

SIGNATURE PAGE

*Original
Area 3*

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Harbor House, Inc. of Fort Smith, AR			
Address:	Corporate Headquarters 512 South 16th Street			
City:	Fort Smith	State:	AR	Zip Code: 72901
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 <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Jimmie Wooding, LCSW	Title:	CEO
Phone:	(479)785-4083 Ext. 101	Alternate Phone:	(479)774-1923
Email:	jwooding@recoveryhhi.org		

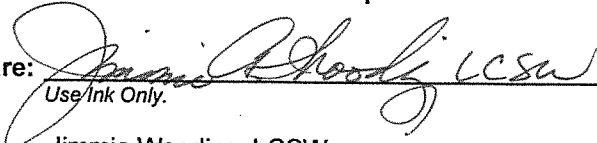
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<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 type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

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

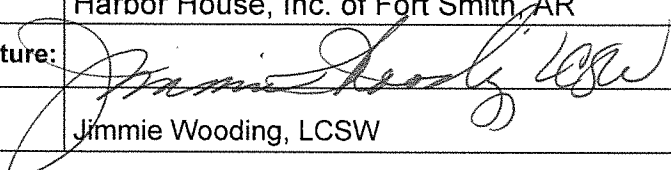
Authorized Signature:  Title: CEO
Use Ink Only.

Printed/Typed Name: Jimmie Wooding, LCSW Date: 9/29/2020

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.

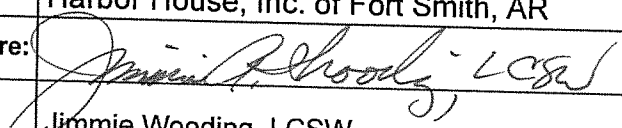
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Harbor House, Inc. of Fort Smith, AR	Date:	9/29/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Jimmie Wooding, LCSW		

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.

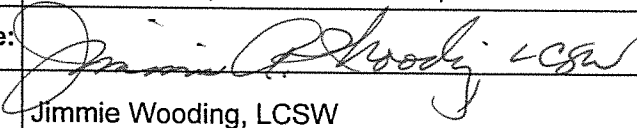
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Harbor House, Inc. of Fort Smith, AR	Date:	9/29/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Jimmie Wooding, LCSW		

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:	Harbor House, Inc. of Fort Smith, AR	Date:	9/29/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Jimmie Wooding, LCSW		

State of Arkansas Department of Human Services
 710-21-0003 SUBSTANCE ABUSE TREATMENT
 Attachment B
 Written Questions

Instructions				
<p>This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.</p> <p>Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.</p>				
Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers
Example	Page 7, section 1.15, C	J. Vendors may submit multiple bid	May vendors submit more than one bid?	yes See section 1.15, J
1	Page 21 of 23, section 5	5. Quantities stated in a Bid Solicitation for term contracts are estimates only, and are not guaranteed. Contractor must bid unit price on the estimated quantity and unit of measure specified.	Would you direct me to where that is located?	These are standard terms and conditions that are required to be placed in all documents. They do not apply to this solicitation.
2	Page 13 of 23, Section 2.3, E	E. Contractor shall accept one hundred percent (100%) of DCFS referrals	Is there a location in this response that DCFS would like the responder to provide information regarding capacity?	Respondant may provide as part of response to E1 in the Response document.

Trini Shook, CCSA 9/29/2020

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____

Yes **No** Harbor House, Inc. of Fort Smith, Arkansas

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

YOUR LAST NAME: Wooding

FIRST NAME: Jimmie

ADDRESS: 512 South 16th Street

CITY: Fort Smith

STATE: AR

ZIP CODE: 72901

COUNTRY: USA

IS THIS FOR:

Goods? Services? Both?

M.I.: A.

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:

F O R I N D I V I D U A L S *

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>	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

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 (%)
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 *Jimmie Wooding* Title CEO Date 9/29/2020
 Vendor/Contact Person Jimmie Wooding, LCSW Title CEO Phone No. (479) 785-4083

<u>Agency use only</u>	<u>Agency Number</u>	<u>Agency Name</u>	<u>Agency Contact Person</u>	<u>Contact Phone No.</u>	<u>Contract or Grant No.</u>
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including termination. Employees who are unsure about the confidential nature of specific information must ask their supervisor for clarification. Employees will be subject to appropriate disciplinary action, up to and including termination, for knowingly or unknowingly revealing information of a confidential nature. Protecting the confidentiality of our consumers, employees, and other HARBOR HOUSE, INC. business is the responsibility of all employees.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Policy:

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

Purpose:

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

Procedure:

- Recruit, select, and advance employees on the basis of their relative abilities, knowledge, and skill.
- Provide equitable and adequate compensation.
- Provide training opportunities for employees, as identified, to support high-quality performance and promote career development.
- Retain employees on the basis of the adequacy of their performance, to support correction of inadequate performance, and to separate employees whose inadequate performance is not corrected.
- HARBOR HOUSE, INC., if required by law, will establish a written affirmative action program to achieve prompt and full utilization of minorities, the disabled, Vietnam-era or disabled veterans, and women at all levels and in all segments of the work force. The results of the program would be reviewed annually, and the program modified as necessary to achieve its stated objective.
- Process any claims of discrimination in accordance with applicable laws and internal policies/procedures.
- The program will not employ any person currently receiving substance abuse treatment services. This also prohibits the use of clients to monitor any components of the program.
- Former substance abuse clients shall not provide direct treatment services or monitoring for at least twelve (12) months after their discharge from substance abuse treatment; the decision to employ former clients shall be determined on an individual basis.



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

FAIR LABOR STANDARDS ACT COMPLIANCE

Policy:

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

Purpose:

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

Procedure:

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

HARASSMENT

Policy:

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

Purpose:

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

Procedure:

- It is the responsibility of all management personnel to create an atmosphere free of discrimination and harassment, sexual or otherwise; including belittling, mockery, etc.
- Harassment is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of that person's race, skin color, religion, gender,



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

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



termination of employment.

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

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

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

Equal Employment Opportunity

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

Discrimination

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

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

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

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

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

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



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

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

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

RESPONSIBILITIES/EXPECTATIONS

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

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

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

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

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

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

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

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

Supervisors will coordinate with the Grievance Officer to arrange scheduling of the interview. The supervisor will coordinate with the Grievance Officer and reschedule a second interview



time at the employees work site.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If both complainant and respondent agree, the Grievance Officer may arrange and facilitate a



meeting between the parties in an attempt to reach a mutually acceptable resolution.

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

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

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

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

RESPONSIBILITY OF MANAGEMENT STAFF

Policy:

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

Purpose:

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

Procedure:

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

PERSONNEL POLICY AND PROCEDURE REVIEW

Policy:

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

Purpose:

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

Procedure:

Responsibility of the Employee

- The employee receives, or has access to, and reviews the personnel policies and procedures on or before the first day of employment.
- Documentation verifying such receipt and review is signed and filed in the employee's personnel file.
- The employee receives and reviews all revisions as distributed and inserts such revisions into their personnel policies manual.
- Documentation verifying such receipt and review is signed and filed in the employee's personnel file.

PROPOSED SUBCONTRACTORS FORM

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

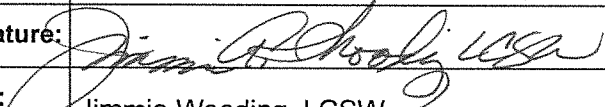
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Western Arkansas Counseling and Guidance Center	3111 South 70th Street	Fort Smith, AR 72901
Centers for Youth and Families	6501 W. 12th Street	Little Rock, AR 72204
Ouachita Behavioral Health and Wellness	125 Wellness Way	Hot Springs, AR 71913
Healthy Connections	136 Health Park Lane	Mena, AR 71953

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:	Harbor House, Inc. of Fort Smith, AR	Date:	9/29/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Jimmie Wooding, LCSW		

Acceptance of Requirements by Harbor House, Inc.

2.1 Introduction – Harbor House, Inc. (HHI) shall provide one or more of the listed services – Residential, Partial Day, Outpatient Counseling for Individual, Family, Group and/or Multi-Family Group, Specialized Women’s Services (SWS), RADD Observation Detox, Adolescent – Individual and/or Residential.

2.2 Minimum Qualifications – HHI shall provide outpatient and/or residential substance abuse treatment services in facilities and offices licensed by DPSQA. HHI shall maintain CARF Accreditation and staff shall be properly licensed and/or credentialed to provide drug assessments and substance abuse treatment services. HHI and subcontractors shall be registered to do business in the State of Arkansas and will submit Arkansas Secretary of State Office registration, upon request. HHI is enrolled as a service provider in the Arkansas Medicaid Program.

2.3 Scope of Work – HHI shall provide residential and/or outpatient substance abuse treatment to DCFS-referred clients, both children and adults, within five (5) days of recommendation for treatment. HHI shall provide residential and/or outpatient substance abuse treatment to DCFS-referred pregnant women within forty-eight (48) hours of recommendations for treatment. HHI intends to receive Specialized Women’s Services payments for services provided to children in the custody of parents receiving SWS and shall meet all IV-E Clearinghouse requirements for designation as promising, supported or well supported. HHI shall create and maintain current and accurate progress notes for each individual or family referred by DCFS for substance abuse treatment. HHI shall accept 100% of DCFS referrals. All clients that complete the residential and/or outpatient services shall be referred to appropriate aftercare following completion of treatment. HHI shall notify the Caseworker of the follow-up treatment plan recommendations.

HHI will only accept referrals from the Financial Coordinator that are approved by DCFS Central Office for payment under this contract. HHI shall schedule service interviews with each DCFS referred client within five working days of receiving the referral form DCFS. HHI shall use standardized drug and/or alcohol assessment tools. HHI shall provide court testimony concerning the drug and alcohol assessment, if requested by DHS. HHI shall appear without a witness fee. If the referred client has Medicaid or other medical insurance, it is considered primary insurance and must be billed prior to billing the DCFS contract for any services. HHI shall conduct individual drug and/or alcohol assessments face to face, unless prior written approval is received from the DCFS Substance Abuse Program Manager or the courts.

2.4 Additional Contract Requirements – HHI shall notify the DCFS referring county office of client’s non-attendance and progress of treatment for case staffing, court hearings, or as required to fulfill requirement in the case plan. Invoices for monthly billing shall be developed through the CHRIS FINANIAL MODULE. All required billing paperwork shall be submitted to the DCFS Central Office Substance Abuse Program Manager prior to admission. HHI shall bill only for actual services rendered. HHI shall obtain referrals before scheduling clients for services unless emergency approval is given by the DCFS Central Office Substance Abuse Program Manager. It is understood that invoicing for services rendered without proper authorization is subject to denial. All clients referred for inpatient or residential services must provide a justification of need to the DCFS Central Office Substance Abuse Program Manager prior to admission. HHI shall bill for residential drug treatment services ONLY if the DCFS client is in their facility at midnight. HHI shall notify the DCFS Substance Abuse Program Manager of any changes in the business entity, which includes, but is not limited to, business entity existence, name change of the business, new location of the business, director changes, or ownership change within three business days. HHI shall submit progress summary reports monthly to the Financial Coordinator, Supervisor and Caseworker by the 10th of the month or as requested by DCFS for court or other required

case planning. This report will reflect the client's level of progress and the following information without limitation: date of submission of written report, client progress, specific screens or tests provided with results, clinical impressions and current recommendations.

2.5 Performance Standards – HHI shall meet all expected deliverables, performance measures or outcomes as identified in Attachment C: Performance Standards. It is understood that Attachment C defines the acceptable standards HHI must meet in order to avoid assessment of damages. It is understood that the State may be open to negotiations of Performance Standards prior to the contract award or commencement of services or at times throughout the contract duration. It is understood that the State shall have the right to modify, add or delete Performance Standards throughout the term of the contract. These changes shall become an official part of the contract. Performance Standards shall continue throughout the term of the contract and failure to meet the minimum Performance Standards may result in the assessment of damages. Should a Performance Standard not be met, HHI will have the opportunity to defend or respond to the insufficiency. The State may wave damages if it determines there were extenuating factors beyond the control of HHI. The State shall have final determination of the performance acceptability. Should any compensation be owed do to the assessment of damages, HHI shall follow the direction of the agency regarding the required compensation process.



Harbor House Inc.

Client Name: [REDACTED] Date/Time: 8/31/2020 2:30 PM to 3:00 PM
 Address: [REDACTED] Employee Name: [REDACTED]
 CPT Code/Visit Type 99999 / Transition Plan

TRANSITION PLAN

Date of Program Admission: 08/03/2020

Date of Program Transition: 09/01/2020

Program transitioning from: Residential Treatment

Name of internal program transitioning to (if applicable): Transitional Living/Outpatient Tx

Progress toward recovery or well-being: [REDACTED] verbalized an improved QOL AEB 1 point increase on QOL assessment. Symptoms of depression decreased AEB 4 point decrease on Beck's depression inventory. Symptoms of anxiety decreased AEB 17 point decrease on Burns Anxiety Inventory.

Gains achieved during program participation: [REDACTED] gained betterment of physical well-being through regular diet, sleep schedule, and exercise. He also gained parenting skills, mindfulness skills, money management skills, and a working knowledge of the ACT model.

Support systems and services that will support continued recovery or well-being: "Family and friends I've made here."

[REDACTED] will be continuing his care through OP Tx and will be residing in TL. He has also stated that he will be attending AA meetings.

Current Medications:

Medication: ibuprofen 200 mg tablet

Start Date: 8/14/2020

Dosage: 2

Frequency: PRN

Provider:

Medication: Sertraline 50 mg tablets

Start Date: 8/3/2020

Dosage: 1

Frequency: daily

Instructions: take one tablet by mouth once daily

Quantity: 13

Provider:

Pharmacy: Wal-mart

Refills: 1

Medication: lisinopril 10 mg tablets

Start Date: 8/3/2020

Dosage: 1

Frequency: daily

Instructions: take one tablet by mouth every day for blood pressure

Quantity: 11

Provider:

Pharmacy: East Arkansas Family Health

Refills: 4

Medication: Atrovent HFA steroid inhaler

Start Date: 8/3/2020

Dosage: 2

Frequency: twice daily

Instructions: Inhale two puffs twice daily

Quantity: 2

Provider:

Pharmacy: Wynne Apothecary

Refills: 2

Medication: Acetaminophen 500 mg tablets

Start Date: 8/3/2020

Dosage: 2

Frequency: every 6-8 hours

Provider:

Medication:Dimenhydrinate 50 mg tablets

Start Date:8/3/2020

Dosage:1-2

Frequency:every 6-8 hours as needed

Instructions:take 1-2 tablets every 4-6 hours not to exceed 8 tablets in 24 hours

Quantity:65

Provider:

Refills:0

Medication:Quetiapine 50 mg tablets

Start Date:8/3/2020

Dosage:1

Frequency:nightly

Instructions:Take 1 tablet by mouth at bedtime

Quantity:29

Provider:

Pharmacy:Wal-mart

Refills:0

Medication:EsomepraMag 40, mg capsules

Start Date:8/3/2020

Dosage:1

Frequency:daily

Instructions:take one capsule every day for acid reflux

Quantity:11

Provider:

Pharmacy:East Arkansas Family Health

Refills:4

Medication:Trazadone 50 mg tablets

Start Date:8/3/2020

Dosage:1

Frequency:nightly

Instructions:Take one tablet by mouth at bedtime as needed for insomnia

Quantity:24

Provider:

Pharmacy:Wal-mart

Refills:1

Medication:Proair HFA inhaler

Start Date:8/3/2020

Dosage:2

Frequency:twice daily as needed

Instructions:Take two puffs twice daily as needed

Quantity:2

Provider:

Pharmacy:Wynne Apothecary

Medication:Fluticasone Propionate Nasal Spray

Start Date:8/3/2020

Dosage:1

Frequency:twice daily

Instructions:inhale once in each nostril once daily for congestion

Quantity:1

Provider:

Pharmacy:Wynne Apothecary

Refills:0

Medication:Gabapentin 300 mg capsules

Start Date:8/3/2020

Dosage:1

Frequency:three times daily

Instructions:Take one capsule by mouth three times daily

Quantity:118

Provider:

Pharmacy:East Arkansas Family Health

Refills:2

Medication needs and medication follow-up (if applicable): Continue to take medications as prescribed.

Referral Information: Harbor House - Transitional Living
605.5 N. 19th St.
Fort Smith, AR
72901

Pioneer Club (AA)
500 N. F St
Fort Smith, AR
72901

CLIENT TRANSFER SURVEY

Please rate the following:

Living Conditions

1 (Poor) 2 (Fair) 3 (Adequate) 4 (Good) 5 (Excellent)

Overall maintenance of property: 5

Dorm area (beds, linens, storage, etc.): 5

Food Service: 5

How would you rate the safety and Location of the facility: 4

Treatment

Primary Counselor: 5

Staff: 5

Were HHI Policies (rules and regulations) clearly explained to you?: 5

I was given choices about my treatment: 5

My counselor understood my concerns and helped me: 5

Do you understand how to make a complaint?: 5

Do you feel welcomed here? (treated with dignity and respect): 5

Was the facility accessible? (easy to get around): 5

The questionnaires and assessments used were helpful to me.: 5

Overall satisfaction with the encounter with HHI.: 5

Additional comments : (your candid comments are needed for quality assurance purposes and will, in no way, reflect adversely in your records) Suggested topics: Do you feel that you met with your primary counselor in reasonable time? Did you and your counselor develop your treatment plan together?: "Its been a very pleasant stay for me. Will miss everyone here. I truly feel this place saved my life. I am very grateful to everyone who made this possible for me. Thanks."

Would you recommend Harbor House, Inc. programs to others?: Yes

Total Score: ReferenceError: qc499084 is not defined

PROBLEM ASSESSMENT

0=Best 10=Worst

Please rate the severity of your problems today (according to client): 0

SCORES

Beck Score: 9

Burns Score: 3

Quality of Life Score: 61

Employee Signature

Client Signature

Billy Heaton, ADC, RDS
8/31/2020 5:10 PM
Billy Heaton
ADC, RDS

8/31/2020 3:18 PM

Approved by KDUBOISE on 9/2/2020



Harbor House Inc.

Client Name: [REDACTED] Date/Time: 9/14/2020 10:00 AM to 10:15 AM
 Address: [REDACTED] Employee Name: [REDACTED]
 CPT Code/visit Type 99499 / Aftercare Plan

AFTERCARE PLAN

Admission Date: 08/24/2020

Projected Discharge Date: 09/21/2020

Progress toward recovery or well-being: 'I've gained a lot of insight like changing my friends' Bradley has improved his living skills and his overall QOL. Client has made progress with his interpersonal skills

Gains achieved during program participation: 'I've gained the strength to say no' Bradley has gained mindfulness skills and defusion skills. He has learned more about acceptance and has been working on acceptance with family issues and with past issues

Support systems and services that will support continued recovery or well-being: 'I've got a gang load of the,' My mom, sister, brother, nephew, nieces'

Current Medications:

Medication:trazodone 100 mg tablet

Start Date:9/1/2020

Dosage:1

Frequency:HS PRN

Instructions:Take 1 tablet by mouth every day at bedtime as needed for sleep.

Quantity:30

Provider:James Parks

Pharmacy:Prince Drug Fort Smith 479-782-9210

Refills:0

Medication:fluoxetine 20 mg capsule

Start Date:9/1/2020

Dosage:1

Frequency:AM

Instructions:Take one capsule by mouth every morning.

Quantity:30

Provider:James Parks

Pharmacy:Prince Drug Fort Smith 479-782-9210

Refills:0

Medication needs and medication follow-up (if applicable): Keep taking as prescribed

Referral Information: Telephone Recovery Support

805 Garrison Ave

Fort Smith AR

Summary of client needs not treated: Client will need to contact potential employers

Established goals that address the untreated needs: Call potential employers and set up an appointment.

Means by which the goals will be met: self report, committed actions

If for any reason are experiencing difficulty after your transition from this program and are not able to get needed assistance, please call Harbor House Inc. at 479-785-4083.

Employee Signature

Client Signature

Audra Cooper
 9/14/2020 2:44 PM
 Audra Cooper
 ADC, BS, RDS

[REDACTED]
 9/14/2020 1:55 PM

Approved by KDUBOISE on 9/15/2020



Harbor House Inc.

Client Name: [REDACTED] Date/Time: 9/20/2020 9:00 AM to 9:30 AM
 Address: [REDACTED] Employee Name: [REDACTED]
 CPT Code/Visit Type 99499 / Aftercare Plan

AFTERCARE PLAN

Admission Date: 09/01/2020

Projected Discharge Date: 09/29/2020

Progress toward recovery or well-being: "I am not wanting to use anymore and now I can be a better mother to my kids. I have done what needs to be done and am more mature now."

Gains achieved during program participation: Learned psychoeducational material in classes, learned mindfulness skills, coping skills

Support systems and services that will support continued recovery or well-being: Family, kids, peers at GRC since ct will TL

Current Medications:

Medication:trazodone 100 mg tablet

Start Date:9/9/2020

Dosage:1

Frequency:every night at bedtime

Provider:

Medication:pepto bismol 525 mg

Start Date:9/3/2020

Dosage:30 ml

Frequency:every 4 hours as needed

Instructions:Take 30 ml as needed every 4 hours

Provider:

Medication:acetaminophen 500 mg tablet

Start Date:9/1/2020

Dosage:2 tablets

Frequency:every 6 hours as needed

Instructions:take 2 tablets as needed every 6 hours

Provider:

Medication needs and medication follow-up (if applicable): Trazadone

Referral Information: RVPCS - Northside Clinic

4900 Kelley Hwy, Fort Smith, AR 72904

(479) 785-5700

Summary of client needs not treated: Health insurance issues, HEP C tx not done, legal issues, possible divorce

Established goals that address the untreated needs: Ct will continue into phase 1 transitional living and will be assisted on these matters.

Means by which the goals will be met: Ct will get assistance from RC and counselor to meet needs that have not been met and anything else that might come up.

If for any reason are experiencing difficulty after your transition from this program and are not able to get needed assistance, please call Harbor House Inc. at 479-785-4083.

Employee Signature

Client Signature

Victoria Roe BA, CIT, RPS

[REDACTED]

9/20/2020 10:17 AM
Victoria Roe
BA, CIT

9/20/2020 10:17 AM

Approved by KDUBOISE on 9/22/2020



Harbor House Inc.

Client Name: [REDACTED] Date/Time: 9/24/2020 8:00 AM to 8:30 AM
 Address: [REDACTED] Employee Name: [REDACTED]
 CPT Code/Visit Type 99217 / Discharge Summary

DISCHARGE SUMMARY

Admission Date:
5/4/2020

Date of Discharge: 09/25/2020

Time of Discharge: 10:00 am

Presenting Condition

Diagnosis:

Effective Date : 05/04/2020

1 (304.40 / F15.20) Amphetamine-type substance use disorder, Severe

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 05/04/2020

SNOMED: -

2 (304.10 / F13.20) Sedative, hypnotic, or anxiolytic use disorder, Severe

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 05/04/2020

SNOMED: -

3 (311 / F32.9) Unspecified depressive disorder (Rule Out)

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: Yes

Notes:

Date Updated: 05/05/2020

SNOMED: -

4 (300.02 / F41.1) Generalized anxiety disorder

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 05/05/2020

SNOMED: -

WHODAS 2.0 General Disability Assessment Date: 5/5/2020

Raw Score: 80 Avg Score: 2.22

Cognition: 15 2.50

Mobility: 14 2.80

Self-care: 4 1.00

Getting along: 13 2.60

Life activities: 8 1.00

Participation: 26 3.25

Extent to which goals and objectives were met: [REDACTED] completed all goals and objectives associated with residential, Phase-I and Phase II TL/OP treatment.

After document loads, press CTRL+P to print --- Then hit the 'X' in the corner to close.

Progress toward recovery or well-being: 'I feel so much more confident. I am just not as hard on myself as I was. I see that I am human and that I do make mistakes. I am just always looking at others and seeing myself and seeing that I do not want to go back there. I expected progress, but this is so much more.'

Gains achieved during program participation: 'I have gained self-respect is the biggest thing. I have learned how to love myself, self-love is a big one. I have learned that I need to keep treating myself better everyday, better than I did yesterday. I just feel that I am worth something. I have gained my self-worth back, and I do matter.'

Client's Strengths: Work centered, recovery centered, family focused.

Client's Abilities: To obtain and maintain employment and manage money.

Client's Needs and Preferences upon discharge: "I mean you picked me clean. Got to everything, I am truly ready for life now. Y'all got me there."

Client's perception of treatment offered: "I'm more than happy and satisfied."

Counselor summary of services provided: 4 psycho-ed groups and 1-2 individual sessions per week in residential. 1 individual sessions and 2 groups per week in TL/OP-Phase I. 1 group per week and individual sessions bi-monthly in OP/TL-Phase II.

Person/Agency: ACC-Green County

Location/Address: [REDACTED]

Phone Number: [REDACTED]

Contact Person: [REDACTED]

First (or next) Appointment: Pending

Medication at Discharge:

Medication:Dicyclomine 10 mg capsules

Start Date:8/18/2020

Dosage:1

Frequency:every 6 hours pm

Instructions:Take 1 capsule by mouth every 6 hours as needed

Quantity:25

Provider:

Pharmacy:Prince drug

Refills:0

Medication:metoprolol tartrate 25 mg tablet

Start Date:7/6/2020

Dosage:1

Frequency:1 twice a day

Quantity:60

Provider:

Refills:0

Medication:Carisoprodol 350 mg tablets

Start Date:5/29/2020

Dosage:1

Frequency:nightly

Instructions:Take 1 tablet by mouth at bedtime

Quantity:30

Provider:

Pharmacy:Prince drug

Refills:0

Medication:alprazolam 1 mg disintegrating tablet

Start Date:5/21/2020

Dosage:1

Frequency:every 6 hours as needed

Instructions:take one tablet every 6 hours as needed

Quantity:62

Provider:Blount, David

Pharmacy:Wallgreens

Refills:0

Medication:amoxicillin 875 mg tablet

Start Date:5/14/2020

Dosage:875 mg

Frequency:2 times daily

Instructions:2 times daily for 10 days

Quantity:20

Provider:
Refills:0

Medication:acetaminophen 500 mg tablet
Start Date:5/12/2020
Dosage:2
Frequency:PRN
Provider:

Medication:alprazolam 1 mg tablet
Start Date:5/8/2020
Dosage:1
Frequency:PRN
Instructions:Take 1 tablet by mouth every 6 hours as needed.
Quantity:90
Provider:
Pharmacy:Prince Drug Store
Refills:0

Medication:amlodipine 5 mg tablet
Start Date:5/4/2020
Dosage:1
Frequency:1qd
Instructions:Take 1 tablet by mouth everyday.
Quantity:10
Provider:Blount, David
Pharmacy:Rector Downtown Drug 870-595-3784
Refills:0

Medication:pantoprazole 40 mg tablet, delayed release
Start Date:5/4/2020
Dosage:1
Frequency:1qd
Instructions:Take one tablet by mouth every day.
Quantity:14
Provider:Blount, David
Pharmacy:Rector Downtown Drug 870-595-3784
Refills:1

Medication:metoprolol tartrate 50 mg tablet
Start Date:5/4/2020
Dosage:1
Frequency:bid
Instructions:Take 1 tablet by mouth twice daily.
Quantity:51
Provider:Blount, David
Pharmacy:Rector Downtown Drug 870-595-3784
Refills:0

Medication:sertraline 50 mg tablet
Start Date:5/4/2020
Dosage:1
Frequency:Take one tablet by mouth daily.
Instructions:Take one tablet by mouth daily.
Quantity:25
Provider:Blount, David
Pharmacy:Rector Downtown Drug 870-595-3784
Refills:0

Medication:diclofenac sodium 75 mg tablet, delayed release
Start Date:5/4/2020
Dosage:1
Frequency:Every 12 hours.
Instructions:Take 1 tablet by mouth every 12 hours with meals.
Quantity:11
Provider:Blount, David
Pharmacy:Rector Downtown Drug 870-595-3784
Refills:4

Medication:Ibuprofen 200mg

Start Date:5/4/2020

Dosage:1-2

Frequency:PRN 4-6 hours

Instructions:Take 1 tablet every 4 to 6 hours while symptoms persist. 2 tablets may be used do not exceed 6 tablets in 24 hour period

Provider:

Pharmacy:OTC

Counselor Impressions/Comments: [redacted] completed all goals and objectives associated with residential, Phase-I and Phase II TL/OP treatment. He displayed very good growth and responded to tx in positive, healthy manner and displayed a strong desire to change and grow in recovery and life as a whole.

Status at Discharge: Presenting Condition greatly improved

Reason for Discharge: Successfully Completed Program

Conditions of Discharge: Condition greatly improved

Aftercare Plan was developed 7 days prior to discharge.: Yes

Documentation of Abrupt Discharge

CLIENT DISCHARGE SURVEY

Please rate the following:

Living Conditions

1 (Poor) 2 (Fair) 3 (Adequate) 4 (Good) 5 (Excellent)

Overall maintenance of property: 5

Dorm area (beds, linens, storage, etc.): 5

Food Service: 5

How would you rate the safety and Location of the facility: 5

Treatment

Primary Counselor: 5

Staff: 5

Were HHI Policies (rules and regulations) clearly explained to you?: 5

I was given choices about my treatment: 5

My counselor understood my concerns and helped me: 5

Do you understand how to make a complaint?: 5

Do you feel welcomed here? (treated with dignity and respect): 5

Was the facility accessible? (easy to get around): 5

The questionnaires and assessments used were helpful to me.: 5

If utilized, how satisfied were you with medication prescribing by our Medical Director?: 5

Overall satisfaction with the encounter with HHI.: 5

Total Score: 75

PROBLEM ASSESSMENT

0=Best 10=Worst

Please rate the severity of your problems today (according to client): 02

SCORES

Beck Score: 4

Burns Score: 12

Quality of Life Score: 101

Eating Disorder Score: 0

Employee Signature

Jeff Bowling, MS, CIT, RDS

9/24/2020 11:13 AM

Jeff Bowling
CIT, MS, RDS

Client Signature

[Redacted Signature]

9/23/2020 4:23 PM

Approved by KDUBOISE on 9/25/2020

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items:
 X = question not answered
 N = question not applicable
 Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional comments

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note: These severity ratings are optional.**

Fifth Edition/1998 Version

SUMMARY OF PATIENTS RATING SCALE

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

G1. I.D. NUMBER

G2. LAST 4 DIGITS OF SSN

G3. PROGRAM NUMBER

G4. DATE OF ADMISSION

G5. DATE OF INTERVIEW

G6. TIME BEGUN :

G7. TIME ENDED :

G8. CLASS:
 1 - Intake
 2 - Follow-up

G9. CONTACT CODE:
 1 - In Person
 2 - Phone

G10. GENDER:
 1 - Male
 2 - Female

G11. INTERVIEWER CODE NUMBER

G12. SPECIAL:
 1 - Patient terminated
 2 - Patient refused
 3 - Patient unable to respond

GENERAL INFORMATION

NAME _____

CURRENT ADDRESS _____

G13. GEOGRAPHIC CODE

G14. How long have you lived at this address? YRS. MOS.

G15. Is this residence owned by you or your family?
 0 - No 1 - Yes

G16. DATE OF BIRTH

G17. RACE
 1 - White (Not of Hispanic Origin)
 2 - Black (Not of Hispanic Origin)
 3 - American Indian
 4 - Alaskan Native
 5 - Asian or Pacific Islander
 6 - Hispanic - Mexican
 7 - Hispanic - Puerto Rican
 8 - Hispanic - Cuban
 9 - Other Hispanic

G18. RELIGIOUS PREFERENCE
 1 - Protestant 4 - Islamic
 2 - Catholic 5 - Other
 3 - Jewish 6 - None

G19. Have you been in a controlled environment in the past 30 days?
 1 - No
 2 - Jail
 3 - Alcohol or Drug Treatment
 4 - Medical Treatment
 5 - Psychiatric Treatment
 6 - Other _____

G20. How many days?

ADDITIONAL TEST RESULTS

G21. Shipley C.Q.

G22. Shipley I.Q.

G23. Beck Total Score

G24. SCL-90 Total

G25. MAST

G26. _____

G27. _____

G28. _____

SEVERITY PROFILE

9							
8							
7							
6							
5							
4							
3							
2							
1							
0							
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH

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MEDICAL STATUS

* (M1) How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

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(M5) Do you receive a pension for a physical disability? (Exclude psychiatric disability.)
0 - No
1 - Yes _____
Specify

(M8) How important to you now is treatment for these medical problems?

M2. How long ago was your last hospitalization for a physical problem

--	--	--	--

YRS. MOS.

(M6) How many days have you experienced medical problems in the past 30?

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment?

M3. Do you have any chronic medical problems which continue to interfere with your life?
0 - No
1 - Yes _____
Specify

FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

CONFIDENCE RATINGS

Is the above information significantly distorted by:

(M4) Are you taking any prescribed medication on a regular basis for a physical problem?
0 - No 1 - Yes

(M7) How troubled or bothered have you been by these medical problems in the past 30 days?

(M10) Patient's misrepresentation? 0 - No 1 - Yes

(M11) Patient's inability to understand? 0 - No 1 - Yes

Comments

EMPLOYMENT/SUPPORT STATUS

* (E1) Education completed (GED = 12 years)

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YRS. MOS.

E10. Usual employment pattern, past 3 years.
1 - full time (40 hrs/wk)
2 - part time (reg. hrs)
3 - part time (irreg., daywork)
4 - student
5 - service
6 - retired/disability
7 - unemployed
8 - in controlled environment

(E18) How many people depend on you for the majority of their food, shelter, etc.?

(E2) Training or technical education completed

--	--

MOS.

(E19) How many days have you experienced employment problems in the past 30?

E3. Do you have a profession, trade or skill?
0 - No
1 - Yes _____
Specify

FOR QUESTIONS E20 & E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

(E4) Do you have a valid driver's license?
0 - No 1 - Yes

(E11) How many days were you paid for working in the past 30? (include "under the table" work.)

(E20) How troubled or bothered have you been by these employment problems in the past 30 days?

(E5) Do you have an automobile available for use? (Answer No if no valid driver's license.)
0 - No 1 - Yes

How much money did you receive from the following sources in the past 30 days?

(E21) How important to you now is counseling for these employment problems?

E6. How long was your longest full-time job?
YRS. MOS.

(E12) Employment (net income)

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling?

* (E7) Usual (or last) occupation. (Specify in detail)

(E13) Unemployment compensation

CONFIDENCE RATINGS

Is the above information significantly distorted by:

(E8) Does someone contribute to your support in any way?
0 - No 1 - Yes

(E14) DPA

(E15) Pension, benefits or social security

(E16) Mate, family or friends (Money for personal expenses).

(E23) Patient's misrepresentation? 0 - No 1 - Yes

(E9) (ONLY IF ITEM E8 IS YES) Does this constitute the majority of your support?
0 - No 1 - Yes

(E17) Illegal

(E24) Patient's inability to understand? 0 - No 1 - Yes

Comments

DRUG/ALCOHOL USE

--	--	--	--

PAST 30 Days LIFETIME USE Yrs. Rt of adm.

	PAST 30 Days	LIFETIME USE Yrs.	Rt of adm.
D1 Alcohol - Any use at all			
D2 Alcohol - To Intoxication			
D3 Heroin			
D4 Methadone			
D5 Other opiates/analgesics			
D6 Barbiturates			
D7 Other sed/hyp/tranq.			
D8 Cocaine			
D9 Amphetamines			
D10 Cannabis			
D11 Hallucinogens			
D12 Inhalants			

D13 More than one substance per day (Incl. alcohol).

Note: See manual for representative examples for each drug class

* Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non IV inj., 5 = IV inj.

D14 Which substance is the major problem? *Please code as above or 00-No problem; 15-Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient.*

D15. How long was your last period of voluntary abstinence from this major substance? (00 - never abstinent) MOS.

D16. How many months ago did this abstinence end? (00 - still abstinent)

How many times have you:

* D17 Had alcohol d.t.'s

* D18 Overdosed on drugs

How many times in your life have you been treated for:

* D19 Alcohol Abuse:

* D20 Drug Abuse:

How many of these were detox only?

* D21 Alcohol

* D22 Drug

How much would you say you spent during the past 30 days on:

D23 Alcohol

D24. Drugs

Comments

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (Include NA, AA).

How many days in the past 30 have you experienced:

D26 Alcohol Problems

D27 Drug Problems

FOR QUESTIONS D28-D31 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

D28 Alcohol Problems

D29 Drug Problems

How important to you now is treatment for these:

D30 Alcohol Problems

D31 Drug Problems

INTERVIEWER SEVERITY RATING
How would you rate the patient's need for treatment for:

D32 Alcohol Abuse

D33 Drug Abuse

CONFIDENCE RATINGS
Is the above information significantly distorted by:

D34 Patient's misrepresentation? 0 - No 1 - Yes

D35. Patient's inability to understand? 0 - No 1 - Yes

FAMILY/SOCIAL RELATIONSHIPS

--	--	--	--

F1 Marital Status

1 - Married 4 - Separated
 2 - Remarried 5 - Divorced
 3 - Widowed 6 - Never Married

F2 How long have you been in this marital status? YRS. MOS.
 (If never married, since age 18).

F3. Are you satisfied with this situation?

0 - No
 1 - Indifferent
 2 - Yes

* **F4.** Usual living arrangements (past 3 yr.)

1 - With sexual partner and children
 2 - With sexual partner alone
 3 - With children alone
 4 - With parents
 5 - With family
 6 - With friends
 7 - Alone
 8 - Controlled environment
 9 - No stable arrangements

F5. How long have you lived in these arrangements. YRS. MOS.
 (If with parents or family, since age 18).

F6. Are you satisfied with these living arrangements?

0 - No
 1 - Indifferent
 2 - Yes

Do you live with anyone who:
 0 = No 1 = Yes

F7. Has a current alcohol problem?

F8. Uses non-prescribed drugs?

F9. With whom do you spend most of your free time:

1 - Family 3 - Alone
 2 - Friends

F10 Are you satisfied with spending your free time this way?

0 - No 1 - Indifferent 2 - Yes

F11 How many close friends do you have?

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

- F12. Mother
- F13. Father
- F14. Brothers/Sisters
- F15. Sexual Partner/Spouse
- F16. Children
- F17. Friends

Have you had significant periods in which you have experienced serious problems getting along with:

- | | PAST 30 DAYS | IN YOUR LIFE |
|-------------------------------------|----------------------|----------------------|
| 0 - No 1 - Yes | <input type="text"/> | <input type="text"/> |
| F18 Mother | <input type="text"/> | <input type="text"/> |
| F19 Father | <input type="text"/> | <input type="text"/> |
| F20 Brothers/Sisters | <input type="text"/> | <input type="text"/> |
| F21 Sexual partner/spouse | <input type="text"/> | <input type="text"/> |
| F22 Children | <input type="text"/> | <input type="text"/> |
| F23 Other significant family | <input type="text"/> | <input type="text"/> |
| F24 Close friends | <input type="text"/> | <input type="text"/> |
| F25 Neighbors | <input type="text"/> | <input type="text"/> |
| F26 Co-Workers | <input type="text"/> | <input type="text"/> |

Did any of these people (F18-F26) abuse you: 0 = No, 1 = Yes

- | | 30 DAYS | LIFE |
|--|----------------------|----------------------|
| F27. Emotionally (make you feel bad through harsh words)? | <input type="text"/> | <input type="text"/> |
| F28. Physically (cause you physical harm)? | <input type="text"/> | <input type="text"/> |
| F29. Sexually (force sexual advances or sexual acts)? | <input type="text"/> | <input type="text"/> |

How many days in the past 30 have you had serious conflicts:

F30 with your family?

F31. with other people? (excluding family)

FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

F32 Family problems

F33. Social problems

How important to you now is treatment or counseling for these:

F34. Family problems

F35. Social problems

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37 Patient's misrepresentation?

0 - No 1 - Yes

F38. Patient's inability to understand?

0 - No 1 - Yes

Comments

--	--	--	--

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems?

* P1 In a hospital

* P2 As an Opt. or Priv. patient

P12 How many days in the past 30 have you experienced these psychological or emotional problems?

--	--

FOR QUESTIONS P13 & P14 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

P3 Do you receive a pension for a psychiatric disability?

0 - No 1 - Yes

P13 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No 1 - Yes

P14 How important to you now is treatment for these psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

PAST 30 IN
DAYS YOUR
LIFE

P4 Experienced serious depression		
P5 Experienced serious anxiety or tension		
P6 Experienced hallucinations		
P7 Experienced trouble understanding, concentrating or remembering		
P8 Experienced trouble controlling violent behavior		
P9 Experienced serious thoughts of suicide		
P10 Attempted suicide		
P11 Been prescribed medication for any psychological emotional problem		

At the time of the interview, is patient:
0 - No 1 - Yes

P15 Obviously depressed/withdrawn

P16 Obviously hostile

P17 Obviously anxious/nervous

P18 Having trouble with reality testing thought disorders, paranoid thinking

P19 Having trouble comprehending, concentrating, remembering.

P20 Having suicidal thoughts

Comments

INTERVIEWER SEVERITY RATING

P21 How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22 Patient's misrepresentation?
0 - No 1 - Yes

P23 Patient's inability to understand?
0 - No 1 - Yes

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or **often** kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

INSTRUCTIONS FOR SCORING THE QUALITY OF LIFE SCALE

This form of the Quality of Life Scale (QOLS) has 16 items rather than the 15 found in the original Flanagan version. Item #16, "Independence, doing for yourself" was added after a qualitative study indicated that the instrument had content validity in chronic illness groups but that it needed an item that reflected the importance to these people of remaining independent and able to care for themselves.

The instrument is scored by summing the items to make a total score. Subjects should be encouraged to fill out every item even if they are not currently engaged in it. (e.g. they can be satisfied even if they do not currently participate in organizations. Or they can be satisfied about not having children.) Missing data can be treated by entering the mean score for the item.

If you wish to compare scores in your groups with any scores that have been published, please be aware that most of the Burckhardt references published so far use the 15 item scale. More recent and forthcoming publications all use the 16 item scale. So be sure to check the methods section of the reference before comparing your means to published ones.

If you have further questions, please write to me or call.

Carol S. Burckhardt, PhD, RN
Professor of Mental Health Nursing
School of Nursing - SNMH
Oregon Health Sciences University
3181 SW Sam Jackson Park Road
Portland, OR 97201-3098

phone - (503) 494-3895
FAX - (503) 494-3691
e-mail - burckhac@ohsu.edu

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Flanagan JC (1978). A research approach to improving our quality of life. *American Psychologist*, 33, 138-147.

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QUALITY OF LIFE SCALE (QOL)

Please read each item and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
1. Material comforts home, food, conveniences, financial security	7	6	5	4	3	2	1
2. Health - being physically fit and vigorous . . .	7	6	5	4	3	2	1
3. Relationships with parents, siblings & other relatives- communicating, visiting, helping . . .	7	6	5	4	3	2	1
4. Having and rearing children	7	6	5	4	3	2	1
5. Close relationships with spouse or significant other	7	6	5	4	3	2	1
6. Close friends	7	6	5	4	3	2	1
7. Helping and encouraging others, volunteering, giving advice	7	6	5	4	3	2	1
8. Participating in organizations and public affairs	7	6	5	4	3	2	1
9. Learning- attending school, improving understanding, getting additional knowledge . .	7	6	5	4	3	2	1
10. Understanding yourself - knowing your assets and limitations - knowing what life is about . .	7	6	5	4	3	2	1
11. Work - job or in home	7	6	5	4	3	2	1
12. Expressing yourself creatively	7	6	5	4	3	2	1
13. Socializing - meeting other people, doing things, parties, etc	7	6	5	4	3	2	1
14. Reading, listening to music, or observing entertainment	7	6	5	4	3	2	1
15. Participating in active recreation	7	6	5	4	3	2	1
16. Independence, doing for yourself	7	6	5	4	3	2	1

THE BURNS ANXIETY INVENTORY

Name: _____

Date _____

Instructions: The following is a list of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week. Make sure you answer all the questions. If you feel unsure about any, put down your best guess.		0 = Not At All	1 = Somewhat	2 = Moderately	3 = A Lot
Category I: Anxious Feelings					
1	Anxiety, nervousness, worry, or fear				
2	Feeling that things around you are strange or unreal				
3	Feeling detached from all or part of your body				
4	Sudden unexpected panic spells				
5	Apprehension or a sense of impending doom				
6	Feeling tense, stressed, "uptight". On edge				
Category II: Anxious Thoughts					
7	Difficulty concentrating				
8	Racing thoughts				
9	Frightening fantasies or daydreams				
10	Feeling that you're on the verge of losing control				
11	Fears of cracking up or going crazy				
12	Fears of fainting or passing out				
13	Fears of physical illnesses or heart attacks or dying				
14	Concerns about looking foolish or inadequate				
15	Fears of being alone, isolated, or abandoned				
16	Fears of criticism or disapproval				
17	Fears that something terrible is about to happen				
Category III: Physical Symptoms					
18	Skipping, racing, or pounding of the heart (palpitations)				
19	Pain, pressure, or tightness in the chest				
20	Tingling or numbness in the toes or fingers				
21	Butterflies or discomfort in the stomach				
22	Constipation or diarrhea				
23	Restlessness or jumpiness				
24	Tight, tense muscles				
25	Sweating not brought on by heat				
26	A lump in the throat				
27	Trembling or shaking				
28	Rubbery or "Jelly" legs				
29	Feeling dizzy, lightheaded, or off balance				
30	Choking or smothering sensations or difficulty breathing				
31	Headaches or pains in the neck or back				
32	Hot flashes or cold chills				
33	Feeling tired, weak, or easily exhausted				
Total score on items 1-33					

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Total Score	Degree of Anxiety
0-4	Minimal or no anxiety
5-10	Borderline anxiety
11-20	Mild anxiety
21-30	Moderate anxiety
31-50	Severe anxiety

Beck's Depression Inventory

Score: _____

1. 0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.

- 3 I feel irritated all the time.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three.

Total Score	Levels of Depression
1-10 _____	These ups and downs are considered normal
11-16 _____	Mild mood disturbance
17-20 _____	Borderline clinical depression
21-30 _____	Moderate depression
31-40 _____	Severe depression
over 40 _____	Extreme depression



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much <u>difficulty</u> did you have in:						
Understanding and communicating						
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	<u>Remembering</u> to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	<u>Analysing and finding solutions to problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.4	<u>Learning</u> a <u>new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.5	<u>Generally understanding</u> what people say?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.6	<u>Starting and maintaining</u> a <u>conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting around						
D2.1	<u>Standing</u> for <u>long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.2	<u>Standing up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.3	<u>Moving</u> around <u>inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	<u>Getting out</u> of your <u>home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36
Self

In the past 30 days, how much <u>difficulty</u> did you have in:						
Self-care						
D3.1	<u>Washing your whole body?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	<u>Getting dressed?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D3.3	<u>Eating?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D3.4	<u>Staying by yourself for a few days?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
Getting along with people						
D4.1	<u>Dealing with people you do not know?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	<u>Maintaining a friendship?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	<u>Getting along with people who are close to you?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.4	<u>Making new friends?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.5	<u>Sexual activities?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
Life activities						
D5.1	<u>Taking care of your household responsibilities?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D5.2	<u>Doing most important household tasks well?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D5.3	<u>Getting all the household work done that you needed to do?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D5.4	<u>Getting your household work done as quickly as needed?</u>	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.

Because of your health condition, in the past 30 days, how much <u>difficulty</u> did you have in:						
D5.5	Your day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.7	Getting all the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

Participation in society						
In the past 30 days:						
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	<i>Record number of days</i> ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	<i>Record number of days</i> ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	<i>Record number of days</i> ____

This completes the questionnaire. Thank you.



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36-item version, interviewer-administered

Introduction

This instrument was developed by the WHO *Classification, Terminology and Standards* team, within the framework of the WHO/National Institutes of Health (NIH) Joint Project on Assessment and Classification of Disability.

Before using this instrument, interviewers must be trained using the manual *Measuring Health and Disability: Manual for WHO Disability Assessment Schedule – WHODAS 2.0* (WHO 2010), which includes an interview guide and other training material.

The versions of the interview available are as follows:

- 36-item – Interviewer-administered^a
- 36-item – Self-administered
- 36-item – Proxy-administered^b
- 12-item – Interviewer-administered^c
- 12-item – Self-administered
- 12-item – Proxy-administered
- 12+24-item – Interviewer-administered

^a A computerized version of the interview (*iShell*) is available for computer-assisted interviews or for data entry

^b Relatives, friends or caretakers

^c The 12-item version explains 81% of the variance of the more detailed 36-item version

For more details of the versions please refer to the WHODAS 2.0 manual *Measuring Health and Disability: Manual for WHO Disability Assessment Schedule – WHODAS 2.0* (WHO 2010).

Permission to translate this instrument into any language should be obtained from WHO, and all translations should be prepared according to the WHO translation guidelines, as detailed in the accompanying manual.

For additional information, please visit www.who.int/whodas or contact:

Dr T Bedirhan Üstün
Classification, Terminology and Standards
Health Statistics and Informatics
World Health Organization (WHO)
1211 Geneva 27
Switzerland

Tel: + 41 22 791 3609
E-mail: ustunb@who.int



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36
Interview

This questionnaire contains the interviewer-administered 36-item version of WHODAS 2.0.

Instructions to the interviewer are written in bold and italics – do not read these aloud.

Text for the respondent to hear is written in

standard print in blue.

Read this text aloud.

Section 1 Face sheet

<i>Complete items F1–F5 before starting each interview</i>			
F1	Respondent identity number		
F2	Interviewer identity number		
F3	Assessment time point (1, 2, etc.)		
F4	Interview date	_____ day	_____ month
F5	Living situation at time of interview (circle only one)	Independent in community	1
		Assisted living	2
		Hospitalized	3



Section 2 Demographic and background information

This interview has been developed by the World Health Organization (WHO) to better understand the difficulties people may have due to their health conditions. The information that you provide in this interview is confidential and will be used only for research. The interview will take 15–20 minutes to complete.

For respondents from the general population (not the clinical population) say:

Even if you are healthy and have no difficulties, I need to ask all of the questions so that the survey is complete.

I will start with some background questions.

A1	Record sex as observed	Female	1
		Male	2
A2	How old are you now?	_____ years	
A3	How many years in all did you spend <u>studying in school</u> , college or university?	_____ years	
A4	What is your <u>current marital status</u>? (Select the single best option)	Never married	1
		Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabiting	6
A5	Which describes your <u>main work status</u> best? (Select the single best option)	Paid work	1
		Self employed, such as own your business or farming	2
		Non-paid work, such as volunteer or charity	3
		Student	4
		Keeping house/ homemaker	5
		Retired	6
		Unemployed (health reasons)	7
		Unemployed (other reasons)	8
Other (specify) _____ _____	9		



Section 3 Preamble

Say to respondent:

The interview is about difficulties people have because of health conditions.

Hand flashcard #1 to respondent and say:

By health condition I mean diseases or illnesses, or other health problems that may be short or long lasting; injuries; mental or emotional problems; and problems with alcohol or drugs.

Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about ...

Point to flashcard #1 and explain that "difficulty with an activity" means:

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity.

Say to respondent:

When answering, I'd like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it.

Hand flashcard #2 to respondent and say:

Use this scale when responding.

Read the scale aloud:

None, mild, moderate, severe, extreme or cannot do.

Ensure that the respondent can easily see flashcards #1 and #2 throughout the interview



Section 4 Domain reviews

Domain 1 Cognition

I am now going to ask some questions about understanding and communicating.

Show flashcards #1 and #2 to respondent

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	1	2	3	4	5
D1.2	<u>Remembering</u> to do <u>important things</u> ?	1	2	3	4	5
D1.3	<u>Analysing and finding solutions to problems</u> in day-to-day life?	1	2	3	4	5
D1.4	<u>Learning a new task</u> , for example, learning how to get to a new place?	1	2	3	4	5
D1.5	<u>Generally understanding</u> what people say?	1	2	3	4	5
D1.6	<u>Starting and maintaining a conversation</u> ?	1	2	3	4	5

Domain 2 Mobility

I am now going to ask you about difficulties in getting around.

Show flashcards #1 and #2

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D2.1	<u>Standing</u> for <u>long periods</u> such as <u>30 minutes</u> ?	1	2	3	4	5
D2.2	<u>Standing up</u> from sitting down?	1	2	3	4	5
D2.3	<u>Moving</u> around <u>inside your home</u> ?	1	2	3	4	5
D2.4	<u>Getting out</u> of your <u>home</u> ?	1	2	3	4	5
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	1	2	3	4	5

Please continue to next page...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36
Interview

Domain 3 Self-care

I am now going to ask you about difficulties in taking care of yourself.

Show flashcards #1 and #2

In the past 30 days, how much <u>difficulty</u> did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D3.1	<u>Washing your whole body?</u>	1	2	3	4	5
D3.2	<u>Getting dressed?</u>	1	2	3	4	5
D3.3	<u>Eating?</u>	1	2	3	4	5
D3.4	<u>Staying by yourself for a few days?</u>	1	2	3	4	5

Domain 4 Getting along with people

I am now going to ask you about difficulties in getting along with people. Please remember that I am asking only about difficulties that are due to health problems. By this I mean diseases or illnesses, injuries, mental or emotional problems and problems with alcohol or drugs.

Show flashcards #1 and #2

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D4.1	<u>Dealing with people you do not know?</u>	1	2	3	4	5
D4.2	<u>Maintaining a friendship?</u>	1	2	3	4	5
D4.3	<u>Getting along with people who are close to you?</u>	1	2	3	4	5
D4.4	<u>Making new friends?</u>	1	2	3	4	5
D4.5	<u>Sexual activities?</u>	1	2	3	4	5

Please continue to next page...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36
Interview

Domain 5 Life activities

5(1) Household activities

I am now going to ask you about activities involved in maintaining your household, and in caring for the people who you live with or are close to. These activities include cooking, cleaning, shopping, caring for others and caring for your belongings.

Show flashcards #1 and #2

Because of your health condition, in the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D5.1	Taking care of your <u>household responsibilities</u> ?	1	2	3	4	5
D5.2	Doing your most important household tasks <u>well</u> ?	1	2	3	4	5
D5.3	Getting all the household work <u>done</u> that you needed to do?	1	2	3	4	5
D5.4	Getting your household work done as <u>quickly</u> as needed?	1	2	3	4	5

If any of the responses to D5.2–D5.5 are rated greater than none (coded as “1”), ask:

D5.01	In the past 30 days, on how many days did you reduce or completely miss <u>household work</u> because of your health condition?	Record number of days ____
-------	---	----------------------------

If respondent works (paid, non-paid, self-employed) or goes to school, complete questions D5.5–D5.10 on the next page. Otherwise, skip to D6.1 on the following page.



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36
Interview

5(2) Work or school activities

Now I will ask some questions about your work or school activities.

Show flashcards #1 and #2

Because of your health condition, in the past 30 days how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D5.5	Your day-to-day <u>work/school</u> ?	1	2	3	4	5
D5.6	Doing your most important work/school tasks <u>well</u> ?	1	2	3	4	5
D5.7	Getting all the work <u>done</u> that you need to do?	1	2	3	4	5
D5.8	Getting your work done as <u>quickly</u> as needed?	1	2	3	4	5
D5.9	Have you had to work at a <u>lower level</u> because of a health condition?				No	1
					Yes	2
D5.10	Did you <u>earn less money</u> as the result of a health condition?				No	1
					Yes	2

If any of D5.5–D5.8 are rated greater than none (coded as “1”), ask:

D5.02	In the past 30 days, on how many days did you <u>miss work for half a day or more</u> because of your health condition?	Record number of days ____
-------	---	-----------------------------------

Please continue to next page...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36
Interview

Domain 6 Participation

Now, I am going to ask you about your participation in society and the impact of your health problems on you and your family. Some of these questions may involve problems that go beyond the past 30 days, however in answering, please focus on the past 30 days. Again, I remind you to answer these questions while thinking about health problems: physical, mental or emotional, alcohol or drug related.

Show flashcards #1 and #2

In the past 30 days:		None	Mild	Moderate	Severe	Extreme or cannot do
D6.1	How much of a problem did you have <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	1	2	3	4	5
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	1	2	3	4	5
D6.4	How much <u>time</u> did you spend on your health condition or its consequences?	1	2	3	4	5
D6.5	How much have you been <u>emotionally affected</u> by your health condition?	1	2	3	4	5
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	1	2	3	4	5
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	1	2	3	4	5
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	1	2	3	4	5



WHODAS 2.0

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36

Interview

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	<i>Record number of days</i> ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	<i>Record number of days</i> ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	<i>Record number of days</i> ____

This concludes the interview. Thank you for participating.



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

Flashcard 1

Health conditions:

- **Diseases, illnesses or other health problems**
- **Injuries**
- **Mental or emotional problems**
- **Problems with alcohol**
- **Problems with drugs**

Having difficulty with an activity means:

- **Increased effort**
- **Discomfort or pain**
- **Slowness**
- **Changes in the way you do the activity**

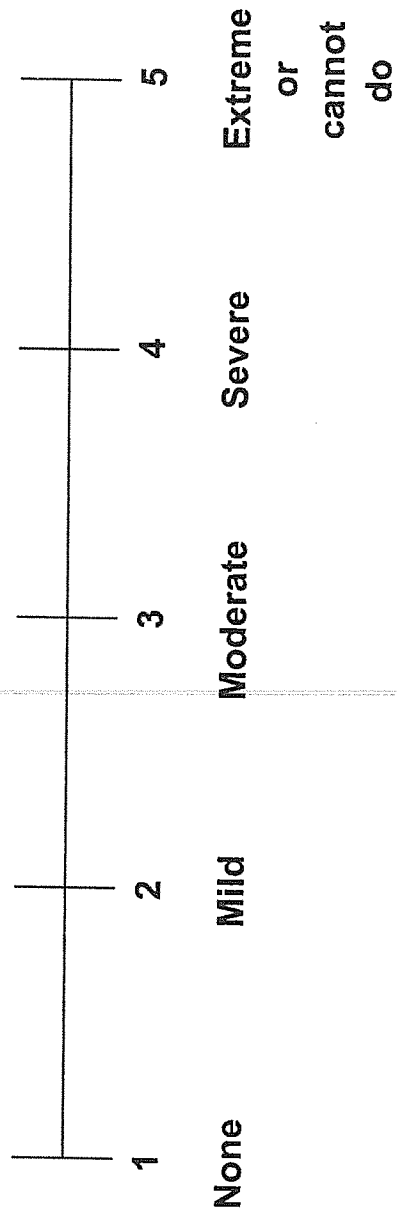
Think about the past 30 days only.



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

Flashcard 2



PLEASE NOTE: When scoring WHODAS, the following numbers are assigned to responses:

- 1 = No Difficulty**
- 2 = Mild Difficulty**
- 3 = Moderate Difficulty**
- 4 = Severe Difficulty**
- 5 = Extreme Difficulty or Cannot Do**

		Score
Understanding and communicating		
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	0
D1.2	<u>Remembering</u> to do <u>important things</u> ?	0
D1.3	<u>Analysing and finding solutions</u> to problems in day-to-day life?	0
D1.4	<u>Learning a new task</u> , for example, learning how to get to a new place?	0
D1.5	<u>Generally understanding</u> what people say?	0
D1.6	<u>Starting and maintaining a conversation</u> ?	0
Raw Score		
Average		
Getting around		
D2.1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	0
D2.2	<u>Standing up</u> from sitting down?	0
D2.3	<u>Moving around inside your home</u> ?	0
D2.4	<u>Getting out</u> of your <u>home</u> ?	0
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	0
Raw Score		
Average		
Self-care		
D3.1	<u>Washing your whole body</u> ?	0
D3.2	Getting <u>dressed</u> ?	0
D3.3	<u>Eating</u> ?	0
D3.4	Staying <u>by yourself</u> for a <u>few days</u> ?	0
Raw Score		
Average		
Getting along with people		
D4.1	<u>Dealing with people you do not know</u> ?	0
D4.2	<u>Maintaining a friendship</u> ?	0
D4.3	<u>Getting along with people who are close</u> to you?	0
D4.4	<u>Making new friends</u> ?	0
D4.5	<u>Sexual activities</u> ?	0
Raw Score		
Average		
Life activities		
D5.1	Taking care of your <u>household responsibilities</u> ?	0
D5.2	Doing most important household tasks <u>well</u> ?	0
D5.3	Getting all the household work <u>done</u> that you needed to do?	0

D5.4	Getting your household work done as <u>quickly</u> as needed?	0
D5.5	Your day-to-day <u>work/school</u> ?	0
D5.6	Doing your most important work/school tasks <u>well</u> ?	0
D5.7	Getting all the work <u>done</u> that you need to do?	0
D5.8	Getting your work done as <u>quickly</u> as needed?	0
Raw Score		
Average		
Participation in society		
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	0
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	0
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	0
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences?	0
D6.5	How much have <u>you</u> been <u>emotionally affected by your health condition</u> ?	0
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	0
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	0
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	0
Raw Score		
Average		
Overall Raw Score		
Overall Average		

FORM B.2. Eating Disorders Examination Questionnaire (EDE-Q)

VERSION 6.0 Copyright 2008 by Christopher Fairburn and Sarah Beglin

Instructions: The following questions are concerned with the past 4 weeks (28 days) only. Please read each question carefully. Please answer all the questions. Thank you.

Questions 1–12: Please circle the appropriate number on the right. Remember that the questions refer to the past 4 weeks (28 days) only.

On how many of the past 28 days ...	No days	1–5 days	6–12 days	13–15 days	16–22 days	23–27 days	Every day
1. Have you been deliberately <i>trying</i> to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2. Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3. Have you <i>tried</i> to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4. Have you <i>tried</i> to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5. Have you had a definite desire to have an <i>empty</i> stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6. Have you had a definite desire to have a <i>totally flat</i> stomach?	0	1	2	3	4	5	6
7. Has thinking about <i>food, eating or calories</i> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
8. Has thinking about <i>shape or weight</i> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6

(cont.)

Source: Fairburn and Beglin (2008). This instrument can be downloaded free of charge from www.psych.ox.ac.uk/credo.

From *Treatment Plans and Interventions for Bulimia and Binge-Eating Disorder* by Rene D. Zweig and Robert L. Leahy. Copyright 2012 by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

FORM B.2. Eating Disorders Examination Questionnaire (EDE-Q) (p. 2 of 3)

On how many of the past 28 days ...	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
9. Have you had a definite fear of losing control over eating?	0	1	2	3	4	5	6
10. Have you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11. Have you felt fat?	0	1	2	3	4	5	6
12. Have you had a strong desire to lose weight?	0	1	2	3	4	5	6

Questions 13-18: Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past 4 weeks (28 days).

Over the past 4 weeks (28 days) ...	
13. Over the past 28 days, how many <i>times</i> have you eaten what other people would regard as an <i>unusually large amount of food</i> (given the circumstances)?	_____
14. On how many of these days did you have a sense of having lost control over your eating (at the time that you were eating)?	_____
15. Over the past 28 days, on how many <i>days</i> have such episodes of overeating occurred (i.e., you have eaten an unusually large amount of food <i>and</i> have had a sense of loss of control at the time)?	_____
16. Over the past 28 days, how many <i>times</i> have you made yourself sick (vomit) as a means of controlling your shape or weight?	_____
17. Over the past 28 days, how many <i>times</i> have you taken laxatives as a means of controlling your shape or weight?	_____
18. Over the past 28 days, how many <i>times</i> have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn off calories?	_____

Questions 19-21: Please circle the appropriate number. *Please note that for these questions the term "binge eating" means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.*

19. Over the past 28 days, on how many days have you eaten in secret (i.e., furtively)?	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
... Ignore episodes of binge eating	0	1	2	3	4	5	6

(cont.)

FORM B.2. Eating Disorders Examination Questionnaire (EDE-Q) (p. 3 of 3)

20. On what proportion of the times that you have eaten have you felt guilty (felt that you've done wrong) because of its effect on your shape or weight? ... Ignore episodes of binge eating	None of the time	A few of the times	Less than half	Half of the times	More than half	Most of the time	Every time
	0	1	2	3	4	5	6
21. Over the past 28 days, how concerned have you been about other people seeing you eat? ... Ignore episodes of binge eating	Not at all	Slightly		Moderately		Markedly	
	0	1	2	3	4	5	6

Questions 22–28: Please circle the appropriate number on the right. Remember that the questions refer to the past 4 weeks (28 days) only.

On how many of the past 28 days ...	Not at all	Slightly	Moderately	Markedly			
22. Has your <i>weight</i> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
23. Has your <i>shape</i> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
24. How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next 4 weeks?	0	1	2	3	4	5	6
25. How dissatisfied have you been with your <i>weight</i> ?	0	1	2	3	4	5	6
26. How dissatisfied have you been with your <i>shape</i> ?	0	1	2	3	4	5	6
27. How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3	4	5	6
28. How uncomfortable have you felt about <i>others</i> seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5	6

What is your weight at present? (Please give your best estimate.) _____

What is your height? (Please give your best estimate.) _____

If female: Over the past 3–4 months have you missed any menstrual periods? _____

If so, how many? _____

Have you been taking the "pill"? _____

THANK YOU

Suicide Assessment - SLAP Method

S

How **SPECIFIC** is the plan of attack? The more specific the details relate, the higher the degree of present risk.

L

How **LETHAL** is the proposed method? How quickly could the person die if the plan is implemented? The greater the level of lethality, the greater the risk.

A

How **AVAILABLE** is the proposed method? If the tool to be used is readily available, the level of suicide risk is greater.

P

What is the **PROXIMITY** of helping resources? Generally, the greater the distance the person is from helping resources, –if the plan were implemented, the greater the degree of risk.

Warning: Knowing the SLAP method does not necessarily make one an expert in assessing suicide risk!

NOTE: The SLAP Method was developed by Dr. Kenneth Morris.

PTSD – Accepting, Coping, Thriving

Home Blog Accepting Coping Thriving About Gallery Resources Friends and Family

Suicide

SLAP DIRT

Suicide

Statistically speaking not every depressed person thinks about suicide but almost every suicide attempt is by someone that could be diagnosed with depression. Suicide attempts considered a cry for help or a feeling of hopelessness or or an ending to the never ending nightmare or several different reasons. If you are considering suicide as an option please get immediate one-on-one counseling. If you are in immediate danger, check yourself into a psychiatric ward at the hospital. One thing to consider is not every person that says, "I wish I were dead," is suicidal. Sometimes the term is hyperbole for an extreme feeling.

Unfortunately, hard to know which it is for someone else. However, you can know for yourself if you are contemplating suicide or expressing frustration over current circumstances.

Depression and suicide

http://helpguide.org/mental/depression_signs_types_diagnosis_treatment.htm

Depression is a major risk factor for suicide. The deep despair and hopelessness that goes along with depression can make suicide feel like the only way to escape the pain. Thoughts of death or suicide are a serious symptom of depression, so take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide: it's a cry for help.

Warning signs of suicide include:

- Talking about killing or harming one's self
- Expressing strong feelings of hopelessness or being trapped
- An unusual preoccupation with death or dying
- Acting recklessly, as if they have a death wish (e.g. speeding through red lights)
- Calling or visiting people to say goodbye
- Getting affairs in order (giving away prized possessions, tying up loose ends)
- Saying things like "Everyone would be better off without me" or "I want out"
- A sudden switch from being extremely depressed to acting calm and happy

If you think a friend or family member is considering suicide, express your concern and seek professional help immediately. Talking openly about suicidal thoughts and feelings can save a life!

If You Are Feeling Suicidal...

When you're feeling extremely depressed or suicidal, problems don't seem temporary—they seem overwhelming and permanent. But with time, you will feel better, especially if you reach out for help. If you are feeling suicidal, know that there are many people who want to support you during this difficult time, so please reach out for help!

Read [Feeling Suicidal?](#) or call 1-800-273-TALK now!

Life contracts: A life contract is an agreement to call or get help from someone when feeling there are no other options. Getting help offers more choices.

<http://voices.yahoo.com/sample-suicide-prevention-contracts-aka-no-suicide-4890484.html>

<http://www.suicide.org/no-suicide-contracts.html>

SLAP or PALS

<http://www.theforumsite.com/forum/topic/SLAP-determining-risk-for-suicide/36729>

S: Social support — does the person have social support? Someone with little or no social support is at higher risk.

L: Lethality — If the person has a plan, how lethal is the method? A gun is more lethal than a pill overdose.

A: Access — This is access to the method. Does the person have the pills or would they have to get them? Do they have the bullets or would they have to stop by wal-mart?

P: Plan/previous attempts — Does the person have a plan about how they would kill themselves, or just some vague notion that it might be better if they were dead? People with a specific plan or who have previously attempted suicide are at higher risk.

<http://www.healingofnations.org/sp5.html>

ASSESSMENT

D – I – R – T- An assessment of the past suicide attempt.

“ D – Dangerousness – the greater the dangerousness in the attempt.

I – Intent – If she honestly believed that she would die, then the present risk is higher.

R – Rescue – If she aided in her own rescue in any way, even at the last minute, then the present risk is lower.

T – Timing – The more recent the attempt, the higher the current risk.*

Note: Any unexplainable deviation from an ingrained behavioral pattern or sudden unexplainable recovery from a severe depression.

S – L – A – P ~ An assessment of the degree of risk.

After you realize the person is at risk, assess the degree of risk. Always begin an assessment with “how?”, i.e., “How would you harm or kill yourself?” If the person has a plan of attack, use the acronym SLAP.

“

S – Specific – details in the “plan of attack.”

L – Lethality – level of the proposed method.

A – Availability – of the proposed method.

P – Proximity – of helping resources.

Note: This approach may not be a reliable technique with alcoholics, drug addicts, psychotics, or others with highly impulsive personalities.

Learn your choices. If you can't see them for yourself, get help from a counselor or psychiatrist that can teach you to see your choices. You deserve to live.

Find a thread of thought that sustains you across dark patches of suicidal depression. A single reason to live can keep a person going when things seem hopeless. A single candle in a dark room makes a difference. Believe in that difference.

Policy Title:	2. B. (5) Assessments of Persons Served
Effective Date:	September 1, 2013
Review Date(s):	Jan 2015; Sep 2016; Nov 2017; June 2018; Feb 2019; Jan 2020
Regulation Reference:	CARF Section 2: B. Screening and Access to Services

POLICY

It is the policy of HARBOR HOUSE, INC. that all persons served undergo a comprehensive assessment by a qualified treatment professional knowledgeable to assess the specific needs of the persons served and trained in the use of assessment tools.

PROCEDURE

A. Initial Assessment

1. Each HARBOR HOUSE, INC. program ensures provision of assessment to determine severity and environment placement;
2. Assessment is used to determine all immediate problems, immediate needs; and
3. Actions taken to meet those needs are identified in the person's initial treatment plan.
4. Information gathered during the initial assessment includes, but is not limited to:
 - a. Confirmation of identity;
 - b. Name, address (street and number, town, county, state, zip), phone, current housing arrangements, guardianship (if applicable), photograph of client, social security number;
 - c. Client's date of birth, sex, race or ethnicity;
 - d. Name of referral source; document if treatment was mandated by the referral source;
 - e. 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; and
5. Types of problems experienced by the client that are in need of resolution.

B. Conducting Assessments

1. Assessments are initiated upon the person's first visit to HHI, if possible, and never later than the second visit and are ongoing, not a single event.
2. Assessments at HARBOR HOUSE, INC. are conducted by qualified personnel who are:
 - a. Knowledgeable and trained to assess the specific needs of the persons served;
 - b. Trained to administer assessment tools, including, but not limited to the:
 - i. Addiction Severity Index (ASI);
 - ii. Mental Health Screening For 111 (modified); and
 - iii. Biopsychosocial assessment.
 - iv. Beck Depression Inventory; Burns Anxiety Inventory; Quality of Life Inventory; the A-II Personality Disorders Inventory; and WHODAS
 - v. SLAP DIRT suicide threat assessment tool – Specific plan, Lethality, Availability, Proximity, Dangerousness, Impression, Rescue, and Timing.

C. Assessment Information

1. Information is obtained from:
 - a. The person served;
 - b. Family members/legal guardians, when applicable or permitted; and
 - c. Other collateral sources, when applicable and permitted, such as:
 - i. Teachers;
 - ii. Family members;
 - iii. Social workers;

- iv. Probation officers;
- v. Physicians;

1

- vi. Friends and peers; and
 - vii. External sources.
2. The primary assessment process gathers sufficient information to develop an individualized person-centered plan for each person served, including information about the person's:
- a. Presenting problems;
 - b. Urgent needs, including risk of suicide;
 - c. Personal strengths (such as resources, natural positives, spirituality, willingness, etc.);
 - d. Individualized needs (what the person needs to recover, liabilities, weaknesses, etc.);
 - e. Abilities and/or interests (may include skills, aptitudes, talents, capabilities);
 - f. Preferences (things the person served feels will enhance the treatment experience, such as a preference for reading material, audio materials, group vs. individual sessions, etc.);
 - g. Previous behavioral health services, including:
 - i. Diagnostic information; and
 - ii. Treatment information, including:
 - a) Psychological/psychiatric treatment;
 - b) Substance abuse treatment;
 - iii. When applicable, include dates of any treatment, type of problem(s), who provided treatment, and outcome of treatment;
 - h. Information about medication, including:
 - i. Medication use profile, including over-the counter medications,
 - ii. Purpose of current medications (does person have sufficient supply for length of stay in residential treatment);
 - iii. Drug type, dosage strength, how many, time/date of dispersion, who dispensed/witnessed dosing;
 - iv. Efficacy of current and previously used medication; and
 - v. Medication allergies or adverse reactions to medications.
 - i. Physical health history, including current medical needs, and:
 - i. Chronic medical problems;
 - ii. Significant medical/ physical events;
 - iii. Problems that could influence treatment;
 - iv. Medical conditions that could prompt a crisis;
 - v. Special diet needs;
 - vi. Pregnancy status;
 - vii. Allergies; allergies and/or other serious conditions identified on Credible;
 - j. Diagnosis(es) (medical, psychiatric, and/or other behavioral health);
 - k. Co-occurring disabilities, disorders, or medical concerns;
 - l. Mental status;
 - m. Current level of functioning;
 - n. Pertinent current and historical life situation information, including his or her:
 - i. Age;
 - ii. Gender;
 - iii. Education, current level of educational functioning and:
 - a) Highest grade completed;
 - b) Major effect of substance use on the person's educational process, if applicable; and

- c) The person's reading and writing levels must be evaluated when appropriate;
 - iv. Employment history, including:
 - a) Current/most recent vocations;
 - b) Any trained skills;
 - c) Effects of substance use on employment;
 - d) Adequacy of current employment;
 - e) Any history with the military, and
 - o. Legal involvement, including the dates and type of charges, arrests, convictions, sentences, and copies of court or parole orders;
 - p. Family history that includes:
 - i. Current marital status;
 - ii. Effect of substance use on current and past relationships;
 - iii. History of family members' use;
 - iv. Family members "in recovery;"
 - v. Names and ages of dependents; and
 - vi. Who has custody of dependents and placement for dependents if the person is entering residential treatment.
 - q. History of:
 - i. Abuse;
 - ii. Neglect; and/or,
 - iii. Violence (victim or perpetrator of).
 - r. Relationships, including natural supports;
 - s. Issues important to the person served (may include cultural background, spiritual beliefs, sexual orientation, etc.);
 - t. Use of alcohol, tobacco, and/or other drugs, including a substance abuse history that includes:
 - i. Most recent use patterns (amount per type, route of administration);
 - ii. Ages of first use per substance;
 - iii. Age of regular and/or addictive patterns;
 - iv. History of alcohol or other drug related conditions (i.e. blackouts, DT's, etc.); and
 - v. Documentation of any injection use.
 - v. Need for, and availability of, social supports;
 - w. Need for assistive technology in the provision of services;
 - x. Risk-taking behaviors; including triggers, current coping skills, warning signs, actions to be taken to respond to periods of increased emotional pain and restrict access to lethal means; preferred interventions necessary for personal safety, public safety and advance directives;
 - y. Advance directives, when applicable; and
 - z. Adjustment to disabilities and/or disorders.
- D. Assessments result in an interpretive summary that:**
1. Is based on the assessment data;
 2. Includes the person's problems and corresponding needs, as based on client information;
 3. Includes the person's strengths, needs, abilities, and preferences, as based on the client information;
 4. Is used in the development of the person-centered treatment plan;
 5. Identifies any co-occurring disabilities and/or disorders and how they will be addressed in the development of the individual plan;
 6. ~~Is written to integrate and interpret from a broader perspective all history and assessment information gathered; and~~
 7. May address the following, but is not limited to:

- a. Central themes identified;
- b. Interrelationships between sets of information (medical, high risk behaviors, education, vocation, etc.);
- c. Perception of the person assessed;
- d. Clinical judgments regarding positive and negative factors that may affect the person's treatment and clinical outcomes after discharge;
- e. Recommendations for treatments, including any special assessments or tests, as well as routine procedures;
- f. General discussion of the anticipated level of care, length, and intensity of treatment and expected focus with recommendations;
- g. Identifies goals, is responsive to changing needs of the client, includes provisions for communicating the results of the assessments, provides the basis for legally required notifications when applicable, occurs within timeframes established by HHI and external regulatory requirements, reflects significant life or status changes of the client.

E. Ongoing Assessment

1. Focuses on the person's specific needs, such as:
 - a. Age or developmental level;
 - b. Gender and gender identification;
 - c. Sexual orientation;
 - d. Social preferences;
 - e. Cultural background;
 - f. Psychological characteristics;
 - g. Physical conditions; and
 - h. Spiritual believes;
2. Continually identifies person's expectations for services;
3. Is responsive to the changing needs of the person served;
4. Results of ongoing assessment is communicated to:
 - a. Personnel during staff meetings, as appropriate;
 - b. Personnel during Clinical Staffing of persons served;
 - c. The person served and/or their legal guardian during individual and/or joint sessions with appropriate persons; and
 - d. Other persons as appropriate.
5. Provides the basis for legally required notification, when applicable, and through agreed upon mechanisms, that may include:
 - a. Child protective services;
 - b. Committing or referring courts; and
 - c. Probation and parole officers.

F. Reassessments Are Conducted

1. For the purpose to ensure information, treatment strategies, and individual remain current and meet the needs of the persons served;
2. In compliance with any requirements from referral sources (court orders, child protective services, etc.); and
3. Are conducted following significant life or status changes (incarceration, referral to a court system, marriage, divorce) of the person or accomplishment of significant goals.

G. Delay or Modification for Assessment-- Delay or modification may be warranted if:

1. The person is in need of crisis intervention and/or stabilization for suicidal ideation, domestic violence, or other threatening situation; or
2. The person is, in the judgment of the Admission Counselors, in such a condition that a valid assessment cannot be completed, in which case the Admission Counselors attempt to reschedule the person for assessment.
3. If the person is inebriated or impaired and register more than .20 on a breathalyzer:

- a. The Admission Counselor or prescriber advises the person to abstain from further use and is given a timeframe to return.
- b. If the person does not have someone who is accompanying them, staff attempts to assist the person in contacting someone to provide transportation.
- c. If the person does not have anyone who can provide transportation, staff will contact the local authorities.
- d. If the person chooses to drive themselves, their license plate number is obtained, if possible, and an anonymous report to the police is made.

H. Staffing

1. Assessments are conducted by qualified personnel knowledgeable to assess specific needs of clients;
2. Trained in the use of applicable tools, tests or instruments prior to admission;
3. Able to communicate with clients; and
4. The diagnosis is determined by a practitioner legally qualified to do so in accordance with all laws and regulations.

I. Assessment Process gathers information and records data to develop a comprehensive person-centered plan to include:

1. Presenting issues from the perspective of the person served;
2. Personal strengths, individual needs, abilities and interests, and preferences;
3. Previous BH services including diagnostic history and treatment history, mental status;
4. Medication history and current use, efficacy of current or previous use, medication allergies;
5. Physical health issues including health history, current needs, current pregnancy or prenatal care and medical conditions;
6. Use of complementary health approaches, co-occurring disabilities and disorders;
7. Current level of functioning;
8. Pertinent current and historical life information including gender, age, sexual orientation, gender identity, culture, spiritual beliefs, education history, employment history, military history, living situation, legal involvement, family history, relationships;
9. History of trauma that is experienced, witnessed, includes abuse, trauma, violence and sexual assault;
10. Use of alcohol, tobacco and other drugs including current and historical use;
11. Risk factors for suicide and other self-harm or risk taking behaviors, and violence toward others;
12. Literacy level, need for assistive technology, social supports, advance directives; and
13. Psychological and social adjustment to disabilities or disorders and resultant diagnosis.



Harbor House Inc.

Client Name: [REDACTED] Date/Time: 8/10/2020 8:00 AM to 9:00 AM
 Address: [REDACTED] Employee Name: [REDACTED]
 CPT Code/Visit Type 90837 / Individual Therapy

TREATMENT PLAN

Intervention: Assist Ct In Identifying Values
Start Date: 8/6/2020 **Target Date:** 8/12/2020 **End Date:**

Description: VCS, Values Assessment, Psych-Ed. Individual 1x weekly/ (LIB) Group-3x daily
Documentation

[REDACTED] was on time, casually dressed, and was ready to begin. He maintained eye contact and positive demeanor throughout session.

We began with discussing his recent relapse and what happened between now and the last time he left treatment. I used MI, ACT, and a client centered approach to discuss. Client shared about his relationship issues and how it affected him. Client shared about his role in the relationship and described his wives role and the actions that led to the divorce. I used reflection and provided verbal feedback. I assisted in processing using emotionally focused therapy.

Client shared about his struggles with self esteem related to the issues with his relationship. I validated and normalized his experience and assisted in changing his self talk.

Client shared about his children and the importance of them and wanting to be a good father. I processed this further and discussed modeling and how children model after their parents.

I asked client to engaged in positive self talk this week as homework

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9/28/2020

After document loads, press CTRL+P to print --- Then hit the 'X' in the corner to close.

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Employee Signature

Audra Cooper BA, MEd, RDS
8/10/2020 9:36 AM
Audra Cooper
ADC, BS, RDS

Approved by KDUBOISE on 8/12/2020

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 . Describe approach to providing substance abuse treatment services.	5
E.2 Provide a sample aftercare plan.	5
E.3 Provide matrix of aftercare partner providers.	5
E.4 Provide details of your approach to assessments.	5
E.5 Provide a sample of progress notes.	5

- **Do not** include additional information if not pertinent to the itemized request.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vender may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

Maximum
Raw Score

E.1 Describe approach to providing substance abuse treatment services.

5

Harbor House, Inc.'s approach to treatment is trauma-informed, strengths-based, attachment-focused, evidence based, and individualized. Trauma-informed means that we assume that everyone who walks through our doors has suffered trauma, because research tells us that over 90% of clients have been traumatized. We provide a safe place for clients to begin a healing process. Many of our clinicians have been trained in Eye Movement Desensitization and Reprocessing (EMDR), most have been trained and provide Safety First groups, and all have been trained in trauma-informed communication. Trauma-informed means immediate care, not waiting for weeks or even days for treatment. We do this by utilizing a team approach: therapists, substance use counselors, recovery coaches, peers, interns and alumni.

HHI counselors and coaches practice Acceptance and Commitment Therapy (ACT), which focused on looking for client's strengths, not pathology, not what is wrong with them, but what is important to them. We remind our clients that they have survived because of the strengths.

Addiction has been called a disease of disconnection (Gabor Mate) and experience supports that theory. Clients are administered the Adverse Childhood Experience (ACE) upon admission which tells us the degree to which they suffer attachment. Many have experienced developmental attachment disorder and we know that those addicted to chemicals are some of our most vulnerable population. treatment includes education on attachment and what the client can do to help heal themselves.

ACT is listed by SAMSHA's evidence-based treatment models. It is third-generation Cognitive Behavioral Therapy (CBT) and supported by over 300 rigorous research studies which support the effectiveness of this approach. Counselors and recovery coaches receive extensive training in applying ACT, attend weekly Learning Labs where they practice the skills and are observed for fidelity to the model, and submit videotapes of actual sessions to receive feedback on performance indicators

Family systems theory, motivational interviewing, and Dialectical Behavior Therapy are all empirically supported, evidence-based treatment models practiced by HHI clinical staff and all contributing to the success of HHI's approach to treatment. These models are highly effective in the treatment of co-occurring disorders, the norm rather than the exception in working with substance use disorders.

Individualization begins with taking a coaching approach. Coaching assumes the client is the expert on the client, and they are in charge of themselves. We are the expert on the process: skill building, using neuroscience to help heal the brain, and helping the client uncover what works for them. When we ask the clients what is important to them, i.e. what are your values; we are focusing on the individual, not a cookie-cutter, follow the manual approach. The treatment plan is built around their values. We are not just moving towards the objective of abstinence, rather, abstinence in service of what. Just abstinence is not good enough for our clients and is not motivating towards a rich, full, meaningful

life, which is the main goal of treatment. Clients are offered choices, including which path towards living a life on purpose they wish to take. Too many people have perished because the path they have been forced to take did not work for them.

HHI utilizes ASAM criteria to determine the level of care. We do not subscribe to the rule of a client must fail in outpatient a certain number of times before they can be referred to inpatient. People die waiting to get into treatment so we at the very least, provide interim services such as groups and our Telephone Recovery Support line with a recovery coach available to help people get through tough times.

The HHI approach to treatment includes other specialized services by trained counselors and coaches in PlayTherapy, Nurturing Parenting for both mothers and fathers, and family therapy based on Emotionally Focused Therapy (EFT). HHI invests heavily in advanced training for clinical staff. In Addition, we provide MYTE, Reality Works, and Stewards of Children. Bringing Baby Home was a specialty training completed and implemented in 2017 and provided all new mom's in our Specialized Women's Services program. We recently completed training in Circle of Security and implemented it in October 2020.

Our family recovery coach services assist family members in getting a loved one into treatment, help support that loved one in a healthy, effective environment, and help the family members heal from the trauma of addiction. The betrayal felt by family members threatens to tear the family apart unless healing can occur. Education, processing and medication are essential ingredients for beginning the building trust process.

Residential treatment is an acute care approach to treatment. Although the process is about 28-30 days, it may be a shorter or longer stay. In both residential and outpatient treatment modalities, the emphasis is on building the skills necessary to manage the difficult thoughts, emotions and sensations which fuel the urge to escape through the use of alcohol and other drugs. Clients build a Personal Recovery Action Plan (PRAP) to use as a guide to achieving and maintaining their recovery. Clients are "double-teamed" provided a counselor as well as a recovery coach in both inpatient and outpatient Treatment programs.

Outpatient treatment is a 16-week program consisting of 1-2 groups per week and 1 individual session per week. Clients are provided a counselor as well as a recovery coach who assists with practical needs such as housing, employment, court requirements, and practicing skills. Treatment is experiential. Adults learn by doing; so, in addition to didactic presentations, journaling, group processing, and individual talk therapy, clients are exposed to expressive arts, mindfulness, and physical movement – learning by doing.

Relationship coaching is an important piece of our treatment approach, not only from an attachment perspective, but from a recovery perspective. Members of support groups, such as AA, are admonished not to get into a relationship for at least a year after obtaining sobriety. That does not work. First, the strongest drive we humans have is the drive to connect. Our stance is, the problem with getting into relationships too soon is that it's usually not a healthy relationship because they don't know how to be in a relationship, nor what kind of relationship. Therefore, one of the things we work on is exactly that – what to look for in a relationship, what kind of relationship you need, and how to help a relationship succeed in providing what you need. This is a unique service that we have experienced, anecdotally helping clients success and has been appreciated by clients. It is based on EFT and the Relationship Coaching program certified by the International Coaching Federation.

E. 2 Provide a sample aftercare plan. 5

Attached are samples of a transition plan, aftercare plan and a discharge summary that are all considered part of a complete aftercare plan at Harbor House, Inc. 5

E.3 Provide matrix of aftercare partner providers. 5

The treatment experience for Harbor House, Inc. clients does not end at discharge. For many of our clients' services provided by Recovery Coaches and Peer Support Specialists continue as part of an aftercare or continuing care program. Partner providers play a unique and needed role in this, as part of the Recovery Team a client can continue to reach out to. Partner providers and the services offered include:

- Mercy Hospital, Baptist Health, UAMS Family Clinic – Primary medical care
- Local health department, local clinics, UAMS – Primary pediatric care for children
- Arkansas Children's Hospital, Camp Aldergate, Camp Alex, – Therapeutic interventions for children to address developmental needs, as well as sexual and physical abuse and neglect
- Medicaid transport vans – Case management and transportation services
- CASA - advocacy
- WIC, TEA, DCFS, Child Study Center Clinic, Cooper-Anthony Mercy Child Advocacy Center, Levi Hospital, Methodist Behavioral Health, Pinnacle Point Health Services – variety of services and referrals
- Change Point Pregnancy Care and Parenting Resource Center – free pregnancy testing, ultrasounds, referrals
- Child Care Aware of West Central Arkansas – child care resources providing parent support and help locating child care
- Housing Authorities, Safe Haven, Shalom Recovery Center – housing
- Healthy Connections – Pediatric primary care
- Adult Education Centers and Goodwill– assistance with furthering education and job training
- Ouachita Behavioral Health and Wellness – behavioral health services
- Community Dental Clinics, UAMS Dental Hygiene, Cooperative Christian Ministries and Clinic – dental services
- Lion's Club – vouchers for free prescription eyewear
- Parents and Teacher – works one on one with parent and child
- UA Rich Mountain Community College, Single Parent Scholarship Fund, Abilities Unlimited, Goodwill – education and job training opportunities
- Angels Program in Little Rock – medical detox
- New Vision – medical detox
- CADC Commodities Distribution, Food Pantries- nutrition assistance

Organizations and agencies we receive referrals include Behavioral Health organizations, Vantage Point, Ozark Guidance, Arkansas Community Corrections, New Vision, numerous Drug Courts, St. Vincent's Hospital, Valley Behavioral Health, United States Federal Court, District Courts, DWI Courts, Veterans Court, county and Federal Probation and Parole, etc.

E.4 Provide details of your approach to assessments. 5

Assessments are a vital component of the admission process at Harbor House, Inc. From an initial assessment that identifies immediate needs to a comprehensive intake that provides not 5

only additional details and facts, but an opportunity for the client and clinician to begin building the therapeutic relationship that is essential to the treatment experience.

Assessments are tools that objectively demonstrate for clients, their progress. Session Outcome Rating (SOR) provides clients with an opportunity to rate every clinical session and the effectiveness. This provides the counselor feedback on how the session went. This observation helps guide subsequent sessions, ensuring the client's needs are being met.

Assessments are completed initially as part of the admission and intake process. The same assessments are also performed as part of the aftercare plan and discharge process.

Assessments can take 2-3 hours and a variety of tools are utilized at Harbor House, Inc. These include, but are not limited to: Addiction Severity Index (ASI), SASSI, Adverse Childhood Experience (ACE) Questionnaire, Quality of Life Scale, Burns Anxiety Inventory, Beck's Depression Inventory, WHODAS 2.0, Eating Disorders Examination Questionnaire (EDE-Q), and the SLAP (Specific, Lethal, Available, Proximity) Suicide Assessment. Please see attachments.

E.5 Provide a sample of progress notes. 5

Attached are sample progress notes from clinicians at Harbor House, Inc. 5

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

2.2 Minimum Qualifications

A. DPSQA License – see attachments.

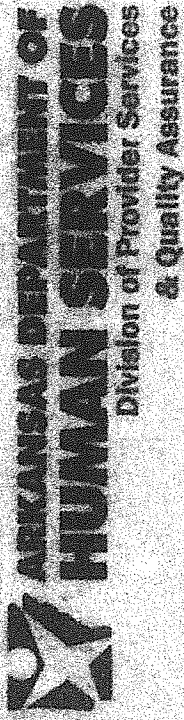
B. Current certificate of accreditation – see attachments.

C. Subcontractor licensure and/or certification – At this time, Harbor House, Inc. management is confident in its ability to meet the requirements of the contract without the use of subcontractors. **This is due partly to our recent contract to purchase the former Quapaw Residential Substance Abuse Treatment building in Hot Springs, AR.** This purchase, along with two existing residential facilities in Fort Smith, along with 15 outpatient clinics around the state, makes this possible. Should this stance change, we will submit all required paperwork along with appropriate licensures and certifications at that time.

Since this subcontractor response is a change to the information submitted, please advise if an addendum is required.

D. Arkansas Secretary of State's Office registration – see attachments.

E. Medicaid Provider Numbers – Harbor Recovery Center (193623744); Gateway Recovery Center (238020526); Harbor Recovery Institute/Harbor Behavioral Health (236252526); and Hot Springs Outpatient (239197526). As soon as inspections and the acquisition is complete for the Harbor House Hot Springs Residential Treatment building, applications will be made for CARF Accreditation, Behavioral Health Certification and Substance Abuse Treatment Licensure. Should Harbor House, Inc. be fortunate enough to receive this funding, copies of the accreditation, certification and licensure will be submitted immediately.



License Number: 33689

This Is to Certify That

Harbor House Inc, of Fort Smith AR

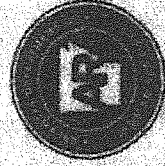
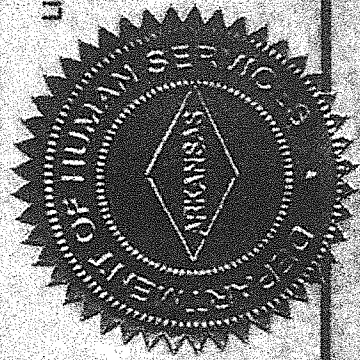
Is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

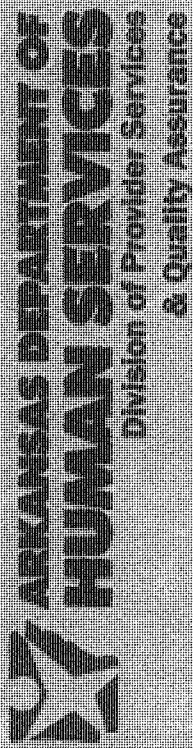
N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 615 North 19th Street _____,

Fort Smith _____, County of _____ Sebastian _____, Arkansas.

License Effective: 03/03/2020 | License Expires: 03/03/2023





Certificate Number: 32247

This Is to Certify That

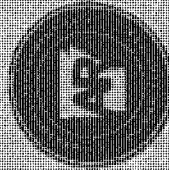
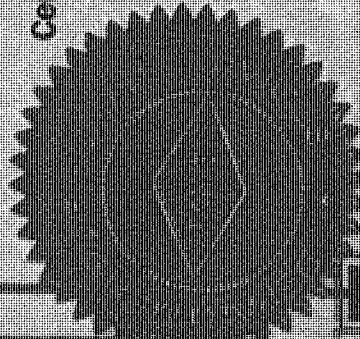
HARBOR HOUSE, INC. OF FORT SMITH, AR (HRC)

615 N. 19th Street Fort Smith, AR 72901

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

Behavioral Health Agency

Certificate effective from 04/16/2019 to 09/30/2021 (unless sooner revoked).





License Number: 33688

This Is to Certify That

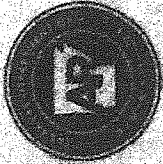
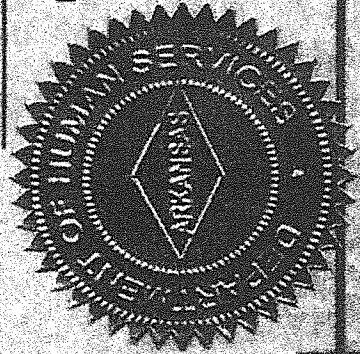
Harbor House Inc, of Fort Smith AR

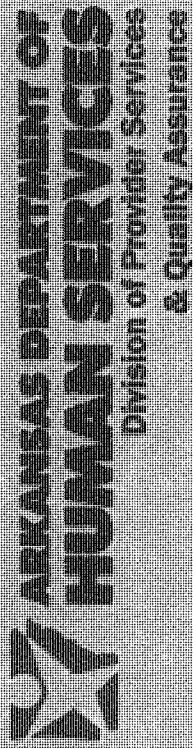
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

Fort Smith _____, County of _____, Sebastian _____, Arkansas.

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





Certificate Number: 32248

This Is to Certify That

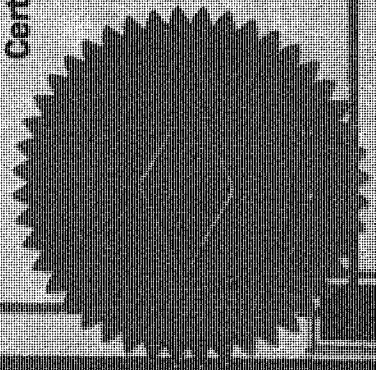
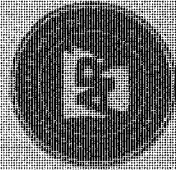
HARBOR HOUSE, INC. OF FORT SMITH, AR (GRC)

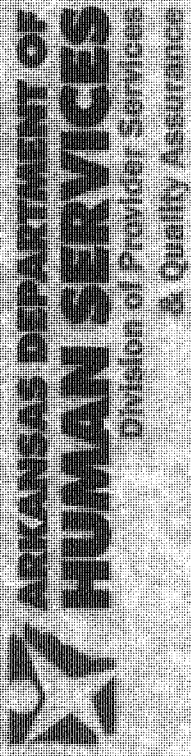
3900 Armour Fort Smith, AR 72901

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

Behavioral Health Agency.

Certificate effective from 04/16/2019 to 09/30/2021 (unless sooner revoked).





Certificate Number: 32183

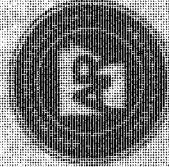
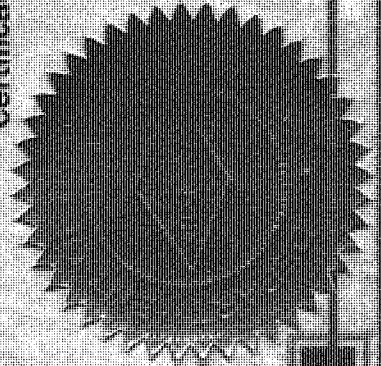
This Is to Certify That

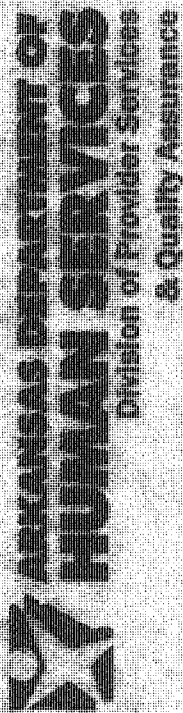
Harbor House, Inc of Fort Smith AR- Hot Springs

835 Central Avenue Suite 114 Hot Springs, AR 71901

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

Certificate effective from 04/16/2019 to 09/30/2021 (unless sooner revoked).





License Number 34099

This Is to Certify That

Harbor House Inc, of Fort Smith AR- Hot Springs

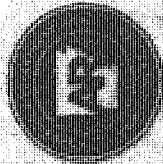
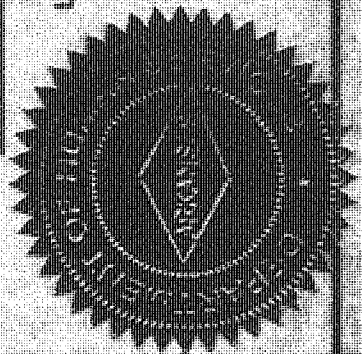
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

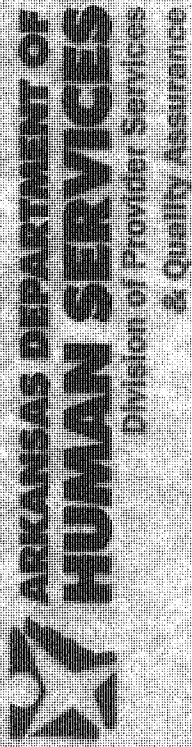
N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 935 Central Avenue Suite 114 _____

Hot Springs _____, County of _____ Garland _____ Arkansas.

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





Certificate Number: 32835

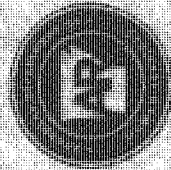
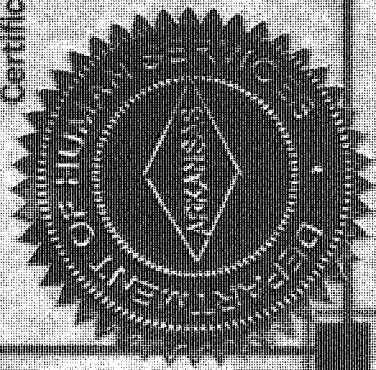
This Is to Certify That

Harbor House, Inc of Fort Smith AR

19 N. 5th Street, Fort Smith, AR 72901

has met provider requirements to operate a(m)/es _____ Behavioral Health Agency.

Certificate effective from 11/06/2019 to 09/30/2021 (unless sooner revoked).





License Number: 33691

This Is to Certify That

Harbor House Inc. of Fort Smith AR

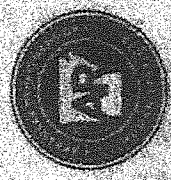
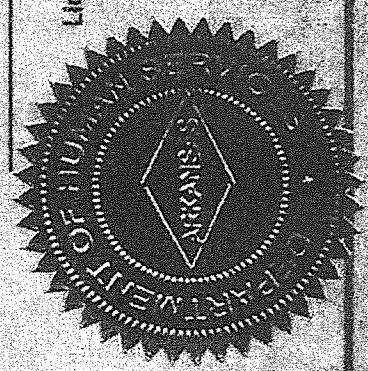
Is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

on the premises located at _____ 19 North 5th Street _____

Fort Smith _____, County of _____ Sebastian _____, Arkansas.

License Effective: 03/03/2020 | License Expires: 03/03/2023



Survey Accreditation Detail

As of 10/2/2020

Survey Number: 102666
Company Number: 214015
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 3/31/2021
Company Submitting Application: Harbor House, Inc. dba Harbor Recovery Center
615 North 19th Street
Fort Smith, AR 72901

Program Summary:

Intensive Outpatient Treatment: Integrated: AOD/MH
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH
Outpatient Treatment: Integrated: AOD/MH (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Companies with Programs:

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

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

Harbor Behavioral Health (284710)

19 North 5th Street
Fort Smith, AR 72901
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Booneville (307708)

57 North 4th Street
Booneville, AR 72927
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Clarksville (319281)

114 South Fulton Street
Clarksville, AR 72830
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Conway (306468)

766 Harkrider
Conway, AR 72034
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Survey Accreditation Detail

As of 10/2/2020

Harbor House Corporate Office (306471)

512 South 16th Street
Fort Smith, AR 72901
Intensive Outpatient Treatment: Integrated: AOD/MH
Outpatient Treatment: Integrated: AOD/MH

Harbor House Fayetteville (320226)

130 North College Avenue, Suite G
Fayetteville, AR 72701
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Fort Smith (294791)

805 Garrison Avenue, 2nd Floor
Fort Smith, AR 72901
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Hot Springs Outpatient (294788)

835 Central Avenue, Suite 114
Hot Springs, AR 71901
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Little Rock (294789)

3700 65th Street
Little Rock, AR 72209
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House North Little Rock (306484)

324 West Pershing
North Little Rock, AR 72116
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Ozark (294786)

200 South Fourth Street
Ozark, AR 72949
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Rogers (306690)

1200 West Walnut, Suite 1200/1115
Rogers, AR 72758
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)

Survey Accreditation Detail

As of 10/2/2020

Harbor House Russellville (335345)

702 East Fourth Street

Russellville, AR 72801

Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House Texarkana (306689)

604 Walnut Street

Texarkana, AR 71854

Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Harbor House West Memphis (306483)

228 Tyler Avenue

West Memphis, AR 72301

Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

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

3900 Armour Avenue

Fort Smith, AR 72904

Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Company Count: 17

CARF INTERNATIONAL

A Three-Year Accreditation is issued to

Harbor House, Inc.

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

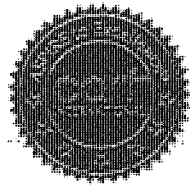
*Intensive Outpatient Treatment: Integrated: AOD/MH
(Adults)*

*Outpatient Treatment: Integrated: AOD/MH
(Adults)*

*Residential Treatment: Integrated: AOD/MH
(Adults)*

*This accreditation is valid through
March 31, 2021*

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



This accreditation certificate is granted by authority of:

Richard Forkosh

Richard Forkosh
Chair
CARF International Board of Directors

Brian J. Boon, Ph.D.

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



**Arkansas Secretary of State
John Thurston**

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

Certificate of Good Standing

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

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

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

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



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 21st day of January 2020.


John Thurston

Secretary of State

Online Certificate Authorization Code: 7011ad506067545

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

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

Corporation Name HARBOR HOUSE, INCORPORATED OF FORT SMITH, ARKANSAS

Fictitious Names
Filing # 100023633

Filing Type Nonprofit Corporation
Filed under Act Dom Nonprofit Corp; 176 of 1963

Status Good Standing

Principal Address
615 N 19TH ST
FORT SMITH, AR 72901

Reg. Agent VICKIE MCDANIEL

Agent Address 615 N 19TH ST

Date Filed FORT SMITH, AR 72914

Officers 05/27/1966

SEE FILE, Incorporator/Organizer
CINDY STOKES , Principal
DAVID NEAL , Director
MICHAEL MORTON , Director
PATTI RICHARDSON , Director
JIMMIE WOODING , Principal
VICKIE MCDANIEL , Principal

Foreign Name N/A

Foreign Address

State of Origin AR

obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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



Arkansas
Social Work License Card

License No.

2387-C

Expiration Date:

7/31/2021

Jimmie Annette Wooding, LCSW

1807 Memphis St.

Fort Smith AR 72901

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

Shirley A. Woodman

Chairman

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

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

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

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



Eva Michelle Wood

License # A1909133



Arkansas State Board of Examiners in
Counseling

Licensee: Eva Michelle Wood

License: A1909133

LAC

Effective: 9/26/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Nathan Allen*



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

February 12, 2018

Eva Wood
P.O. Box 6052
Van Buren, AR. 72956

Dear Eva,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of February 12th, 2018 your CIT registration is valid for 5 years.

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

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

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

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Arkansas Board of Examiners in Counseling

Certifies That

Kayla Lynne Chinchilla

Has complied with the requirements in accordance with the laws of the

State of Arkansas and is hereby granted both a license as a

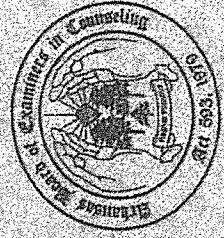
Licensed Associate Counselor

To practice counseling in the State of Arkansas this 25th day of

October, 2018 by the authority of Act

593 of 1979 and Act 244 of 1997 License No. A1810155

Board of Examiners in Counseling





March 14, 2018

Kayla Chinchilla
456 Mill Creek Dr.
Russellville, AR. 72802

Dear Kayla,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of March 14th, 2018 your CIT registration is valid for 5 years.

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

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

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

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Arkansas
Social Work License Card

License No.

10148-M

Expiration Date:

7/31/2022

Audra LeAnn Cooper, LMSW

7710 Euper Lane

Fort Smith AR 72903

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

A handwritten signature in cursive script, appearing to read "Dwight Johnson, Chairman".

Chairman

Arkansas Substance Abuse Certification Board

Hereby Certifies

AUDRA RHODES

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

Certified Alcohol and Drug Counselor

12/19/2019

1724

12/31/2021

Issue Date

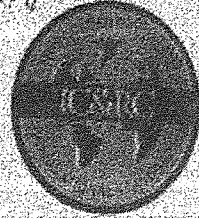
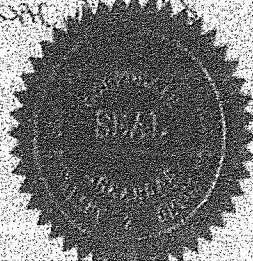
Certificate Number

Expiration Date

Debra Bynum
President

Myriam Carter
Secretary

Dr. K. R. McIsaac
Vice-President





ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

March 16, 2016

Audra Rhodes
7710 Euper Ln.
Ft. Smith, AR. 72903

Dear Audra,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of March 7th, 2016 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum.

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

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas Substance Abuse Certification Board

Hereby Certifies

KRISTA BONCHEFF

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

Certified Alcohol and Drug Counselor

12/09/2019

Issue Date

1663

Certificate Number

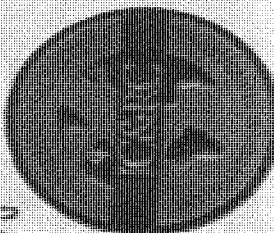
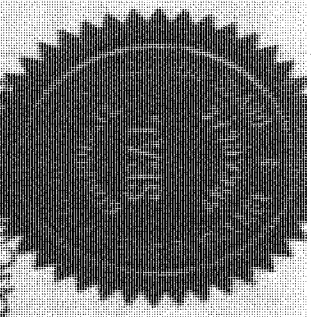
12/31/2021

Expiration Date

Diana Bryson, L.C.A.M.C., N.A.A.C.C.
President

Krista Boncheff
Vice-President

Mignon Carter, AOC, CS P
Secretary



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: October 28, 2019

Dovie Dawn Carpenter, LMSW
438 Church Avenue
Mulberry, AR 72947

Dear Dovie;

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. 9471-M, is subject to renewal October 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 (November 1, 2019 – October 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. 9471-M Expiration Date: 10/31/2021

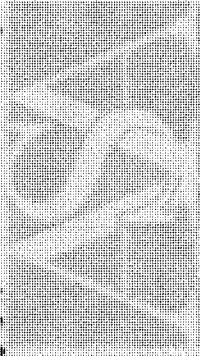
Dovie Dawn Carpenter, LMSW
438 Church Avenue
Mulberry AR 72947

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 Substance Abuse Certification Board



Hereby Certifies

DAWN CARPENTER

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

Advanced Alcohol Drug Counselor

12/31/2019

Issue Date

A-427

Certificate Number

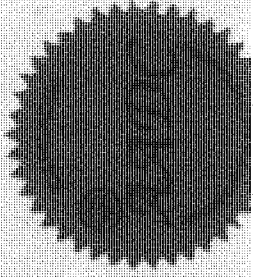
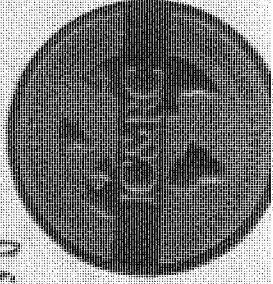
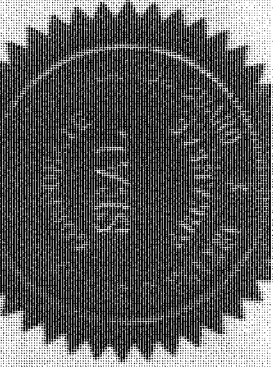
12/31/2021

Expiration Date

Diane Byrnes
President

Don K. Rife
Vice-President

Myriam Carter
Secretary



Arkansas Substance Abuse Certification Board

Hereby Certifies

MARIA LOVELL

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

Certified Alcohol and Drug Counselor

11/27/2019

1651

12/31/2021

Issue Date

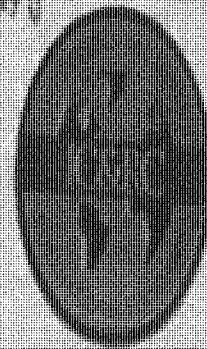
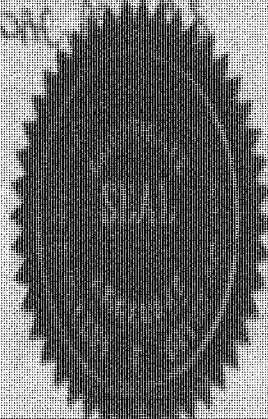
Certificate Number

Expiration Date

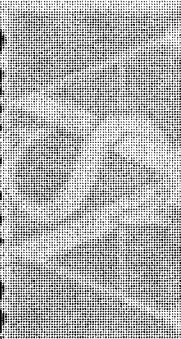
Debra Byrd
President

Myraan Carter, AOC, CS, P
Secretary

Dr. K. Ray MS, LS
Vice-President



Arkansas Substance Abuse Certification Board



Hereby Certifies

NICHOLAS PAGE

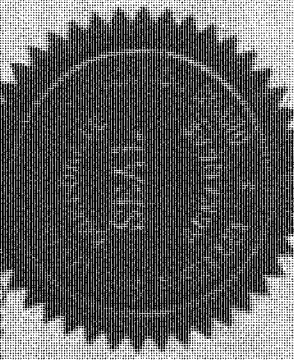
Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Certified Alcohol and Drug Counselor

12/19/2019

Issue Date

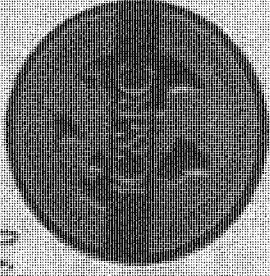
Diane Byrnes
President
Dee K. Rife M.S.L.S.
Vice-President



1730

Certificate Number

William Carter, AOC, CS, PI
Secretary



12/31/2021

Expiration Date

Certificate of Training

THIS CERTIFIES

Jeffery Bowling

AS A QUALIFIED
BEHAVIORAL HEALTH PROVIDER

Cindy Stokes, LADAC,
AADC

12/8/18
Date

Harbor House,
Inc.
Agency

EVERGREEN CERTIFICATIONS

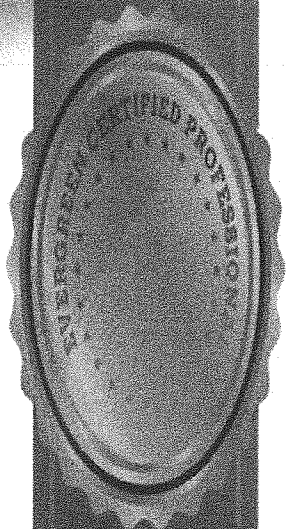
HAVING COMPLETED ALL REQUIREMENTS

Thomas Owens

IS HEREBY ACKNOWLEDGED AS A

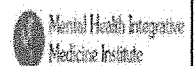
Certified Grief Counseling Specialist

Expires: 07/06/2021

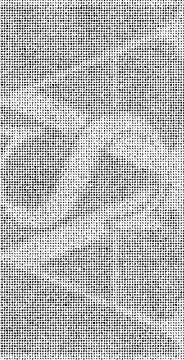


Certification Number: 354497

Certification granted by Evergreen Certifications
www.evergreencertifications.com



Arkansas Substance Abuse Certification Board



Hereby Certifies

THOMAS OWENS

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

Certified Alcohol and Drug Counselor

05/27/2020

Issue Date

2130

Certificate Number

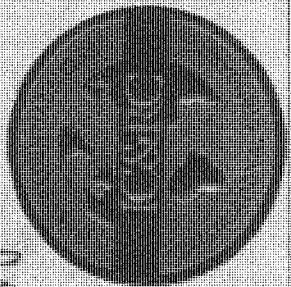
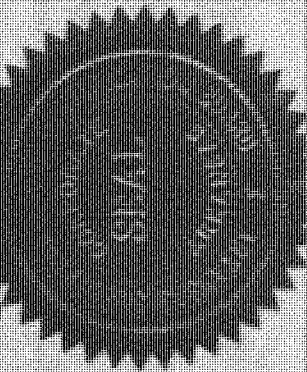
05/27/2022

Expiration Date

Diana Byrd
President

Dee D. Ry MS.LS
Vice-President

Miriam Carter, SOC. CS PC
Secretary





Dear KRAMER BASS

This letter is to let you know that you are a Registered Peer in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 03/10/2020 your PIT registration is valid for 5 years.

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

Beginning April 12th 2019 ONLY Peer Supervisors may sign off on areas requiring a supervisor signature.

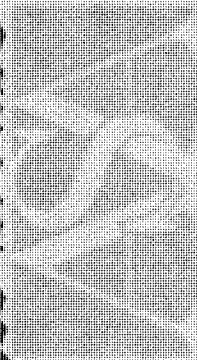
If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Arkansas Substance Abuse Certification Board



Hereby Certifies

KIRK DUBOISE

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

Certified Clinical Supervisor

11/14/2018

Issue Date

1605

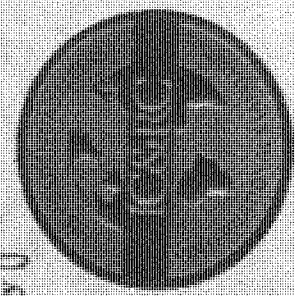
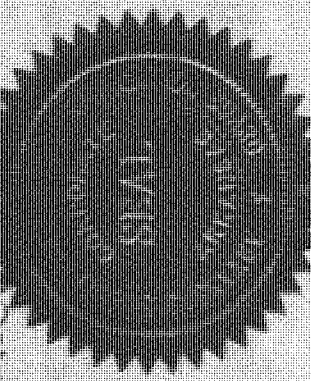
Certificate Number

12/31/2020

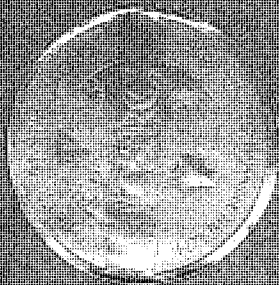
Expiration Date

Doris Byrnes
President

Miriam Carter, SOC. CS PC
Secretary



John D. King, MS, LS
Vice-President



Arkansas Substance Abuse Certification Board

hereby certifies

Kirk Duboise

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

Certified Alcohol and Drug Counselor

1605

Certificate Number

CAIC/AOD/MAR

Ken Packer
President

[Signature]
Vice President

Secretary



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

Kirk Duboise

Alcohol and Drug Counselor

Exp. Date 12/31/05

Arkansas Substance Abuse Certification Board

Hereby Certifies

TYLER LIMORE

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

Certified Alcohol and Drug Counselor

01/02/2020

1659

12/31/2021

Issue Date

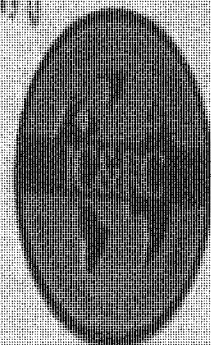
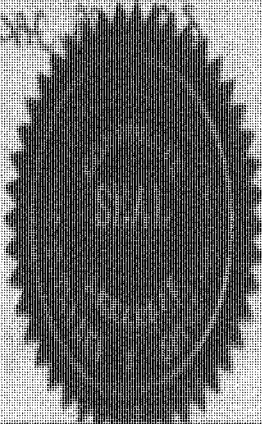
Certificate Number

Expiration Date

Debra Dymov
President

Myriam Carter, AACCS P
Secretary

John K. King, MS, CS
Vice-President



Arkansas Substance Abuse Certification Board

Hereby Certifies

TYLER LIMORE

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

Certified Clinical Supervisor

12/05/2018

Issue Date

1659

Certificate Number

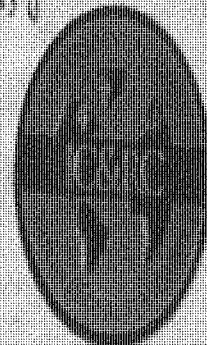
12/31/2020

Expiration Date

Debra Dymun
President

Myriam Carter, SOC, CS, PC
Secretary

Dr. K. Ray
Vice-President



Arkansas Substance Abuse Certification Board

Hereby Certifies

JENNIFER LOVELL

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

Peer Recovery

12/31/2019

006

12/31/2021

Issue Date

Certificate Number

Expiration Date

Debra Bynum MS, LSW, CAS
President

Myriam Carter, SOC, CS, PC
Secretary

Dr. K. Ray MS, CS
Vice-President

