

BID RESPONSE PACKET

710-22-0023

Please select the catchment area being bid as defined in Attachment H:

☐ *Area 3*

☒ *Area 4*

BID SIGNATURE PAGE

Type or Print the following information.

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

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Carl Norris	Title:	CEO
Phone:	(479)461-2321	Alternate Phone:	(479)831-7646
Email:	cnorris@recoveryhhi.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

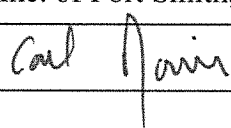
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Carl Norris Title: CEO _____
 Printed/Typed Name: Carl Norris Carl Norris Date: 12/23/21 _____

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Harbor House, Inc. of Fort Smith, AR	Date:	12/23/21
Signature:		Title:	CEO
Printed Name:	Carl Norris		

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information

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

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

Attachment Number

Action Number

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: SUBCONTRACTOR NAME:

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

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

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

YOUR LAST NAME: Norris FIRST NAME: Carl

M.I.:

ADDRESS: PO Box 4207

CITY: Fort Smith

STATE: AR ZIP CODE: 72914

COUNTRY: USA

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

FOR INDIVIDUALS *

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

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

☒ **None of the above applies**

FOR AN ENTITY (BUSINESS) *

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

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

☒ **None of the above applies**

Attachment Number

Action Number

Contract and Grant Disclosure and Certification Form

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

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

- 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.
- I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
- No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Carl Norris Title CEO Date 12/23/21

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

Agency use only

Agency

Number 0710

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.



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

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Policy:

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

Purpose:

The purpose of this policy is to assure equal employment opportunity for applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, religion, national origin, age, gender, disability, marital status or any other non-merit factor, except where such factor is a bona fide occupational requirement, with proper regard for the privacy and constitutional rights of citizens, and prohibiting discrimination against any person on the basis of such non-merit factors.

Procedure:

- Recruit, select, and advance employees on the basis of their relative abilities, knowledge, and skill.
- Provide equitable and adequate compensation.
- Provide training opportunities for employees, as identified, to support high-quality performance and promote career development.
- Retain employees on the basis of the adequacy of their performance, to support correction of inadequate performance, and to separate employees whose inadequate performance is not corrected.
- HARBOR HOUSE, INC., if required by law, will establish a written affirmative action program to achieve prompt and full utilization of minorities, the disabled, Vietnam-era or disabled veterans, and women at all levels and in all segments of the work force. The results of the program would be reviewed annually, and the program modified as necessary to achieve its stated objective.
- Process any claims of discrimination in accordance with applicable laws and internal policies/procedures.
- The program will not employ any person currently receiving substance abuse treatment services. This also prohibits the use of clients to monitor any components of the program.
- Former substance abuse clients shall not provide direct treatment services or monitoring



for at least twelve (12) months after their discharge from substance abuse treatment; the decision to employ former clients shall be determined on an individual basis.

- Employees must have at least a GED as well as any other required education for the job.
- A description of the policies and procedures used to demonstrate compliance with the guidelines of the EEOC currently in force shall be prominently displayed within the office and copies will be made available upon request.

FAIR LABOR STANDARDS ACT COMPLIANCE

Policy:

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

Purpose:

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

Procedure:

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

HARASSMENT

Policy:

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

Purpose:

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

Procedure:

- It is the responsibility of all management personnel to create an atmosphere free of



discrimination and harassment, sexual or otherwise; including belittling, mockery, etc.

- Harassment is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of that person's race, skin color, religion, gender, national origin, age or disability, or that person's relatives, friends or associates and that:
- Has the purpose or effect of creating an intimidating, hostile or offensive work environment.
- Has the purpose or effect of unreasonable interference with the individual's work performance and otherwise adversely affects the individual's employment opportunities,
- Harassing conduct including epithets, slurs, negative stereotyping or threatening, intimidating or hostile acts and written (to include disbursement through company e-mail) or graphic material that denigrates or shows hostility is prohibited, unwelcome physical or verbal behavior, offensive jokes, belittling comments, slurs, epithets, name calling, physical threats or assaults, ridicule or mockery, insults, offensive objects/pictures that create an intimidating or hostile work environment.
- Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual or otherwise offensive nature, especially when:
- Submission to such conduct is made explicitly or implicitly a term condition of employment.
- Submission to or rejections of such conduct is used as the basis for decisions affecting an individual's continued employment.
- Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
- Sexually harassing conduct including unwelcome offensive comments, jokes, innuendoes and other sexually oriented statements is prohibited to include communication through company e-mail.
- Employees are responsible for respecting the rights of their co-workers.
- Behavior that a reasonable person would consider offensive in the workplace, *even* if it does not rise to the level of unlawful conduct, violates the respect rule.
- Interactions are to be guided by courtesy and common sense.
- Violations of the respect rule are reported to the appropriate supervisor, Grievance Officer, Chief Compliance Officer or CEO. Confidentiality will be maintained to the maximum extent possible.
- Employees are responsible for promptly reporting all perceived harassment based on gender, race, religion, national origin, age, disability or any other factor to the appropriate supervisor, Grievance Officer, Chief Compliance Officer or CEO. Confidentiality will be maintained to the maximum extent possible.
- Supervisors or managers who have received a harassment report are responsible for promptly reporting all complaints to the Grievance Officer, Chief Compliance Officer and/or CEO, or designee(s) who will immediately investigate the matter and take appropriate action.
- Retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation is prohibited.
- Appropriate disciplinary action will be taken against any employee found guilty of harassing another employee.



HARBOR HOUSE, INC. takes allegations of harassment or discrimination seriously and will respond promptly to complaints. Where it is determined that inappropriate conduct has occurred, HARBOR HOUSE, INC. will act promptly to eliminate the conduct and will impose corrective action as necessary, including disciplinary action where appropriate, which may include termination of employment.

Each department supervisor is responsible for disseminating and enforcing the policy and procedures so that each employee is aware of the policy and held responsible for his/her behavior.

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

The agency recognizes that the question of whether a particular action or incident is purely personal, a social relationship, or has discriminatory employment effects, requires a factual determination based on all facts. Given the nature of this type of discrimination, the agency also recognizes that false accusations of sexual harassment can have serious effects on the work environment. All employees of the agency must act responsibly in conjunction with an environment free of discrimination. Employees are encouraged to raise questions he/she may have regarding employment discrimination with their immediate supervisor, the Grievance Officer, the Chief Compliance Officer or CEO.

Equal Employment Opportunity

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

Discrimination

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

"Harassment" means unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law. Harassment includes, but is not limited to: display or circulation of written materials or pictures that are degrading to a person or group as previously described.

Verbal abuse or insults about, directed at, or made in the presence of an individual or group as previously described.

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other



verbal or physical conduct of a sexual nature when:

Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;

Submission to or rejection of such conduct by an individual is used as the basis for employment or decisions affecting such individual; or

Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working or academic environment

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

The definition of sexual harassment is broad and it includes a wide spectrum of interpretations. In addition to the above examples, other unwelcome sexually oriented conduct, whether intended or not, that has the effect of creating a work environment that is hostile, offensive, intimidating or humiliating to either employees or clients also may constitute sexual harassment. Such conduct may include but is not limited to sexual epithets, jokes, comments, inquiries or gossip regarding one's sex life or sexual activity; displaying sexually suggestive objects, offensive e-mails or instant messages, pictures or cartoons; and unwelcome leering, whistling, or brushing against the body or sexual gestures. Unwelcome conduct may be considered harassment or sexual harassment depending upon the totality of the circumstances, including the severity of the conduct and its pervasiveness.

RESPONSIBILITIES/EXPECTATIONS

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

Administrators, supervisors and managers are responsible for implementation of and meeting plan objectives within their respective organizational units and will ensure that all employees under their supervision are fully informed regarding the EEOC, ADA, and Harassment policies and procedures.

Administrators, supervisors and managers will be held accountable through the annual evaluation of their work and that part of their performance rating will be based on their efforts and effectiveness in the area of Equal Employment Opportunity and Americans with Disabilities Act. The Chief Compliance Officer and/or CEO develops and recommends revisions as required and manages policies and procedures to ensure compliance with government regulations, as well as local, state, and federal laws.

The CCO and/or CEO serves as a resource to managerial personnel offering support, guidance and direction in personnel related matters.

All employees share responsibility for avoiding, discouraging and reporting any form of harassment or discrimination.

All HARBOR HOUSE, INC. employees are expected to fully cooperate with ongoing investigations, keeping the following in mind:



Information gathered from all affected employees' statements are crucial for completing a fair and balanced investigation of the complaint.

Supervisors are required to allow adequate time as needed by the Grievance Officer for investigating and for interviews with employees during regular work hours.

Supervisors will coordinate with the Grievance Officer to arrange scheduling of the interview.

The supervisor will coordinate with the Grievance Officer and reschedule a second interview time at the employees work site.

The CEO has primary responsibility for ensuring that a proper investigation and resolution of discrimination or harassment complaints occurs.

Any employee who feels that he or she has been subjected to discrimination and/or harassment of any kind should bring these matters to the attention of the Grievance Officer if they feel comfortable, anyone in their management reporting chain.

If an employee seeks investigation through management, the complaint will promptly be investigated by the Grievance Officer.

Prompt reporting of discrimination or harassment is essential to a fair, timely and thorough investigation. Accordingly, complaints should be filed as soon as possible following the incident(s) at issue.

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

All relevant facts, including the date(s) of the occurrence(s), the identity of all parties, the location(s) and circumstances of the behavior at issue, and any other information the complainant feels is relevant;

The specific nature of the discrimination or harassment involved in the complaint;

other individuals who might be aware of or have knowledge of the situation;

What actions, if any, the complainant has taken as a result of the incident(s); and

What remedy or relief is being sought (although the imposition of any particular remedy is in the discretion of the Grievance Officer and/or CEO).

A full investigation, including a review of records, documents, witnesses and all data related to the allegation, will occur.

The Grievance Officer will advise management and the employee of the outcome of the investigation, *offer* recommendations regarding resolution of the issues which arose during the investigation, and assist management in determining the appropriate remedial or disciplinary action, if applicable.

All investigations will occur within a reasonable time frame, the spirit and intent being a timely resolution.

Complaints initiated in good faith by an employee will in no way cast a reflection on that employee's standing, loyalty or desirability, nor will such be construed as any reflection on the employee's supervisor or fellow employees.

Employees who initiate a complaint in good faith will in no way be faced with any retaliatory consequences.

The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances.

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



The Grievance Officer may counsel the complainant concerning options for responding to the problem on his/her own initiative, for example through oral or written communication with the respondent or the respondent's department head/supervisor in the case of an employee.

The Grievance officer may arrange for a meeting(s) and/or distribution of relevant policy statements and/or other forms of educational materials to the appropriate department, residential area, etc.

If both complainant and respondent agree, the Grievance Officer may arrange and facilitate a meeting between the parties in an attempt to reach a mutually acceptable resolution.

Other options may be pursued which are consistent with applicable laws and/or HARBOR HOUSE, INC. policies and procedures.

Employees found to be in violation of the discrimination or harassment policy will be subject to disciplinary sanctions.

Disciplinary sanctions shall be based on the nature and severity of the offense as well as any record of prior disciplinary action imposed on the respondent.

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

RESPONSIBILITY OF MANAGEMENT STAFF

Policy:

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

Purpose:

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

Procedure:

- To select, train, re-train, transfer, promote, discipline and/or terminate employees within a department or program.
- To effectively supervise employees, including a six-month training period for new hires.
- To fairly evaluate the performance of employees.
- To report any changes in position duties of the employee to the CEO.
- To request changes in salary within established scales for classes, current budget parameters, and human resources policies.

PERSONNEL POLICY AND PROCEDURE REVIEW

Policy:

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

Purpose:

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

Procedure:

Responsibility of the Employee



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

COMPENSATION

Policy:

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

Purpose:

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

Procedure:

- Compensation of employees in any of the following ways, based on budgetary constraints, is allowable as long as the procedures are consistent with the board approved range of salaries and benefits as included in the annual budget preparation process:
- Base pay using current salary system.
- When applicable, health and vision insurance cost will be a shared cost between the agency and the employee (based upon budgetary constraints).
- When applicable, Group Life insurance will be a shared cost between the agency and the employee (based upon budgetary constraint).
- When applicable, licensure and continuing education costs will be shared between the agency and the employee (based on budgetary constraints).
- Any combination of the above as allowed by law or HARBOR HOUSE, INC. policy.
- Paychecks are issued on a bi-weekly basis, provided the employee, via BambooHR/paper, complete the time sheets, signed by the supervisor and made available to the CFO.
- Employees wanting direct deposit must complete the appropriate paperwork on BambooHR under Onboarding to establish direct deposit. If an employee opts out upon hire, and then decides to participate, they must contact the CFO regarding the process.
- Employees who fail to submit a signed time sheet by the published time may have to wait until the next pay run.
- The employee's salary and the number of exemptions claimed, as allowed by law, determine payroll deductions.
- When applicable, each employee may authorize, in writing, deductions as allowed by HARBOR HOUSE, INC. compensation and payroll deduction plans within FLSA guidelines.

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

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

Bid Number 710-22-0023, Area 4

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

2.2 Minimum Qualifications:

- A. Harbor House, Inc. of Fort Smith, AR (HHI) is registered to do business in the State of Arkansas. Official documentation from the Arkansas Secretary of State is attached.
- B. All required licensure and certification documents are attached, including Behavioral Health Agency certification, DPSQA alcohol and drug treatment license and CARF Accreditation.
- C. HHI has Specialized Women's Services (SWS) programs and buildings in Arkansas. The Fort Smith location is at 3900 Armour and the Hot Springs location is at 812 Mountain Pine Road. Attached is an attestation that the two currently operational SWS programs can accommodate a minimum of -30- beds.
- D. DPSQA licensure and certification copies are attached.
- E. HHI is a Behavioral Health Agency enrolled as a service provider in the Arkansas Medicaid Program. Medicaid number documentation is attached.
- F. HHI is CARF accredited. The accreditation is good through November 30, 2024.
- G. HHI ensures that all services (client-related or non-client related) are provided by appropriate qualified or credentialed staff and the requirements will be met for the duration of the contract period. A staffing plan is attached, as are copies of SWS staff credentials.
- H. HHI has HIPAA compliance electronic health records system (see attachment) and this shall be accessible to DAABHS and DPSQA staff during on-site monitoring for compliance.

2.3 Scope of Work:

2.3.1 Service Requirements

- A. Comprehensive services shall be provided to alcohol and other drug-abusing pregnant adult women and adult women with small children.
- B. The SWS programs for HHI include documented evidence of a pre-admission screening, an intake/assessment, which at a minimum includes financial eligibility, evidence-based screening tools for substance abuse and co-occurring problems, ASAM based determination of treatment modality and initial treatment plan, as well as a comprehensive treatment plan.
- C. HHI follows the identified term for family as it applies to the scope of work – one mother and up to two children under the age of seven – to be allowed on-site in the residential facility for treatment. It is understood that the mother may be biological, adopted or considered the legal guardian of the children.

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

2.3.2 Standard Care

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

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

2.3.3 Care Coordination (Residential)

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

2.3.4 Records and Reporting

- A. It is understood that DAABHS reserves the right to request various reports on an as-needed basis. Upon request, HHI will provide specific reports. All reporting will be submitted to DAABHS within designated time frames.
- B. All DAABHS funded services are entered into the Data Information System by HHI by the fifth working day of the following month. This includes the waiting list duration, admission reports, environmental change reports, discharge reports and continuing care tracking.
- C. HHI will submit the Wait List and Capacity Management reports as directed by DAABHS.
- D. HHI will submit an Annual Program Report by June 15th for the preceding contract year.
- E. HHI will submit an annual independent financial and compliance audit under the guidelines of DHS and Bid Number 710-21-0053 and mailed or emailed as referenced in the IFB.
- F. HHI ensures compliance with Attachment J – DHS Incident Reporting Policy 1090, including time frames for submission.

- G. HHI ensures compliance with any other reporting information requested by DAABHS within the timeframe established for the reporting process.

2.3.5 Staffing

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

2.3.6 Compliance

- A. HHI will determine financial eligibility and conduct clinical screening/assessment and recommend the appropriate program and level of service for all clients.
- B. HHI will maintain CARF accreditation to provide substance abuse residential and outpatient treatment programs. A copy of any adverse action and corrective actions plans will be sent to DAABHS. Accreditation correspondence will be sent to DABHS within five business days, this includes: Annual Conformation to Quality Reports, Maintenance of Accreditation, etc. Final reports will be submitted to DAABHS upon receipt.
- C. HHI will maintain compliance with all regulatory agencies applicable to these services and DAABHS Rules of Practice and Procedure and Licensure Standards.

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

2.3.7 Technology Requirements

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

2.3.8 Physical Plant Requirements

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

2.3.9 Billing

- A. HHI will bill other available payors before billing the state for services rendered on a fee-for-service basis.

- B. HHI will demonstrate ongoing staff development and recruitment processes to ensure good stewardship of state and federal funds.

2.4 Performance Standards:

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

Arkansas Secretary of State Verification



**Arkansas Secretary of State
John Thurston**

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

Certificate of Good Standing

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

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

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

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



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 6th day of January 2021.

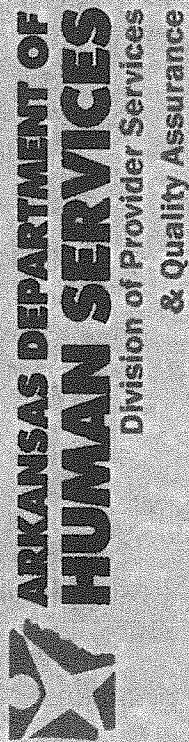

John Thurston

Secretary of State

Online Certificate Authorization Code: 0d23010974bda04

To verify the Authorization Code, visit sos.arkansas.gov

Required Licensure and Certification Documents



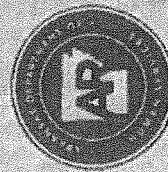
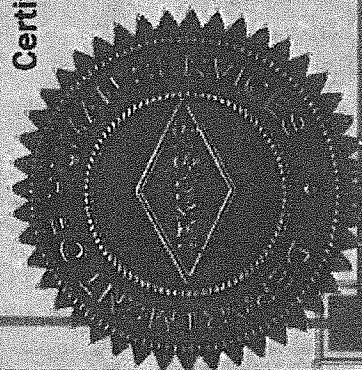
Certificate Number: 35874

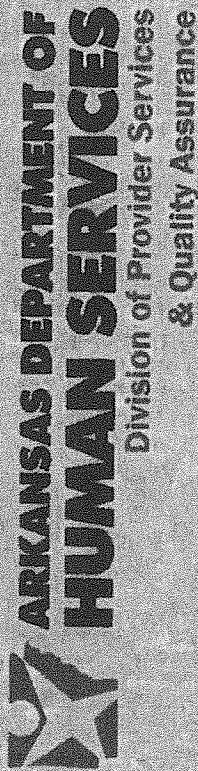
This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH AR
812 MOUNTAIN PINE ROAD HOT SPRINGS AR 71913

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

Certificate effective from 01/21/2021 to 05/30/2022 (unless sooner revoked).





License Number: 35875

This Is to Certify That

HARBOR HOUSE INC OF FORT SMITH ARKANSAS

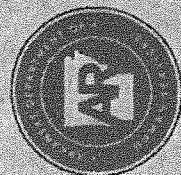
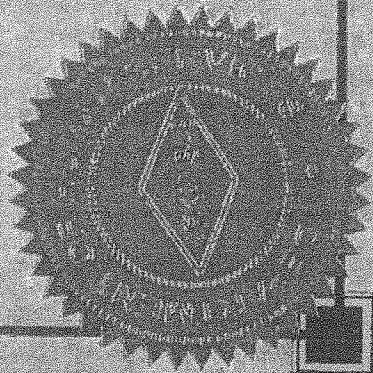
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 812 MOUNTAIN PINE ROAD _____,

HOT SPRINGS _____, County of _____ GARLAND _____, Arkansas.

License Effective: 01/21/2022 | License Expires: 1/20/2025





License Number: 33688

This Is to Certify That

Harbor House Inc, of Fort Smith AR

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

N/A capacity

Alcohol and Other Drug Abuse Treatment Programs

on the premises located at

3900 Armour

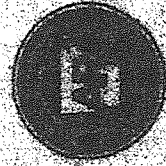
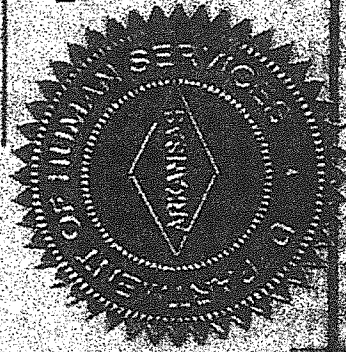
Fort Smith

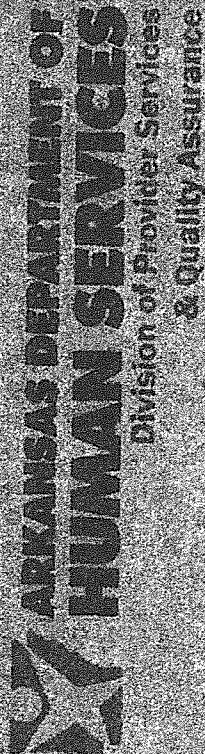
County of

Sebastian

Arkansas.

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





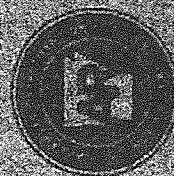
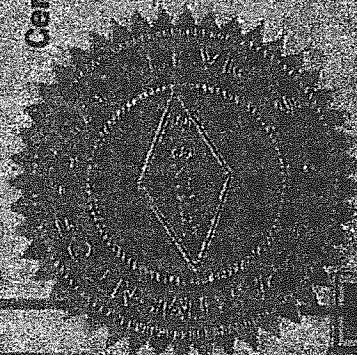
Certificate Number: 32248

This Is to Certify That

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

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency

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



Survey Accreditation Detail

As of 12/13/2021

Survey Number: 139374
Company Number: 306471
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 11/30/2024
Company Submitting Application: Harbor House, Inc.
620 South 21st 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. (306471)

620 South 21st Street
Fort Smith, AR 72901
Administrative Location Only

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 12/13/2021

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)

615 West Grand Avenue, Suite 2-A
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 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)

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)

Survey Accreditation Detail

As of 12/13/2021

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, 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)

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)

Company Count: 16

SWS Bed Number Attestation

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

Carl H. Norris

CEO Signature

12-23-21

Date

Harbor House Medicaid Numbers

HH Medicaid Site Number List

Updated 7.19.21

Booneville	237588526
Clarksville	239186526
Conway	237456526

Fort Smith Locations

HRI	236252526
Conn Point	238019526
GRC	238020526
HRC	193623744

Hot Springs Locations

HS OP	239197526
Residential Site	266523526

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

Staffing Plan

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

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

Support Positions:

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

Administrative Positions:

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

Senior Management:

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

Medical Directors:

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

Board of Directors

Carl Norris, CPA, CEO

Vickie McDaniel, CFO

Robert Lovell, Director Outpt Services

Cindy Stokes, Chief Compliance Officer, Quality Assurance, Privacy Officer, Quality Control Manager

Kirk Duboise, Director Residential Men's Services

Tabitha Fondren, Assistant Dir, Residential Women's services

Lisa Haynes, Director Residential Services, HH-HS

Ranee Lewis, Billing Specialist, Medical Records Librarian
Rebecca Myers, Billing Specialist
Open, Billing Specialist
Open, Administrative Assistant
Linda Bodin HR Manager, Grievance Officer

Harbor Behavioral Health
Kramer Bass, Support Staff Therapist
Memory Boucher, Counselor
Sarah Cristee, Site/Training Coordinator
Kayla Seiter, Recovery Coach
Open, Counselor
Sara Mainer, Counselor
Shanika Royal, Recovery Coach
Open, Counselor

Noel Calvo, LCSW
Clinical Director
Tyler Limore, MSW,
Ast. Clinical Director
Harley Martin,
Compliance Assistant

Maintenance
Colton Cooper, Facilities Manager
Hawk Hays, Maintenance
Kenneth Martin Jr., Maintenance
Michael Spears, Maintenance
Michael Melton, Maintenance

Harbor Recovery Center
David Allen, Front Office
Charles Belt, Kitchen Manager
Jeffery Bowling, Counselor
Donald Bradley, Support Tech
Audra Cooper, LMSW, Clinic Coordinator
Jeremy Diaz, Support Tech
Christopher Gonzalez, Recovery Coach
Billy Heaton, Counselor
Michael Howard, Admission Counselor
John Lane, Support Tech
Nicholas Page, Recovery Coach
Vini Scott, Recovery Coach
Kyle Shell, Counselor
Don Hollings, Recovery Coach

HH-HS Clinical Staff
Summer Bullock, SWS Recovery Coach
Nancy Carpenter, Admission Counselor
Nick Mastowski, Counselor
Open, Counselor
Tabitha Robbins, Recovery Coach
Doe Roberts, Recovery Coach
Nicole Willis, Counselor
Jared Eakin, Counselor
Sam Tadlock, Recovery Coach
Joshua Travis, Recovery Coach
Sarah Law, LCSW, SWS Coordinator
Open, Recovery Coach
Daniel York, Recovery Coach
Nicole Adornetto, Recovery Coach

Operations Coordinator
Wade Carter
HH-HS Operations Staff
Larry Shireman, Support Tech
Rebecca Davis, Support Tech
Francesca Davis, Support Tech
Alex Causey, Pre-Screener
Heather Darter, Support Tech
Bradi Shirey, Front Desk Clerk
Brenda Williams, Kitchen Manager
Jennifer Boreman, Kitchen Assistant
Shavna Baum, Babysitter
Open, Babysitter
Shaun Holland, Support Tech
Katrina Revel, Support Tech

Jeff Smith, Maintenance

Consultants
Medical Directors
Dr. James Parks
Dr. Fayz Hudefi
Dr. Kristin Martin

Outpatient Clinics
Substance Abuse Counselors
Amanda Fletcher, Booneville/Ozark
Karen Cano, Connection Point
McKala Dillard, Connection Point
Harley French, Connection Point
Colt Sanders, Connection Point
Guadalupe Zepeda-Hernandez, Connection Point
Lindi Doyle, Conway
Mary Hutson, Conway
Desmond Hicks, Conway
Ashley Reynolds, Marketing Director
Sara Tadlock, Hot Springs
Heather Hood, Hot Springs
Nick Mastowski, Hot Springs
David Laser, Jr. Little Rock
Eric Jones, North Little Rock
Open, North Little Rock
Shawn Brown, Fayetteville
Victoria Roe, Fay/Rogers
Colin Roe, Rogers
Kayla Stubbs Russell/Clarksville
Misty Pagel, Russellville/Clarks
Vicky Teal, Texarkana
Open, Substance Abuse Counselor
Joyce Slack, IT Coordinator

Prevention Staff
Rachel Williams, SPF-PFS Coordinator
Cindy Miner, Prevention Coordinator
Open, Prevention Coordinator
Alex Smith, SPF-PFS Coordinator
Jadyn McGrew, SPF-PFS Coordinator
Open, Prevention Assistant

Gateway Recovery Center
Selina Wright, Support Tech
Brittany Goldsmith, Admission Counselor
Teresa Casey, RADD/Health and Safety Coordinator
Rebecca Cordell, Counselor
Whitley Hopkins, Recovery
Rose Hughes, Support Tech
Mary Sloan, SWS Support Tech
Morgan Lessley, Recovery Coach
Maria Lovell, Counselor
Kayla McAllister, Recovery Coach
Megan Reid, Counselor
Anna Roberts, SWS Coordinator
Open, Support Tech
Brandi Bowling, Babysitter
Megan Scoggins, Babysitter
Linda Stephens, Kitchen Manager
Jessica Sparks, Front Desk Clerk
Halley Turman, Recovery Coach
Kylla Eastman, Transporter, Open, Support Tech

ARKANSAS DEPARTMENT OF HEALTH
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



November 8, 2021

Governor Asa Hutchinson
José R. Romero, MD
Secretary of Health

Noel M. Calvo, LCSW
2208 Carthage Drive
Fort Smith, AR 72901

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Noel M. Calvo, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **December 1, 2021 through November 30, 2023**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the 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, (**November 30, 2023**) you must obtain 30 hours of social work continuing education between the dates of **December 1, 2021 through November 30, 2023**. 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 watch the Board's website on a regular basis for updates or changes that may affect your license.

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



Arkansas Department of Health
Social Work License Card

License No.

7526-C

Expiration Date:

11/30/2023

Noel M. Calvo, LCSW
2208 Carthage Drive
Fort Smith AR 72901

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

Tammy Charlton, LCSW

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.



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

CIT-M-00109

Dear NOEL CALVO

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/06/15 your CIT registration is valid for 5 years.

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

Beginning Jan 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

ph: 501.749.4040 • fx: 501.280.0056 • ar.asacb@gmail.com • www.asacb.com



American Red Cross
Training Services

Certificate of Completion

Noel Calvo

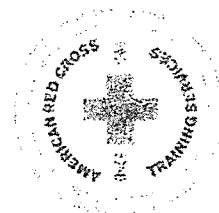
has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

Date Completed: 09/27/2021

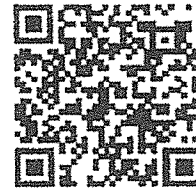
Validity Period: 2 - Years

Conducted by: Harbor House, Inc



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Learn and be inspired at LifesavingAwards.org



000NV00



September 23, 2020

To whom it may concern,

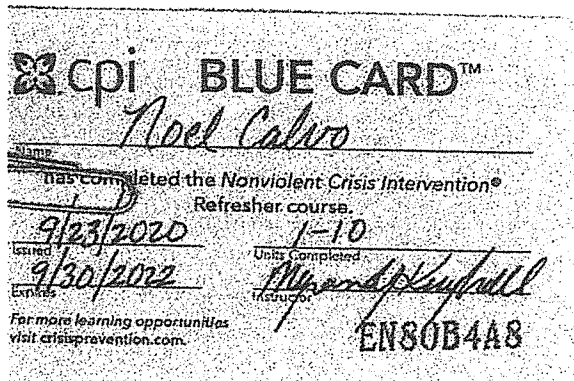
This letter is to verify that on 9/23/2020 Noel Calvo participated in a Nonviolent Crisis Intervention : Refresher - Classroom training class. The entire course was conducted in 4.5 hours and documentation of this course was submitted to CPI on 9/23/2020.

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

Respectfully,

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

Myranda Kuykendall
Certified Instructor with Baptist Health Fort Smith



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

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

have admitted

Tyler Preston Limore

to the degree of

Master of Social Work

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

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



FOR THE STATE REGENTS:

Ann Hollaway
Chair

[Signature]
Secretary

[Signature]
Chancellor



FOR THE UNIVERSITY:

[Signature]
Chair, Board of Regents

[Signature]
President of the University

Deborah L. [Signature]
Provost and Vice President for Academic Affairs

Arkansas Substance Abuse Certification Board

Hereby Certifies

TYLER LIMORE

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

Certified Alcohol and Drug Counselor

01/02/2020

Issue Date

Diane Byrnes
President

Don K. Rife MSLS
Vice-President

1659

Certificate Number

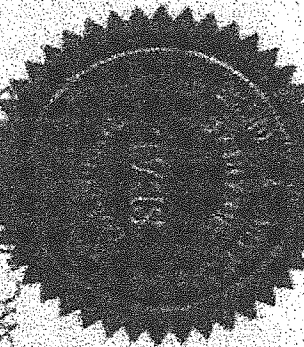
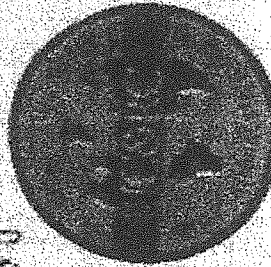
Diane Byrnes
President

Don K. Rife MSLS
Vice-President

12/31/2021

Expiration Date

Myriam Carter SOC.CS.PA
Secretary





American Red Cross
Training Services

Certificate of Completion

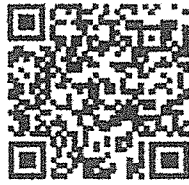
Tyler Limore

has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

Date Completed: 01/12/2021
Validity Period: 2 - Years

Conducted by: Harbor House, Inc



00H3PDF

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April 22, 2021

To whom it may concern,

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

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

Respectfully,

Christopher Gonzalez
Certified Instructor with Harbor House Incorporated

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TOLL-FREE 800.558.8976 | FAX 414.979.7098 | TTY 888.753.6043 (Dept. head of hearing, or speech impaired)
crisisprevention.com

Arkansas Substance Abuse Certification Board

Hereby Certifies

KIRK DUBOISE

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

Certified Alcohol and Drug Counselor

12/19/2019

Issue Date

1605

Certificate Number

12/31/2021

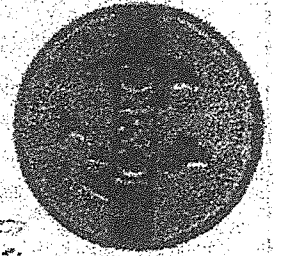
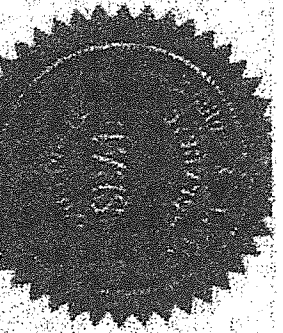
Expiration Date

Diana B. Brown
President

John H. Rogers
Vice-President

Myron Carter
Secretary

Myron Carter
Secretary



Arkansas Substance Abuse Certification Board

Whereby Certifies

KIRK DUBOISE

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

Certified Clinical Supervisor

12/31/2020

Issue Date

Diane Bryson, M.Ed.
President

Dr. K. Reg. M.S.C.
Vice-President

1605

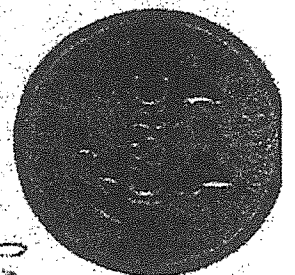
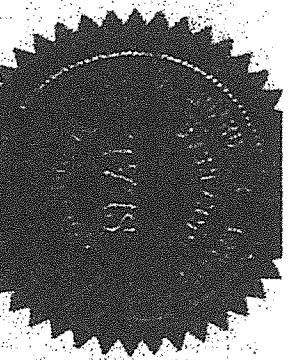
Certificate Number

Diane Bryson, M.Ed.

12/31/2022

Expiration Date

Myriam Carter, AOC.CS.PK
Secretary





American Red Cross
Training Services

Certificate of Completion

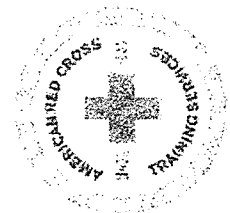
Kirk Duboise

has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

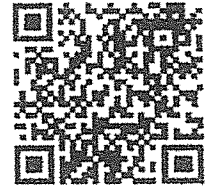
Date Completed: 04/28/2021
Validity Period: 2 - Years

Conducted by: Harbor House, Inc



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00K7LS1



March 04, 2021

To whom it may concern,

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

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

Respectfully,

Christopher Gonzalez
Certified Instructor with Harbor House Incorporated

Arkansas Substance Abuse Certification Board

Hereby Certifies

TABITHA FONDREN

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

Certified Alcohol and Drug Counselor

10/05/2021

Issue Date

1620

Certificate Number

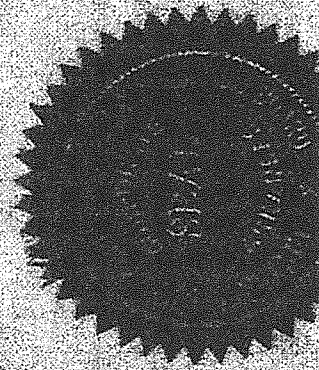
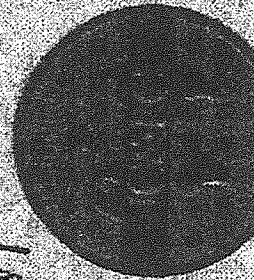
12/31/2023

Expiration Date

MONTGOMERY / MSW, LADAC, CS, PADC

[Signature]
Vice-President

[Signature]
Secretary





November 11, 2020

To whom it may concern,

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

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

Respectfully,

Christopher Gonzalez
Certified Instructor with Harbor House Incorporated

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TOLL-FREE 800.558.3976 | FAX 414.979.7098 | TTY 868.758.6048 (Cost, hard of hearing, or speech impaired)
crisisprevention.com



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

CIT-HS-00179

Dear ANNA ROBERTS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2021/02/23 your CIT registration is valid for 5 years.

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

Beginning Jan 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

ph: 501.749.4040 • fx: 501.280.0056 • ar.asacb@gmail.com • www.asacb.com



American Red Cross
Training Services

Certificate of Completion

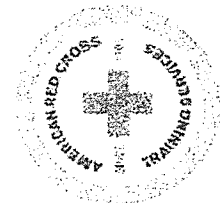
Anna Roberts

has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

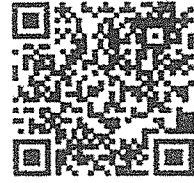
Date Completed: 03/01/2021
Validity Period: 2 - Years

Conducted by: Harbor House, Inc



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0011QJR



March 04, 2021

To whom it may concern,

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

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

Respectfully,

Christopher Gonzalez
Certified Instructor with Harbor House Incorporated

CRISIS PREVENTION INSTITUTE | 10350 W. Park Place, Suite 250 | Milwaukee, WI 53224
TOLL-FREE 800.553.8976 | FAX 414.979.7098 | TTY 688.758.6048 (Deaf, hard of hearing, or speech impaired)
crisisprevention.com

CERTIFICATE OF ATTENDANCE

SEEKING SAFETY

Awarded to

Anna Roberts

This is to certify that has attended, in its entirety, the training

Seeking Safety: An Evidence-Based Model for Trauma and/or Substance Abuse (6 hours)

Presented by Summer Krause

Course Director: Lisa M. Najavits, PhD

Lisa M. Najavits, PhD

Completion date: 12/3/21

Hosted by Treatment Innovations

ARBEST

Arkansas Building Effective Services for Trauma

This is to certify Anna Roberts attended:

“Managing Youth Trauma Effectively - Spring 2021”

Presenters: Emily Robbins, LCSW Lindsey Roberts, PhD

May 27 - 28, 2021

Virtual Training (Zoom)

The attendee listed above completed 8 hours of Continuing Education Units for participating in this training.

Sufna John, PhD

Sufna John, PhD ARBEST Co-Director

Nicola Edge, PhD

Nicola Edge, PhD ARBEST Co-Director

UAMS[®]

Psychiatric
Research Institute



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

CIT-A-00006

Dear WHITLEY HOPKINS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/06/12 your CIT registration is valid for 5 years.

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

Beginning Jan 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

ph: 501.749.4040 • fx: 501.280.0056 • ar.asacb@gmail.com • www.asacb.com



American Red Cross
Training Services

Certificate of Completion

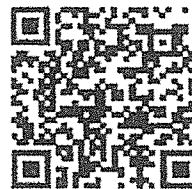
Whitley Hopkins

has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

Date Completed: 06/21/2021
Validity Period: 2 - Years

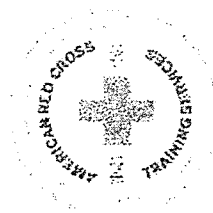
Conducted by: Harbor House, Inc



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00M3907





June 10, 2020

To whom it may concern,

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

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

Respectfully,

Tosha Wilson
Certified Instructor with Harbor House Incorporated

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TOLL-FREE 800.556.8976 | FAX 414.978.0788 | TTY 414.978.6648 (Text, TTY or speech impaired)
crisisprevention.com

ARBEST

Arkansas Building Effective Services for Trauma

This is to certify Whitley Hopkins attended:

“Managing Youth Trauma Effectively - Spring 2021”

Presenters: Emily Robbins, LCSW Lindsey Roberts, PhD

May 27 - 28, 2021

Virtual Training (Zoom)

The attendee listed above completed 8 hours of Continuing Education Units for participating in this training.

Sufna John, PhD

Sufna John, PhD ARBEST Co-Director

Nicola Edge, PhD

Nicola Edge, PhD ARBEST Co-Director

UAMS[®]

Psychiatric
Research Institute

CERTIFICATE OF ATTENDANCE *SEEKING SAFETY*

Awarded to

Mary Sloan

This is to certify that has attended, in its entirety, the training
Seeking Safety: An Evidence-Based Model for Trauma and/or Substance Abuse (6 hours)

Presented by Summer Krause

Course Director: Lisa M. Najavits, PhD

Lisa M. Najavits, PhD

Completion date: 12/3/21

Hosted by Treatment Innovations

CERTIFICATE OF ATTENDANCE *SEEKING SAFETY*

Awarded to

Sarah Law

This is to certify that has attended, in its entirety, the training
Seeking Safety: An Evidence-Based Model for Trauma and/or Substance Abuse (6 hours)

Presented by Summer Krause

Course Director: Lisa M. Najavits, PhD

Lisa M. Najavits, PhD

Completion date: 12/3/21

Hosted by Treatment Innovations

CERTIFICATE OF ATTENDANCE *SEEKING SAFETY*

Awarded to

Summer Bullock

This is to certify that has attended, in its entirety, the training

Seeking Safety: An Evidence-Based Model for Trauma and/or Substance Abuse (6 hours)

Presented by Summer Krause

Course Director: Lisa M. Najavits, PhD

Lisa M. Najavits, PhD

Completion date: 12/3/21

Hosted by Treatment Innovations

HIPAA Compliant EHR System (Credible)



Letter of Intent

Small Business Limited

June 13, 2014

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

Dear Ms. Wooding:

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

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

1. Fully integrated software, including Mobile, Electronic Prescription, eLabs, Wiley Treatment Libraries, and Business Intelligence modules, if purchased.
2. Easy to use interface with straightforward and legible screen, role based security, and online help tools.
3. HIPAA compliant operations, data access, and security.
4. Four (4) annual software feature releases for the life of the contract at no additional cost.
5. Secure Hosting and Disaster Recovery services.
 - a. Enterprise level primary and secondary sites with 24 hour, 7 days a week, 365 days a year monitoring, full operational redundancy, and state of the art hardware and software.
 - b. Server rooms secured with biometric thumbprint readers and monitored by security camera.
 - c. Built-in redundancy for all power and cooling systems.
6. Meaningful Use Certification: Credible is ONC-ATCB certified as a complete EHR as of June 1, 2011 by the Certification Commission for Health Information Technology (CCHIT). By this agreement, Credible commits to maintain its continued Meaningful Use certification. Credible's CMS EHR Certification ID is 300000010K9EAC, verifiable at <http://www.healthit.hhs.gov>.
7. Agency receives best in class billing software, which currently handles over \$1,900,000,000 billion dollars in Medicaid, Medicare, and 3rd Party Claims.
8. Powerful standard and ad-hoc reporting tools for Billing, Service, Claims, Client, Employee, Ledger, and Service data.
9. Increased productivity and reduction in staff paperwork through elimination of duplicate data entry and paper-based documentation inefficiencies.
10. Increased accuracy and timeliness of data with real-time reporting.
11. Simplified and fully integrated documentation, reporting, scheduling, and billing.
12. Client Portal with secure Agency managed access to specific data points by Agency's clients, consumers, and/or patients.
13. Provider Portal with simplified and secure data transfer amongst Credible Partners, as well as from Agency referral sources and business partners, regardless of whether or not they utilize the Credible platform.

Letter of Intent - Confidential & Proprietary

June 13, 2014

Page 1 of 16

or 301-632-9300 f: 240-744-3063 e: info@credibleinc.com w: credibleinc.com



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

Letter of Intent - Confidential & Proprietary

June 13, 2014

Page 2 of 16

Initial

Evidence Based Curriculum at HHI

Evidence Based Curriculum at HHI

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

Sample Group Schedules

HRC Residential

Class Schedule: 2021 Schedule September 20 – 26 (Groups shaded are eligible for Outpatient Group Sessions)

Time	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Saturday 25	Sunday 26
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (7:00)	Wake-Up (7:00)
6:15am-6:30am	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation (7:15)	Meditation (7:15)
6:45am	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills		
7:30am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8 – 8:30)	Breakfast (8 – 8:30)
8:30am-10:00am	Take Good Care of Self Healing the Mind: Treating the Mind, Treating the Body LHB 3	Take Good Care of Self Healing the Mind: Treating the Mind, Treating the Body LHB 3	Build Recovery Skills Career Building House Rules	Live & Recover Lifestyle LHB 3 LHB 32: Part 3 Meditation	Live & Recover Lifestyle YOGA LHB 32: Part 3 Meditation	Take Good Care of Self	Live & Recover Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am	Nic Take Good Care of Self Healing the Mind	Nic Live & Recover Lifestyle YOGA LHB 32: Part 3 Meditation	Break Taylor Take Good Care of Self Depression LHB 10 Pt. 1	Break Taylor Take Good Care of Self Human Needs LHB 10 Pt. 1	Social Interaction and Exercise Nic Take Good Care of Self	Break Yini Take Good Care of Self Sexual Abuse LHB 24	Break Chris Take Good Care of Self Healing the Mind: Radical Acceptance Rules for Family Day
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch 12:15
1:00pm-2:30pm	Kyle Take Good Care of Self Healing the Mind: Treating the Mind, Treating the Body LHB 3	Yini Take Good Care of Self Healing the Mind: Treating the Mind, Treating the Body LHB 3	Chris Take Good Care of Self Guilt & Fear LHB 10 Pt. 2	*KYLE Take Good Care of Self Healing the Mind: Treating the Mind, Treating the Body LHB 3	Howard Take Good Care of Self Social Interaction and Exercise	Donald Take Good Care of Self Compulsive Sexual Behavior LHB 29	No Visitation Due to Covid
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Reflection Group Kyle	Reflection Group Yini	Reflection Group +VINI+	Reflection Group Donald	Reflection Group +THE DON+	Living Skill/House Rules The Don	Visitation (2:30-4:30)
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:30pm-6:30pm	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time
6:30pm-7:30pm	Bridging The Gap (AA)	Outside Meetings		H & I (NA)		Outside Meetings	
6:00pm-7:30pm- Outpatient	Outpatient Group +BILLY Live & Recover Lifestyle Process Group		Outpatient Group Donald Build Recovery Skills Meditation		Outpatient Group Kyle Live & Recover Lifestyle Process Group		
7:45pm-9:00pm	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time
9:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
10:00pm	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (11:30) Lights Out
On Call	Billy Kenny	Billy Kenny	Chris David	David Kenny	David John	David John	Chris David

HRC Residential

Class Schedule: 2021 Schedule September 27 – October 3 (Groups shaded are eligible for Outpatient Group Sessions)

Time	Monday 27	Tuesday 28	Wednesday 29	Thursday 30	Friday 1	Saturday 2	Sunday 3
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (7:00)	Wake-Up (7:00)
6:15am-6:30am	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation (7:15)	Meditation (7:15)
6:45am	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills		
7:30am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8 – 8:30)	Breakfast (8 – 8:30)
8:30am-10:00am	Live & Recover Lifestyle Self-Help Groups LHB 13	Build PRAP Planning for Recovery LHB 4	Build Recovery Skills Career Building House Rules	Live & Recover Lifestyle LHB 3 LHB 32: Part 3 Meditation	Live & Recover Lifestyle YOGA LHB 32: Part 3 Meditation	Take Good Care of Self	Live & Recover Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am	Nic Take Good Care of Self Healing the Mind	Nic Live & Recover Lifestyle YOGA LHB 32: Part 3 Meditation	Break Taylor Live & Recover Team Social Relationships LHB 21 Pt. 2	Break Taylor Live & Recover Team Interpersonal Effectiveness LHB 21 Pt. 2	Social Interaction and Exercise Nic Take Good Care of Self	Break Yini Build PRAP Relapse LHB 12 Pt. 1	Break Chris Build PRAP Healing the Mind: Treating the Mind, Treating the Body LHB 31 Rules for Family Day
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch 12:15
1:00pm-2:30pm	Kyle Live & Recover Team LHB 14	Yini Live & Recover Team Family Recovery LHB 23	Chris Live & Recover Team You & Your Mother & Father LHB 23	*DONALD Live & Recover Team Trust & Vulnerability	Howard Take Good Care of Self Social Interaction and Exercise	Donald Build PRAP Exercise for Relapse LHB 12 Pt. 2	No Visitation Due to Covid
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Reflection Group Kyle	Reflection Group +VINI+	Reflection Group +VINI+	Reflection Group Donald	Reflection Group +THE DON+	Living Skill/House Rules The Don	Visitation (2:30-4:30)
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:30pm-6:30pm	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time
6:30pm-7:30pm- Residential	Bridging The Gap (AA)	Outside Meetings		H & I (NA)		Outside Meetings	
6:00pm-7:30pm- Outpatient	NO OUTPATIENT GROUP		Outpatient Group Donald Live & Recover Lifestyle Process Group		Outpatient Group Kyle Live & Recover Lifestyle Process Group		
7:45pm-9:00pm	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time
9:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
10:00pm	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (11:30) Lights Out
On Call	Billy Kenny	Billy Kenny	Chris David	David Kenny	David John	David John	Chris David

HRC Residential

Class Schedule: 2021 Schedule October 4 – 10 (Groups shaded are eligible for Outpatient Group Sessions)

Time	Monday 4	Tuesday 5	Wednesday 6	Thursday 7	Friday 8	Saturday 9	Sunday 10
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (7:00)	Wake-Up (7:00)
6:15am-6:30am	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation (7:15)	Meditation (7:15)
6:45am	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills	Medication Call	Medication Call
7:30am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30)	Breakfast (8-8:30)
8:30am-10:00am	Jeff Build Recovery Skills Relating to the World Quizzes	Jeff Build Recovery Skills Completed Assignments	Jeff Build Recovery Skills Career Building Home Rules	Jeff Build Recovery Skills Interpersonal Relationships	Jeff Build Recovery Skills YOGA LIFE SKILLS Meditation	Free Time Take Good Care of Self	Living Skills Jeremiah Live a Recovery Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am	Nic Take Good Care of Self Healing the Body	Nic Build Recovery Skills YOGA LIFE SKILLS Meditation	Taylor Build Recovery Skills Chart: Wifingsen	Taylor Build Recovery Skills Responding to Emotions LIFE SKILLS	Social Interaction and Exercise Nic Take Good Care of Self	Chris Build Recovery Skills Cognitive Distortion	Chris Build Recovery Skills Journaling Rules for Family Day
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch 12:15
1:00pm-2:30pm	Howard Build Recovery Skills Emotion Regulation	Chris Build Recovery Skills Self-Management LIFE SKILLS	Chris Build Recovery Skills Self-Management Emotions LIFE SKILLS	Howard Build Recovery Skills Gratitude LIFE SKILLS	Howard Take Good Care of Self Social Interaction and Exercise	Howard Build Recovery Skills Meditation	No Visitation Due to Covid
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Reflection Group Kyle	Reflection Group Billy	Reflection Group +VIN+	Reflection Group Donald	Reflection Group +JEFF+	Living Skills/House Rules +DONALD+	Visitation (2:30-4:30)
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:30pm-6:30pm	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time
6:30pm-7:30pm	Bridging the Gap (AA)	Outside Meetings	Outside Meetings	H & I (NA)	Outside Meetings	Outside Meetings	Outside Meetings
6:30pm-7:30pm-Residential	Outpatient Group The Day Build Recovery Skills Relating to the World Quizzes		Outpatient Group Donald Build Recovery Skills Meditation		Outpatient Group Kyle Build Recovery Skills Emotion Regulation LIFE SKILLS		
7:45pm-9:00pm	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time
9:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
10:00pm	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (10:30) Lights Out
On Call	Billy Kenny	Billy Kenny	Chris David	David Kenny	David John	David John	Chris David

HRC Residential

Class Schedule: 2021 Schedule October 11 – 17 (Groups shaded are eligible for Outpatient Group Sessions)

Time	Monday 11	Tuesday 12	Wednesday 13	Thursday 14	Friday 15	Saturday 16	Sunday 17
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (7:00)	Wake-Up (7:00)
6:15am-6:30am	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation (7:15)	Meditation (7:15)
6:45am	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills	Medication Call	Medication Call
7:30am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30)	Breakfast (8-8:30)
8:30am-10:00am	Jeff Build Recovery Skills Relating to the World Quizzes	Jeff Build Recovery Skills Completed Assignments	Jeff Build Recovery Skills Career Building Home Rules	Jeff Build Recovery Skills Interpersonal Relationships	Jeff Build Recovery Skills YOGA LIFE SKILLS Meditation	Free Time Take Good Care of Self	Living Skills Jeremiah Live a Recovery Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am	Nic Take Good Care of Self Healing the Body	Nic Build Recovery Skills YOGA LIFE SKILLS Meditation	Taylor Build Recovery Skills Chart: Wifingsen	Taylor Build Recovery Skills Responding to Emotions LIFE SKILLS	Social Interaction and Exercise Nic Take Good Care of Self	Chris Build Recovery Skills Cognitive Distortion	Chris Build Recovery Skills Journaling Rules for Family Day
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch 12:15
1:00pm-2:30pm	Howard Build Recovery Skills Emotion Regulation	Chris Build Recovery Skills Self-Management LIFE SKILLS	Chris Build Recovery Skills Self-Management Emotions LIFE SKILLS	Howard Build Recovery Skills Gratitude LIFE SKILLS	Howard Take Good Care of Self Social Interaction and Exercise	Howard Build Recovery Skills Meditation	No Visitation Due to Covid
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Reflection Group Kyle	Reflection Group Billy	Reflection Group +VIN+	Reflection Group Donald	Reflection Group +THE DON+	Living Skills/House Rules +THE DON+	Visitation (2:30-4:30)
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:30pm-6:30pm	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time	Sponsor Time
6:30pm-7:30pm	Bridging the Gap (AA)	Outside Meetings	Outside Meetings	H & I (NA)	Outside Meetings	Outside Meetings	Outside Meetings
6:30pm-7:30pm-Residential	Outpatient Group The Day Build Recovery Skills Relating to the World Quizzes		Outpatient Group Donald Build Recovery Skills Meditation		Outpatient Group Kyle Build Recovery Skills Emotion Regulation LIFE SKILLS		
7:45pm-9:00pm	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time	Meeting Sponsor Time
9:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
10:00pm	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (10:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (11:30) Lights Out	Quiet Time (10:30) Lights Out
On Call	Billy Kenny	Billy Kenny	Chris David	David Kenny	David John	David John	Chris David

GRC Residential

Class Schedule WEEK 3: 2021 Schedule September 13- September 19

Time	Monday 13	Tuesday 14	Wednesday 15	Thursday 16	Friday 17	Saturday 18	Sunday 19
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (8:00)	Wake-Up (8:00)
6:30-7am	Medication	Medication	Medication	Medication	Medication	Medication	Medication
6:45am-7:45am	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*		
7:45-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:15am-8:30am	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation (7:30)	Meditation (8:30)
8:30am-10:00am						Free Time Take Good Care of Self	Free Time Live a Recovery Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am							Morgan #5 Live Recovery Lifestyle Deep Cleaning/ Living Skills
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm-2:30pm					Brittany #1 Self Care FUN IN RECOVERY		
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Morgan #1: Self care Skills: Reflection Group		Kayla #1: Self care Reflection Group		Hailey #1 Self Care Reflection Group		Visitation (2:30-4:30)

GRC Residential

Class Schedule WEEK 4: 2021 Schedule September 20- September 26

Time	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Saturday 25	Sunday 26
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (8:00)	Wake-Up (8:00)
6:15am-6:30am	Medication *Becky*	Medication *Becky*	Medication *Becky*	Medication *Becky*	Medication *Becky*	Medication	Medication
6:45am	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*		
7:30am	Medication	Medication	Medication	Medication	Medication	Medication	Medication
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30am)	Breakfast (8-8:30am)
8:30am-10:00am						Free Time Take Good Care of Self	Free Time Live a Recovery Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am							Kayla Deep Cleaning/ Living Skills
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm-2:30pm					Brittany #1 Self Care FUN IN RECOVERY		
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Morgan Reflection Group		Kayla Reflection Group	Hailey Reflection Group	Hailey Reflection Group		Visitation (2:30-4:30)
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:00pm-7:00pm- Residential							
6:00pm-7:30pm- Outpatient							

GRC Residentia 1

Class Schedule WEEK 1: 2021 Schedule September 27- October 03 (GRC Residentia 1)

Time	Monday 27	Tuesday 28	Wednesday 29	Thursday 30	Friday 01	Saturday 02	Sunday 03
6:00am	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (8:00)	Wake-Up (8:00)
6:15-6:30am	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation *Becky*	Meditation	Meditation
6:45am	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*	Living Skills *Whitley*		
7:30am	Medication	Medication	Medication	Medication	Medication	Medication	Medication
7:45am-8:15am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30am)	Breakfast (8-8:30am)
8:30am-10:00am	Break	Break	Break	Break	Break	Free Time	Free Time
	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Live a Recovery Lifestyle
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Worship (Optional)
10:15am-11:45am	Break	Break	Break	Break	Break	Break	Kayla Deep Cleaning/ Living Skills
11:45am	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm-2:30pm	Break	Break	Break	Break	Break	Break	No Visitation Due to COVID19
	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	Take Good Care of Self	
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Morgan Reflection Group	Morgan Reflection Group	Kayla Reflection Group	Hailey Reflection Group	Brittany Reflection Group		Visitation (2:30-4:30) SWS Deep Cleaning
4:30pm	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
5:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:30pm-7:30pm- Residential						FUN IN RECOVERY (6-7:30PM)	
6:00pm-7:30pm- Outpatient							

GRC Residentia 1

Class Schedule WEEK 2: 2020 Schedule October 04- October 10 (GRC Residentia 1)

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

Hot Springs Resident #1

Class Schedule Sept 6-12

Time	Monday 6	Tuesday 7	Wednesday 8	Thursday 9	Friday 10	Saturday 11	Sunday 12
6:00am-6:15am	Wake-Up (7:00am) Meditation	Wake-Up Meditation	Wake-Up Meditation	Wake-Up Meditation	Wake-Up Meditation	Wake-Up (7:00) Meditation	Wake-Up (7:00) Meditation
6:15am-6:30am	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call
6:30am-7:45am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30)	Breakfast (8-8:30)
7:45am-8:30am	Free Time	Skills Group: Psychological Feasibility (Method)	LIB 1 & 2: The Basics of Addiction Declared	Relapse Prevention with ACT (11)	LIB 3: Addiction & Loss Declared	House Rules Declared	Long Clean-Up Declared
8:30am-10:00am		Jared/Dee					Dee/Summer
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Break
10:15am-11:45am	Skills Group Values part 2 (Jared/Dee)	LIB 14: The 12 Steps Neel/Dave	LIB 23: Spirituality & Personality Marty/Neel	Skills Group: Mindfulness Daniel/Matt	Skills Group: Values Marty/Neel	Social Interaction & Exercise Daniel/Jared	Free Time Dee/Summer
11:45am-1:45pm	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch 12:15
1:45pm-1:50pm	Social	Creative	House Rules	Skills Group: Mindfulness pt 2	WRAP 4, 5, 6	ACT: The Strength Switch	Social Interaction & Exercise
1:50pm-2:30pm	Interactions/Exercise Marty/Summer	Hopes/Values What Does it Mean Summer/Daniel	Social Interaction & Exercise Summer/Daniel	Skills Group: Mindfulness pt 2 Summer/Daniel	Breaking Down Cross Training Josh/Tashiba	Tashiba/Sum	Tashiba/Summer
2:30pm-3:00pm	Break	Break	Break	Break	Break	Break	Break
3:00pm-4:30pm	Free Time	Reflection Group Sam/Summer	Reflection Group Josh/Matt	Reflection Group Josh/Tashiba	Reflection Group Josh/Tashiba	Free Time	Free Time

Hot Springs Resident #1

Class Schedule Sept 13-19

Time	Monday 13	Tuesday 14	Wednesday 15	Thursday 16	Friday 17	Saturday 18	Sunday 19
6:00am-6:15am	Wake-Up Meditation	Wake-Up Meditation	Wake-Up Meditation	Wake-Up Meditation	Wake-Up Meditation	Wake-Up (7:00) Meditation	Wake-Up (7:00) Meditation
6:15am-6:30am	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call	Living Skills Meditation Call
6:30am-7:45am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (8-8:30)	Breakfast (8-8:30)
7:45am-8:30am	Skills Group: Interpersonal Effectiveness Daniel/Matt	Support Networks, Recovery Teams Tyler David	LIB 21 part 1: Human Needs Dee/Matt	Skills Group: Committed Actions Jared/Matt	LIB 7: Self, Drugs, and Alcohol Dee/Neel	House Rules Daniel/Jared	Long Clean-Up Marty/Daniel
8:30am-10:00am							Break
10:00am-10:15am	Break	Break	Break	Break	Break	Break	Break
10:15am-11:45am	LIB 22: Values Group Jared/Neel	Support Networks, Recovery Teams Tyler/Dave	LIB 21 part 2: Relationships Daniel/Neel	LIB 22: Family Matters Declared	LIB 11: Communication Jared/Neel	Social Interaction & Exercise Daniel/Jared	Form a Recovery Team (Yolo) Marty/Daniel
11:45am-1:45pm	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch	Medication Call Lunch 12:15
1:45pm-1:50pm	Interpersonal Effectiveness pt 2 Dee/Summer	Support Networks, Recovery Teams Tyler/Matt	House Rules/ Social Interaction & Exercise Jared/Summer	Family Matters Conrad Neel/Summer	Values Group: Worship, Anger Share Summer/Jared	LIB 11: Social Interaction & Exercise Group 12:30-2:00 Sam/Tashiba	Social Interaction & Exercise Group 12:30-2:00 Sam/Tashiba
1:50pm-2:30pm	Break	Break	Break	Break	Break	Break	Break
2:30pm-3:00pm	Reflection Group Sam/Tashiba	Reflection Group Jared/Sum	Reflection Group Tashiba/Dee	Reflection Group Josh/Tashiba	Reflection Group Josh/Tashiba	Free Time	Free Time

Hot Springs
Resident #1

Class Schedule Sept 27-Oct 3

Time	Monday 27	Tuesday 28	Wednesday 29	Thursday 30	Friday 1	Saturday 2	Sunday 3
6:00a	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (7:00)	Wake-Up (7:00)
6:15-6:30a	Meditation	Meditation	Meditation	Living Skills	Living Skills	Living Skills	Living Skills
6:45a	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills
7:00a	Medication Call	Medication Call	Medication Call	Breakfast	Medication Call	Breakfast (9-10)	Medication Call
7:15-8:15a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast (9-10)
8:30-10:00a	10 Steps for Any Bipolar (MID)	Skills Group: Dialectical Thinking & Wise Mind	LIB 10: Problem Solving	LIB 11: Large Characterize the	Steps of Recovery & Relapse	House Rules	LIB 12: Characterize
	Daniel/Mari	Dee/Daniel	Dee/Daniel		Nicole/Nick	Daniel/Jared	Dee/Daniel
10:00-10:15a	Break	Break	Break	Break	Break	Break	Break
10:15-11:45a	Triggers, Early Warning Signs, Needs/Summer	LIB 4: Planning for Sobriety	LIB 10 p 1: Depression	LIB 11: Intro to Self Help Groups	WEEK 4, 5, 6: What are the signs of crisis planning	Social Interaction & Exercise	LIB 10: Attitudes & Beliefs (1.5hr)
	Daniel/Summer	Need/Jared	Jared/Nicole	Nicole/Jared	Jared/Nicole	Daniel/Jared	Dee/Daniel
11:45a	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:15p	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch 12:15
1:00-2:00p	Skills Group: Acceptance	LIB 3: Triggers, Urges, Relapse	Social Interaction & Exercise	LIB 10 p 2: Goals & Fear	Skills Group: Values, Domains & Short-Term Goals	ACT: The Struggle Within	Social Interaction & Exercise
	Dee/Summer	Summer/Sam	Summer/Sam	Summer/Summer	Sam/Jared	Sam/Tahiba	Group 1200-3:00
2:00-3:00p	Break	Break	Break	Break	Break	Break	Break
3:00-4:30p	Reflection Group	Reflection Group	Reflection Group	Reflection Group	Reflection Group	Free Time	Free Time
	Sam/Josh	Josh/Sam	Tahiba/Josh	Josh/Tahiba	Josh/Tahiba		

Hot Springs Resident

Class Schedule Sept 20-26

Time	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Saturday 25	Sunday 26
6:00a	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up	Wake-Up (7:00)	Wake-Up (7:00)
6:15-6:30a	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation	Meditation
6:45a	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills	Living Skills
7:00a	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
7:15-8:15a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:30-10:00a	Emotional Response (MID)	LIB 10: Attributes & Beliefs	LIB 11: Prevention	LIB 12: Prevention	LIB 13: Prevention	LIB 14: Prevention	LIB 15: Prevention
	Daniel/Mari	Jared/Daniel	Dee/Mari		Dee/Nick	Daniel/Jared	Mari/Daniel
10:00-10:15a	Break	Break	Break	Break	Break	Break	Break
10:15-11:45a	Skills Group: Cognitive Decision	LIB 11: Relapse Prevention	LIB 12: Relapse Prevention	LIB 13: Relapse Prevention	LIB 14: Relapse Prevention	LIB 15: Relapse Prevention	LIB 16: Relapse Prevention
	Jared/Nick	Dee/Mari	Daniel/Nicole	Daniel/Nicole	Jared/Nick	Daniel/Jared	Mari/Daniel
11:45a	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call	Medication Call
12:00-12:15p	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00-2:00p	Skills Group: Willingness (1P)	WEEK 4: Vision of Wellness, Values	House Rules/ Social Interaction & Exercise	LIB 13: Relapse Prevention	LIB 14: Relapse Prevention	LIB 15: Relapse Prevention	LIB 16: Relapse Prevention
	Dee/Summer	Summer/Mari	Jared/Mari	Summer/Summer	Summer/Summer	Summer/Summer	Summer/Summer
2:00-3:00p	Break	Break	Break	Break	Break	Break	Break
3:00-4:30p	Reflection Group	Reflection Group	Reflection Group	Reflection Group	Reflection Group	Free Time	Free Time
	Sam/Tahiba	Josh/Sam	Tahiba/Josh	Josh/Tahiba	Josh/Tahiba		

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OP Groups schedule

Work Schedule: September 6, 2021—September 10, 2021

<u>Hours</u>	<u>Monday</u> 09/06/2021	<u>Tuesday</u> 09/07/2021	<u>Wednesday</u> 09/08/2021	<u>Thursday</u> 09/09/2021	<u>Friday</u> 09/10/2021
8:00am-5:00pm	CLOSED LABOR DAY	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Lou Anne (7:30am-4:30pm) Isamar (10:00am-7:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Lou Anne (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Lou Anne (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Lou Anne (7:30am-4:30pm) Isamar (8:00am-5:00pm) Memory (9:30am-4:30pm)
10:30am-7:30pm		Memory	Memory	Memory	
Trainings/ Vacation					

Group Schedule: September 6, 2021—September 10, 2021 (*rotation 1 week 1)

<u>Time</u>	<u>Monday</u> 09/06/2021	<u>Tuesday</u> 09/07/2021	<u>Wednesday</u> 09/08/2021	<u>Thursday</u> 09/09/2021	<u>Friday</u> 09/10/2021
10:00am-11:30am	CLOSED LABOR DAY	<u>#3 Build Recovery Skills</u> <u>Cognitive Defusion</u> (Shanika)	<u>#3 Build Recovery Skills</u> <u>LIB 30: Addiction and Loss</u> (Sara)	<u>#3 Build Recovery Skills</u> <u>Acceptance</u>	
6:00pm-7:30pm-	CLOSED LABOR DAY	<u>#1 Take Good Care of Self</u> <u>LIB 1 & 2: Biology of Addiction</u> (Isamar)	<u>#3 Build Recovery Skills</u> <u>LIB 19: Problem Solving</u> (Colt)	<u>#3 Build Recovery Skills</u> <u>Mindfulness, Pt. 1</u> (Memory)	

Suicide Prevention Lifeline: 1-800-273-8255
Crisis Intervention Center: 1-800-359-0056
Child Abuse Hotline (AR): 1-800-482-5964
Child Abuse Hotline (OK): 1-800-522-3511
Fort Smith Police: 479-782-9131 or 479-785-4221
Fort Smith Fire: 479-783-4052
Poison Control: 1-800-222-1222

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OP Groups schedule

Work Schedule: September 6, 2021—September 10, 2021

<u>Hours</u>	<u>Monday</u> 09/13/2021	<u>Tuesday</u> 09/14/2021	<u>Wednesday</u> 09/15/2021	<u>Thursday</u> 09/16/2021	<u>Friday</u> 09/17/2021
8:00am-5:00pm	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (10:00am-7:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm) Memory (9:30am-4:30pm)
10:30am-7:30pm	Memory	Memory	Memory	Memory	
Trainings/ Vacation					

Group Schedule: September 6, 2021—September 10, 2021 (*rotation 1 week 1)

<u>Time</u>	<u>Monday</u> 09/13/2021	<u>Tuesday</u> 09/14/2021	<u>Wednesday</u> 09/15/2021	<u>Thursday</u> 09/16/2021	<u>Friday</u> 09/17/2021
10:00am-11:30am		<u>#3 Build Recovery Skills</u> <u>Psychological Flexibility</u> (Shanika)	<u>#3 Build Recovery Skills</u> <u>Attitudes and Beliefs</u> (Sara)	<u>#3 Build Recovery Skills</u> <u>Wise Mind</u> (Shanika)	
6:00pm-7:30pm-		<u>#1 Take Good Care of Self</u> <u>Addiction and Loss</u> (Isamar)	<u>#3 Build Recovery Skills</u> <u>Relapse Prevention</u> (Colt)	<u>#3 Build Recovery Skills</u> <u>Mindfulness, Pt. 2</u> (Memory)	

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OP Groups Schedule

Work Schedule: September 20, 2021—September 24, 2021

<u>Hours</u>	<u>Monday</u> 09/20/2021	<u>Tuesday</u> 09/21/2021	<u>Wednesday</u> 09/22/2021	<u>Thursday</u> 09/23/2021	<u>Friday</u> 09/24/2021
8:00am-5:00pm	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (10:00am-7:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm) Cate (8:00am-4:30pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Isamar (8:00am-5:00pm) Memory (9:30am-4:30pm) Cate (8:00am-4:30pm)
10:30am-7:30pm	Memory	Memory	Memory	Memory	
Trainings/ Vacation					

Group Schedule: September 6, 2021—September 10, 2021 (*rotation 1 week 1)

<u>Time</u>	<u>Monday</u> 09/20/2021	<u>Tuesday</u> 09/21/2021	<u>Wednesday</u> 09/22/2021	<u>Thursday</u> 09/23/2021	<u>Friday</u> 09/24/2021
10:00am-11:30am		<u>Cognitive Defusion</u> (Shanika)	<u>#3 Skills for Reducing Stress</u> (Sara)	<u>#3 Committed Actions</u> (Cate)	
6:00pm-7:30pm		<u>Self as Context</u> (Isamar)	<u>#3 Family Matters – Functional Families</u> (Colt)	<u>Values Pt 1</u> (Memory)	

Suicide Prevention Lifeline: 1-800-273-8255
Crisis Intervention Center: 1-800-359-0056
Child Abuse Hotline (AR): 1-800-482-5964
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OP Groups Schedule

Work Schedule: September 27, 2021—October 30, 2021

<u>Hours</u>	<u>Monday</u> 09/27/2021	<u>Tuesday</u> 09/28/2021	<u>Wednesday</u> 09/29/2021	<u>Thursday</u> 09/30/2021	<u>Friday</u> 10/01/2021
8:00am-5:00pm	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm)	Sara (7:30am-4:30pm) Shanika (7:30am-4:30pm) Memory (9:30am-4:30pm)
10:30am-7:30pm	Memory	Memory	Memory	Memory	
Trainings/ Vacation					

Group Schedule: September 6, 2021—September 10, 2021 (*rotation 1 week 1)

<u>Time</u>	<u>Monday</u> 09/27/2021	<u>Tuesday</u> 09/28/2021	<u>Wednesday</u> 09/29/2021	<u>Thursday</u> 09/30/2021	<u>Friday</u> 10/01/2021
10:00am-11:30am		Biology of Addiction (Shanika)	<u>Triggers, Urges, and Relapse</u> (Sara)	<u>Social Relationships</u> (Sara)	
6:00pm-7:30pm		<u>Emotional Acceptance</u> (?)	<u>Acceptance</u> (Colt)	<u>Values Pt 2</u> (Memory)	

Suicide Prevention Lifeline: 1-800-273-8255
Crisis Intervention Center: 1-800-359-0056
Child Abuse Hotline (AR): 1-800-482-5964
Child Abuse Hotline (OK): 1-800-522-3511
Fort Smith Police: 479-782-9131 or 479-785-4221
Fort Smith Fire: 479-783-4052
Poison Control: 1-800-222-1222

Weekly Parent/ Child Interaction Report



SWS Weekly Parent/Child Interaction Report

Please circle all that apply:

Discipline:	Consistent	Inconsistent
Verbal:	Appropriate	Inappropriate
Physical:	Appropriate	Inappropriate

Meal Time:

Sits down with child	Leaves child unattended	Varies
----------------------	-------------------------	--------

Eating Habits:	Appropriate	Inappropriate
<i>Comments:</i>		

Bath Time	Daily	2-3 X week	Varies
	Good	Fair	Poor

Family structure play:	Consistent	Inconsistent
<i>Comments:</i>		

Communication Skills:	Consistent	Inconsistent
<i>Comments:</i>		

Physical Contact:	Affectionate	Unaffectionate
<i>Comments:</i>		

Medication: Per prescription	Consistent	Inconsistent
Documents of medication dosage:	Consistent	Inconsistent
<i>Comments:</i>		

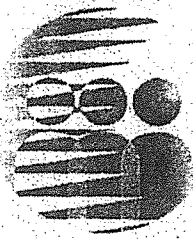
Date: Start _____ End _____

Staff Signature _____ Date _____

SWS

Rev. 5/2016

Motivational Interviewing



Mid-America
ATTC

Unifying science, education
and services to transform lives.

This is to certify that

Tabitha Fondren

has completed a training entitled

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

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

Director

June 6-7, 2011

Date

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



Introduction to Motivational Interviewing: "Preparing People to Change"

The following participant has achieved a sufficient level of competency
in applying Motivational Interviewing technique
that he is qualified as a

Certified Motivational Interviewing Inservice Trainer

Motivational Interviewing Institute of Arkansas

Robert Lovell, CADC, LCADC

Name of Attendee

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

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

12/05/10

Date

Group and Individual Supervision Forms

Group Supervision Contact Record

Time: _____ am/pm to Time: _____ am/pm

Setting of Supervision: _____

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

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

Employee Sign-In

LMHP or Supervisor's Signature, Date and License Number

Clinical Supervisor Signature and Date



Individual Supervision Contact Record

Supervisee Name: _____ License Number: _____ Date: _____

Time: _____ am/pm to Time: _____ am/pm

Setting of Supervision: _____

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

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

LMHP or Supervisor's Signature, Date and License Number

Clinical Supervisor Signature and Date

