

Counseling Associates, Inc.

DCFS Substance Abuse RFP-Original Technical Proposal

Bid # 710-21-0003

**Respondents Contact Person: Lee Koone, LCSW.
Cell: 501-208-2382. Lkoone@caiinc.org
10-2-2020**

RESPONSE PROPOSAL SIGNATURE PAGE

Bid # 710-21-0003

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Counseling Associates			
Address:	350 Salem Rd. Suite # 9			
City:	Conway	State:	AR	Zip Code: 72034
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION		
<i>Provide contact information to be used for bid solicitation related matters.</i>		
Contact Person:	Lee Koone	Title: VP of Clinical Services
Phone:	501-208-2382	Alternate Phone: 501-336-8300
Email:	lkoone@calinc.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.
<p><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></p>

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

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

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

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

Authorized Signature: Brian Dan's Title: CEO
Use Ink Only.

Printed/Typed Name: Brian Dan's, LCSW Date: 10-1-20

Please check each county in which you are willing to provide the service.
Please return with your response packet.

DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
(SERVICE)
AREAS/COUNTIES

AREA 1

- Benton
- Carroll
- Madison
- Washington

AREA 2

- Crawford
- Franklin
- Johnson
- Logan
- Scott
- Sebastian
- Yell

AREA 3

- Clark
- Garland
- Hot Springs
- Howard
- Montgomery
- Perry
- Pike
- Polk
- Saline

Area 4

- Columbia
- Hempstead
- Lafayette
- Little River
- Miller
- Nevada
- Ouachita
- Sevier
- Union

AREA 5

- Baxter
- Boone
- Conway
- Faulkner
- Marion
- Newton
- Pope
- Searcy
- Van Buren

AREA 6

- Pulaski

AREA 7

- Bradley
- Calhoun
- Cleveland
- Dallas
- Grant
- Jefferson
- Lincoln
- Lonoke
- Prairie

AREA 8

- Clay
- Craighead
- Fulton
- Greene
- IZard
- Lawrence
- Mississippi
- Randolph
- Sharp

Area 9

- Cleburne
- Crittenden
- Cross
- Independence
- Jackson
- Poinsett
- Stone
- White
- Woodruff

Area 10

- Arkansas
- Ashley
- Chicot
- Desha
- Drew
- Lee
- Monroe
- Phillips
- St. Francis

VENDOR AGREEMENT AND COMPLIANCE PAGES

Bid # 710-21-0003

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Counseling Associates	Date:	10-20-
Authorized Signature:	Brian W. Davis	Title:	CEO
Print/Type Name:	Brian W Davis		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	Counseling Associates	Date:	10-1-20
Authorized Signature:		Title:	CEO
Print/Type Name:	Brian W Davis		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Counseling Associates	Date:	10-1-20
Authorized Signature:		Title:	CEO
Print/Type Name:	Brian W Davis		

EO.098-04-CONTRACT GRANT DISCLOSURE FORM

Bid # 710-21-0003

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

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: _____

YOUR LAST NAME: _____

FIRST NAME: _____

M.I.: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____

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

None of the above applies

FOR AN ENTITY (BUSINESS) *

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

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

None of the above applies

Contract and Grant Disclosure and Certification Form

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

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

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

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

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

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Benjamin Davis Title CEO Date 10-1-20
Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

**COUNSELING ASSOCIATES
EQUAL OPPORTUNITY POLICY**

Bid # 710-21-0003

NONDISCRIMINATION AND EQUAL OPPORTUNITY EMPLOYER

PURPOSE

To publish the official policy of Counseling Associates Inc. (CA) regarding equal opportunity employment and nondiscrimination of persons served and staff members

POLICY

Nondiscrimination in staff employment and employment practices.

CA is committed to providing equal opportunity employment opportunities without regard to race, color, religion, disability, gender identity or expression, marital status, genetic information, sexual orientation, age, national origin or status as a covered veteran. This policy applies to all terms and conditions of the employment, including but not limited to: hiring, placement, promotions, termination, layoff, recall, transfer, leave of absence, compensation and training.

Toward that end, all personnel transactions will be accomplished in accordance with the Equal Opportunity Act of 1972 and in compliance with the nondiscrimination provisions of all applicable federal, state and local regulations. It is the obligation of every CA employee to comply in practice with the spirit and intent of this policy. Any employee found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Nondiscrimination in providing treatment to persons served.

It is the policy of CA to admit and treat all persons served (clients) without regard to race, sex, age, color, gender identity or expression, sexual orientation, religion, national origin, disability or ability to pay or because payment for those services would be made under Medicare, Medicaid, or CHIP. This policy applies to all CA programs and facilities and is considered to be as critical as the appropriate admission, continued stay and discharge criteria in making decisions regarding the course of treatment for persons served.

PROCEDURES

Questions, comments or concerns about discrimination or unfair treatment of persons served or CA staff members are encouraged and should be brought to the immediate attention of supervisory or management staff. The Privacy Notice required by HIPAA and the Corporate Compliance Program has been established to assist in this process.

If any employee believes that his or her rights have been violated, the procedures for resolution described in the "Employee Grievance" should be followed. If those procedures do not produce satisfactory results, an appeal may be made to the Equal Employment Opportunity Commission, St. Charles Avenue, New Orleans, LA 70130 or by seeking counsel from a private attorney.

If a person served believes that his or her rights have been violated, the procedures for resolution described in the “Person served Rights and Responsibilities” handout (given to all persons served as part of the orientation process) should be followed.

Revised: 1-16-17

Revised 9-29-20

PROPOSED SUBCONTRACTORS FORM

Bid # 710-21-0003

PROPOSED SUBCONTRACTORS FORM

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


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

Type or Print the following information

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

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

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

Vendor Name:	Counseling Associates	Date:	10-1-20
Authorized Signature:		Title:	CEO
Print/Type Name:	Brian W. Davis		

2.1 Counseling Associates Services

Counseling Associates Outpatient Counseling Services

Outpatient counseling is available to persons in need of assistance in dealing with mental health, relational and substance abuse problems. Included in the outpatient “umbrella” of services are adult and children’s counseling individual, group, marriage and family therapy, screening, referral and aftercare, and evaluation and diagnostic services. CA has had experience as a CMHC, RSPMI, DCFS, OADAP and now OBH provider since our inception in 1972 with the following outpatient services.

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

- Case management;
- Orientation to the program's operations and procedures;
- Screening of applicants for substance abuse treatment service for referral, or treatment purposes;
- Individual, group and family counseling sessions;
- Crisis intervention;
- Interdisciplinary treatment services.

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

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

Intake Assessment by Clinician – The cultural, developmental, age and disability-relevant clinical evaluation and determination of a beneficiary’s mental status; functioning in various life domains; and DSM 5 diagnostic formulation for the purpose of developing a plan of care. The ASI is also administered at the time of intake.

Person Centered-Master Treatment Plan – A developed plan in cooperation with the beneficiary (parent or guardian if the beneficiary is under 18), to deliver specific mental health

services to restore, improve or stabilize the beneficiary's mental health condition. The periodic review and revision of the master treatment plan, in cooperation with the beneficiary, to determine the beneficiary's progress or lack of progress toward the master treatment plan goals and objectives.

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

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

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

Medication Management –This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. This service maybe done in the office with the prescriber or it may be done via telemedicine where the prescriber meets with you over the video conferencing equipment.

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

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

Subcontracted Services

We have no subcontracted services.

Referral Agreements

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

Adult Residential Treatment- We have referral agreements for Wilbur D. Mills and Delta Recovery Center at Mid-South Health Systems, an Arisa Health Affiliate of Counseling Associates.

Observational Detox- We have referral agreements for Wilbur D. Mills at Mid-South Health Systems, an Arisa Health Affiliate of Counseling Associates.

Adolescent Residential Treatment- We have referral agreements with Centers for Youth and Families.

SWS-- We have referral agreements with ArCares.

We will work collaboratively with all DCFS Contractors for Residential services to ensure that the needs of our clients are met. Referrals will be made after assessments to ensure that clients are placed within 5 days of recommendations for treatment in Residential treatment for both children and adults and in 48 hours of recommendations for treatment for pregnant women.

2.2 A. Counseling Associates Division of Provider Services and Quality Assurance (DPSQA) Licenses



**Division of Provider Services &
Quality Assurance**
Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>
PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6287 · Fax: 501-682-8551



March 17, 2020

Brian Davis
Counseling Associates
750 Boston Street
Danville, AR 72833

RE: License to Provide Substance Abuse Treatment
Certified Mail #: 7019 1120 0000 9217 8752

Dear Provider,

Counseling Associates' license has been approved from **May 19, 2020 through September 30, 2022**, as long as there has not been a lapse in Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

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

The following service location is associated with this provider:

750 Boston Street
Danville, AR 72833

License Number: 35194

Certification Dates: 05/19/2020 – 09/30/2022

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

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

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

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

JJ:agw

 **ARKANSAS DEPARTMENT OF
HUMAN SERVICES**
Division of Provider Services
& Quality Assurance

License Number: 35194

This Is to Certify That
Counseling Associates

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 _____ 750 Boston Street _____

_____ Danville _____, County of _____, Yell _____, Arkansas.

License Effective: 05/19/2020 | License Expires: 09/30/2022





**Division of Provider Services &
Quality Assurance**

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

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



08/25/2020

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

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is 34075. Your previous license number is 381. Your previous vendor number is 25126.

The following service location is associated with this provider:

6 Hospital Drive
Morrilton, AR 72110

New Certification #: 34075

Certification Dates: 05/30/2019 – 05/30/2022

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathan Jones".

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Licensure File
Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34075

This Is to Certify That

Counseling Associates, Inc

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 6 Hospital Drive,

Morrilton, County of Conway, Arkansas.

License Effective: 05/30/2019 | License Expires: 5/30/2022





Division of Provider Services & Quality Assurance

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

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



08/18/20

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

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

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

The following service location is associated with this provider:

1021 East Poplar Street
Clarksville, AR 72830

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

2526 Hwy 65 South, Suite 201
Clinton, AR 72031

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

855 South Salem Road
Conway, AR 72830

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

350 Salem Road, Suite 1
Conway, AR 72034

Substance Abuse Treatment
Vendor # 25118
License # 373
New Certification # 33738
Certification Dates 03/14/2019- 03/14/2022

206 West Main
Perryville, AR 72156

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

8 Hospital Drive
Morrilton, AR 72210

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

106 Mountain Place Drive
Mountain View, AR 72560

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

2504 West Main Street
Russellville, AR 72801

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

110 Skyline Drive
Russellville, AR 72836

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

115 South 3rd Street
Heber Springs, AR 72543

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

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

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

Sincerely,



Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

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

JJ JR



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 33733

This Is to Certify That

Counseling Associates, Inc- Clarksville

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 1021 East Poplar Street,

Clarksville, County of Johnson, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





License Number: 33734

This Is to Certify That

Counseling Associates, Inc- Clinton

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 2526 Hwy 65 South, Suite 201,

Clinton, County of Van Buren, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 33721

This Is to Certify That

Counseling Associates, Inc- Conway (855 Salem Rd)

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 855 South Salem Road

Conway, County of Faulkner, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 33738

This Is to Certify That

Counseling Associates, Inc- Conway (Salem Rd)

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 350 Salem Road Suite 1,

Conway, County of Faulkner, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34074

This Is to Certify That

Counseling Associates, Inc- Perryville

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 206 West Main

Perryville, County of Perry, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34062

This Is to Certify That

Counseling Associates, Inc- Morrilton

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 8 Hospital Drive

Morrilton, County of Conway, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34068

This Is to Certify That

Counseling Associates, Inc- Mountain View

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 106 Mountain Place Drive,

Mountain View, County of Stone, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34073

This Is to Certify That

Counseling Associates, Inc- Russellville (W Main St)

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 2504 West Main Street,

Russellville, County of Pope, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34072

This Is to Certify That

Counseling Associates, Inc- Russellville (Skyline Dr)

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 110 Skyline Drive

Russellville, County of Pope, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34054

This Is to Certify That

Counseling Associates, Inc- Heber Springs

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 115 South 3rd Street

Heber Springs, County of Cleburne, Arkansas.

License Effective: 03/14/2019 | License Expires: 03/14/2022





September 4, 2020

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

Re: Renew Licensure

Dear Brian Davis:

Please find enclosed license number 35514. This is issued for the following location(s):

350 Salem Road Suite 9
Conway, AR 72034

If you have any questions, please contact me at (501) 320-6557 or Joshua.Rice@dhs.arkansas.gov.

Sincerely,

Joshua Rice

cc: DDS - Thomas Tarpley, Portland Gilbert, Jerry Hodge
DXC - Courtney Tipple, Audrey Orange, Daphne Burkins
OMIG - Tamera Belin
file



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 35514

This Is to Certify That

Counseling Associates, Inc

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 350 Salem Road Suite 9,

Conway, County of Faulkner, Arkansas.

License Effective: 07/15/2019 | License Expires: 07/15/2022



2.2 B. Counseling Associates CARF Accreditation



**CARF Accreditation Report
for
Counseling Associates, Inc.

Three-Year Accreditation**



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

www.carf.org

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About CARF

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

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

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

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

Organization

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

Organizational Leadership

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

Survey Date(s)

February 20, 2019–February 22, 2019

Surveyor(s)

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

Program(s)/Service(s) Surveyed

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

Previous Survey

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

Accreditation Decision

Three-Year Accreditation
Expiration: March 31, 2022

Executive Summary

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

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

Accreditation Decision

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

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

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

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

Survey Details

Survey Participants

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

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

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

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

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

Survey Activities

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

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

Program(s)/Service(s) Surveyed

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

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

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

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

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

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

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

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.5.c.(3)

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

1.H.12.e.

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

Consultation

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

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

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

1.J. Technology

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

1.K.1.e.(3)

1.K.1.e.(4)

1.K.1.e.(5)

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

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

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

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

2.A.21.d.

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

2.A.25.d.

2.A.25.i.

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

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

2.C.2.a.(1)

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

Consultation

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

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

There are no recommendations in this area.

Consultation

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

2.F. Promoting Nonviolent Practices

Description

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

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

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

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

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

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

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

- Assistive devices used for persons with physical or medical needs.
 - Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.
 - Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
 - Security doors designed to prevent elopement or wandering.
 - Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel.
- When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

2.H.1.b.(4)

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

Section 3. Core Treatment Program Standards

Description

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

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

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

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

Key Areas Addressed

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

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

Recommendations

There are no recommendations in this area.

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

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Counseling Associates, Inc.

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

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

Clarksville Outpatient Clinic

1021 East Poplar Street
Clarksville, AR 72830

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

Clinton Outpatient Clinic

2526 Highway 65 South, Suite 201
Clinton, AR 72031

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

Conway CSP and Emergency Services Clinic

855 South Salem
Conway, AR 72034

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

Counseling Associates, Inc.

106 Mountain Place Drive
Mountain View, AR 72560

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

Counseling Associates, Inc.

316 Highway 65 North
Marshall, AR 73650

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

Day Rehab-Lighthouse

1402 East 16th Street
Russellville, AR 72802

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

HAVEN - Conway

1701 Donaghey Avenue
Conway, AR 72032

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

Heber Springs Outpatient Clinic

115 South Third Street
Herber Springs, AR 72543

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

Morrilton Outpatient Clinic

6 Hospital Drive
Morrilton, AR 72110

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

Morrilton Outpatient Clinic

8 Hospital Drive
Morrilton, AR 72110

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

Russellville Outpatient Clinic

110 Skyline Drive
Russellville, AR 72801

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

Therapeutic Foster Care

2504 West Main, Suite C
Russellville, AR 72801

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

2.2 C. Counseling Associates Therapists and Licenses



**Arkansas
Social Work License Card**

License No.

9361-C

Expiration Date:

2/28/2021

Deborah Kaye Baskins LCSW

4944 Canto Drive

San Jose CA 95124

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

Deborah Baskins, LCSW

Chairman

**STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD**

Mailing Address:

PO Box 251965 Little Rock, AR 72225-1965

Physical Address:

2020 W. Third, Suite 518 Little Rock, AR 72205

Phone: 501-372-5071 www.arkansas.gov/swlb

Fax: 501-372-6301 Email: swlb@arkansas.gov

[Home](#)

Name	Carter, Cary Brent
Location	Heber Springs, AR
Level	LCSW
License Number	1191-C
Date Issued	4/2/1996
Expiration	4/30/2022

[Back](#)

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

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License Search



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

501-683-5800

Mark Coffman

LICENSE #: P0505033 | TYPE: LPC | STATUS: ACTIVE

Hector

Hector, Russellville, 72843, 72811

ADDITIONAL INFO

Date of Issue: 5/27/2005

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: mcoffmanLPC@gmail.com

The data in this website is maintained by McMan State Solutions and is endorsed by the Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Board maintains updates to this website on an ongoing basis. No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



Arkansas Department of Health
Social Work License Card

License No.

7535-C

Expiration Date:

12/31/2021

Melanie Margaret Cooke, LCSW

6246 Buck Mountain Rd.

Dover AR 72837

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

A handwritten signature in cursive script, appearing to read "Sigi Nelson".

Chairman



**Arkansas
Social Work License Card**

License No.

1588-C

Monica Anne Dunn, LCSW
2007 Michelle Circle
Conway AR 72032

Expiration Date:

11/30/2020

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

A handwritten signature in cursive script, appearing to read "David Hudson, LCSW".

Chairman

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Lauren Nichole Schluterman
4530 Graham Drive
Conway, AR 72034

Date 6/18/2020
For LPC
License # P1402025



Arkansas State Board of Examiners in
Counseling

Licensee: Lauren Nichole Schluterman

License: P1402025

LPC

Effective: 6/18/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

Payor Lauren Schluterman

Date 6/18/2020

Receipt No. 3484

Item	Licensee	License No	Type	Amount
3677	Lauren Nichole Schluterman	P1402025	LPC	\$300.00
Total				\$300.00

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



MS Morgan E Graham
1950 Harkrider Street Apt 17
Conway, AR 72032

License # A1803024



Arkansas State Board of Examiners in
Counseling

Licensee: MS Morgan E Graham

License: A1803024

LAC

Effective: 6/21/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

A handwritten signature in cursive script, likely belonging to the Chair of the Board.

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



MS Laura Nicole Hall
102 Wilson Street
Morrliton, AR 72110

License # P1806072

Speciality:
Technology Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: MS Laura Nicole Hall

License: P1806072

LPC

Effective: 3/20/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

A handwritten signature in blue ink, appearing to read "Laura Nicole Hall".

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Frederick "Fritz" Heidenreich

204 Sologohachia Rd.

Morrilton, AR 72110

License # P2009075

Speciality:
Technology Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: Frederick "Fritz" Heidenreich

License: P2009075

LPC

Effective: 9/10/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

A handwritten signature in black ink, appearing to read "Frederick Heidenreich".

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



HAYLEY BETH HOGUE
2130 Hwy 27 South
Marshall, AR 72650

Date 6/5/2019
For LPC
License # P1503021



Arkansas State Board of Examiners in
Counseling

Licensee: HAYLEY BETH HOGUE

License: P1503021

LPC

Effective: 6/5/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

A handwritten signature in cursive script, likely belonging to the Chair of the Board.

Payor HAYLEY HOGUE

Date 6/5/2019

Receipt No. 741

Item	Licensee	License No	Type	Amount
792	HAYLEY BETH HOGUE	P1503021	LPC	\$312.36
Total				\$312.36

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



MR John Dan McCuin

2637 Highway 157

Judsonia, AR 72081

License # P1412108



Arkansas State Board of Examiners in
Counseling

Licensee: MR John Dan McCuin

License: P1412108

LPC

Effective: 6/5/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

A handwritten signature in blue ink, appearing to read "John Dan McCuin".

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



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Issue Date: August 27, 2019

Ashley Nikole Mann, LMSW
PO Box 372
Danville, AR 72833

Dear Ashley;

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

Your license, No. 9514-M, is subject to renewal August 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (September 1, 2019 – August 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

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

Sincerely,

Leigh Hudson, LCSW
Chairman of the Board

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it 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). A request form is available on our website.



Arkansas
Social Work License Card

License No.

9514-M

Ashley Nikole Mann, LMSW

PO Box 372

Danville AR 72833

Expiration Date:

8/31/2021

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

Chairman

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

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Alex Jordan Schluterman

2030 Edith Circle

Conway, AR 72032

License # P1801006



Arkansas State Board of Examiners in
Counseling

Licensee: Alex Jordan Schluterman

License: P1801006

LPC

Effective: 7/1/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

[Signature]

License Search

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

Andrea Self

LICENSE #: P0401001 | TYPE: LPC | STATUS: ACTIVE

Greenbrier, 72058

ADDITIONAL INFO

Date of Issue: 1/23/2004

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: aself@cainc.org; steve_andrea@yahoo.com

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Rachel Danielle Stumbaugh

1209 East Elm Street

Russellville, AR 72802

License # P2007050

Speciality:
Technology Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: Rachel Danielle Stumbaugh

License: P2007050

LPC

Effective: 7/30/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

License Search

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

Derrick White

LICENSE #: P1905056 | TYPE: LPC | STATUS: ACTIVE

Conway, 72034

ADDITIONAL INFO

Date of Issue: 5/16/2019

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: derrickwhite92@yahoo.com

2.2 D. Counseling Associates Articles of Incorporation and Arkansas Secretary of State's Registration.

STATE OF ARKANSAS



John Thurston
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Amendment With Restatement

of

COUNSELING ASSOCIATES, INC.

filed in this office
February 28, 2020.

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 28th day of February, 2020.



John Thurston

Arkansas Secretary of State



AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

COUNSELING ASSOCIATES, INC.

The undersigned, acting as Chief Executive Officer of a nonprofit corporation under the Arkansas Nonprofit Act, Act 1147 of 1993 (the "Act"), adopt the following Articles of Incorporation of such corporation.

1. Name. The name of the corporation is Counseling Associates, Inc.
2. Public Benefit. The corporation is a public benefit corporation.
3. The Act. The corporation does hereby elect to be governed by the Act.
4. Membership. Arisa Health, Inc., an Arkansas nonprofit corporation, shall be the sole Member of the corporation.

5. No Private Inurement. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

6. Purpose. The corporation is organized, and will be maintained and operated, exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Specifically, the corporation is organized, and will be maintained and operated, to establish, maintain and conduct a comprehensive health service program, including, without limitation, behavioral health; to provide short range inpatient treatment programs alone and in cooperation with others; and to provide a full range of outpatient, residential and other testing, evaluation and treatment programs alone and in cooperation with others.

7. Dissolution Distributions. Upon the dissolution of the corporation, the Board of Directors of the corporation shall, after paying or making provision for the payment of all of the liabilities of the corporation, with the consent of the Member, distribute the assets of the corporation for one or more exempt purposes within the meaning of Section 501(c)(3) of the

Internal Revenue Code, or the corresponding section of any future federal tax code, or shall distribute such assets to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

8. Registered Office. The street address of the corporation's registered office is:

350 Salem Road, Suite #9
Conway, Arkansas 72034

9. Registered Agent. The name and address of the corporation's initial registered agent is:

Rayburn W. Green
Kutak Rock LLP
Suite 200, 234 East Millsap Road
Fayetteville, Arkansas 72703

10. Board Authority. In accordance with Ark. Code Ann. § 4-33-801, the Member is authorized and directed to exercise the following powers which would otherwise be exercised by the corporation's Board of Directors, and the Corporation's Board of Directors is hereby relieved of such duties and powers:

(a) All powers with respect to the appointment, election or removal of the Board of Directors;

(b) All powers with respect to the employment of senior management and officers;

(c) Requisite approval of the Corporation's annual budget;

(d) Requisite approval of any action to alter, amend or modify the Corporation's tax-exempt characterization or status;

(e) Requisite approval of any action to merge, combine, divide or dissolve the Corporation;

(f) Requisite approval of any action to seek bankruptcy protection;

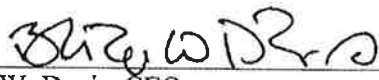
(g) Requisite approval of the purchase or sale of real property;

(h) Requisite approval of the borrowing of money; and

(i) Requisite approval of causing the Corporation to enter into, modify, terminate or allow to expire any arms' length agreements and/or arrangements that are necessary or appropriate for the proper operation of the business of the Corporation.

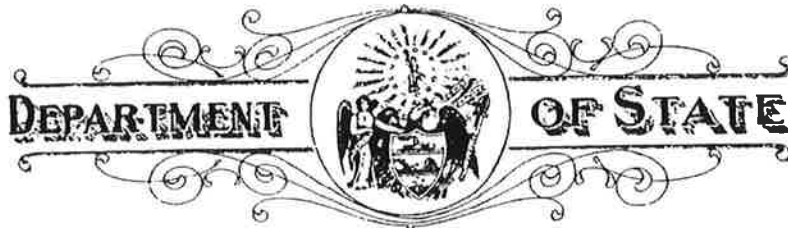
EXECUTED AND DELIVERED, this 28th day of February, 2020, to be effective as of March 1, 2020.

COUNSELING ASSOCIATES, INC.



Brian W. Davis, CEO

STATE OF ARKANSAS



Kelly Bryant, Secretary of State

CERTIFICATE OF INCORPORATION OF DOMESTIC NON-PROFIT CORPORATION

*I, Kelly Bryant, Secretary of State of the
State of Arkansas, Do Hereby Certify, that*

HUMAN SERVICES CENTER OF WEST CENTRAL ARKANSAS

*has filed in the office of the Secretary of State, a duly
certified copy of its Articles of Association in
compliance with the provisions of the law, with their
petition for incorporation under the name or style of*

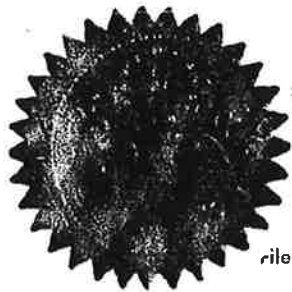
HUMAN SERVICES CENTER OF WEST CENTRAL ARKANSAS

*they are therefore hereby declared a body politic and
corporate, by the name and style aforesaid, with all the
powers, privileges and immunities granted in the law
thereunto appertaining.*

*In Testimony Whereof,
I have hereunto set my hand and
affixed my official Seal*

This 21st day of June 19 72

KELLY BRYANT
Secretary of State.



By Allen Book
filed this 21 day of June 19 72 *Deputy.*

Ernest L. Powers COUNTY CLERK

ARTICLES OF INCORPORATION

ARTICLE I

The name of this corporation shall be "Human Services Center of West Central Arkansas".

ARTICLE II

This corporation is formed as a nonprofit corporation under the Arkansas Nonprofit Corporation Acts (Acts 1963, No. 176 as amended-Arkansas Statutes 64-1901 et seq) and shall have perpetual existence.

ARTICLE III

Members of this corporation shall be those persons who from time to time shall be the duly elected and qualified directors thereof.

ARTICLE IV

The general purpose of this corporation shall be to render services calculated to aid in the improvement of the emotional, mental, moral, intellectual, educational and physical status of all persons within the area to be served.

The specific purpose shall be to operate a community mental health center, or centers, offering the basic mental health services as outlined by the United States Public Health Service, Mental Health Division, and to do and perform any and all things necessary to the accomplishment of these purposes.

ARTICLE V

The principle place of business of the corporation shall be Russellville, Pope County, Arkansas, and the Board of Directors may, from time to time, establish other places of business.

ARTICLE VI

The agent for service of the corporation shall be Winston
T. Wilson, ^{301 So. BOULDER ST} Russellville, Arkansas.

ARTICLE VII

The business of the corporation shall be managed by a Board of Directors consisting of not less than fifteen (15) nor more than thirty-three (33) members, the number to be determined by resolution at each annual meeting, and the members to be elected as set out in the By-Laws of the corporation, to serve for terms of three (3) years each, except the terms of the initial Board of Directors which shall be as specified herein:

The initial Board of Directors shall consist of twenty-five (25) members as follows:

<u>Name</u>	<u>Address</u>
1. Jerome H. Luker, M.D.	Dardanelle, AR
2. George C. Jackson	Rt. 5, Russellville, AR
3. Travis M. Adams	214 S. Quanah, Russellville, AR
4. A. Wm. Krumbach	Box 862, Conway, AR
5. Guy A. DuVall	2114 Broadview, Conway, AR
6. James F. McCoy, O.D.	552 Locust, Conway, AR
7. Robert H. "Bunny" Adcock	317 S. Ash, Conway, AR
8. Mrs. Ruth Allen	213 S. Reno, Russellville, AR
9. Mrs. William Blackford	239 Arlington Dr., Russellville, AR
10. Melba W. Powell	1409 E. View, Morrilton, AR
11. Mrs. Mildred Thompson	Box 78, Clinton, AR
12. Jim Leming	3 Sherwood Dr., Russellville, AR
13. Loretta H. Bonner	Rt. 3, Russellville, AR
14. Winston T. Wilson	1905 Caldwell, Conway, AR
15. W. H. Schulze	2000 W. "B", Russellville, AR
16. J. Rankin Baker	1815 S. Detroit, Russellville, AR
17. Len Blaylock	Nimrod, AR
18. Harold Johnson	Clarksville, AR
19. Fred H. Eckert	Woodridge Est., Russellville, AR

- | | | |
|-----|------------------|------------------------------------|
| 20. | Ed Williams | Russellville, AR |
| 21. | Harvey Young | 1720 17th Circle, Russellville, AR |
| 22. | Barbara Lackey | Russellville, AR |
| 23. | Mrs. Julia Henry | 1605 W. Main, Russellville, AR |
| 24. | Harold Neal | 1820 S. Boston, Russellville, AR |
| 25. | Samuel Harris | 1107 19th Terr, Russellville, AR |

Of these eight (8) members shall serve terms of one (1) year, eight (8) members shall serve terms of two (2) years and nine (9) members shall serve terms of three (3) years. These terms shall be determined by lot at the first meeting following the final approval and filing of these articles with the Secretary of State. Subsequent elections shall be as set out in the By-Laws of the corporation.

ARTICLE VIII

The names and addresses of the incorporators of the corporation are as follows:

<u>Name</u>	<u>Address</u>
A. William Krumbach	Box 862, Conway, AR
George C. Jackson	Rt. 5, Russellville, AR
Melba W. Powell	1409 E. View, Morrilton, AR
Mrs. Mildred Thompson	Box 78, Clinton, AR
Jerome H. Luker, M.D.	Dardanelle, AR
Harold Johnson	Clarksville, AR
Len Blaylock	Nimrod, AR

IN THE CIRCUIT COURT OF POPE COUNTY, ARKANSAS

IN THE MATTER OF THE INCORPORATION
OF "HUMAN SERVICES CENTER OF WEST
CENTRAL ARKANSAS"

4906


ORDER

Now on this 19th day of June, 1972, comes on to be heard the petition of A. William Krumback, George C. Jackson, Melba W. Powell, Mrs. Mildred Thompson, Jerome H. Luker, M.D., Harold Johnson, and Len Blaylock to approve the incorporation of "Human Services Center of West Central Arkansas" as a Nonprofit Corporation under the laws of the State of Arkansas, and specifically the Arkansas Nonprofit Corporation Act [Acts 1963, No. 176-Arkansas Statutes Annotated 64-1901 et seq] and the Court, being well and truly advised in the premises finds:

- (1) That the incorporation is for a lawful purpose and is in the best interest of the public;
- (2) That the incorporation should be approved.

It is therefore ordered and adjudged that the incorporation of "Human Services Center of West Central Arkansas" is approved and that when this order and the Articles of Incorporation are duly filed with the Secretary of State as required by law, such corporation shall be duly authorized to conduct the business for which it is established.

Rendered and entered this 19 day of June, 1972.


Russell C. Roberts
Circuit Judge
5th Judicial District

Filed 19th day of June, 19 72


REESE A. CAUDLE
CIRCUIT CLERK

IN THE CIRCUIT COURT OF POPE COUNTY, ARKANSAS

IN THE MATTER OF THE INCORPORATION
OF "HUMAN SERVICES CENTER OF WEST
CENTRAL ARKANSAS"

4906


PETITION

Come the petitioners, A. William Krumbach, George C. Jackson, Melba W. Powell, Mrs. Mildred Thompson, Jerome H. Luker, M.D., Harold Johnson, and Len Blaylock, by their attorney, W. H. Schulze and for their petition herein state:


(1) That the attached Articles of Incorporation are filed herein under and pursuant to the laws of the State of Arkansas, specifically the Arkansas Nonprofit Corporation Act [Acts 1963, No. 176 as amended-Arkansas Statutes annotated 64-1901 et seq].

(2) That "Human Services Center of West Central Arkansas" is formed for the general and specific purposes set out in the Articles of Incorporation, and that such purposes are lawful and in the best interest of the public.

Wherefore, petitioners pray that this Court enter an order approving the incorporation of this association of persons for the purposes set out in the Articles of Incorporation.



W. H. Schulze
Attorney for Petitioners

Filed 15 day of June, 1973

CIRCUIT CLERK

In witness whereof the Incorporation have hereunto set their hands and seals this 15th day of June, 1972.

A. William Krumbach
A. William Krumbach

George C. Jackson
George C. Jackson

Melba W. Powell
Melba W. Powell

Mrs. Mildred Thompson
Mrs. Mildred Thompson

Jerome H. Luker, M.D.
Jerome H. Luker, M.D.

Harold Johnson
Harold Johnson

Len Blaylock
Len Blaylock

ACKNOWLEDGMENT

State of Arkansas)
County of Pope) SS.

BE IT REMEMBERED, that on this 15th day of June, 1972, personally appeared before the undersigned, a Notary Public within and for the State and County aforesaid, A. William Krumbach, George C. Jackson, Melba W. Powell, Mrs. Mildred Thompson, Jerome H. Luker, M.D., Harold Johnson, and Len Blaylock, named as incorporators herein and known to me personally to be such, and severally acknowledged the same to be the act and deed of each of them, and that the facts therein stated are truly set forth.

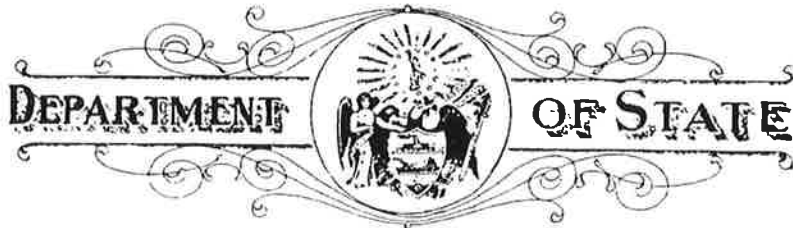
Given under my hand and seal of office the day and year first above written.

[Signature]
Notary Public

My Commission Expires:

3/1/75

STATE OF ARKANSAS



KELLY BRYANT, SECRETARY OF STATE

*To All to Whom These Presents Shall Come, Greeting
I, Kelly Bryant, Secretary of State of the State of Arkansas,
do hereby certify that the following and hereto attached instrument
of writing is a true and perfect copy of*

CERTIFICATE OF AMENDMENT

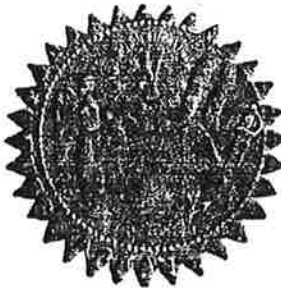
OF

HUMAN SERVICES CENTER OF WEST CENTRAL ARKANSAS

Filed this 23 day of Feb 1973

Ernest L. Powers COUNTY CLERK

Filed in this office:
February 20, 1973



*In Testimony Whereof I have hereunto
set my hand and affixed my official Seal
Done at office in the City of Little Rock
this* 20th *day of* February 1973

KELLY BRYANT
By Hope Matius Secretary of State
Deputy

CERTIFICATE OF AMENDMENT

I, GEORGE JACKSON, President of Human Services Center of West Central Arkansas, a non-profit corporation organized and existing under the laws of the State of Arkansas, do hereby certify that at a regular meeting of the Board of Directors of the corporation held at the Human Services Center Clinic, 507 West 2nd Street, Russellville, Arkansas, on January 18, 1973, the following resolution was duly moved, seconded and adopted:

"RESOLVED that the Articles of Incorporation of the corporation shall be amended to include the following:

ARTICLE IX: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

Filed this 23 day of Feb 1973

Ernest J. Powers COUNTY CLERK

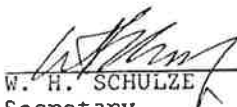
ARTICLE X: Upon the dissolution of the corporation, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Trustees shall determine. Any of such assets not so disposed of shall be disposed of by the Chancery Court of the County in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes."

IN WITNESS WHEREOF, I have hereunto set my hand as President of the corporation this 16th day of February, 1973.



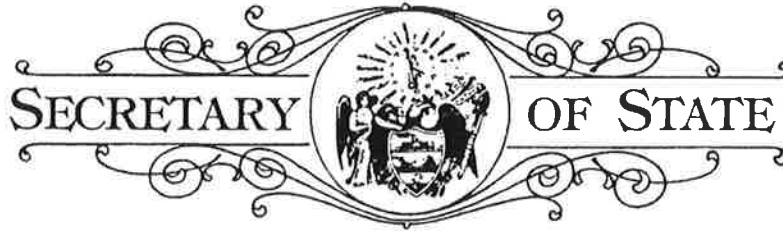
GEORGE JACKSON
President

ATTEST:



W. H. SCHULZE
Secretary

STATE OF ARKANSAS



W. J. "Bill" McCuen
Secretary of State

To All to Whom These Presents Shall Come, Greeting:

I, Bill McCuen, Secretary of State of the State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

CERTIFICATE OF AMENDMENT

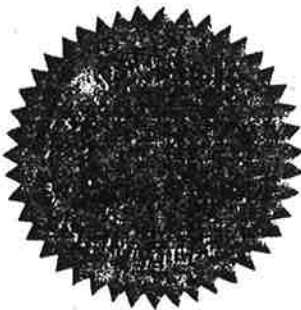
OF

HUMAN SERVICES CENTER OF
WEST CENTRAL ARKANSAS, INC.

CHANGING NAME TO

COUNSELING ASSOCIATES, INC.

Filed in this office:
July 8, 1985



*In Testimony Whereof, I have hereunto
set my hand and affixed my official Seal.
Done at office in the City of Little Rock,
this 8th day of July 19 85*

W. J. "BILL" McCUEN

Secretary of State.

by Claudia Conate

Deputy.

STATE OF ARKANSAS — OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF AMENDMENT OF A NON-PROFIT CORPORATION

FILED

JUL 8 1985

W. J. "BILL" McCIJEN

SECRETARY OF STATE

By Charles Coates

Human Services Center of West Central Arkansas, Inc., a corporation duly organized, created and existing under and by virtue of the laws of the State of Arkansas, by its President and Secretary,

DOES HEREBY CERTIFY:

At a meeting of the membership (or board of directors) which was held on June 30, 1985, in the City of Hot Springs, AR, the Amendment to the Articles of Incorporation, as herein stated was (were) offered and adopted.

That the following Article (s) of the Articles of Incorporation of this corporation were amended to read as follows:

Article I

The name of this corporation shall be **Counseling Associates, Inc.**

IN WITNESS WHEREOF, the said corporation has caused its corporate name to be subscribed by its President, who hereby verifies that the statements contained in the foregoing Certificate of Amendment are true and correct to the best of his/her knowledge and belief, and duly attested by its Secretary on this 3 day of July, 19 85.

R. M. Carmack
President

ATTEST

Charles Coates
Secretary

(The certificate of amendment must be submitted in duplicate, duly executed by the President or Vice President and Secretary or Assistant Secretary. The fee for this filing is \$1.00.)

2.2 E. Arkansas Medicaid Provider.

**Agency Medicaid Number: Counseling Associates Medicaid Provider
Agency number is 116375726.**

2.3 A & B: Scope of Work: Delivery of Services/Approach to Providing Outpatient Services

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

Philosophy of Care Statement

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

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

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

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

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

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

Individual Treatment Process

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

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

Substance Use Disorders

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

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

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

Co-Occurring MH/SUD and Substance Use

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

Trauma Informed Care

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

The majority of our children's therapists have had training in TFCBT (exceptions are new graduates). Our therapists working with all of our foster children, IFS families, TFC families have all been trained in one of the methods below. Additionally, all of our clinics have clinicians able to provide these services. We provide the following types of treatment for children with trauma; models utilized are age appropriate. Additionally we have adult therapists are also trained in EMDR, Trauma Informed Care, and TFCBT in each of our clinics in a variety of combinations. Trauma care is available in all clinics for all ages through individual, group and family therapies depending on treatment recommendations. We have 31 therapists with significant training in one or more of the evidenced based models below.

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

- **EMDR:** We have had multiple staff member participate in training and supervision requirements of EMDR. We have staff in each location able to provide EMDR services for clients with a variety of trauma histories. CA has 5 staff members trained in EMDR. These clinicians are locations that serve our 10 county area. This is typically done in individual therapy.

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

2.3 C: Scope of Work: Delivery of Services/Approach to Providing SWS Services

Counseling Associates has a referral agreement with ArCares for SWS services. We will make referrals to this company or to any additional company that DCFS has a contract with to provide this service.

2.3 D: Scope of Work: Delivery of Services/Sample Assessment and Treatment Plan

Our Treatment Plan is part of the assessment.



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/28/2020 1:45 PM to 2:45 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	Non Bill MHE (ADULT)		

Initial Clinical Info

Is Client Currently Incarcerated?: No

Is Treatment Court Ordered?: No

Besides Client, are Others Present at Session: Yes, Please Identify Name(s) and Relationship(s) to Client:

Client's father. Bob Test - ROI obtained

Consents: If intake is provided and client is offsite and unable to sign consents in person review ALL information in documents below and obtain written consent when client is able to present to clinic in person.

Documents were completed and signed when the client/guardian was present. : True

Was this service provided via telehealth? : No, In Person Service ,

Location of Service: Onsite CAI Facility

Location of the Client at the time of the service: : Arisa/ CA Office

Date of next MHE Update: 9/28/2021

Date MHE was completed: 9/28/2020

Demographics

Age:

65

DOB:

2/20/1955

Race:

White

Gender as Identified on Insurance Information:

Male

Preferred Language:

English

Does Client Need the Assistance of an Interpreter or Assistive Technology? :

False

Referral Source: :

Child Advocacy Center

MHP has reviewed the assessment and treatment planning purpose and process, potential treatment risks, expectations (including family participation for client) and the Treatment Team/ Coordination of Care? : Yes



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/28/2020 1:45 PM to 2:45 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	Non Bill MHE (ADULT)		

MHP has reviewed limits of confidentiality including mandated reporting, potential for inpatient due to suicidality or homicidality, duty to warn should client report imminent threat to others, professional boundaries, and having no communication through social media with client/guardian?: Yes

MHP provided client with the Hotline/Crisis/After Hours Number and discussed emergency access protocols. 1-800-844-2066: Yes

Urgent Needs/Risk Asmt

In the past 30 days, has the client reported feeling depressed, hopeless and/or helpless and/or has the client been release form an inpatient or residential treatment program?: No,
History of Suicidal/Homicidal Thoughts: : NO history of suicidal, self harm, homicidal or violent behaviors by client.
N/A

Current Thoughts of Suicide/Homicide: NO current thoughts of suicide/homicide.

Presenting Problem

Mental Health

Mental Health Treatment Hlstory

Has the client ever been diagnosed with a mental health disorder? : No
Has there been previous Mental Health Treatment? Check all that apply. If indicated, provide details of treatment including agency/program, dates of treatment, reason for referral and client's response.: No Previous Treatment,

Presenting Problem(s)



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CPT Code/Visit Type	Non Bill MHE (ADULT)		

Perception of Presenting Issues/Reason for Referral from the Client's Perspective: *

I need help to get off pain pills. I don't want to live like this anymore

No Adjustment to Stressors Reported. : True

Reaction to Trauma and/or Attachment Issues: Suggested question prompt: 'Have you experienced events in your life that could be considered as traumatic? Was there an incident in which there was exposure to actual or threatened death, serious injury, or violence? The exposure could be direct or indirect (witness vs. learned about).: True

Describe Trauma: : *

Was robbed at gun point last month.

No Excessive Anxiety Reported. : True

No Obsessive/Compulsive Problems Reported. : True

Depressed Mood: Suggested question prompt: 'Have you been feeling sad, blue, down, depressed, irritable, or angry? Have you lost interest in, or do you get less pleasure from the things you used to enjoy?: True

Please check all that apply: : Irritable or angry mood , Markedly diminished interest in activities or pleasures, Significant weight loss or gain, Poor appetite or overeating, Sleeping too much / too little, Feeling of worthlessness or excessive guilt, Low self-esteem, Self deprecating thoughts, Additional Symptoms/ Elaboration (from check list above):;

Please Describe Impact on Daily Functioning Including Frequency, Intensity, Duration, and Onset. : *
Most of the symptoms are related to my pill problem. I was fine before I started using but now I feel guilty for using and like a failure because I can't seem to quit on my own. Feel bad about myself all the time and for not being there for my children like I should.

No Problems with Mood Instability Reported. : True

No Problems with Psychosis/Disturbance of Thought Reported. : True



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No Impulsive/Distractible & Inattentive Problems Reported. : True

No Disturbances of Personality Reported. : True

No Disturbed Eating Patterns Reported. : True

No Sleep-Wake Disorders/Problems Reported. : True

No Gender Expression Concerns Impacting Treatment Reported.: True

No Paraphillic Disorders/ Problems Reported. : True

Substance Abuse

Substance Abuse Treatment History

Has the client ever been diagnosed with a Substance Use Disorder? : Yes, Please Describe:

I know I have a problem with pills. Opioids / Hydrocodone

Has there been previous Substance Abuse Treatment? Check all that apply. If indicated, provide details of treatment including agency/program, dates of treatment, reason for referral and client's response.: No Previous Treatment,

Presenting Problem(s)

Substance - Related Disorders: Suggested question prompt: 'Please share any history or current use or experimentation with drugs or alcohol.': True



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Please Indicate Current / History for any Substances below client has used: C = Current Use. H = History of Use. N= None Reported. Current Use is defined as any use in the last 12 months .

Alcohol : Current Use

Frequency / Amount / Duration of Use: Couple times a month

Age of First Use / Date of Last Use: : 16 / last week

Method of Use (Specify any IV Use): OralSymptoms: (Check all that apply): No Symptoms Reported

Caffeine: None Reported

Cannabis : History of Use

As a teen

Hallucinogens: None Reported

Inhalants : None Reported

Opioids/Opiates : Current Use

Frequency / Amount / Duration of Use: Daily 7 or 8 pills/ last 4 years

Age of First Use / Date of Last Use: : 48 / Today

Method of Use (Specify any IV Use): IVSymptoms: (Check all that apply): Cravings/Urges to use or drink

Withdrawal (emotional and/or physical)*,

Desire to quit or unsuccessful attempts to cut back/quit*,

Changes in lifestyle (e.g., relationships, work/school, legal, etc.)*,

Increased tolerance (either increased use to get same desired effect or if amount has no increased, the effect has lessened)*,

All I think about is trying to get pills or get money for pills. I have even used Herion few times when I could not find the pills. I can't go very long with out using or I will get sick. I have tried to quit on my own several times but could not take the withdrawal symptoms. My wife has left me and I don't see my kids as much as I used too. I don't get high anymore just use to keep from getting sick



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Sedatives/Hypnotics/Anxiolytics: None Reported

Stimulants (including amphetamine type, cocaine, etc): None Reported

Prescription Drug Abuse: None Reported

Over the Counter Medications, (OTC): None Reported

Designer / Synthetic (Bath Salts, K2, Salvia): None Reported

Other: Please Describe : None Reported

No Tobacco Related Disorder / Information : *

Cigarettes / Cigars / Vape: Current Use

Chewing Tobacco / Dip / Snuff : None Reported

Family/Social History

Family History Family Member History (Select all that apply and provide detail including how it impacts client's needs at present time): Substance Abuse - Note any family member in recovery.
My uncles are all alcoholics

Family History Narrative: Comment on family relationships or other pertinent information (marital issues, sibling/birth order, family dynamics/emotional atmosphere, parenting style, timeline of significant events, cultural and communication patterns, others living in the home, etc.): : *
I was married for 24 years. Divorced last year. Have two grown children that I don't see much anymore



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because they don't want to deal with my substance use. Live alone in an apartment but will loose that soon if I don't get clean and get back to work.

Social History

Peer Relations/Social Functioning-Please Describe: *

Used to have lots of friends. Now all my friends are just people I use with.

Natural Supports, Social Support System/Community Resources: (Check all that apply): Other Natural Supports, Please Describe:

My children would be a support if I go to treatment and get better.

Summarize Employment: Unemployed, Please Describe:

Worked for 24 years at Tyson. Job related injury 5 years ago that lead to my pill problem. I was working at a farm until a few weeks ago but was let go due to not enough work.

Summarize Education: Highest Grade Completed

12th

Intellectual Functioning/Learning Ability/ Literacy Level-Please Describe: No Reported Intellectual Deficits/Barriers to Learning; Average to Above Average Literacy/ Reading Level

Abuse/Neglect/DCFS/Legal

Abuse HistoryHas the client been a victim, witness or perpetrator of abuse/neglect or trauma AND/OR self abuse?: *No reported history of trauma or abuse either through experience or perpetration.,*

Is a notification to the hotline or possible further action needed regarding abuse history items checked above? (If a hotline call is made, document on the Maltreatment Report Form in Credible): *No*

Involvement by Juvenile Court or DCFS with Family Related to Child Abuse, Neglect or Dependency? (check all that apply): *None Reported ,*
The following entities are assigned to client/family (If Applicable, Identify Name and County):

Legal History



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Current Legal Status (Check all that apply and describe): No Current Legal Issues,

Past Legal Issues Involving Client (Check all that apply and describe): No Legal History,

Medical Information

Please List and Describe any Medical History or any Current Co-occurring Disability, Disorder or Medical Condition that May Contribute to the Presenting Problem (This includes Health, Vision, Hearing, Dental, and/or Pregnancy/ Prenatal Care Related Concerns): No Current Health Care Needs

Any pertinent developmental age related issues, motor development issues or neurocognitive issues or disorders that may impact treatment: No

Does the client report utilization of alternative or complementary health approaches (ie. acupuncture, natural supplements, yoga, homeopathy, meditation, etc.)?: None Reported

Medical Profile:

Date Created:9/27/2013**Created By:**SANDRA WOOD

Other Specified:Back injury and degenerative disc disease.

Medical Conditions:Hypertension, Arthritis, Chronic Pain

Currently taking medications, herbals, and/or over the counters: No

In the past, has the client been prescribed Psychotropic Medications?: No

Any reported health concerns in the following areas? Describe as needed: Hygiene/Self Care/Grooming/Dress

Money Management*,

Financial issue due to spending all my money on pills. Will sometimes go for days with out taking a shower. I used to be more clean cut.

Func Impair/DLA-20

Daily Living Activities (DLA-20): Adult Mental Health 18 y/o and above

DLA-20 Assesses the Following: Impairment in Adaptive and Behavior Management Skills, Impairment in Social/Personal Skills, Impairment in Ability to Obtain Environmental Supports, Impairment in Skills Necessary to Enhance Academic/Vocational Success, and Impairment in Cognitive and Communicative Skills.



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Strengths are scored ≥ 5 in an activity and indicate functioning 'within normal limits' (WNL) for that activity.

Score of 1: None of the time; EXTREMELY SEVERE impairment of problems in functioning; pervasive level of continuous paid supports needed.

Score of 2: A little of the time; SEVERE impairment or problems in functioning, extensive level of continuous paid supports needed.

Score of 4: Some of the time: MODERATE impairment or problems in functioning; low level of continuous paid supports needed.

Score of 5: (WNL) A good bit of the time; MILD impairment or problems in functioning; moderate level of intermittent paid supports needed.

Score of 6: (WNL) Most of the time; strength very mild impairment or problems in functioning; low level of intermittent paid supports needed.

Score of 7: (WNL) All of the time; independently managed DLA IN COMMUNITY; no impairment or problem in functioning requiring paid supports.

1. Health Practices: Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments.: 2

2. Housing Stability and Maintenance: Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance, if living with others.: 3

3. Communication: Listens to people, expresses opinions/feelings; makes wishes known effectively.: 3

4. Safety: Safely moves about the community- adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.: 4

5. Managing Time: Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.: 2

6. Managing Money: Manages money wisely (independent source of funds); controls spending habits.: 2

7. Nutrition: Eat at least 2 basically nutritious meals daily.: 3

8. Problem Solving: Resolves basic problems of daily living, asks questions for clarity and setting expectations.: 3

9. Family Relationships: Gets along with family, positive relationships as parent, sibling, child, significant other family member.: 3

10. Alcohol/Drug Use: Avoids abuse or abstains from alcohol/drugs, cigarettes; understands signs and symptoms of abuse or dependency; avoids misuse or combining alcohol, drugs, medication.: 1

11. Leisure: Relaxes with a variety of activities; attends/participates in sports or performing arts events; reads newspapers, magazines, books; recreational games with others; involved arts/crafts; goes to movies.: 3

12. Community Resources: Uses other community services, self-help groups, telephone, public transportation, religious organizations, shopping.: 5

13. Social Network: Gets along with friends, neighbors, co-workers, other peers.: 3

14. Sexuality: Appropriate behavior toward others; comfortable with gender, respects privacy and rights of others, practices safe sex or abstains.: 4

15. Productivity: Independently working, volunteering, homemaking, or learning skills for financial self-support.: 3



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16. Coping Skills: Knows about nature of disability/illness, probable limitations, and symptoms of relapse; behaviors that cause relapse or make situation/condition worse; makes plans and uses options for coping, improving, preventing relapse, restoring feelings of self-worth, competence, being in control.: 3

17. Behavior Norms: Complies with community norms, probation/parole, court requirements, if applicable; controls dangerous, violent, aggressive, bizarre, or nuisance behaviors; respects rights of others.: 3

18. Personal Care, Hygiene: Cares for personal cleanliness, such as bathing, brushing teeth.: 4

19. Grooming: Cares for hair, hands, general appearance; shaves.: 2

20. Dress: Dresses self; wears clean clothes that are appropriate for weather, job, and other activities; clothing is generally neat and intact.: 4

STEP 1: Add scores from applicable columns: 60

STEP 2: Divide sum by number of activities actually rated to obtain average DLA-20 composite score-keep 2 digits: NO N/A_Valid N=20 ADLs . : 3

STEP 3: To estimate mGAF, multiply the average DLA score by 10 (Standard Error range +/- 3 points). Consult the mGAF <https://www.def.state.fl.us/programs/samh/mentalhealth/mgaf/pdf> for the DSM-5 count of serious disturbances.: 30

Please use the number from Step 2 to select the appropriate Severity Level: DLA-20: 2.1 - 3.0 = Severe impairments in functioning

ICD-10 4th digit modifier: Severity Level=3

Map DLA-20 Initial Score to Client Extended Profile.: 30

Map DLA-20 Current Score to Client Extended Profile.: 30

Map DLA-20 Updated Date to Client Extended Profile: 9/28/2020

Mental Status Summary

General Observations

Appearance: (check all that apply): Unkempt

Build: (check all that apply): Thin

Demeanor: (check all that apply): Average

Speech: Clear

Eye Contact: (check all that apply): Average

Activity Level/Behavior: (check all that apply): Normal Activity Level,

Thought Content

Delusions: (check all that apply): None Reported

Hallucinations: (check all that apply): None Reported,



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Thought Process

Mood: (check all that apply): Depressed

Affect: (check all that apply): Full

Cognitive Impairment: (check all that apply): Judgment,

Intelligence Estimate: Average

Mental Status Summary and Treatment Prognosis: *

Jimbo has good insight into his need for treatment effects substance are having on his many relationships.

Treatment prognosis is fair if he completes treatment plan and engages in services.

SED or SMI

Physician's Certification of SED or SMIs Client SMI/SED: If yes, please answer questions below to justify.: No,

To meet requirements for SED/SMI, BOTH Criteria below must be met, PLUS criteria as indicated in SED or SMI specific box.

Criteria for Functional Impairment of Adult with a Serious Mental Illness (SMI)

SNAP/Accommodations

SNAP/Accommodations

Abilities (Choose all that apply): Is Articulate, Asks for Help

Needs (Choose all that apply to the client and family): Medical Care, Education About Diagnosis/Disorder to Assist with Adjustment*,

To Maintain/Obtain Employment, Social Supports, Please Describe:*,

Healthy Recreation/Leisure, Services from Other Agencies, Please Describe:*,

Needs to reestablish healthy social supports and referrals to other agencies for IP rehab, financial assistance, and medical care.

Strengths/Capabilities/Natural Supports (i.e., Supportive Family, Intelligence, Motivated for Treatment, Court Involvement, Articulate, etc.): I used to be good working w/ my hands, building things, good dad

Preferences/Advance Directives/ Client and Family View of Services Needed (i.e. Therapist's Gender, Involvement of Others, Declining Specific Services, Medical and Psychiatric Advance Directives, etc): : I need help/ All the services

Are there any other considerations that may impact treatment?

(Choose all that apply): None Reported,

Are there any accommodations client is requesting (Certified Service Animal, Interpreter, Family Member Participation)? : No



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Interpretive Summary

Interpretive Summary

This summary is based upon the information provided by (check all that apply): Client,

Interpretive Summary/Justification for Services, Please include the following information: Etiology of presenting problem and maintenance of the problem; mental health history; Alcohol and Drug abuse history, severity of problem; where problem occurs (functioning at home, at work, in community); onset of problem (acute VS chronic); client motivation for treatment, whether problem is known to be responsive to treatment. Identify any co-occurring disabilities and/or disorders and how they will be addressed in the development of the treatment plan. Describe how the client is adjusting to the identified disabilities and/or disorders.: *

Jimbo is a 56 year old SWM who presents to CA with a chief complaint of Opioid / Rx pill abuse. He reports he began using 4 years ago after he received prescription pain medication following a work related back injury. For the last 4 years he has obtained a rx for this medication but has taken more than prescribed to the point he has been buying pills "off the street" and has used heroin several times when unable to find pills. Began IV drug use one year ago. Now has lost a 24 year long job and marriage and has little to no contact with his adult children due to substance abuse. Jimbo has attempted to stop use several times on his own but was unable to do so "I could not stand the withdrawals". Jimbo now requests detox and residential treatment followed by outpatient treatment and potential MAT to help with his addiction. Insight is good into impact substance abuse is having on his daily life.

Diagnosis/Initial TX Need

Current Document: Mental Health Evaluation

Diagnosis Problem List:

Effective Date : 09/28/2020

1 (304.00 / F11.20) Opioid use disorder, Severe

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes: Consider major depressive disorder

Date Updated: 09/28/2020

SNOMED: -

2 (Z56.8) Other problems related to employment

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No



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Notes:

Date Updated: 09/28/2020

SNOMED: -

3 (V60.9 / Z59.9) Unspecified housing or economic problem

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/28/2020

SNOMED: -

5

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/28/2020

SNOMED: -

WHODAS 2.0 General Disability Assessment Date:

Raw Score: **Avg Score:**

Cognition: Mobility: Self-care: Getting along: Life activities: Participation:

Dual Diagnosis Status: Has Co-Occurring Substance Abuse

I have reviewed Problem List and all are Complete.: Yes

Assessed Treatment Needs

Need #1: -

Opioid Use

Need #2: -

Economic/ Housing problems

Need #3: -

Rebuilding and maintaining health social support / family relationships

Specialty Populations Treatment Needs This a Court Involved/Multiple Offender Group, or Client with a Substance Use Disorder?: Have Substance Use Disorder only,

Initial Treatment Needs/Plan:

List any immediate needs that the client may have and ANY ACTION TAKEN to address those needs (if applicable):



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Physical Needs (food, clothing, personal hygiene, shelter, etc): *

Has shelter / clothing at the moment "but I don't know for how long". Transportation is an issue as his car is unreliable.

Medical Needs (physician services, medications, nutrition, etc): *

Needs to see PCP for hypertension and back problems. Poor nutrition has led to weight loss and proper dental hygiene.

Legal: *

Is involved with DCFS due to substance and the impact on the family.

Emergency Contacts: *

Son Tim Test 888-888-8888

All Identified Strengths, Needs, Abilities and Preferences are to be Used to Guide Treatment Recommendations and Develop Treatment Plan / Goals / Objectives/ Interventions

TX Goals/Objectives

Goal Linked to Need #: 1. Opioid Use

Start Date: 9/28/2020 **Target Date:** 12/27/2020 **End Date:**

Description: Jimbo will report abstinence from all opioid use for the next year to promote improved economic, employment, social and family aspects of his life and return to his previous level of effective functioning.

Goal in Client Words: Get my life back

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: " I want to get off the pills and get my life back". I want to be there for my kids and get back to work, I want to be the person I used to be"

Objective #: Coping Skills

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will work with MHP to develop effective coping skills to address cravings/ urges to use and identify alternative interventions to use to maintain abstinence AEB client report

Provider/Intervention: MHP / Individual Therapy / Psychoeducation

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Psychoeducation - relapse prevention increase understanding of substance abuse effects on body / mind / relapse prevention educations. MI to increase motivation to abstain and maintain sobriety

Provider/Intervention: MHP / Group Therapy

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: MI / CBT group therapy to increase motivation to maintain sobriety and challenge thoughts that contribute to negative self view and relapse. Increase understanding of recovery and growth through shared experiences and support.

Objective #: Social Network

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will identify and implement 2 new activities/ skills per month to improve and develop healthy socialization and leisure activities that do not include substance abuse to promote recovery and



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support.

Provider/Intervention: MHP / Individual Therapy / psychoeducation

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Psychoeducation - relapse prevention increase understanding of substance abuse effects on body / mind / relapse prevention educations. MI to increase motivation to abstain and maintain sobriety

Provider/Intervention: MHP Group therapy

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: MI / CBT group therapy to increase motivation to maintain sobriety and challenge thoughts that contribute to negative self view and relapse. Increase understanding of recovery and growth through shared experiences and support.

Objective #: Relationships

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will work to develop health coping skills, relationships, communication skills to rebuild relationships with family and challenge thoughts/ guilt over past use and rebuild trust AEB client report and family involvement.

Provider/Intervention: MHP / Individual Therapy

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: CBT- Explore relationship and communication patterns. MI to increase motivation and insight regarding family relationships to promote healthy relationships.

Provider/Intervention: MHP / Family Therapy / Psychoeducation

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: CBT / MI / family therapy / education to increase insight, support network, process grief, to improve family relationships and recovery

Objective #: Medication Assisted Treatment

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Medication assisted treatment to promote recovery.

Provider/Intervention: MD / APRN

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Evaluation / medication assisted treatment. Monitor and prescribe medications as needed. Clinical oversight.

Objective #: Residential Treatment / Detox

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will attend residential treatment / detox to assist with abstinence from opioids and begin developing skills to promote recovery.

Provider/Intervention: MHP / Referral

Start Date: 9/28/2020 **Target Date:** **End Date:**



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Description: Facilitate Referral to residential treatment

Service List/Tx Recommend

Treatment Recommendations: Please choose the following service modalities to best meet the client's Assessed Needs and Goals.

Psychiatric Services

Psychiatric Assessment-Provided by MD or APRN-Frequency will be : 1x/year

Pharmacologic Management - Provided by MD or APRN - Frequency will be: 1-2 x month

Adult Outpatient Services

Interpretation of Diagnosis- Provided by MHP - Frequency will be : Not Indicated at Present

Individual Behavioral Health Counseling - Provided by MHP - Frequency will be : 1-2 x/week

Group Behavioral Health Counseling - Provided by MHP- Frequency will be : 1-2 x/week

Family Behavioral Health Counseling WITH the Client - Provided by MHP - Frequency will be : 1-2 x/week

Family Behavioral Health Counseling WITHOUT the Client - Provided by MHP - Frequency will be : Not Indicated at Present

Multi-Family Behavioral Health Therapy - Provided by MHP - Frequency will be : Not Indicated at Present

Psychoeducation - Provided by MHP - Frequency will be : 1-2 x/month

Psychological Testing/Evaluation - Provided by MHP - Frequency will be: Not Indicated at Present

Substance Abuse Level 1 Services

Substance Abuse Assessment- Provided by MHP - Frequency will be : 1x/year-if substance abuse services are indicated, the above services identified will be utilized to meet both Mental Health and Substance Abuse needs.

Further Evaluations Needed, or any Referrals Recommended that are Beyond the Scope of this Agency: (Please Select All That Apply): Medical

Pain*,

Medical referral to address reported medical problems outside the scope of this agency. Potential pain management referral to discuss pain management options that do not include opioid pain medications.

OBH Services selected above are appropriate for this client. : Yes

Participation & Plan

Client Participation/Response/Plan

Document Client/Legal Guardian Response to Results of Assessment Treatment Recommendations, Assessed Needs (Include Declining Specific Services), and Participation and Feedback in Development of the Goals and Objectives: (i.e. include comments provided by client and/or guardian including overall outcome expectations,). : *

Jimbo agrees with treatment plan following the referral to residential treatment. Client participated in



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/28/2020 1:45 PM to 2:45 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	Non Bill MHE (ADULT)		

development of the treatment plan. His readiness to change is fair at thsi point in time. He is at least recognizing he needs treatment.

MHP has reviewed expectations for involvement in treatment and instructed client/guardian that their Treatment Plan can be accessed via their Client Portal. .

MHP has reviewed criteria for transition or discharge from services including available after-care options and transition to other community services. . .

Based on the Diagnosis and Impairments Identified in this Assessment, the Client Qualifies for Mental Health Services and the Following Plan? (Including but not Limited to OBH/RSPMI Services): Yes, will refer this client to outpatient therapy services only (Tier 1 Counseling Level) at this time.

Staff Signature

Client Signature

Erin Willcutt LPC

9/30/2020 10:37 AM
ERIN WILLCUTT
LPC

2.3 D: Scope of Work: Delivery of Services/Sample Progress Note



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/30/2020 11:30 AM to 12:30 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	90837 Individual Psychoth		

Individual Progress Note

Is Client Currently Incarcerated?: No

Was this service provided via telehealth or telephone ? : No ,

Location of Service: Onsite at CAI Facility

Diagnosis:

Effective Date : 09/28/2020

1 (304.00 / F11.20) Opioid use disorder, Severe

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes: Consider major depressive disorder

Date Updated: 09/28/2020

SNOMED: -

2 (Z56.8) Other problems related to employment

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/28/2020

SNOMED: -

3 (V60.9 / Z59.9) Unspecified housing or economic problem

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/28/2020

SNOMED: -

5

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/28/2020

SNOMED: -

WHODAS 2.0 General Disability Assessment Date:



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name: **JIMBO TEST** Date/Time: **9/30/2020 11:30 AM to 12:30 PM**
 Address: **HOMELESS RUSSELLVILLE AR 72802** Employee Name: **ERIN WILLCUTT LPC**
 CPT Code/Visit Type **90837 Individual Psychoth**

Raw Score: Avg Score:

Cognition: Mobility: Self-care: Getting along: Life activities: Participation:

New Issue(s)/Stressor(s) According to Client/Guardian Impacting Treatment Services?: Yes- Does not require MH Evaluation Update

Client was recently discharged from 45 day residential treatment facility. He reports "doing much better" and states he has been clean for 45 days. States he has been talking to his oldest son again and feels better about this relationship. Would like to include him in next family therapy session.

Triggers to Complete Urgent Needs Risk Assessment/Coping Card: No Additional Information to Warrant a Risk Assessment and / or Coping Card.,

Brief Mental Status/Observations

Mood/Affect (if change please comment). : Changes/ Observations Noted

Mood "pretty good today, much better than before". Full affect in session

Thought Process/Orientation (if change please comment). : Changes/ Observations Noted

Client was fully oriented and thought process was logical and goal directed throughout session.

Behavior/Functioning (if change please comment). : Changes/ Observations Noted

Client was calm, cooperative and attentive during session. Reports functioning has improved somewhat, but continues to struggle with leaving his house because " I feel pretty overwhelmed with all I need to do and am afraid to get back out there"

Reviewed treatment plan, progress, client response / satisfaction. Document client feedback including any revisions needed for MTP including frequency of services or medications concerns.

: Yes- Include Comments:

Reviewed comprehensive treatment plan developed with client before referral to residential treatment. Jimbo reports he is better "but I still have a long way to go". States he wants to continue the treatment plan as developed and states he needs to focus first on coping skills and motivation to continue his recovery.

Tx Plus-Reference ONLY

Goal Linked to Need #: 1. Opioid Use

Start Date: 9/28/2020 **Target Date:** 12/27/2020 **End Date:**

Description: Jimbo will report abstinence from all opioid use for the next year to promote improved economic, employment, social and family aspects of his life and return to his previous level of effective functioning.

Goal in Client Words: Get my life back

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: " I want to get off the pills and get my life back". I want to be there for my kids and get back to work, I want to be the person I used to be"

Objective #: Coping Skills

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will work with MHP to develop effective coping skills to address cravings/ urges to use and identify alternative interventions to use to maintain abstinence AEB client report

Provider/Intervention: MHP / Individual Therapy / Psychoeducation

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Psychoeducation - relapse prevention increase understanding of substance abuse effects



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/30/2020 11:30 AM to 12:30 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	90837 Individual Psychoth		

on body / mind / relapse prevention educations. MI to increase motivation to abstain and maintain sobriety

Provider/Intervention: MHP / Group Therapy

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: MI / CBT group therapy to increase motivation to maintain sobriety and challenge thoughts that contribute to negative self view and relapse. Increase understanding of recovery and growth through shared experiences and support.

Objective #: Social Network

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will identify and implement 2 new activities/ skills per month to improve and develop healthy socialization and leisure activities that do not include substance abuse to promote recovery and support.

Provider/Intervention: MHP / Individual Therapy / psychoeducation

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Psychoeducation - relapse prevention increase understanding of substance abuse effects on body / mind / relapse prevention educations. MI to increase motivation to abstain and maintain sobriety

Provider/Intervention: MHP Group therapy

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: MI / CBT group therapy to increase motivation to maintain sobriety and challenge thoughts that contribute to negative self view and relapse. Increase understanding of recovery and growth through shared experiences and support.

Objective #: Relationships

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will work to develop health coping skills, relationships, communication skills to rebuild relationships with family and challenge thoughts/ guilt over past use and rebuild trust AEB client report and family involvement.

Provider/Intervention: MHP / Individual Therapy

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: CBT- Explore relationship and communication patterns. MI to increase motivation and insight regarding family relationships to promote healthy relationships.

Provider/Intervention: MHP / Family Therapy / Psychoeducation

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: CBT / MI / family therapy / education to increase insight, support network, process grief, to improve family relationships and recovery

Objective #: Medication Assisted Treatment

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Medication assisted treatment to promote recovery.



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/30/2020 11:30 AM to 12:30 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	90837 Individual Psychoth		

Provider/Intervention: MD / APRN

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Evaluation / medication assisted treatment. Monitor and prescribe medications as needed. Clinical oversight.

Objective #: Residential Treatment / Detox

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Client will attend residential treatment / detox to assist with abstinence from opioids and begin developing skills to promote recovery.

Provider/Intervention: MHP / Referral

Start Date: 9/28/2020 **Target Date:** **End Date:**

Description: Facilitate Referral to residential treatment

Interventn/Response/Progr

Goal and Objectives Addressed from MTP: Goal 1 obj 1.2 **Were any of following Evidence Based Treatment Protocols provided during the Intervention?:** Motivational Interviewing,

Intervention (Describe how the intervention(s) addresses goals and objectives from MTP): *

MI to explore clients thoughts and resistance to making changes in his social group and daily routines to aid in recovery.

MI to increase insight and motivation to make changes to daily routines to promote recovery.

CBT to challenge thoughts regarding himself and "worthlessness" due to not being employed and letting things get so bad".

Response to Intervention: *

Response was moderate. Jimbo has made progress towards his stated goals. However, he was resistant today regarding his goal of implementing a new social network. Explored his thoughts / desires to maintain contact with several of his friends that he used w/ prior to residential treatment. Explored and worked with feelings of loyalty and wanting to help vs. the impact this would have on his recovery, by placing him in situations with high relapse potential. Used clients states goals in comparison to behavior to increase motivation to change. Also challenged Jimbo thoughts of worthlessness due to past use and irrational belief that he should be employees two days upon returning from treatment. Worked w/ client on how these thoughts contribute to urges for use and alternative thoughts and coping skills to manage cravings and self deprecating thoughts.

Progress/Regression toward Goals: *

Moderate progress. Client has completed residential treatment and has been clean for the last 45 days.

Needs continued work on motivation to make changes in several areas to promote recovery and continued work to address family relationships and guilt from past substance abuse.

Prognosis: Fair

Plan (Describe client/guardian involvement in treatment services. Describe if change in level of care is needed, i.e. less or more frequent sessions, expedition of medical services. Plan for next therapy session, including any homework assignments and/or advance psychiatric directives): *

Plan for next session: Review homework assignment of pros / cons regarding continuing certain friendships and identification of ways he can offer support w/o jeopardizing his recovery. Will have son attend next



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	JIMBO TEST	Date/Time:	9/30/2020 11:30 AM to 12:30 PM
Address:	HOMELESS RUSSELLVILLE AR 72802	Employee Name:	ERIN WILLCUTT LPC
CPT Code/Visit Type	90837 Individual Psychoth		

session per client request to work on family relationships.

Did this service occur on the same day as GROUP THERAPY OR MEDICATION MANAGEMENT?: No

Staff Signature

Client Signature

9/30/2020 11:29 AM
ERIN WILLCUTT
LPC



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name: **DEB TEST** Date/Time: **11/21/2019 7:25 AM to 7:30 AM**
 Address: **1213 WEST Z STREET ATKINS AR 71111** Employee Name: **SANDRA WOOD RNP**
 CPT Code/Visit Type **Non Bill Group Therapy**

Group Therapy Note

General Group Information

Number of Group Participants: 5

Location of Service: Onsite at CAI Facility

Focus of Group: *

Depression Group and how this impacts sobriety.

Intervention (Describe how the intervention(s) addresses goals and objectives from MTP): *

We explored thoughts, emotions and how these negative thoughts impact urges to use substances.

Plan for Next Group Session, Including Any Homework Assignments: *

will meet again in 1 week. plan to process coping skills

Individual Ct Information

Diagnosis:

Effective Date : 11/21/2019

1 (296.32 / F33.1) Major depressive disorder, Recurrent episode, Moderate

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 11/21/2019

SNOMED: -

2 (309.81 / F43.10) Posttraumatic stress disorder

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 11/21/2019

SNOMED: -

3 (309.24 / F43.22) Adjustment disorders, With anxiety

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 11/21/2019

SNOMED: -



Counseling Associates

110 SKYLINE DRIVE
RUSSELLVILLE, AR 728013362

Client Name:	DEB TEST	Date/Time:	11/21/2019 7:25 AM to 7:30 AM
Address:	1213 WEST Z STREET ATKINS AR 71111	Employee Name:	SANDRA WOOD RNP
CPT Code/Visit Type	Non Bill Group Therapy		

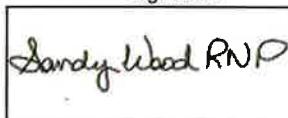
6 (V60.0 / Z59.0) Homelessness
Diagnosed By : **Diagnosed Date :**
Onset Date : **Previous Onset Date :**
Onset Prior to Admission:
R/O: No
Notes:
Date Updated: 11/21/2019
SNOMED: -

WHODAS 2.0 General Disability Assessment Date:
Raw Score: **Avg Score:**
Cognition: **Mobility:** **Self-care:** **Getting along:** **Life activities:** **Participation:**
New Issue(s)/Stressor(s) According to Client/Guardian Impacting Treatment Services?: None Reported,
Reviewed treatment plan, progress, client response / satisfaction. Document client feedback including any revisions needed for MTP including frequency of services or medications concerns.
: Yes- Include Comments:
 Client reports that he is satisfied with services and he has been sober for two months now.
Brief Mental Status
Document Mood/Affect, Thought Process/Orientation, and/or Behavior/Functioning/Observations.
: Mood was stable, with some flattened affect. Oriented to time, place, person.
Goal and Objectives Addressed from MTP: 1.2
Response to Intervention: *
 Good response, was able to identified how mood impacts desire to remain sober.
Progress/Regression toward Goals: *
 Continued progress towards goals.
Prognosis: Fair
Did this service occur on the same day as INDIVIDUAL THERAPY OR MEDICATION MANAGEMENT?: No

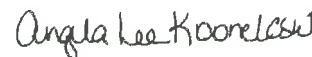
Tx Plus- Reference Only

Staff Signature

Client Signature




11/21/2019 2:22 PM
SANDRA WOOD
RNP



Supervisor's Signature
 Approved by LKOOONE on 11/26/2019
 ANGELA LEE KOONE, LCSW, CBHI-Degreed

2.3 E &F: Scope of Work: Delivery of Services

CAI will accept all DCFS referrals and will develop Aftercare Plans for the client when they discharge from our Outpatient Services. Treatment Plans are developed at the time of admission to address any Aftercare Plan recommendations from the Residential Treatment Provider.

2.3 Scope of Work: Sample of Aftercare Plans (Discharge Plan)

All clients that complete outpatient services are referred to appropriate aftercare following treatment based on their individual needs. This information will be provided to DCFS at the time of discharge.



Counseling Associates

350 SALEM ROAD
CONWAY, AR 720346166

Client Name:	DEB TEST	Date/Time:	9/28/2020 12:00 PM to 12:30 PM
Address:	1213 WEST Z STREET ATKINS AR 71111	Employee Name:	LAUREN GATES LPC
CPT Code/Visit Type	Non Bill DCFS Discharge Sum		

Discharge Summary

Identifying Data

Client's Date of Birth: :
11/15/1999

Program: DHS Counseling Program/ACC,
Date of Report: 09/28/2020

Did Client Complete IFS/ACC Satisfaction Survey?: Yes,
Discharge Summary

Referring DHS County: Faulkner

Program Admission Date: 03/02/2020

Program Discharge Date: : 10/05/2020

Date of Discharge Notification: 09/28/2020

Person Notified of Discharge: JANE DOE, DCFS FSW

Initiator of Discharge: LAUREN SCHLUTERMAN, LPC

Type of Discharge: Planned Discharge

If the discharge is unplanned, was the program specific DCFS Program Manager contacted and was approval obtained: N/A

Reason for Program Discharge: *

Client is ready to decrease level of care in one week as evidenced by sustained remission x 180+ days. Short term treatment goals have been met and progress has been sustained over last 90 day period as evidenced by no positive urine drug screens and self-report of consistent application of relapse prevention and recovery maintenance plans established at time of initial outpatient treatment plan.

Presenting Problem at Program Admission: *

Admission following completion of residential SA 30 day program; present SA diagnoses: early remission from methamphetamine dependence, cannabis abuse, and alcohol abuse. No relapse post-residential treatment per self-report and corroborated by negative urine drug screens.

Client reported desire to continue to practice relapse prevention plan as well engage in distress tolerance skills to decrease reactivity, anxiety, and to improve interpersonal functioning. Also wishes to engage in psychoeducation and trauma-focused therapy to address past trauma history to include victim of domestic violence history.

Diagnosis History:

Effective Date : 08/24/2020

1 (296.32 / F33.1) Major depressive disorder, Recurrent episode, Moderate

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No



Counseling Associates

350 SALEM ROAD
CONWAY, AR 720346166

Client Name:	DEB TEST	Date/Time:	9/28/2020 12:00 PM to 12:30 PM
Address:	1213 WEST Z STREET ATKINS AR 71111	Employee Name:	LAUREN GATES LPC
CPT Code/Visit Type	Non Bill DCFS Discharge Sum		

Notes: expen falling asleep 1x/2weeks erienicing visions of mom wh

Date Updated: 09/25/2020

SNOMED: -

2 (309.28 / F43.23) Adjustment disorders, With mixed anxiety and depressed mood

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/25/2020

SNOMED: -

3 (Z60) Problems related to social environment

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/25/2020

SNOMED: -

WHODAS 2.0 General Disability Assessment Date:

Raw Score: **Avg Score:**

Cognition: **Mobility:** **Self-care:** **Getting along:** **Life activities:** **Participation:**

Treatment History

Family and Social History (Include social behavioral and peer interactions):

Significant other of two years along with client's two children attended sessions on monthly basis w/ client.

Client reports improved familial functioning to include structure, communication, and conflict resolution.

Client reports improved relations and support in her recovery from extended family.

She reports sustained involvement in 12-step group and benefit from peers in group. Has maintained boundaries with former co-users/addicts.

Psychiatric/Behavioral/Emotional History:

Client has complied with psychiatric recommendations and reports medication compliance.

Family Involvement in Treatment/Visitation: *

Same as above.

Educational/Employment History (HAVEN include all educational services provided): *

Client has engaged in evidence-based education regarding relapse prevention using Motivational Interviewing interventions and journal system. She has also participated in psychoeducation regarding trauma-informed treatment and recovery using Cognitive Processing Therapy.

She reports engagement in vocational training via local Work Force and Adult Education Center.

Legal History/Incident Reports (Include running away, self harm, threatening others): *



Counseling Associates

350 SALEM ROAD
CONWAY, AR 720346166

Client Name:	DEB TEST	Date/Time:	9/28/2020 12:00 PM to 12:30 PM
Address:	1213 WEST Z STREET ATKINS AR 71111	Employee Name:	LAUREN GATES LPC
CPT Code/Visit Type	Non Bill DCFS Discharge Sum		

Unremarkable.

Medical History (HAVEN include services provided while in the program, how often and provider): *

Client was referred to Faulkner Co Health Dept and Dept of Human Services for basic medical care and enrollment in Arkansas Medicaid. She reports ongoing care by a local primary care physician.

Placement History: *

No update.

Treatment Progress and Document Frequency of Services: *

Client has made much progress toward goals. Services were provided as follows:

psychiatric assessment and medication management: monthly

individual behavioral health and SA therapy: bi-monthly

family therapy: bi-monthly

Mental Health Treatment Provided: Mental Health Evaluation by MHP, Psychiatric Evaluation by MD/APRN, Medication Management by MD/APRN, Individual Therapy by MHP, Family Therapy by MHP, Substance Abuse Treatment,

Discharge/After Care Plan

Current Discharge Medications Not Prescribed by CAI: *

None.

Discharge Medications:

Medication: fluoxetine 20 mg capsule

Start Date: 11/14/2019

Sig: Client wants to change pharmacy to XYZ

Medication: Risperdal 1 mg tablet

Start Date: 5/29/2019

Dosage: 1 po 1 q HS

Frequency:

Medication: fluoxetine 20 mg capsule

Start Date: 11/2/2018

Dosage: 20 mg

Frequency: 1 po q am per hospital D/C orders

Medication: Adderall 30 mg tablet

Start Date: 2/6/2018 5:48:00 PM

Sig: One-half tablet in the morning and one-half tablet after lunch.

Medication:

Start Date: 1/28/2018

Client's Strengths/Abilities: *

Client is resilient, insightful, and motivated. She is able to articulate achievements as well as ongoing goals. She is able to care for herself and her children as well as engage in a seemingly healthy romantic relationship and with extended family.

Mental Health Recommendations and Referrals: *



Counseling Associates

350 SALEM ROAD
CONWAY, AR 720346166

Client Name:	DEB TEST	Date/Time:	9/28/2020 12:00 PM to 12:30 PM
Address:	1213 WEST Z STREET ATKINS AR 71111	Employee Name:	LAUREN GATES LPC
CPT Code/Visit Type	Non Bill DCFS Discharge Sum		

Attend community support meetings as desired:

Smart Recovery

AA

NA

NAMI

Return to CA for readmission to outpatient if desired.

Continued Behavioral Health Needs/Problem Areas to Be Addressed After Discharge: *

Continue with relapse prevention plan and engage in self-monitoring of trauma responses. Client will continue to engage w/ sponsor, journal, and practice self-care plans.

Medical Recommendations and Referrals: *

Return to / continue with treatment via Faulkner Co Health Dept., Dept. of Human Services, and established primary care physician.

Educational Recommendations and Referrals: *

Continue with Adult Education Center and Work Force.

Placement Recommendations: *

At time of discharge, no placement recommendations are indicated as client has independent housing and is not in need of assistance OR higher level care to warrant admission to a residential treatment program.

Client identifies emergency contacts / supportive persons aware of her mental health / substance abuse history as follows:

Sue Smith 501-123-4567 (sister)

Dan Smith 501-123-4567 (brother)

Client may seek housing assistance through local housing authority: Conway Housing Authority 335 S. Mitchell St, Conway, AR 72034, 501-327-0156. If homelessness occurs, client may seek emergency shelter and/or laundry and hygiene resources via Bethlehem House 115 Parkway St., Conway, AR 72034 501-329-4862.

Assistance with utilities may be accessed via CAPCA 707 Robins St., Ste. 118, Conway, AR 72034 501-329-3891.

Housing, clothing, and hygiene necessities may be available at no charge with a CA letter of support via Salvation Army 950 Carson Cv., Conway, AR 72034 501-329-1712.

Assistance with nutritional needs may be accessed via Dept. of Human Services (SNAP) or a local food bank: Soul Food Cafe Mission 1717 S. Donaghey Ave., Conway, AR 72034 501-575-2929, Bethlehem House (info above), or a local church parish.

Legal resources may be accessed at Arkansas Legal Aid / arlegalaid.org.



Counseling Associates

350 SALEM ROAD
CONWAY, AR 720346166

Client Name:	DEB TEST	Date/Time:	9/28/2020 12:00 PM to 12:30 PM
Address:	1213 WEST Z STREET ATKINS AR 71111	Employee Name:	LAUREN GATES LPC
CPT Code/Visit Type	Non Bill DCFS Discharge Sum		

[Empty space for notes or observations]

Staff Signature

Client Signature

Lauren Schlitzman ^{LPC}

[Empty signature box]

9/30/2020 10:51 AM
LAUREN GATES
LPC

2.3 Scope of Work: Community Partnership Matrix and Letters of Support

Matrix of Aftercare Provider Partners

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

**GLEN HOGGARD
HOGGARD LAW FIRM**

2513 MCCAIN BLVD., STE. 128
NORTH LITTLE ROCK, AR 72116

OFFICE (501) 258-5751
FAX (501) 251-1912

glen@glenhoggard.com

September 30, 2020

Jerald Sharum
Director Division of Provider Services and Quality Assurance
Arkansas Department of Human Services

Dear Jerry,


Please allow me to submit this letter in support of Counseling Associates Inc. and their proposal to deliver counseling and mental health services to DHS referred clients. In my role as appointed parent counsel, I frequently represent parents in the legal system that both desperately need and consume CAI's services.

Based on my experience, they are far and away the best mental health provider I have encountered in my 16 years of parent counsel service. You understand, I have withstood Health Resources of Arkansas, Preferred Family Services, Quapaw House, Wind Spring, and a host of others. I have seen horrible providers in action. CAI sets a standard that shames the litany of DHS providers - both those of the legal activities and those of the convicted nature.

From my vantage point, the difference in CAI is the quality of their service delivery and the professionalism of their therapists. Whether courtroom testimony that is damaging to my client, individual assessments that I need to assist my client, or family therapy that uplifts my clients, I know that I am going to receive a fair and honest effort and report from CAI.

I initially utilized CAI in Faulkner County. With the demise of both Preferred Family and Quapaw, I now interact with CAI in Faulkner, Searcy, Stone and Cleburne Counties. Consequently I see their operation in a number of differing contexts and services. I can honestly tell you that I have been impressed with their service delivery, their accessibility, and their integrity in each and every location and therapist.

I highly recommend their application for renewal. I shudder to think of what alternative might await a different outcome.


Glen Hoggard



1115 Parkway St. • Conway, AR 72034 • 501-329-4862

September 28, 2020

Re: Letter of Support for Counseling Associates

To Whom It May Concern:

I am writing in support of Counseling Associates in their proposal to continue providing substance abuse treatment for individual and families referred by the Division of Children and Family Services. Counseling Associates has been providing professional behavioral healthcare for 30 plus years to our communities' most vulnerable populations. Having recently grown from six to 10 counties, Counseling Associates provides an array of treatment modalities. They employ highly competent and ethical paraprofessional and professional clinical staff to serve their clients.

I have worked with Counseling Associates for many years in the following roles: individual and family counseling, crisis intervention, psychiatric care and recovery work. Counseling Associates has been supportive of my agency and our efforts to support community members in need. They offer a long history of community service and engagement to include multi-disciplinary involvement such as school-based services, disaster response, crisis intervention, and partnerships with community agencies. They have successfully secured numerous contracts and grants that benefit Arkansans as well as support their mission of person-centered, least-restrictive means to create positive change in the lives of clients.

It is my belief that successful outcomes for this program will result from the experience and dedication of Counseling Associates' staff. I recommend this agency without hesitation to serve as a substance abuse treatment provider to ensure that DCFS-referred families can experience the highest level of quality care and evidence-based interventions.

Please contact me if additional information is needed.

Signed,

Judi Lively, Executive Director
bhouse@conwaycorp.net
501-329-4862



P. O. Box 364
Morrilton, Ar. 72110

Office: 501-354-1884
Hotline: 1-888-554-2501
E-mail thesafeplace@suddenlinkmail.com

September 29, 2020

Re: Letter of Support for Counseling Associates

To Whom It May Concern:

I am writing in support of Counseling Associates in their proposal to continue providing substance abuse treatment for individual and families referred by the Division of Children and Family Services. Counseling Associates has been providing professional behavioral healthcare for 30 plus years to our communities' most vulnerable populations. Having recently grown from six to 10 counties, Counseling Associates provides an array of treatment modalities. They employ highly competent and ethical paraprofessional and professional clinical staff to serve their clients.

I have worked with Counseling Associates for 20 years in the following role as Executive Director of The Safe Place, Inc., a shelter serving domestic violence victims. Counseling Associates has been supportive of my agency and our efforts to support community members in need. They offer a long history of community service and engagement to include multi-disciplinary involvement such as school-based services, disaster response, crisis intervention, and partnerships with community agencies. They have successfully secured numerous contracts and grants that benefit Arkansans as well as support their mission of person-centered, least-restrictive means to create positive change in the lives of clients.

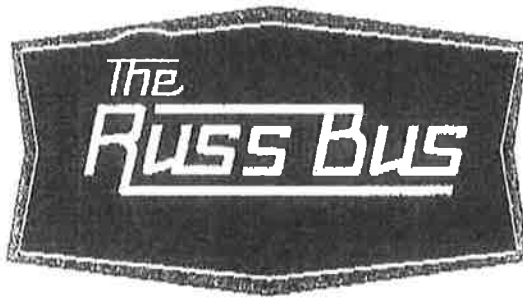
It is my belief that successful outcomes for this program will result from the experience and dedication of Counseling Associates' staff. I recommend this agency without hesitation to serve as a substance abuse treatment provider to ensure that DCFS-referred families can experience the highest level of quality care and evidence-based interventions.

Please contact me if additional information is needed.

Sincerely,

A handwritten signature in cursive script that reads "Jo Warren".

Jo Warren, Executor Director



The Russ Bus Inc.
P.O. Box 10231
Russellville, AR 72812
Contact: Fred Teague
479-970-0096

October 1, 2020

Re: Letter of Support for Counseling Associates

To Whom It May Concern:

I am writing in support of Counseling Associates in their proposal to continue providing substance abuse treatment for individuals and families referred by the Division of Children and Family Services. Counseling Associates has been providing professional behavioral healthcare for 30 plus years to our communities' most vulnerable populations. Having recently grown from six to 10 counties, Counseling Associates provides an array of treatment modalities. They employ highly competent and ethical paraprofessional and professional clinical staff to serve their clients.

I have worked with Counseling Associates for 5 years in the following role: Referral source for those struggling with lack of adequate food, shelter, and homelessness. Counseling Associates has been supportive of my agency and our efforts to support community members in need. They offer a long history of community service and engagement to include multidisciplinary involvement such as school-based services, disaster response, crisis intervention, and partnerships with community agencies. They have successfully secured numerous contracts and grants that benefit Arkansans as well as support their mission of person-centered, least-restrictive means to create positive change in the lives of clients.

It is my belief that successful outcomes for this program will result from the experience and dedication of Counseling Associates' staff. I recommend this agency without hesitation to serve as a substance abuse treatment provider to ensure that DCFS-referred families can experience the highest level of quality care and evidence-based interventions.

Please contact me if additional information is needed.

Signed,

A handwritten signature in cursive script that reads 'Nikkita Marshall'.

Nikkita Marshall, Life Skills Director
479-970-0096
rb Lifeskills@gmail.com

2.3 Scope of Work: Approach to Conducting Drug and/or Alcohol Assessments

DIAGNOSISTIC ASSESSMENT/INTAKE EVALUATION

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

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

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

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

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

Diagnosis is discussed with the persons served and family if applicable. Additionally, the clinician also reviews limits of confidentiality and mandated reporting.

If a situation arises during the assessment, the clinician takes all steps possible as mandated by CA and the Arkansas law to ensure the safety of the persons served or others in some circumstances.

Ongoing assessment updates allow for updating of significant life events or status changes that the person served may experience which may impact the treatment received. Assessments are typically updated annually to continue to assess for changing needs and appropriate service delivery.

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

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

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

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

Assessment Dimensions Assessment and Treatment Planning Focus

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

3. Emotional, Behavioral or Cognitive Conditions and Complications - Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services
4. Readiness to Change - Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change
5. Relapse, Continued Use or Continued Problem Potential - Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
6. Recovery Environment - Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services.

Documentation of client information and history is to include:

- Confirmation of identity;
- Name, address (street and number, town, county, state, zip), phone, current housing arrangements, guardianship (if applicable), photograph of client, social security number;
- Client's date of birth, sex, race or and ethnicity;
- Name of referral source. Document if treatment was mandated by the referral source;
- If treatment was mandated, the complete address and telephone number of the referral source. Documented conditions of referral and/or information needs of the referral source;
- Types of problems experienced by the client that are in need of resolution;
- Substance abuse history to include most recent use patterns (amount per type, route of administration) ages of first use per substance and age of regular and/or addictive patterns. Document any injection use;
- Document the client's family history to include current marital status, effect of substance use on current and past relationships, history of family members' use, any family members "in recovery", names and ages of dependents and who has custody of dependents while the client is in treatment;
- Client's highest grade completed, major (if applicable), effect of substance use on the client's educational process. The client's reading and writing levels must be evaluated when appropriate; Current/most recent vocations, any trained skills, effects of substance use on employment, adequacy of current employment;
- Legal history, which includes the dates and type of charges, arrests, convictions and sentences;

- Medical and health history to include chronic medical problems, significant medical/physical events, problems that could influence treatment, medical conditions that could prompt a crisis, special diet needs, current medications (does client have sufficient supply during treatment), purpose of current medications, history of alcohol or other drug related conditions (i.e. blackouts, DT's, etc.), "at-risk" behaviors (multiple sex partners, unprotected sex), pregnancy status, allergies. (allergies and/or other serious conditions are "flagged" on the outside of the record);
- Medication records for both prescriptions and over the counter medications. Drug type, dosage strength, how many, time/date of dispersion, which dispensed/witnessed dosing;
- Psychological/psychiatric treatment history to include dates of any treatment, type of problem(s), who provided treatment, outcome of treatment, any current psychotropic medications;
- Other relevant information to include military service (branch of service, dates of service, discharge status, highest rank, classifications, and any combat experience), copies of court or parole orders, and other information that will aid in assessing the client;
- Summary of client problems and corresponding needs, as based on client information;
- Summary of the client's strengths, needs, abilities and preferences, as based on the client information;
- Based upon the assessment each client will be assigned a Diagnostic and Statistical Manual for Mental Disorders (DSM), substance abuse disorder diagnosis and code.
- A completed Addiction Severity Index (ASI).

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

TREATMENT

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

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

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

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

TREATMENT PLANNING/AFTERCARE

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

1. NEEDS

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

2. GOALS

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

3. OBJECTIVES AND EXPECTED ACHIEVEMENT DATES

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

4. METHODS, INTERVENTIONS, SERVICES

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

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

These include:

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