND

MID-SOUTH HEALTH SYSTEMS, INC. AFFILIATE OF ARISA HEALTH, INC.

THIS CONTRACT is entered into by and between **Counseling Associates**, **Inc. affiliate of Arisa Health**, **Inc.**, hereinafter referred to as the "Primary Contractor" and **Mid-South Health Systems**, **Inc. affiliate of Arisa Health**, **Inc.** hereinafter referred to as the "Subcontractor", for Substance Abuse Treatment Services for the counties of **Van Buren**, **Searcy**, **Stone**, **Cleburne**, **Pope**, **Faulkner**, **Perry**, **Conway Counties** as defined by the Division of Aging Adults and Behavioral Health Services and for counties of **Van Buren**, **Searcy**, **Stone**, **Cleburne Counties** as defined by the Division of Children and Family Services.

Purpose: The purpose of this agreement is to delineate areas of responsibilities/willingness and ability to perform duties described in the contract for the delivery of Substance Abuse Treatment Services within the counties of **Van Buren**, **Searcy**, **Stone**, **Cleburne**, **Pope**, **Faulkner**, **Perry**, **Conway Counties** as defined by the Division of Aging Adults and Behavioral Health Services and for counties of **Van Buren**, **Searcy**, **Stone**, **Cleburne Counties** as defined by the Division of Children and Family Services. The Contractor agrees to provide the Subcontractor with a copy of all Terms and Conditions included in the Professional Services Contract executed with DHS. Subcontractor agrees to adhere to those Terms and Conditions.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Primary Contractor and the Subcontractor agree as follows:

I. SERVICES TO BE PROVIDED BY SUBCONTRACTOR

The Subcontractor is responsible for providing *adult residential substance abuse treatment* for counties of Van Buren, Searcy, Stone, Cleburne, Pope, Faulkner, Perry, Conway Counties as defined by the Division of Aging Adults and Behavioral Health Services and for counties of Van Buren, Searcy, Stone, Cleburne Counties as defined by the Division of Children and Family Services.

Specific Subcontractor Obligations Under This Contract Require That the Subcontractor:

1. Primary contractor shall ensure that the subcontractor follows the following performance measures:

PROGRAM DELIVERABLE 1: Accreditation and Licensure

Performance Indicators:

- Shall ensure that the location of subcontractor's services and the days and times where services are being provided will be as specified to the contractor. The provider shall notify the primary contractor, in writing, of any changes in locations, days, and/or times where services are being provided. The subcontractor will secure and maintain all necessary authority and licenses to provide the services listed in **Attachment 1 "Rate Schedule"**.
- The subcontractor will maintain compliance with the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.
- Subcontractor will review all requirements within the DBHS Rules of Practice and Procedure.
- Subcontractor will maintain compliance with the DBHS Rules of Practice and Procedure.
- The Subcontractor must ensure that the Contractor has evidence of the most current national accreditation status. The Subcontractor must send Contractor copies of all correspondence related to national accreditation within five (5) business days of being sent or received. Upon completion of any survey by a national accrediting body, the Subcontractor must forward final reports to Contractor immediately upon receipt.
- The Subcontractor must forward copies of any correspondence (e.g. letter, facsimile, email, or other) regarding ongoing communication to and from the accrediting organization to the Contractor within five (5) business days of the date the correspondence was sent or received.
- The Subcontractor (and applicable sub-contractors) must report any adverse actions taken by national accrediting bodies, change in accreditation status, or adverse actions taken by any other agency deemed to have oversight to the Contractor within five (5) business days of receipt of findings. A copy of the corrective action plans/actions must be sent to the Contractor within five (5) business days, once approved by the accrediting body or oversight agency.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Ongoing by Subcontractor and reported to Primary Contractor.

PROGRAM DELIVERABLE 2: Reporting & Monitoring

Performance Indicators:

- Subcontractors will outline the adherence to the state licensure standards, the DBHS Rules of Practice and Procedure, and progress in providing professional comprehensive alcohol and/or other drug abuse treatment services to adult and adolescent clients.
 - Information will be in the format acceptable to primary contractor and submitted to primary contractor within the timeframe it designates.
- Subcontractor will submit DBHS performance report to primary contractor.
- The subcontractor will submit all client information through the DBHS Alcohol and Drug Management Information System (ADMIS), no later than the last day of the month.
- At the request of DBHS and primary contractor, the subcontractor will adhere to any and all special reporting requirements in regard to the ADMIS system.
- The Subcontractor will participate in trainings and meetings as required by DBHS.
- Subcontractor must submit the Wait List and Capacity Management reports (as defined by DBHS) to Primary Contractor. A report must be issued each Friday by 4:00 pm.
- Subcontractor shall comply with procedures for Incident Reporting to DBHS and will copy all incident reports to the Primary Contractor.
- Subcontractor shall submit to the Primary Contractor two copies of their annual financial audit.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Compliance will be monitored monthly through ADMIS and bed availability reports.

PROGRAM DELIVERABLE 3: Human Resources

- The subcontractor shall provide necessary treatment services in accordance with minimum standards which shall be delivered by qualified and appropriate personnel.
- Subcontractor shall comply with the staffing qualifications and requirements (including background screening), required by this Subcontract and as required by applicable law, rule or regulations, including without limitation, the regulations of the Arkansas Division of Behavioral Health Services

Licensure Standards and CARF International Standards. Criminal background checks are to be completed upon hire, and at least every five (5) years thereafter. Maltreatment background checks must be completed at least every two (2) years.

- Personnel shall hold licenses and/or certifications as required by their job descriptions. Non-licensed or certified personnel shall be registered with the appropriate licensing or certification board.
- There must be evidence of annual performance evaluations on all staff, including contracted staff.
- For any staff requiring supervision (e.g. Counselors-in-Training or CITs) based on their certification or licensure, evidence of on-going supervision must be available upon request.
- All staff, interns, or volunteers must be qualified for their positions or responsibilities based on job-descriptions and must also undergo appropriate background checks relevant to the population served.
- Qualified Regional Detoxification Specialists must be current in their Nonviolent Crisis Prevention Intervention (CPI), Cardio-Pulmonary Resuscitation (CPR), First-Aid and Regional Alcohol and Drug Detoxification (RADD) training.
- Documentation of completion of RDS requirements will be maintained in personnel records. Documentation of client assessment will be maintained in the client record.
- Subcontractor will ensure that staff members responsible for assessment and treatment/discharge planning receive ongoing training in the application of ASAM (American Society of Addiction Medicine) Criteria. Subcontractor will document such training in personnel records. Evidence of the use of ASAM Criteria will be documented in the client's files and in clinical staffing.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Subcontractor will conduct client and personnel file reviews and report to Primary Contractor.

PROGRAM DELIVERABLE 4: Facilities

- The Subcontractor will provide comprehensive alcohol and/or other drug abuse treatment services in a safe, healthy, and secure environment.
- Subcontractor will ensure that all service site utilities (gas, electric, water, plumbing, etc.) are maintained in proper working condition.
- Subcontractor will notify DBHS and the primary contractor within 24 hours of any issues with facility utilities.
- Subcontractor will assure that required repairs are completed by appropriate licensed/certified repair technician(s).
- The Subcontractor must maintain compliance with all physical plant requirements as specified in the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs. Compliance must include areas relevant to any and all services provided.
- Subcontractor will ensure that all utilities are properly repaired within 72 hours of a determination that a deficiency exists (except when repair is responsibility of utility company).

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Ongoing by Subcontractor and reported to Primary Contractor.

PROGRAM DELIVERABLE 5: Standards of Care

A. Eligibility

Performance Indicator:

• The Subcontractor shall ensure that all Clients under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions set forth by this contract and that all Clients meet eligibility criteria before receiving treatment services. All Clients under this subcontract must be screened by the primary contractor before services can be offered by the Subcontractor. Once screened for eligibility the primary contractor will send over referral information to the Subcontractor.

B. Evidence Based Practices:

- Sub-contractor will implement evidence- based practices selected from the following Substance Abuse and Mental Health Services Administration (SAMHSA) link: http://www.nrepp.samhsa.gov/ViewAll.aspx.
- Subcontractor will train all staff on selected evidence based practices and document this training in their personnel files.
- Newly hired staff will have ninety (90) days to complete training in the Evidenced-based curriculum. Evidence of training must be placed in the personnel file.
- Subcontractor will implement evidence based practice to fidelity and use fidelity measure to document outcomes.
- Policies and procedures must be in place regarding the training, continuing education required of staff, as well as the required use of Evidence-Based Programs.
- The clinical documentation in client files must indicate that the Evidence-based materials are being implemented appropriately.

C. Family/Support Network Involvement

Performance Indicator:

• The Subcontractor must ensure family/support network involvement in the treatment process. There must be documented attempts to assure meaningful family/support network involvement. If involvement is contraindicated, then there must be documentation as to why.

D. Trauma Informed Care

- The Subcontractor must ensure that treatment services are strengths-based, trauma-informed, holistic, culturally relevant, educational, individualized, and recovery-oriented.
- Subcontractor must include documented educational/informational activities relevant to enhancing the quality of life, prevention, resiliency, and recovery.
- There must be 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 must be individualized and client-specific.
- Aftercare and discharge planning must be individualized and include identification of appropriate referrals, specific and relevant community resources, and include individualized and specific plans on how to maintain or exceed progress achieved during the course of treatment.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Subcontractor will conduct client and personnel file reviews and report to Primary Contractor.

PROGRAM DELIVERABLE 6: Technology

A. Electronic Medical Records

Performance Indicators:

- The Subcontractor must ensure technology capabilities as required by DBHS. Subcontractor will maintain client records in a fully functioning electronic health record (EHR) system.
- The Subcontractor must ensure that all required clinical documentation, consents, notifications, receipts, etc. are available upon request.
- Technology must ensure adequate security, confidentiality, back-up, and disaster recovery preparedness.

B. Emergency Phone Number

Performance Indicators:

 The Subcontractor must maintain a twenty-four (24) hour emergency phone number, operable seven (7) days a week for each individual catchment area to assist with emergency situations and access to services. The phone number must be provided to clients, visible at entries, and provided on answering machines. Policies and procedures must be in place outlining the training and management of this process.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Ongoing by Subcontractor and reported to Primary Contractor.

PROGRAM DELIVERABLE 7: Full Array of Services

A. Subcontractors

Performance Indicators:

- Subcontractors are subject to the same requirements as the Primary Contractor regarding the contract requirements, national accreditation status, compliance with the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs, the most current version of the DBHS Rules of Practice.
- The Subcontractor will conduct the Addiction Severity Index (ASI) on a client that arrives after hours or on weekends. This assessment will be completed and faxed back to the Contractor within 24 hours of admission to the residential facility.
- Primary Contractor will make site visits at least quarterly for compliance reviews using the Program monitoring Tool for Substance Abuse Providers.
- Subcontractor shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that affect the subject areas of the contract. Authorities include but are not limited to Arkansas Division of Behavioral Health Services, CARF International, Arkansas Department of Human Services and Arkansas Division of Children and Family Services.

B. Adult Residential

- Residential Treatment Services must include documented evidence of a preadmission screening and an intake/assessment, which at a minimum includes evidence-based screening tools for substance abuse and co-occurring problems, along with the American Society of Addiction Medicine (ASAM)based determination of treatment modality, an initial treatment plan. Residential treatment must include a comprehensive treatment plan.
- Individuals in residential treatment must be provided services listed below:
 - a. Individual counseling,
 - b. Group counseling,
 - c. Support network involvement/Family counseling,
 - d. Psychoeducation, and
 - e. Discharge/aftercare planning in conjunction with Primary Contractor's care coordinator.
- It may also include periodic drug testing.
- Residential Treatment services must include twenty-eight (28) hours of structured treatment weekly provided over the course of at least six (6) days a week.

- Residential treatment includes room and board.
- C. OMITTED
- D. OMITTED
- E. OMITTED
- F. OMITTED
- G. OMITTED
- H. OMITTED
- <u>I. OMITTED</u>

Acceptable Performance: 100% compliance with the performance indicators.

Method / Frequency of Monitoring:

A referral for admission will be sent to the subcontractor from primary contractor seeking admission within 48 hours.

PROGRAM DELIVERABLE 8: Priority Populations

Performance Indicators:

- Primary contractor has the responsibility to ensure that a client receives treatment service within fourteen (14) days of receipt of request for admission by a person identified as having intravenous drug abuse (IDU) issues. Subcontractor must use its best efforts to accept admission from Primary Contractor if requested by Primary Contractor under these circumstances.
- The subcontractor agrees to use its best efforts for persons with intravenous drug abuse to be placed in comprehensive treatment within (14) days from the date of the request for admission. Subcontractor will work with primary contract to ensure that "interim services" will be provided within 48 hours of the request, until the time of admission to treatment.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Contractor and DBHS staff will conduct quarterly and annual compliance reviews.

- 2. The Primary Contractor shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any insurance. The payment of any deductible on any policy shall be the sole responsibility of the subcontractor providing the service.
- 3. Subcontractor shall comply with all confidentiality and non-disclosure requirements required by applicable law, rule or regulation. Further, each party shall not use or disclose to any unauthorized person any information relating to the business or affairs of the other party or of any qualified individual, except pursuant to the express written consent of the other party or the qualified individual, as applicable, court order, or as required by law, rule or regulation.
- 4. Subcontractor shall provide deliverables, including reports and data as specified by the primary contractor. The failure to comply is considered a breach of contract as specified by the primary contractor could result in denial of payment until acceptable deliverables are received.
- 5. Subcontractor shall provide electronic (email) verification of all clients' admissions, discharges (including discharge status), or no shows for scheduled admissions. These notifications should be received within one business day of the admit/discharge/no-show.

II. SPECIAL PROVISIONS

- 1. Subcontractor shall be responsible for meeting the outcomes and performance standards as otherwise required by applicable law, rule or regulation. If outcomes are not met, technical assistance will be offered to include recommendations to assist Subcontractor in meeting outcomes.
- 2. Subcontractor agrees that any penalties provided for in the DBHS Performance Based Contract which are attributable to the acts of the Subcontractor shall be the responsibility of the Subcontractor. Subcontractor agrees to indemnify Primary Contractor for such penalties as provided in the Contract and as provided in Section IV of this Subcontract.
- 3. Subcontractor shall ensure that it will establish a grievance procedure which clients for, and recipients of, services may use to present grievances of the Subcontractors about services being provided under the Subcontractor contracts with the provider. If the grievances are not resolved at this level of authority, the Subcontractors will refer them to the Primary Contractor. The subcontractor will submit a copy of the grievance procedure to the Primary Contractor. All grievances must be reported to the Primary Contractor.

- 4. Subcontractor shall comply with procedures for Incident Reporting to DAABHS and DCFS and will copy all incident reports to the Primary Contractor.
- 5. The Subcontractor will submit a copy of their disaster plan and will be responsible for implementing the plan in case of emergencies and/or disasters when notified by Primary Contractor. Before canceling services due to weather or an emergency the Subcontractor will notify the Primary Contractor beforehand and give the Primary Contractor the plan for providing services and a projected time for services to be restarted.
- 6. Subcontractor shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after completion of the contract or longer when required by law. In the event an audit is required by this contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract.
- 7. Subcontractor shall submit to Primary Contractor two copies of their annual financial audit.
- Subcontractor shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled "Auxiliary Aids and Services for the Deaf and Hard-of-Hearing".

III. METHOD OF PAYMENT

- 1. Primary Contractor shall pay the Subcontractor for all qualified services delivered in accordance with the terms and conditions of this subcontract, at the unit price specified within the contract between the primary contractor and the state of Arkansas for Division of Children and Family Services and Arkansas Division of Adult Aging and Behavioral Health Services for substance abuse treatment services. See **Attachment 1 for Rate Schedule**. This is subject to the availability of funds.
- 2. If a referred client has medical insurance, it is considered primary insurance and the Subcontractor must bill the primary insurance prior to billing the Primary Contractor for any services.
- 3. The Subcontractor shall request payment for services delivered on a monthly basis through submission of a properly completed Invoice and report within 10 days after the first day of the following month. The Primary Contractor will track the utilization of funds each month and notify the Subcontractor if they are under or over utilization of funds. If under after the first quarter the Primary Contractor will put a plan together to ensure that

the funds utilization gets to where it needs to be to meet the target of billing out the contract.

- 4. The Primary Contractor will assess a 10% fee on all services provided for in Attachment 1 "Rate Schedule". The Primary Contractor will hold this out of the amount received from total billing each month.
- 5. Primary Contractor shall not be required to pay subcontractors or other vendors if Primary Contractor does not receive payment for the corresponding services and materials from its Arkansas Division of Behavioral Health Services. This shall not mean that Primary Contractor is excused from payment unless Primary Contractor is not paid due to no fault of its own. Primary Contractor may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a subcontractor are a cause, in whole or in part, of a payment source's failure to pay Primary Contractor, then Primary Contractor may elect to apportion any payment received among subcontractors whose acts are not a cause for non-payment. Subcontractors shall not be subject to non-payment for reasons other than Primary Contractor's failure to receive its funding, unless the subcontractor has failed to comply with any terms in this contract.
- 6. In the event that a program deliverable and/or performance indicator is found to be out of compliance, the Primary Contractor will determine the responsible party for the insufficient performance as cited by DAABHS and DCFS. At that time, the total amount of the financial penalty assessed to the Primary Contractor's monthly billing statement will become the obligation of the responsible party. If the responsible party is determined to be the subcontractor, the Primary Contractor will retain the full amount of the assessed penalty from the next monthly payment to the Subcontractor. If the total penalty exceeds the monthly payment to the Subcontractor will deduct the remaining balance of the penalty from subsequent monthly payments to the subcontractor until the full amount is obtained and the penalty is paid in full.

IV. HOLD HARMLESS

- Subcontractor shall defend, hold harmless and indemnify the Primary Contractor from any and all liability, loss, claims, damages, costs, attorney's fee and expenses Primary Contractor may sustain, incur or be required to pay either by reason of the loss or improper use of any moneys disbursed or to be disbursed hereunder to fraud, defalcation or dishonesty on the part of any person represented or employed by the Subcontractor or its agents, representatives and/or employees.
- 2. At all times during the term of this Agreement, Subcontractor shall maintain professional liability insurance coverage for Services provided by Subcontract pursuant to this Agreement in amounts of at least One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the annual aggregate.

3. To the extent not covered by the insurance required to be maintained by Subcontractor under this Agreement, Subcontractor shall hold harmless and indemnify Primary Contractor, its successors and assigns, and its medical staff members, employees and contractors, from and against any and all claims, actions, causes of action, verdicts, demands, orders, judgments, settlements, liabilities, losses, costs, obligations, damages, expenses, offsets, deductions, refunds, recoupments, or penalties (including court costs and attorney's fees) resulting from or attributable to any act or omission of Subcontractor providing any Services under this Agreement. This agreement to indemnify and hold harmless shall survive the termination or expiration of the Agreement for any reason.

V. ASSIGNMENTS AND SUBCONTRACTORS

Subcontractor may not assign the responsibility of the Contract to another party or subcontract any of the work contemplated under this Subcontract, unless so specified in an attachment, or unless the Subcontractor obtains the prior written approval of Primary Contractor. No such approval shall obligate the Primary Contractor for more than the total dollar amount stated in this Subcontract. All such assignments and subcontracts shall be subject to the conditions of this Subcontract and to any conditions Primary Contractor deems necessary.

VI. TERMINATION

Conditions governing the termination of this Subcontract include:

- 1. <u>Termination at Will.</u> Either party providing thirty (30) days written notification, unless a lesser time is mutually agreed upon in writing, shall accomplish termination of this contract, at the discretion of the Primary Contractor or the Subcontractor, without cause. That notification shall be delivered by certified mail, return receipt requested.
- 2. <u>Termination for Lack of Funds.</u> Termination for lack of funds, when such termination has been affected on the Primary Contractor by Arkansas Division of Adult Aging and Behavioral Health Services or Arkansas Division of Children and Family Services this shall be accomplished by the Primary Contractor with no less than twenty-four (24) hour notice in writing delivered to the Subcontractor by certified mail, return receipt requested.
- 3. <u>Termination for Cause.</u> Termination for cause, breach or non-performance may be accomplished by the Primary Contractor with no less than twenty-four (24) hour notice delivered to the Subcontractor by certified mail, return receipt requested. The determination of cause, breach or non-performance of contract shall be made by the Primary Contractor's Executive Director. Termination for cause may include any of the following events:
 - a. If Subcontractor is suspended or becomes disqualified from providing the services, found to be negligent or to have caused harm to a qualified individual, or
otherwise is subject to disciplinary action which materially adversely affects the Subcontractor's ability to perform the services under this Subcontract.

- b. If Subcontractor (or its officers or directors) is convicted of or pleads guilty, no contest or otherwise admits to any crime involving a morally corrupt act or practice or any felony offense.
- c. If the Subcontractor makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceeding or has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed with 120 days after the commencement thereof.
- 4. <u>Continuation of Services.</u> The Primary Contractor shall work with the Subcontractor prior to cancellation date to ensure all client needs are identified and appropriate placements and transportation needs has been arranged. The Subcontractor shall maintain communication with the Primary Contractor on the process of transferring client until all clients are placed.

VII. CURATIVE CLAUSE

Any disputes concerning performance of this contract that cannot be resolved informally shall be reduced to writing and delivered to the Executive Director of the Primary Contractor requesting resolution. If the Executive Director fails to resolve the dispute, the Primary Contractor and Subcontractor agree to seek independent mediation in an attempt to resolve the dispute. The mediation shall not be binding. The cost of mediation will be paid for by the Subcontractor and the selection of the mediator is at the sole discretion of the Primary Contractor.

VIII. SEVERABILITY

This Agreement shall be deemed severable. The invalidity or unenforceability of any term or provision of this Agreement shall not render this Agreement or any other term or provision hereof unenforceable.

IX. EFFECTIVE AND ENDING DATES

This contract shall be effective on <u>JULY 1, 2020</u>. It shall end at midnight, local time in Conway, Arkansas, on <u>JUNE 30, 2020</u>.

By signing the contract, the parties agree that they have read and agree to the entire contract.

THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this **16** page contract to be executed on the date and year below.

PRIMARY CONTRACTOR

Counseling Associates, Inc. affiliate of Arisa Health, Inc.

Richwash Signature: ____ any Histor Witness; 10-9-20 Date: _____

SUBCONTRACTOR

Mid-South Health Systems, Inc. Affiliate of Arisa Health, Inc.

Signature: _ Witness Kathy Skinnes 2020 Date:

Attachment 1 Rate Schedule

Arkansas Division of Aging Adults and Behavioral Health Services Substance Abuse Treatment Services and Rates

Services	Unit	Rate
Residential Treatment	One day	\$74 / day
Services		

Arkansas Division of Children and Family Services Substance Abuse Treatment Services and Rates

Services	Unit	Daily Rate
Residential	One day	\$62 / day

SUBCONTRACT BETWEEN

[Counseling Associates, Inc.] AFFILIATE OF ARISA HEALTH, INC.

AND

Harbor House, Inc.

THIS CONTRACT is entered into by and between Counseling Associates, Inc. an **affiliate of Arisa Health, Inc.**, hereinafter referred to as the "Primary Contractor" and **Harbor House INC.** hereinafter referred to as the "Subcontractor", for Substance Abuse Treatment Services for the counties of **Van Buren, Searcy, Stone, Cleburne, Pope, Faulkner, Perry, Conway Counties** as defined by the Division of Children and Family Services.

Purpose: The purpose of this agreement is to delineate areas of responsibilities/willingness and ability to perform duties described in the contract for the delivery of Substance Abuse Treatment Services within **Van Buren, Searcy, Stone, Cleburne, Pope, Faulkner, Perry, Conway Counties** as defined by the Division of Children and Family Services. The Contractor agrees to provide the Subcontractor with a copy of all Terms and Conditions included in the Professional Services Contract executed with DHS. Subcontractor agrees to adhere to those Terms and Conditions.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Primary Contractor and the Subcontractor agree as follows:

I. SERVICES TO BE PROVIDED BY SUBCONTRACTOR

The Subcontractor is responsible for providing *adult residential substance abuse treatment, specialized women's services, and observational detox* for the counties of Van **Buren, Searcy, Stone, Cleburne, Pope, Faulkner, Perry, Conway Counties** as defined by the Division of Aging Adults and Behavioral Health Services.

Specific Subcontractor Obligations Under This Contract Require That the Subcontractor:

1. Primary contractor shall ensure that the subcontractor follows the following performance measures:

PROGRAM DELIVERABLE 1: Accreditation and Licensure

Performance Indicators:

- Shall ensure that the location of subcontractor's services and the days and times where services are being provided will be as specified to the contractor. The provider shall notify the primary contractor, in writing, of any changes in locations, days, and/or times where services are being provided. The subcontractor will secure and maintain all necessary authority and licenses to provide the services listed in **Attachment 1 "Rate Schedule"**.
- The subcontractor will maintain compliance with the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.
- Subcontractor will review all requirements within the DBHS Rules of Practice and Procedure.
- Subcontractor will maintain compliance with the DBHS Rules of Practice and Procedure.
- The Subcontractor must ensure that the Contractor has evidence of the most current national accreditation status. The Subcontractor must send Contractor copies of all correspondence related to national accreditation within five (5) business days of being sent or received. Upon completion of any survey by a national accrediting body, the Subcontractor must forward final reports to Contractor immediately upon receipt.
- The Subcontractor must forward copies of any correspondence (e.g. letter, facsimile, email, or other) regarding ongoing communication to and from the accrediting organization to the Contractor within five (5) business days of the date the correspondence was sent or received.
- The Subcontractor (and applicable sub-contractors) must report any adverse actions taken by national accrediting bodies, change in accreditation status, or adverse actions taken by any other agency deemed to have oversight to the Contractor within five (5) business days of receipt of findings. A copy of the corrective action plans/actions must be sent to the Contractor within five (5) business days, once approved by the accrediting body or oversight agency.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Ongoing by Subcontractor and reported to Primary Contractor.

PROGRAM DELIVERABLE 2: Reporting & Monitoring

- Subcontractors will outline the adherence to the state licensure standards, the DBHS Rules of Practice and Procedure, and progress in providing professional comprehensive alcohol and/or other drug abuse treatment services to adult and adolescent clients.
 - Information will be in the format acceptable to primary contractor and submitted to primary contractor within the timeframe it designates.
- Subcontractor will submit DBHS performance report to primary contractor.
- The subcontractor will submit all client information through the DBHS Alcohol and Drug Management Information System (ADMIS), no later than the last day of the month.
- At the request of DBHS and primary contractor, the subcontractor will adhere to any and all special reporting requirements in regard to the ADMIS system.
- The Subcontractor will participate in trainings and meetings as required by DBHS.
- Subcontractor must submit the Wait List and Capacity Management reports (as defined by DBHS) to Primary Contractor. A report must be issued each Friday by 4:00 pm.
- Subcontractor shall comply with procedures for Incident Reporting to DBHS and will copy all incident reports to the Primary Contractor.
- Subcontractor shall submit to the Primary Contractor two copies of their annual financial audit.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Compliance will be monitored monthly through ADMIS and bed availability reports.

PROGRAM DELIVERABLE 3: Human Resources

- The subcontractor shall provide necessary treatment services in accordance with minimum standards which shall be delivered by qualified and appropriate personnel.
- Subcontractor shall comply with the staffing qualifications and requirements (including background screening), required by this Subcontract and as required by applicable law, rule or regulations, including without limitation, the regulations of the Arkansas Division of Behavioral Health Services Licensure Standards and CARF International Standards. Criminal background checks are to be completed upon hire, and at least every five (5) years thereafter. Maltreatment background checks must be completed at least every two (2) years.

- Personnel shall hold licenses and/or certifications as required by their job descriptions. Non-licensed or certified personnel shall be registered with the appropriate licensing or certification board.
- There must be evidence of annual performance evaluations on all staff, including contracted staff.
- For any staff requiring supervision (e.g. Counselors-in-Training or CITs) based on their certification or licensure, evidence of on-going supervision must be available upon request.
- All staff, interns, or volunteers must be qualified for their positions or responsibilities based on job-descriptions and must also undergo appropriate background checks relevant to the population served.
- Qualified Regional Detoxification Specialists must be current in their Nonviolent Crisis Prevention Intervention (CPI), Cardio-Pulmonary Resuscitation (CPR), First-Aid and Regional Alcohol and Drug Detoxification (RADD) training.
- Documentation of completion of RDS requirements will be maintained in personnel records. Documentation of client assessment will be maintained in the client record.
- Subcontractor will ensure that staff members responsible for assessment and treatment/discharge planning receive ongoing training in the application of ASAM (American Society of Addiction Medicine) Criteria. Subcontractor will document such training in personnel records. Evidence of the use of ASAM Criteria will be documented in the client's files and in clinical staffing.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Subcontractor will conduct client and personnel file reviews and report to Primary Contractor.

PROGRAM DELIVERABLE 4: Facilities

- The Subcontractor will provide comprehensive alcohol and/or other drug abuse treatment services in a safe, healthy, and secure environment.
- Subcontractor will ensure that all service site utilities (gas, electric, water, plumbing, etc.) are maintained in proper working condition.

- Subcontractor will notify DBHS and the primary contractor within 24 hours of any issues with facility utilities.
- Subcontractor will assure that required repairs are completed by appropriate licensed/certified repair technician(s).
- The Subcontractor must maintain compliance with all physical plant requirements as specified in the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs. Compliance must include areas relevant to any and all services provided.
- Subcontractor will ensure that all utilities are properly repaired within 72 hours of a determination that a deficiency exists (except when repair is responsibility of utility company).

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Ongoing by Subcontractor and reported to Primary Contractor.

PROGRAM DELIVERABLE 5: Standards of Care

A. Eligibility

Performance Indicator:

• The Subcontractor shall ensure that all Clients under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions set forth by this contract and that all Clients meet eligibility criteria before receiving treatment services. All Clients under this subcontract must be screened by the primary contractor before services can be offered by the Subcontractor. Once screened for eligibility the primary contractor will send over referral information to the Subcontractor.

B. Evidence Based Practices:

- Sub-contractor will implement evidence- based practices selected from the following Substance Abuse and Mental Health Services Administration (SAMHSA) link: <u>http://www.nrepp.samhsa.gov/ViewAll.aspx</u>.
- Subcontractor will train all staff on selected evidence based practices and document this training in their personnel files.

- Newly hired staff will have ninety (90) days to complete training in the Evidenced-based curriculum. Evidence of training must be placed in the personnel file.
- Subcontractor will implement evidence based practice to fidelity and use fidelity measure to document outcomes.
- Policies and procedures must be in place regarding the training, continuing education required of staff, as well as the required use of Evidence-Based
 Programs.
- The clinical documentation in client files must indicate that the Evidence-based materials are being implemented appropriately.

C. Family/Support Network Involvement

Performance Indicator:

• The Subcontractor must ensure family/support network involvement in the treatment process. There must be documented attempts to assure meaningful family/support network involvement. If involvement is contraindicated, then there must be documentation as to why.

D. Trauma Informed Care

Performance Indicator:

- The Subcontractor must ensure that treatment services are strengths-based, trauma-informed, holistic, culturally relevant, educational, individualized, and recovery-oriented.
- Subcontractor must include documented educational/informational activities relevant to enhancing the quality of life, prevention, resiliency, and recovery.
- There must be 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 must be individualized and client-specific.
- Aftercare and discharge planning must be individualized and include identification of appropriate referrals, specific and relevant community resources, and include individualized and specific plans on how to maintain or exceed progress achieved during the course of treatment.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Subcontractor will conduct client and personnel file reviews and report to Primary Contractor.

PROGRAM DELIVERABLE 6: Technology

A. Electronic Medical Records

Performance Indicators:

- The Subcontractor must ensure technology capabilities as required by DBHS. Subcontractor will maintain client records in a fully functioning electronic health record (EHR) system.
- The Subcontractor must ensure that all required clinical documentation, consents, notifications, receipts, etc. are available upon request.
- Technology must ensure adequate security, confidentiality, back-up, and disaster recovery preparedness.

B. Emergency Phone Number

Performance Indicators:

• The Subcontractor must maintain a twenty-four (24) hour emergency phone number, operable seven (7) days a week for each individual catchment area to assist with emergency situations and access to services. The phone number must be provided to clients, visible at entries, and provided on answering machines. Policies and procedures must be in place outlining the training and management of this process.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Ongoing by Subcontractor and reported to Primary Contractor.

PROGRAM DELIVERABLE 7: Full Array of Services

A. Subcontractors

- Subcontractors are subject to the same requirements as the Primary Contractor regarding the contract requirements, national accreditation status, compliance with the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs, the most current version of the DBHS Rules of Practice.
- The Subcontractor will conduct the Addiction Severity Index (ASI) on a client that arrives after hours or on weekends. This assessment will be completed and faxed back to the Contractor within 24 hours of admission to the residential facility.
- Primary Contractor will make site visits at least quarterly for compliance reviews using the Program monitoring Tool for Substance Abuse Providers.
- Subcontractor shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that affect the subject areas of the contract. Authorities include but are not limited to Arkansas Division of Behavioral Health Services, CARF International, Arkansas Department of Human Services and Arkansas Division of Children and Family Services.

B. Adult Residential

- Residential Treatment Services must include documented evidence of a preadmission screening and an intake/assessment, which at a minimum includes evidence-based screening tools for substance abuse and co-occurring problems, along with the American Society of Addiction Medicine (ASAM)based determination of treatment modality, an initial treatment plan. Residential treatment must include a comprehensive treatment plan.
- Individuals in residential treatment must be provided services listed below: a. Individual counseling.
 - b. Group counseling,
 - c. Support network involvement/Family counseling,
 - d. Psychoeducation, and
 - e. Discharge/aftercare planning in conjunction with Primary Contractor's care coordinator.
- It may also include periodic drug testing.
- Residential Treatment services must include twenty-eight (28) hours of structured treatment weekly provided over the course of at least six (6) days a week.
- Residential treatment includes room and board.
- C. Omitted

D. Specialized Women's Services

- Specialized Women's Services, (SWS), must include documented evidence of a pre-admission screening and an intake/assessment, which at a minimum includes evidence-based screening tools for substance abuse and cooccurring problems, along with the American Society of Addiction Medicine (ASAM)-based determination of treatment modality, an initial treatment plan. Residential treatment must include a comprehensive treatment plan.
- Individuals in residential treatment must be provided services listed below: a. Individual counseling,
 - b. Group counseling,
 - c. Support network involvement/Family counseling,
 - d. Psychoeducation, and
 - e. Discharge/aftercare planning in conjunction with Primary Contractor's care coordinator.
- SWS services must also include documentation of childcare, transportation, a full range of medical treatment, housing, education/job skills training, parenting and child development training, family reunification, family education and support, and house rules.
- The program will provide room, board, and laundry facilities.
- It may also include periodic drug testing.
- Treatment services must include thirty (30) hours of structured treatment weekly.
- Employed women must attend at least fifteen (15) hours of therapeutic services.
- A family is defined by one mother and up to two children under the age of seven (7). Children in treatment with their mother must receive age appropriate therapy and medical treatment, as needed.
- The physical environment, educational and program elements, and staff qualifications must meet or exceed licensure standards as identified in the most current revision of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.
- Clients in Specialized Women's Services who have children enrolled in treatment with the client must have documented contact/interactions as outlined in the SWS section of the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

The Contractor must also make every effort to involve children of the client living elsewhere and these efforts must be documented.

• If placement is not readily available for an individual to be determined to need SWS services, DBHS is to be notified.

E. Partial Day Treatment Services

Performance Indicators:

- Individuals in Partial Day Treatment Programs must be provided the services listed below, as determined to be medically necessary:
 - a) Individual counseling
 - b) Group counseling
 - c) Care coordination
 - d) Psychosocial education
 - e) Discharge/Aftercare planning
- Partial Day Outpatient Services may include periodic drug testing and support network involvement/family counseling.
- Partial day treatment shall be a minimum of (4) four hours per day for (5) five days per week and must include at least one (1) hot meal a day. A unit of service shall be four hours for partial day treatment.

F. OMITTED

G. Observational Detoxification

- Observational Detoxification Services must include documented evidence of a pre-admission screening and an intake/assessment, which at a minimum includes evidence-based screening tools for substance abuse and cooccurring problems, along with the American Society of Addiction Medicine (ASAM)-based determination of treatment modality, a withdrawal risk assessment, and a stabilization plan.
- Documentation of vitals and food/fluid intake as indicated in the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs, progress notes, and discharge/aftercare planning are required. The discharge/aftercare planning must outline, at a minimum, referral for ongoing counseling, treatment, and/or recoveryoriented support services.

- RADD services must be provided by qualified staff as outlined in the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.
- RADD programs must comply with physical plant requirements specific to RADD areas as outlined in the most current version of the DBHS Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

H. OMITTED

I. OMITTED

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

A referral for admission will be sent to the subcontractor from primary contractor seeking admission within 48 hours.

PROGRAM DELIVERABLE 8: Priority Populations

Performance Indicators:

- Primary contractor has the responsibility to ensure that a client receives treatment service within fourteen (14) days of receipt of request for admission by a person identified as having intravenous drug abuse (IDU) issues. Subcontractor must use its best efforts to accept admission from Primary Contractor if requested by Primary Contractor under these circumstances.
- The subcontractor agrees to use its best efforts for persons with intravenous drug abuse to be placed in comprehensive treatment within (14) days from the date of the request for admission. Subcontractor will work with primary contract to ensure that "interim services" will be provided within 48 hours of the request, until the time of admission to treatment.

Acceptable Performance:

100% compliance with the performance indicators.

Method / Frequency of Monitoring:

Contractor and DBHS staff will conduct quarterly and annual compliance reviews.

- 2. The Primary Contractor shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any insurance. The payment of any deductible on any policy shall be the sole responsibility of the subcontractor providing the service.
- 3. Subcontractor shall comply with all confidentiality and non-disclosure requirements required by applicable law, rule or regulation. Further, each party shall not use or disclose to any unauthorized person any information relating to the business or affairs of the other party or of any qualified individual, except pursuant to the express written consent of the other party or the qualified individual, as applicable, court order, or as required by law, rule or regulation.
- 4. Subcontractor shall provide deliverables, including reports and data as specified by the primary contractor. The failure to comply is considered a breach of contract as specified by the primary contractor could result in denial of payment until acceptable deliverables are received.
- 5. Subcontractor shall provide electronic (email) verification of all clients' admissions, discharges (including discharge status), or no shows for scheduled admissions. These notifications should be received within one business day of the admit/discharge/no-show.

II. SPECIAL PROVISIONS

- 1. Subcontractor shall be responsible for meeting the outcomes and performance standards as otherwise required by applicable law, rule or regulation. If outcomes are not met, technical assistance will be offered to include recommendations to assist Subcontractor in meeting outcomes.
- 2. Subcontractor agrees that any penalties provided for in the DBHS Performance Based Contract which are attributable to the acts of the Subcontractor shall be the responsibility of the Subcontractor. Subcontractor agrees to indemnify Primary Contractor for such penalties as provided in the Contract and as provided in Section IV of this Subcontract.
- 3. Subcontractor shall ensure that it will establish a grievance procedure which clients for, and recipients of, services may use to present grievances of the Subcontractors about services being provided under the Subcontractor contracts with the provider. If the grievances are not resolved at this level of authority, the Subcontractors will refer them to the Primary Contractor. The subcontractor will submit a copy of the grievance procedure to the Primary Contractor. All grievances must be reported to the Primary Contractor.
- 4. Subcontractor shall comply with procedures for Incident Reporting to DAABHS and DCFS and will copy all incident reports to the Primary Contractor.
- 5. The Subcontractor will submit a copy of their disaster plan and will be responsible for implementing the plan in case of emergencies and/or disasters when notified by Primary

Contractor. Before canceling services due to weather or an emergency the Subcontractor will notify the Primary Contractor beforehand and give the Primary Contractor the plan for providing services and a projected time for services to be restarted.

- 6. Subcontractor shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after completion of the contract or longer when required by law. In the event an audit is required by this contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract.
- 7. Subcontractor shall submit to Primary Contractor two copies of their annual financial audit.
- 8. Subcontractor shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled "Auxiliary Aids and Services for the Deaf and Hard-of-Hearing".

III. METHOD OF PAYMENT

- 1. Primary Contractor shall pay the Subcontractor for all qualified services delivered in accordance with the terms and conditions of this subcontract, at the unit price specified within the contract between the primary contractor and the state of Arkansas for Division of Children and Family Services and Arkansas Division of Adult Aging and Behavioral Health Services for substance abuse treatment services. See **Attachment 1 for Rate Schedule**. This is subject to the availability of funds.
- 2. If a referred client has medical insurance, it is considered primary insurance and the Subcontractor must bill the primary insurance prior to billing the Primary Contractor for any services.
- 3. The Subcontractor shall request payment for services delivered on a monthly basis through submission of a properly completed Invoice and report within 10 days after the first day of the following month. The Primary Contractor will track the utilization of funds each month and notify the Subcontractor if they are under or over utilization of funds. If under after the first quarter the Primary Contractor will put a plan together to ensure that the funds utilization gets to where it needs to be to meet the target of billing out the contract.
- 4. The Primary Contractor will assess a 10% fee on all services provided for in Attachment 1 "Rate Schedule". The Primary Contractor will hold this out of the amount received from total billing each month.

- 5. Primary Contractor shall not be required to pay subcontractors or other vendors if Primary Contractor does not receive payment for the corresponding services and materials from its Arkansas Division of Behavioral Health Services. This shall not mean that Primary Contractor is excused from payment unless Primary Contractor is not paid due to no fault of its own. Primary Contractor may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a subcontractor are a cause, in whole or in part, of a payment source's failure to pay Primary Contractor, then Primary Contractor may elect to apportion any payment received among subcontractors whose acts are not a cause for non-payment. Subcontractors shall not be subject to non-payment for reasons other than Primary Contractor's failure to receive its funding, unless the subcontractor has failed to comply with any terms in this contract.
- 6. In the event that a program deliverable and/or performance indicator is found to be out of compliance, the Primary Contractor will determine the responsible party for the insufficient performance as cited by DAABHS and DCFS. At that time, the total amount of the financial penalty assessed to the Primary Contractor's monthly billing statement will become the obligation of the responsible party. If the responsible party is determined to be the subcontractor, the Primary Contractor will retain the full amount of the assessed penalty from the next monthly payment to the Subcontractor. If the total penalty exceeds the monthly payment to the Subcontractor, the Primary Contractor will deduct the remaining balance of the penalty from subsequent monthly payments to the subcontractor until the full amount is obtained and the penalty is paid in full.

IV. HOLD HARMLESS

- Subcontractor shall defend, hold harmless and indemnify the Primary Contractor from any and all liability, loss, claims, damages, costs, attorney's fee and expenses Primary Contractor may sustain, incur or be required to pay either by reason of the loss or improper use of any moneys disbursed or to be disbursed hereunder to fraud, defalcation or dishonesty on the part of any person represented or employed by the Subcontractor or its agents, representatives and/or employees.
- 2. At all times during the term of this Agreement, Subcontractor shall maintain professional liability insurance coverage for Services provided by Subcontract pursuant to this Agreement in amounts of at least One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the annual aggregate.

3. To the extent not covered by the insurance required to be maintained by Subcontractor under this Agreement, Subcontractor shall hold harmless and indemnify Primary Contractor, its successors and assigns, and its medical staff members, employees and contractors, from and against any and all claims, actions, causes of action, verdicts, demands, orders, judgments, settlements, liabilities, losses, costs, obligations, damages, expenses, offsets, deductions, refunds, recoupments, or penalties (including court costs and attorney's fees) resulting from or attributable to any act or omission of Subcontractor providing any Services under this Agreement. This agreement to indemnify and hold harmless shall survive the termination or expiration of the Agreement for any reason.

V. ASSIGNMENTS AND SUBCONTRACTORS

Subcontractor may not assign the responsibility of the Contract to another party or subcontract any of the work contemplated under this Subcontract, unless so specified in an attachment, or unless the Subcontractor obtains the prior written approval of Primary Contractor. No such approval shall obligate the Primary Contractor for more than the total dollar amount stated in this Subcontract. All such assignments and subcontracts shall be subject to the conditions of this Subcontract and to any conditions Primary Contractor deems necessary.

VI. TERMINATION

Conditions governing the termination of this Subcontract include:

- 1. <u>Termination at Will.</u> Either party providing thirty (30) days written notification, unless a lesser time is mutually agreed upon in writing, shall accomplish termination of this contract, at the discretion of the Primary Contractor or the Subcontractor, without cause. That notification shall be delivered by certified mail, return receipt requested.
- Termination for Lack of Funds. Termination for lack of funds, when such termination has been affected on the Primary Contractor by Arkansas Division of Adult Aging and Behavioral Health Services or Arkansas Division of Children and Family Services this shall be accomplished by the Primary Contractor with no less than twenty-four (24) hour notice in writing delivered to the Subcontractor by certified mail, return receipt requested.
- 3. <u>Termination for Cause.</u> Termination for cause, breach or non-performance may be accomplished by the Primary Contractor with no less than twenty-four (24) hour notice delivered to the Subcontractor by certified mail, return receipt requested. The determination of cause, breach or non-performance of contract shall be made by the Primary Contractor's Executive Director. Termination for cause may include any of the following events:
 - a. If Subcontractor is suspended or becomes disqualified from providing the services, found to be negligent or to have caused harm to a qualified individual, or

otherwise is subject to disciplinary action which materially adversely affects the Subcontractor's ability to perform the services under this Subcontract.

- b. If Subcontractor (or its officers or directors) is convicted of or pleads guilty, no contest or otherwise admits to any crime involving a morally corrupt act or practice or any felony offense.
- c. If the Subcontractor makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceeding or has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed with 120 days after the commencement thereof.
- 4. <u>Continuation of Services.</u> The Primary Contractor shall work with the Subcontractor prior to cancellation date to ensure all client needs are identified and appropriate placements and transportation needs has been arranged. The Subcontractor shall maintain communication with the Primary Contractor on the process of transferring client until all clients are placed.

VII. CURATIVE CLAUSE

Any disputes concerning performance of this contract that cannot be resolved informally shall be reduced to writing and delivered to the Executive Director of the Primary Contractor requesting resolution. If the Executive Director fails to resolve the dispute, the Primary Contractor and Subcontractor agree to seek independent mediation in an attempt to resolve the dispute. The mediation shall not be binding. The cost of mediation will be paid for by the Subcontractor and the selection of the mediator is at the sole discretion of the Primary Contractor.

VIII. SEVERABILITY

This Agreement shall be deemed severable. The invalidity or unenforceability of any term or provision of this Agreement shall not render this Agreement or any other term or provision hereof unenforceable.

IX. EFFECTIVE AND ENDING DATES

This contract shall be effective on August 10th, 2021. It shall end at midnight, local time in **Conway** Arkansas, on **June 30th 2022**.

By signing the contract, the parties agree that they have read and agree to the entire contract.

THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this **16** page contract to be executed on the date and year below.

PRIMARY CONTRACTOR

Counseling Associates, Inc. affiliate of Arisa Health, Inc.

Signature: _	Migu Dair
Witness:	hery Steele
Date:	8.10.21

SUBCONTRACTOR

Harbor House INC.

Carl N. Anis Signature: Witness: 0 2021 81 10 Date: _

E.8 Technology Requirements

2.2 G. Counseling Associates HIPAA Compliance for EHR

Counseling Associates utilizes the Credible Electronic Health Record. SEE ATTACHED for the HIPAA compliance certification.

2.10 Technology Requirements (A-D)

A-C: Credible has an extensive Disaster Recovery Plan (including but not limited to data backup) with state of the art security. Data storage and transmission is secure and meets the highest standards.

The Credible system is a fully functionally electronic health record system that is utilized by the majority of behavioral health providers in Arkansas. Per our policy, the medical records are accessible upon requests per our policy. Access to clinical documentation, consents, letters, etc. are available as are any billing information that is needed.

D: The primary services offered under the crisis intervention/emergency service "umbrella" include: emergency assessment and referral, telephone intervention manned 24-7, face-to-face intervention, and medication revision. The Crisis Line is manned by live staff at all times who are available to dispatch our staff for emergency screenings at any time. The program operates on a 24-hour basis and is staffed by licensed mental health professionals while phones are manned by QBHP's who have gone through extensive training. Additionally, we have a warm line that is available to call for support at any time, day or night, work day and weekends. Emergency Services are available to anyone who is currently present in our catchment area as we coordinate care with if the client lives in a different catchment area.

The number is operable 24/7, 365 days a year and is posted in our handbooks, on all entry ways to our facilities, on our website and is provided to the client at orientation.

Our Policy and Procedures Manuals outlines our training for emergency staff persons.

Certified Health IT Product List

The CMS EHR Certification ID shown corresponds to the collection of products listed below. Submit this ID as part of the attestation process for the CMS EHR Incentive Programs.

* Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs.

CMS EHR ID: 0015ESR09PMD5N8

Listing 1	
Certifying Body	Drummond Group
Practice Type	N/A
Product Certification #	15.04.04.2704.Cred.11.00.1.171228
Developer	Credible Behavioral Health, Inc.
Product Name	Credible Behavioral Health
Version	Version 11
Classification	N/A
Certification Edition	2015
Relied Upon Software Required	

2015 CMS EHR Base Criteria Met

Demographics

😪 170.315(a)(5)

Implantable Device List

Clinical Decision Support

🕼 170.315(a)(9)

170.315(c)(1)

Computerized Provider Order Entry

🖼 170 315(a)(1), 😰 170 315(a)(2), or 🕑 170.315(a)(3)

Clinical Quality Measures-Record and Export

Transitions of Care

170.315(b)(1) or 170.315(b)(1) (Cures Update)

Application Access-Patient Selection

🖌 170.315(g)(7)

Application Access-Data Category Request @ 170.315(g)(8) or 170.315(g)(10)

Application Access-All Data Request

@ 170.315(g)(9) or 170.315(g)(9) (Cures Update)

Direct Project or Direct Project, Edge Protocol, and XDR/XDM

S 170.315(h)(1) or 170.315(h)(2)

E.9 (2.11) Physical Plant (A-E)

CA facilities are all CARF accredited, DPSQA and OADAP licensed. We meet all areas of compliance for safety and building standards. CA/Arisa Health has a team that monitors safety and is responsible for ensuring building maintenance including contracting with qualified technicians if needed. If a utility outage occurs, this is immediately reported to the appropriate company and all efforts are made to ensure prompt return for services. CA also has telehealth capability from all of our outpatient locations in the event that a facility is closed for some disaster type event so that there is not a service interruption.