

SIGNATURE PAGE

Type or Print the following information.


PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Recovery Centers of Arkansas, Inc.			
Address:	1201 River Road			
City:	North Little Rock	State:	AR	Zip Code: 72114
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:	Carole Baxter	Title:	Executive Director
Phone:	(501) 614-4900	Alternate Phone:	(501) 372-4611
Email:	cbaxter@rcofa.org		

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

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

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


Authorized Signature:  Title: Executive Director
Use Ink Only.

Printed/Typed Name: Carole Baxter Date: 9-24-20

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:	Recovery Centers of Arkansas, Inc.	Date:	9-24-00
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Carole Baxter		

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:	Recovery Centers of Arkansas, Inc.	Date:	9-28-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Carole Baxter		

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:	Recovery Centers of Arkansas, Inc.	Date:	9-24-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Carole Baxter		

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

Yes No

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: _____

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

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

FOR INDIVIDUALS *

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

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

None of the above applies

FOR AN ENTITY (BUSINESS) *

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

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

None of the above applies

Contract and Grant Disclosure and Certification Form

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

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

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

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

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

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

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

Signature Carole Baxter Title Executive Director Date 9-28-20

Vendor Contact Person Carole Baxter Title Executive Director Phone No. (501) 372-4311

Agency use only

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

Recovery Centers of Arkansas Equal Employment Opportunity (EO) Policy

Opportunity for employment with Recovery Centers of Arkansas shall be open to any person who, on the basis of merit, is qualified for the desired position. Discrimination against any person in recruitment, examination, appointment, training, compensation, promotion, retention or any other personnel action because of political or religious opinions or affiliations or because of age, sex, race, color, national origin, physical or mental disability (as defined by applicable law), sexual orientation or any other non-merit factor is prohibited.

PROPOSED SUBCONTRACTORS FORM

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


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

Type or Print the following information

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

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

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

Vendor Name:	Recovery Centers of Arkansas, Inc.	Date:	9-28-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Carole Baxter		

Proposed Minimum Qualifications

Section 2.2



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



07/10/2020

Carole Baxter, CEO
Recovery Centers of Arkansas
1201 River Road
North Little Rock, Arkansas 72114

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is **33200**. Your previous license number is **281**. Your previous vendor number is **25068**.

The following service location is associated with this provider:

1201 River Road
North Little Rock, AR. 72114

New Certification #33200

Certification Dates: 07/01/2019 – 07/01/2022

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

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

Sincerely,

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

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

C: Licensure File
Daphne Burkins, DXC



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 33200

This Is to Certify That

Recovery Centers of Arkansas

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 1201 River Road

North Little Rock, AR. 72114, County of Pulaski, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





Division of Provider Services & Quality Assurance

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

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



07/10/2020

Carole Baxter, CEO
Recovery Centers of Arkansas
1201 River Road
North Little Rock, Arkansas 72114

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is **33751**. Your previous license number is **486**. Your previous vendor number is **25230**.

The following service location is associated with this provider:

6301 Father Tribou
Little Rock, AR 72205

New Certification #33751

Certification Dates: 07/01/2018 – 07/01/2021

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

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

Sincerely,

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

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

C: Licensure File
Daphne Burkins, DXC



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 33751

This Is to Certify That

Recovery Centers of Arkansas

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

N/A capacity Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 6301 Father Tribou,

Little Rock, AR 72205, County of Pulaski, Arkansas.

License Effective: 07/01/2018 | License Expires: 07/01/2021





Division of Provider Services & Quality Assurance

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

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



05/15/2020

Carole Baxter
Recovery Centers of AR (Father Tribou)
6301 Father Tribou
Little Rock, AR 72205

RE: Behavioral Health Agency (BHA) Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your previous license number is 29. Your previous vendor number is 11022.

Enclosed certification (s):

6301 Father Tribou
Little Rock, AR 72205

New Certification #: 33040

Certification Dates: 07/01/2019 – 02/28/2023

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements.

Should you have any questions or concerns, contact the Licensing and Certification department at DPSQA.ProviderApplications@dhs.arkansas.gov or (501) 320-6287. You may also contact Dana Briscoe at Dana.Briscoe@dhs.arkansas.gov. Any questions related to Behavioral Health Medicaid Services, contact Sharon Donovan with DMS at Sharon.donovan@dhs.arkansas.gov or (501) 396-6003.

Sincerely,

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

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

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

JJ/JR



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33040

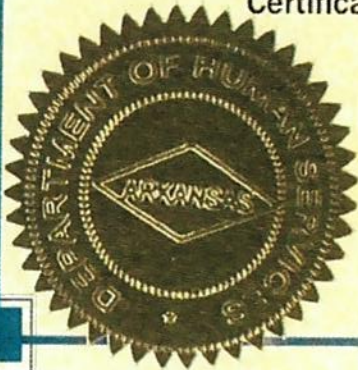
This Is to Certify That

Recovery Centers of AR (Father Tribou)

6301 Father Tribou Little Rock, AR 72205

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

Certificate effective from 07/01/2019 to 02/28/2023 (unless sooner revoked).



CARF INTERNATIONAL

A Three-Year Accreditation is issued to
Recovery Centers of Arkansas, Inc.

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

Community Housing: Alcohol and Other Drugs/Addictions (Adults)
Day Treatment: Alcohol and Other Drugs/Addictions (Adults)
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Governance Standards Applied

This accreditation is valid through
August 31, 2022

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

Proposed Staff Licensure and Credentials

Name	Title	Services Provided	Duties	Experience	Education & Credentials
Anderson, Lyndsy	Treatment Support	Residential	Administrative-Admissions	2 years	CIT
Baxter, Carole	Executive Director	Residential	Administrative	44 years	MS Degree /LPE/ CCDP
Beavers, Andrew	Addictions Counselor	Outpatient Individual & Outpatient Group	Addictions Counselor Mental Health Counseling Services	12 years	MA Degree/ LPC/ LADAC/ AADAC
Blankenship, Francine	CCO	Residential	Quality Assurance	28 years	BS Degree /AADC/ CCS
Bond-Martin, Aaron	Addictions Counselor	Residential	Substance Abuse, Treatment Services	5 years	BS Degree/ CIT/ NCPTIII/ LPTNII
Campbell, Gary	Director of Outpatient Services	Residential, Outpatient Individual & Outpatient Group	Substance Abuse, Treatment Services	15 years	BS Degree/ AADC/ LADAC/ CCS
Clark, Jr, Douglas	Addictions Counselor	Residential	Substance Abuse, Treatment Services	8 years	MA Degree/ CADC
Crites, Rachel	Addictions Counselor	Outpatient Individual & Outpatient Group	Substance Abuse, Treatment Services	3 years	BS Degree/ CIT
Faggion, Justin	Accountant	Outpatient Individual & Outpatient Group	Administrative and Billing	6 years	BS Degree
Graham, Stephanie	Executive Assistant	Residential	Administrative	9 years	BS Degree
Jones, Tammie	Addictions Counselor	Residential	Substance Abuse Treatment	5 years	BS Degree/ CADC
Murphy, Christine	CFO	Outpatient Individual & Outpatient Group	Administrative and Billing	7 years	BS Degree
Peterson, English	Addictions Counselor	Outpatient Individual & Outpatient Group	Substance Abuse, Treatment Services	5 years	MS Degree/ CIT
Reynolds, Joseph Paul "Adam"	Recovery Housing Manager	Residential, Outpatient Individual & Outpatient Group	Administrative, Treatment Services	7 years	CIT/ Peer Recovery Support Specialist
Rushing, Jerry	Residential Program Director	Residential, Outpatient Individual & Outpatient Group	Director of Residential Treatment- Paraprofessional	40 years	AADC / LADAC
Thompson, Jennifer	Administrative	Outpatient Individual & Outpatient Group	Administrative/Human Resources	2 years	
VanDalsem, Nancy "Liz"	Treatment Support	Residential, Outpatient Individual & Outpatient Group	Administrative	1 year	CIT



July 19, 2017

Lyndsy Anderson
1500 Phillip Dr.
Jacksonville, AR. 72076

Dear Lyndsy,

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 July 19th, 2017 your CIT registration is valid for 5 years.

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

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

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

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas Psychology Board
101 E. Capitol Avenue, Suite 415
Little Rock

Carole Smith Baxter
406 Goshen Avenue
North Little Rock, AR 72116

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Carole Smith Baxter

Is licensed as a

Psychological Examiner - Active Status

12/2/1977

Date Issued

6/30/2021

Expiration Date

77-50E

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415
Little Rock, AR 72201-3824
(501) 682-6167



THIS CERTIFIES THAT

Carole Smith Baxter

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A

Psychological Examiner

License No. 77-50E

Issued 12/2/1977

Expires 6/30/2021

Signature _____

Arkansas Substance Abuse Certification Board

Has conferred upon

CAROLE BAXTER

The Certification of

Co-occurring Disorders Professional Diplomate

And all the Rights, Privileges and Honors thereto appertaining.

In Witness Whereof, this certification duly signed has been issued and the seal of the Arkansas Substance Abuse Certification Board hereunto affixed.

Issued by the Arkansas Substance Abuse Board of Directors

03/04/2019

Issue Date

509

Certificate Number

03/04/2021

Expiration Date

Deane Bynum, L.P.C., L.A.O.A.C., M.P.S.

President

Myriam Carter, A.O.C., C.S., P.R.

Secretary

Dr. K. Ry, M.S., C.S.

Vice-President



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



ANDREW H BEAVERS
37 WALTON RD
SHERWOOD, AR 72120

Date 3/17/2020
For LPC
License # P1906069



Arkansas State Board of Examiners in
Counseling

Licensee: ANDREW H BEAVERS

License: P1906069

LPC

Effective: 3/17/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Theresa Glenn*

Payor ANDREW H BEAVERS

Date 3/17/2020

Receipt No. 2352

Item	Licensee	License No	Type	Amount
2512	ANDREW H BEAVERS	P1906069	LPC	\$300.00
Total				\$300.00



State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors
certifies that

Andrew H. Beavers

is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue License No. Expiration Date

08/13/2010 291L 12/31/21

Pam Jike

Board Administrator

Arkansas Substance Abuse Certification Board

Hereby Certifies

ANDREW H. BEAVERS

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

10/31/2019

Issue Date

A-299

Certificate Number

12/31/2021

Expiration Date

Deane Bynum L.P.C., L.A.A.C.E., A.A.C.C.

President

Myriam Carter, A.C.C., C.S. P.R.

Secretary

Dr. K. Ray M.S., C.S.

Vice-President



Arkansas Substance Abuse Certification Board

Hereby Certifies

FRANCINE TAYLOR BLANKENSHIP

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

12/18/2018

Issue Date

308

Certificate Number

12/31/2020

Expiration Date

Deane Bynum, LPC, LADAC, NCC

President

Myriam Carter, SOC, CS, PR

Secretary

Dr. K. Ray, MS, CS

Vice-President



Arkansas Substance Abuse Certification Board

Hereby Certifies

FRANCINE BLANKENSHIP

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

12/13/2019

Issue Date

A-007

Certificate Number

12/31/2021

Expiration Date

Deane Bynum L.P.C., L.A.A.C.C., A.D.C.

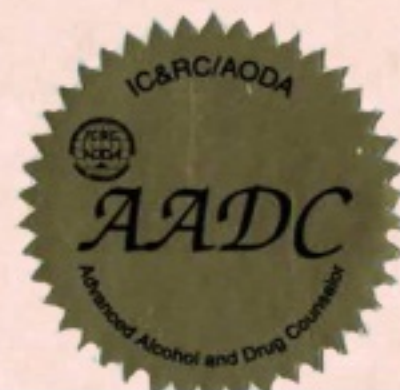
President

Myriam Carter, A.D.C., C.S. P.R.

Secretary

Dr. K. Ray M.S., C.S.

Vice-President





Dear B AARON BOND-
MARTIN

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/01/30 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 Substance Abuse Certification Board

Hereby Certifies

GARY DON CAMPBELL

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

10/02/2019

Issue Date

A-103

Certificate Number

12/31/2021

Expiration Date

Deane Bynum L.P.C., L.A.A.C.C., A.A.C.C.

President

Myriam Carter, A.C.C., C.S. P.R.

Secretary

Dr. K. Ray M.S., C.S.

Vice-President





State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors
certifies that

Gary Don Campbell

is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue	License No.	Expiration Date
10/12/2001	181L	12/31/2021

Pam Jite

Board Administrator

Arkansas Substance Abuse Certification Board

Hereby Certifies

DOUGLAS CLARK

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

12/13/2019

1631

12/31/2021

Issue Date

Certificate Number

Expiration Date

Debra Bynum, L.P.C., LADAC, MS, CS
President

Myriam Carter, SOC, CS, P
Secretary

Dr. K. Ray, MS, CS
Vice-President





June 26, 2018

Rachel Crites
3321 S. Bowman Rd. #915
Little Rock, AR. 72211

Dear Rachel,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of June 26th, 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 Substance Abuse Certification Board

Hereby Certifies

TAMMIE JONES

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

12/04/2019

1725

12/31/2021

Issue Date

Certificate Number

Expiration Date

Debra Bynum, L.P.C., L.A.D.A.C., M.S., C.S.
President

Myriam Carter, SOC, CS, P
Secretary

Dr. K. Ray, M.S., C.S.
Vice-President





November 2, 2017

English Peteron
6 Eagle Nest Ct.
Little Rock, AR. 72210

Dear English,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of November 2nd, 2017 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 Skinner,
Administrator ASACB



Dear JOSEPH REYNOLDS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/04/30 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



National Certification Commission for Addiction Professionals

hereby certifies that
Adam Reynolds

has met all of the eligibility standards for
Peer Support to individuals with Substance Use Disorders
established by the Commission and is hereby conferred the title of



National Certified Peer Recovery Support Specialist

Chairperson, NCC AP

Certification Administrator

PCC183

Certificate Number: _____

February 28, 2019

Date Awarded: _____





State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors

certifies that
Jerry Rushing

is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue License No. Expiration Date
10/12/2001 083L 12/31/21

Parasitile
Board Administrator

State of Arkansas

Board of Examiners of Alcoholism and Drug Abuse Counselors

Certifies that

Jerry Rushing

0083 L

has complied with the requirements in accordance with the laws of the State and is hereby licensed
with all rights, privileges and responsibilities prescribed by Act 1588 of 1999 to practice as a

Licensed Alcoholism and Drug Abuse Counselor.

September 1, 2001

Date

Rob Covington
Chairperson

Dee Spamer
Vice-Chair

Bill Vixen
Secretary



Expires December 31, 2021

Arkansas Substance Abuse Certification Board

Hereby Certifies

JERRY RUSHING

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

11/21/2019

Issue Date

A-263

Certificate Number

12/31/2021

Expiration Date

Deane Bynum L.P.C., L.A.A.C.E., A.D.C.

President

Myriam Carter, A.D.C., C.S. P.R.

Secretary

Dr. K. Ray M.S., C.S.

Vice-President





Dear LIZ VAN DALSEM

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 2020/08/05 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



Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

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

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	RECOVERY CENTERS OF ARKANSAS, INC.
Fictitious Names	MID-ARK SUBSTANCE ABUSE TREATMENT OASIS RENEWAL CENTER
Filing #	100052270
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 176 of 1963
Status	Good Standing
Principal Address	1201 RIVER ROAD NORTH LITTLE ROCK, AR 72114
Reg. Agent	CAROLE BAXTER
Agent Address	1201 RIVER ROAD NORTH LITTLE ROCK, AR 72114
Date Filed	06/19/1970
Officers	SEE FILE, Incorporator/Organizer VIRGINIA REDDEN , President AMY ENDERLIN , Secretary GEORGE BRYANT , Vice-President THOMAS MCCAIN , Director J. SIMPSON III, Treasurer LARRY MILLER M.D., Director NANCY KUMPURIS , Director JAMES DIETZ , Director PETE HORNIBROOK , Director JIM JULIAN ESQ, Director LEE STEPHENS , Director ANDREW KUMPURIS , Director GEOFF CURRAN PHD., Director LAKESE HENRY , Director RALPH CLOAR ESQ, Director CAROLE BAXTER , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR

[Purchase a Certificate of Good
Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)



Division of Medical Services

Medicaid Provider Enrollment Unit
DXC Technology

P.O. Box 8105, · Little Rock, AR 72203-8105
501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746
www.medicaid.state.ar.us



Dear RECOVERY CENTERS OF ARKANSAS:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and effective date are listed below:

Provider ID Number: 239221526 Service Location: 6301 FATHER TRIBOU ST
Effective Date: 7/1/2019 LITTLE ROCK, AR 72205-3003

Specialty: R6 - REHABILITATIVE SERVICES FOR MENTAL ILLNESS

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

DXC Technology
Medicaid Provider Enrollment Unit
P.O. Box 8105
Little Rock, AR 72203-8105

If you are required to report your National Provider Identifier (NPI) to Arkansas Medicaid for electronic transactions, please use your provider identification number to log on to the provider portal at www.medicaid.state.ar.us, where you can access the NPI reporting tool. Providers without Internet access can use the paper NPI reporting form.

In addition to your provider identification number, you will need the following information:

- tax identification number or Social Security number
- taxonomy code (if applicable)
- location and contact information

If you are not eligible for an NPI, you will continue to use your provider identification number on electronic transactions. The Medicaid fiscal agent is DXC. Claims should be sent to the address stated in Section I of your Medicaid Provider Manual. If you have questions regarding claims processing, please call the DXC Provider Assistance Center at (501) 376-2211 or toll free 1-800-457-4454.

If you have questions regarding your provider identification number, please call the DXC Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,
Provider Enrollment

CHILD HEALTH SERVICES

THE EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

It is important to inform your community about Child Health Services (EPSDT), which offers periodic health screens **AT NO COST**. Inform the beneficiaries that any child or young adult who receives Medicaid benefits is eligible to receive these no cost health checkups. A beneficiary may choose who they want to do their child's checkup. Beneficiaries may receive help with transportation and scheduling appointments if they need it.

A child should receive a regular health checkup between each of the following ages:

Medical Exam:

Birth To 1 Month	12 To 15 Months	Age 5 Yrs	Age 13 Yrs	Age 19 Yrs
Age 1 To 2 Months	15 To 18 Months	Age 6 Yrs	Age 14 Yrs	Age 20 Yrs
Age 2 To 4 Months	18 Months to 2 Yrs	Age 8 Yrs	Age 15 Yrs	
Age 4 To 6 Months	Age 2 Yrs	Age 10 Yrs	Age 16 Yrs	
Age 6 To 9 Months	Age 3 Yrs	Age 11 Yrs	Age 17 Yrs	
Age 9 To 12 Months	Age 4 Yrs	Age 12 Yrs	Age 18 Yrs	

Dental Evaluation:

Birth To 1 Year	6 Yrs	12 Yrs	18 Yrs
1 Yr	7 Yrs	13 Yrs	19 Yrs
2 Yrs	8 Yrs	14 Yrs	20 Yrs
3 Yrs	9 Yrs	15 Yrs	
4 Yrs	10 Yrs	16 Yrs	
5 Yrs	11 Yrs	17 Yrs	

Vision Evaluation:

Birth To 1 Month	12 To 15 Months	Age 5 Yrs	Age 13 Yrs	Age 19 Yrs
Age 1 To 2 Months	15 To 18 Months	Age 6 Yrs	Age 14 Yrs	Age 20 Yrs
Age 2 To 4 Months	18 Months to 2 Yrs	Age 8 Yrs	Age 15 Yrs	
Age 4 To 6 Months	Age 2 Yrs	Age 10 Yrs	Age 16 Yrs	
Age 6 To 9 Months	Age 3 Yrs	Age 11 Yrs	Age 17 Yrs	
Age 9 To 12 Months	Age 4 Yrs	Age 12 Yrs	Age 18 Yrs	

Hearing Evaluation:

Birth To 1 Month	12 To 15 Months	Age 5 Yrs	Age 13 Yrs	Age 19 Yrs
Age 1 To 2 Months	15 To 18 Months	Age 6 Yrs	Age 14 Yrs	Age 20 Yrs
Age 2 To 4 Months	18 Months to 2 Yrs	Age 8 Yrs	Age 15 Yrs	
Age 4 To 6 Months	Age 2 Yrs	Age 10 Yrs	Age 16 Yrs	
Age 6 To 9 Months	Age 3 Yrs	Age 11 Yrs	Age 17 Yrs	
Age 9 To 12 Months	Age 4 Yrs	Age 12 Yrs	Age 18 Yrs	

Information for Evaluation

Scope of Work, Section 2: Response Packet page 7/8

E.1. Approach to providing substance abuse treatment services

Recovery Centers of Arkansas has a strong foundation in the recovery model of substance use disorders treatment. Recognizing that recovery is a process, it emphasizes the 12-Step concepts. Evidence-based techniques such as *Motivational Interviewing* and programming such as the *Matrix Model*, *Seeking Safety*, *Hazelden's Living in Balance* and *Recovery Management* are also integrated into its diverse mix of treatment. Recovery from an addictive disorder is recognized as a lifestyle change rather than an episode of treatment. The goal is to help the individual in treatment identify what works for them personally to achieve sustained recovery.

RCA staff recognizes substance use disorders as chronic. As such, they encourage individuals to adhere to a *recovery management* philosophy. Individuals are taught how to manage the disease and monitor for themselves the need for adjustments in their lifestyle, similar to a diabetic learning to manage sugar intake. Planning for a transition back into the community begins early in the treatment process. A support web is developed that may include family, friends, a recovery sponsor, a recovery home group, religious support, physicians, outpatient treatment providers, etc. all networked to facilitate a safety-net in the community. A Discharge Treatment Summary developed by and for the service recipient describes the plan to manage a sustained recovery utilizing the strengths identified in treatment.

E.2. Provide a sample aftercare plan

A Discharge Summary detailing aftercare plans is copied to the DCFS office upon discharging from treatment. See sample at the end of this section.

E. 3. Provide matrix of aftercare partner providers

Recovery Centers of Arkansas offers follow-up/aftercare to service recipients who successfully complete RCA programming at no fee. Specific service locations and times are noted below: Aftercare services are available to those individuals as noted below. Please note that these services may have been restricted or discontinued during the pandemic due to the need to comply with the Center for Disease Control guidelines for physical distancing. Plans are for them to resume at full capacity as quickly as is determined safe.

- Oasis: Alumni are encouraged to participate in 1) a Wednesday evening Yoga class and 2) a Saturday 11 a.m. alumni group..

- Riverbend: Alumni from this residential program are welcome to attend aftercare services at Sibley Hole or Williamsburg.
- Williamsburg: Alumni are welcomed to participate in a Tuesday evening at 5:30 p.m. group at Williamsburg.
- Steeplechase: Individuals residing at Steeplechase are welcome to attend aftercare events next door at Williamsburg.
- Sibley Hole: Times and dates for aftercare services at this location have yet to be determined.

Recovery Centers of Arkansas encourages the use of community-based services as supports for maintaining the recovery begun through treatment. While specific connections are made depending on the individual needs of the service recipients, below is a listing of options available for RCA treatment providers to consider. The list is fluid, meaning that staff are continuously encouraged to add to the list when a new resource is identified. A sample of this is included at the end of this section.

E. 4. Detail on approach to assessments

Content of Assessments

Assessments completed for an external entity, such as the Division of Children and Family Services, require a written narrative in paragraph form using complete sentences. An Assessment Template is used to guide the organization and completeness of such a report. Minimally an assessment must include:

- 1) Basic identifying information and sources of information for the report to include the date of the DCFS referral, date of the service interview and testing, date of written report to DCFS County supervisor.
- 2) Personal appearance. Assessments are conducted face-to-face.
- 3) Reason for referral
- 4) Standardized screening instruments that may be used in addition to a urine drug screen at the time of the assessment may include but are not limited to:
 - a. *Addiction Severity Index*
 - b. *CAGE Substance Abuse Screening Tool*
 - c. *Michigan Alcohol Screening Test – MAST*
 - d. *Drug Abuse Screening Test – DAST*
 - e. *Mental Health Screen Form, Revised*
- 5) Mental Status examination to include physical appearance, orientation, mood/affect, intellectual functioning, suicidal or homicidal ideation, social judgement and insight, psychiatric symptoms, current level of dangerousness to self/others and possible indicators supporting the need for further testing and treatment. History of any mental health treatment and history of trauma.
- 6) Background information to include family history, marital and family circumstances, current living arrangements, educational history, military history (particularly training in the use of weapons), employment history, legal history, substance abuse history, current social situation (i.e. source of income, support systems, environment)
- 7) Diagnostic impression
- 8) Biopsychosocial profile of symptoms that are related to substance use disorders and mental disorders, to include history of trauma and history of mental health treatment

- 9) Target treatment problem which will be the primary central focus of the initial treatment plan
- 10) Severity of the substance use disorder (mild, moderate, severe), if appropriate
- 11) A treatment recommendation relative to
 - a. the need for further assessments or testing or a psychiatric evaluation
 - b. the level of
 - i. mental health treatment service appropriate to address the identified problems
 - ii. substance abuse treatment services appropriate to address the identified problems

Diagnosing

Recovery Centers of Arkansas uses the Diagnostic and Statistical Manual of Mental Disorders in assessments to designate a Substance Use Disorder diagnosis. In general, the DSM diagnostic categories dictate that meeting 2-3 of the criteria indicates a mild substance use disorder; meeting 4-5 of the criteria indicates moderate disorder, and meeting 6-7 indicates severe disorder (APA, 2013). Regardless of the length of time a person has been sober, the substance use disorder diagnosis will continue to be listed. However, a specifier exists in which the assessor is to note when applicable 1) partial sustained remission (no use in the past 6 months) or 2) full sustained remission (no use in the past 12 months). Either of these specifiers should include if the remission occurred while the person was in a controlled environment (e.g. incarcerated). If a specifier is present, the treatment recommendations should be tailored to the current needs of the client.

Placement Recommendations

The American Society of Addiction Medicine (ASAM) criteria is used in making placement recommendations. ASAM recommends placement in the least restrictive environment. Individuals are recommended for residential treatment if they carry a severe substance use disorder diagnosis and have been determined to be unable to discontinue using in an outpatient setting. Otherwise, placement recommendations are for outpatient services with intensity and duration dependent upon the severity noted on the diagnosis. For example, a person with a severe diagnosis might be recommended to residential treatment rather than outpatient services. If that occurs, then the process of titrating down the intensity of services would be appropriate following discharge from residential.

Independent assessments must be face-to-face with a diagnosis based on the most current Diagnostic and Statistical Manual of Mental Disorders. The typed report must be proofread by clinically trained co-worker and provided to the referral source within 5 working days of the first face-to-face contact.

If completing a mental health/substance abuse assessment on an individual, the final paragraph of the assessment is to include recommendations based on the information that was provided. The chart below is used as a *guide* in making those recommendations. Persons with co-occurring mental health diagnoses may require modification of the recommendations below depending on other symptomatology and response to treatment.

Treatment Recommendations

Diagnosis	Criteria	Individual Treatment	Group Treatment	Duration
Mild	2-3 Criteria	1 per month for a total of 3 individual sessions	1 X per week for a total of 9 group sessions	3 months

Moderate	4-5 Criteria	1 per month for a total of 6 individual sessions	2 X per week for 9 weeks for a total of 18 groups; 3 then 1 X per week for 9 weeks for a total of 9 groups, making a grand total of 27	6 months
Severe	6-7 Criteria	1 per week decreasing to 2 per month, then decreasing to 1 per month as client stabilizes for a total of 15 individual sessions	2 X per week for 9 weeks for a total of 18 groups; then 1 X per week for 9 weeks for a total of 9 groups then 2 per month for 3 months for a total of 6, making a final total of 33 total groups	9 months

E. 5. Sample Progress Notes

Documentation of Services Details

Recovery Centers of Arkansas treatment service staff are required to document in a progress note, services provided within 24 hours of the date of the service into the electronic medical record system used by RCA, Best Notes. Documentation is to be written in objective terms, not using slang, technical jargon or abstract terms. Documentation is completed for each session or significant occurrence related to treatment. The electronic medical record contains prompts for content of documentation. Additional content may be added. Each piece of documentation is to be signed and dated by the person writing the note. When requested, RCA has the capability to allow the service recipient to sign the note or other documentation verifying the service. Documentation includes correspondence with DCFS denoting non-compliance with attending scheduled appointments.

Outpatient individual session notes contain:

1. Type of session,
2. Date of session,
3. Time session started,
4. Duration of session,
5. Purpose of the session,
6. Topics discussed,
7. Client behavior during the session,
8. Significant client events since the previous session,
9. An assessment of the client's progress to date,
10. Topics for future sessions,
11. Date of the next scheduled session,
12. Name, signature and title of the staff person conducting the session,
13. Client signature, when required by contracting entity.




Partial Day notes contain information required above but may be compressed into a single note that addresses treatment provided on a per day basis.

Residential treatment progress notes are comprised of documentation of both individual and group services, consistent with those described above for outpatient services. In addition to

providing a minimum of 26 hours of services weekly (5 hours week days and 3 hours week end days), RCA offers what it refers to as “treatment related activities” such as attendance at outside recovery meetings, recovery games (e.g. Recovery topic Jeopardy). Documentation of all of the above are maintained as separate progress notes in the electronic medical record of each service recipient.

Sample Progress Notes are included for:

1. Outpatient or Residential Family
2. Outpatient or Residential Group
3. Outpatient or Residential Individual
4. Outpatient or Residential Multi-Family Group
5. Partial Day

Signers:  Gary Campbell, LADAC, AADC  Rachel Crites, BS  redacted

Discharge Summary
Williamsburg

Demographics

Client Name: redacted	Date: 08/03/2020
Provider:	Time: 4:30 PM
MR#: redacted	Date of Original MTP: 07/20/2020
Date of Birth: redacted	Admit Date: 11/06/2017
Age: 25	Date of Discharge: 08/03/2020
	Length of Stay: 1002 days

Reason for Admission

Name Redacted began treatment due to an open DHS case. She reports the original case was open due to violation of Garrett's Law by testing positive to THC exposure at time of the birth of her child. Name redacted reports another case was opened recently due to allegations of neglect. Name Redacted reports taking her child into to Children's Hospital because her child having a fractured skull. She reports the nurse reported that her child had brain damage and called DHS. Name Redacted reports she tested positive for marijuana. She reports she checked herself into Bridgeway Hospital to get back on her medication for Bipolar. She reports using marijuana to self-medicate.

Preliminary Diagnosis

Code System	Code	Description
DSM5	304.30 (F12.21)	Cannabis use disorder, Moderate, In early remission

Diagnosis

Code System	Code	Description
DSM5	304.30 (F12.21)	Cannabis use disorder, Moderate, In early remission

Explanation of Changes to Diagnosis

Master Problem List

Date	#	Problem	EST Completed	Date Resolved
07/20/2020	1	Cannabis Use Disorder	08/03/2020	08/03/2020

Summary of Progress

Problem #		Long Term/Discharge/Graduation Goals
1	Cannabis Use Disorder	Name Redacted will demonstrate a clear understanding of the dynamics of substance dependence as they relate to her and will be able to routinely identify situations and other factors that could pose a risk to her sobriety.

Strengths and Weaknesses

Strengths	Honest, Reliable, focused on her recovery at this point.
Needs	To stay focused on recovery and responsibility to be with her children
Abilities	Good teacher, being a mother, planning/organization
Preferences	Stay in a recovery program and learn to be a better parent.

Medication

Psychotropic Medications: Bi-polar medications required via Centers for Youth and Families.
Other Medications: None
Explanation of Changes: Name Redacted needs to continue taking prescribed medication until MD determines changes are Needed.

Discharge Planning

Sample After Care Plan

Recovery Centers of Arkansas

Services are documented in an electronic medical record printable in the format below:

Anticipated Discharge Date: 8-3-20	8/3/2020
Living Arrangements: Client lives alone, independent living	
Education: GED, is currently enrolled in college courses online at Shorter College, Little Rock, AR.	
Therapy (Specify individual, family or group treatment) Currently a client at Centers for Youth and Family-	
Discharge Transition Obstacles	

Condition on Discharge

Positive and Upbeat. Name Redacted expresses a desire to stay clean and sober by using recovery tools.

Reason for Discharge

Successfully complete OP treatment

Family/Guardian Participation in Treatment

n/a

Critical Events & Interaction

COVID-19 precluded outpatient groups, but she continued well with telemedicine sessions.

Prognosis

Prognosis for recovery is good

Recommendations

Client was offered and recommended to enter aftercare by attending Tuesday Night Speaker Meetings at 5:30pm once groups Resume in September 2020. She should continue therapy, continue medication, recommended that Name Redacted continue to work with DCFS to meet their requirements for reunification with her children. She will also benefit from attendance at Narcotics Anonymous. She needs to continue with her therapy sessions at Centers for Youth and Family.

Contact Signatures

Treatment Team Signatures

--Digitally Signed: 08/04/2020 10:01 am Rachel Crites, BS
--Digitally Signed: 08/04/2020 10:24 am Outpatient Treatment Director Gary Campbell, LADAC, AADC

Community Partnership Matrix

AA/ NA/ AlAnon Meeting Groups Central Arkansas

11th Step			Benton, Ar
120 1/2 Group - Wolfe Street	Seth McKinney	sethkinney2002@yahoo.com	Little Rock, Ar
Al-Anon Family Groups - Wolfe Street	Claude Riggan	clauder@mail.com	Little Rock, Ar
Before & After			Benton, Ar
Benton Hotline			Benton, Ar
Brownbagger Group			Benton, Ar
Came to Believe - First S Baptist Church	Jerry A.		Bryant, Ar
Celebrate Recovery - Church at Rock Creek	Michael Carson	mcarsen@churchatrockcreek.com	Little Rock, Ar
Cosmo - Wolfe Street	Susan A. Hoffpauir	sahoffpauir@gmail.com	Little Rock, Ar
Eastside Group			Benton, Ar
F Street Group - Park Hill Presbyterian			Little Rock, Ar
Gaslite Group (Closed), LR 2nd Presbyterian	Jim Hunt		Little Rock, Ar
Give it a Chance	Theresa	equinelady2015@yahoo.com	Mabelvale, Ar
HALT Lunch Bunch, LR Tanglewood Shopping Center			Little Rock, Ar
Happy Hour LR - Wolfe Street			Little Rock, Ar
Hope Group	Ralph Briskin	brisbrink@msn.com	Sherwood, Ar
Hour of Power - Wolfe Street	Robert Griffin (Big Deal Till)	bigdealtill@gmail.com	Little Rock, Ar
Jacksonville AA - Jacksonville Group Bld	Larry Y / Charles Terry		Jacksonville, Ar
Lamplighters			Benton, Ar
Pig Pen - Wolfe Street	Stephen L. Crow	slcrow@ualr.edu	Little Rock, Ar
Rock Group - Park Hill Presbyterian			Little Rock Ar
Round Table			Benton, Ar
Rule 62 - Jacksonville Group Bld	Gerald M		Jacksonville, Ar
Sterling Men's Group - St. James Methodist			Little Rock, Ar
Tamproot Women - St. James Methodist			Little Rock, Ar
Wolfe Street Foundation	Vickie Siebenmorgen	vickie@wolfestreet.org	Little Rock, Ar

Accessibility

Arkansas Association of the Deaf, Inc.		info@arkad.org	Little Rock, Ar
Arkansas Rehab Services, Div. of Services for the Blind		ACECommunications@arkansas.gov	Little Rock, Ar

Advocacy

Cooper-Anthony Mercy Child Advocacy Center	Julie Dickerson		Benton, Ar
NAMI Arkansas	Buster Lackey	buster.lackey@namiarkansas.org	Little Rock, Ar
Wade Knox Children Advocacy Center	Mary Anne Gunter, LAC, LAMFT		Lonoke, Ar

AIDS Treatment & Aftercare

Jefferson Comprehensive Care System	Sandra J. Brown, MPH, MSN, RN - CEO	sbrown@jccsi.org	Pine Bluff, Ar
-------------------------------------	-------------------------------------	--	----------------

Employment

Goodwill Reentry Program	Tara Bennett	tbennett@GoodwillAR.org	Little Rock, Ar
--------------------------	--------------	--	-----------------

Food Insecurity

Arkansas Foodbank	Rhonda Sanders		Little Rock, Ar
-------------------	----------------	--	-----------------

Housing/ Shelters/ Domestic Violence

CASA Women's Shelter		kap64@yahoo.com	Pine Bluff, Ar
Depaul USA/ Jericho Way	Mandy Davis, LCSW	mandy.davis@depaulusa.org	Little Rock, Ar
Lonoke County Safe Haven	Shannon Woods	sarah@lcsh.org	Cabot, Ar
North Little Rock Housing Authority	Raymond Wells		North Little Rock, Ar
Our House	Ben Goodwin	connect@ourhouseshelter.org	Little Rock, Ar
Saline County Safe Haven, Inc.		s.c.safehaven@sbcglobal.net	Benton, Ar
The Safe Place, Inc.		tsperry@windstream.net	Perryville, Ar
Union Rescue Mission	BJ Carpenter	bcarpenter@urmissionlr.org	Little Rock, Ar

MAT & Psychiatry Outpatient

Arkansas Psychiatric	Robert M. Jarvis, MD		Little Rock, Ar
Health For Life Clinic	Dr. Thomas Jefferson, MD		Little Rock, Ar
UAMS	Dr. Mancino, MD		Little Rock, Ar

Outpatient Addiction - Other than Alcohol and Drug

Riverstone Wellness Center	Tiffany Estes, LCSW	info@riverstonewellnesscenter.com	Little Rock, Ar
Private Practice, Sex therapy, psychiatry	Dr. Jon Etienne Mourot, Ph.D		Little Rock, Ar

Outpatient Mental Health

Professional Counseling Associates	Lee Koone	lkoone@caiinc.org	Little Rock, Ar
Centers for Youth & Families	David Kuchinski	dkuchinski@cfyf.org	Little Rock, Ar

Pediatrics, Daycare, & Child Housing

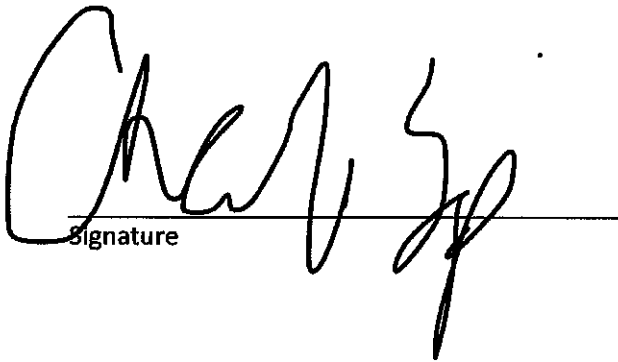
Children First, Inc.		childrenfirstinc@att.net	Little Rock, Ar
----------------------	--	--	-----------------

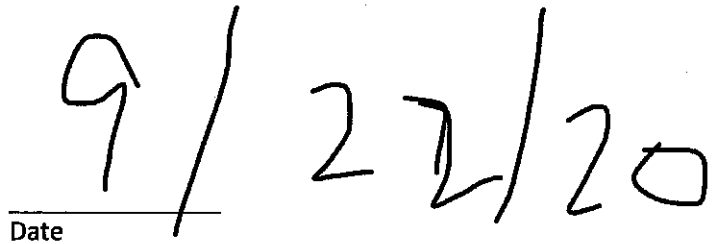
Veteran Services

VA	Miranda Watkins, Outreach Specialist		Little Rock, Ar
----	--------------------------------------	--	-----------------

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.


Signature


Date

Charlie Simpson, LMFT, LPC

Clinical Director, Gottman Method Arkansas Relationship Counseling Center

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.



Signature

9/22/2020

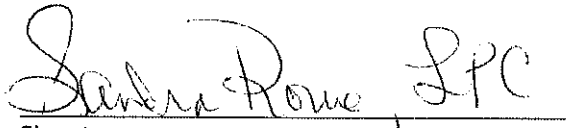
Date

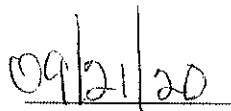
Stacey Kuchinski, LCSW

Blue Sky Hope & Recovery

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.

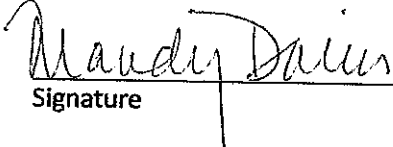

Signature

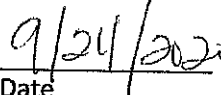

Date

Sandra Rowe, LPC, PLLC, MSE
Counseling Connections

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.


Signature


Date

^{LMSW}
Mandy Davis, ~~LCSW~~
Director, Depaul USA/ Jericho Way

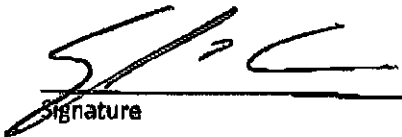
09-22-'20 14:41 FROM- Oasis

+1-501-907-9310

T-480 P0002/0002 F-248

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.

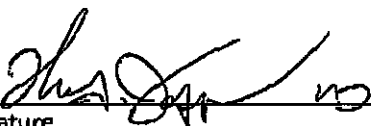

Signature

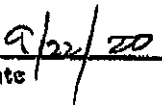
9-22-2020
Date

Stephen Chiovoloni, LCSW, LADAC, DSW, CCDP, CGP
Fort Smith Behavioral Health

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.


Signature


Date

Dr. Thomas Jefferson, MD
Health for Life Clinic

If you do not receive the complete transmission of this FAX,
please call (501) 872-4611 and ask to be connected to the
sender.

09-22-20 11:21 FROM- Oasia

+1-501-907-9810

T-477 P0002/0002 F-242

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of
Children and Family Services bid request 710-21-0003 to provide substance use treatment. RCA

is a trusted referral source for me, and I vouch for their reliability to provide meaningful
substance use treatment.

Signature

Michael J. Mancino MD

Date

9/22/2020

Dr. Michael J. Mancino, MD

Center for Addiction Services & Treatment, UAMS PRI

09-23-'20 10:34 FROM- Oasis

+1-501-907-9310

T-493 P0002/0002 F-267

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.



Signature

7/26/20
Date

Dr. Robert M. Jarvis, MD
Arkansas Psychiatric Clinic

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.

Mindy Moore, LCSW
Signature

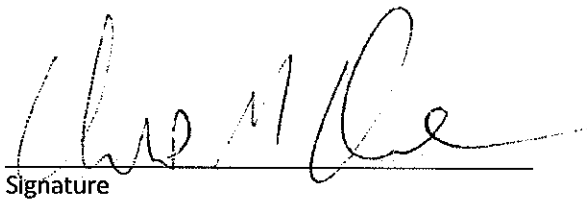
9-21-20
Date

Mindy Moore, MSW, LCSW

Rice Clinic

To Whom It May Concern,

I am writing in support of Recovery Centers of Arkansas' response to the Department of Children and Family services bid request 710-21-0003 to provide substance use treatment. RCA is a trusted referral source for me, and I vouch for their reliability to provide meaningful substance use treatment.



Signature

9-21-20
Date

Chris Owen

Marketing Director, Birch Tree Communities, Inc.

Sample Outpatient or Residential Family Group Note Recovery Centers of Arkansas

Services are documented in an electronic medical record printable in the format below:

Matrix Family Education Note

Client Name: Redacted

Session Summary:

Date: 09/04/2020

Provider: Adam Reynolds

Start time:09:00 a.m.	End Time: 10:30 a.m.	Duration: 1.5 hrs
-----------------------	----------------------	-------------------

Notes: This Morning's topic was, **Stages of Family Recovery**, from the **Matrix Model** curriculum.

Clients were reminded to keep facial covering and social distance during the session.

The goal for this session was to help each participant understand how patience and timing is important in gaining back the acceptance and eventual trust of other family members affected by the client's drug/alcohol use disorder.

(Redacted client name) talked about how she clearly sees how and why his mother said, "If she gets locked up again, she will rot in jail before I bail her out." She shared how her mother is finally beginning to have hope that she will "really stay sober" this time.

All individual participants attended a ninety minute family educational group on this date.

There were no threats of harm to self or others verbalized in today's family group session.

All thoughts presented through conversation in the group discussion were clear, organized, and goal directed.

(Redacted client name) actively participated in the family group discussion.

Individual Participant Notes:

Attitude: upbeat and positive.

Participation: respectful of others. Client is beginning to confront herself, especially the futility of some of her past drug seeking behaviors and inappropriate behaviors in family relationships.

Adam Reynolds, CIT, PRS

--Digitally Signed: 09/04/2020 11:10 a.m.

Sample Outpatient or Residential Group Note Recovery Centers of Arkansas

Services are documented in an electronic medical record printable in the format below:

Group Note

Client Name: Redacted

Session Summary:

Date: 09/08/2020

Provider: Andrew Beavers, LPC, LADAC

Start time:06:00 pm	End Time: 07:30 pm	Duration: 1.5 hrs
---------------------	--------------------	-------------------

Notes: Tonight's topic was, **Thinking, Lifestyle and Communication**, from the evidence-based **Living In Balance** curriculum. The goal for this session was to help each participant understand how communication is repressed, delayed, shifted to another person or thing, diluted or totally repressed.

(Redacted client name) openly shared information relevant to his community and his personal recovery..

All individual participants attended a ninety minute process therapy group on this date. There were no threats to harm self or others verbalized in today's process group therapy session. All thoughts presented through conversation in the group discussion were clear, organized, and goal directed.

(Redacted client name) actively participated in the group discussion.

Individual Participant Notes:

Attitude: good mood and demeanor, works slowly, forceful initial appearance.

Participation: Good manners, vocalizes well. Client communicates information and perspective to the group; encourages cognitive behavioral concepts learned during treatment.

--Digitally Signed: 09/09/2020
02:28 pm

Treatment Coach Andrew Beavers, LPC,
LADAC

Sample Outpatient & Residential Individual Note Recovery Centers of Arkansas

Services are documented in an electronic medical record printable in the format below:

Client Name: Redacted

Date of Session: 09/15/2020

Time: 11:00 am

Location: Williamsburg (telemedicine)

Discussion Topic: Impulsiveness

Start time: 11:00am	End Time: 11:30am	Duration: 30 mins
---------------------	-------------------	-------------------

Objective(s) and Goals Addressed:

Discussed impulsiveness

Mental Status:

Affect: N/A	Mood: Depressed
Thought Content/Process: Cognitive Distortion and Cooperative	Speech: Normal Rate and Rhythm
Concentration: Short Attention Span	Self-Harm/Suicide Risk: None
Danger Risk: None	Orientation: Person, Place and Time (Times 3)

Significant Events Since Last Session:

(Client name redacted) reports he made an impulsive decision over the weekend.

Assessment/Progress Since Last Session:

This was a telecounseling session. During this session, (client name redacted) and I discussed his impulsiveness over the weekend. He reports he made an impulsive decision to be with another women. He reports it happened out of nowhere. He reports he is feeling guilt from the situation since he is unsure of how this will affect the relationship with his girlfriend. Client and I processed how his impulsiveness could be a warning sign leading back to addictive behavior. He reports he wants “that affection” with someone. He reports he has also been buying scratch offs from the gas station which could also be an addictive behavior. Next session, client and I will discuss early warning signs of relapse.

Client has made significant progress in outpatient treatment and chemical-free living program. He attends meetings of Narcotics Anonymous routinely and works with a 12 Step sponsor. His ability to confront himself on troubling issues is a good sign and honest with his recovery program.

Plan/Topic for Next Session:

Early Warning Signs of Relapse

Therapist Signature:

--Digitally Signed: 09/15/2020 03:43 pm Rachel Crites, BS

Signed electronically by client, 9/15/2020

Sample Outpatient or Residential Family Group Note Recovery Centers of Arkansas

Services are documented in an electronic medical record printable in the format below:

Group Note

Session Summary:

██████████

Date: 02/20/2020

Provider: Tammie Jones, BS, CADC

Start time: 1p	End Time: 2p	Duration: 1 hour
----------------	--------------	------------------

Notes:

Family group: Disease of Addiction

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works.

Individual Participant Notes:

Attitude: Appropriate

Participation: Client and family were present for group and listened to talk on the topic of addiction as a disease, phases of recovery, triggers/cravings, husband and mother attended

--Digitally Signed: 02/23/2020 02:42 pm Treatment Support Tammie Jones

Sample Outpatient Partial Day Note Recovery Centers of Arkansas

Services are documented in an electronic medical record printable in the format below:

Client Name: Redacted
Date of Session: 02/14/2020
Time: 4:00 pm
Location: Williamsburg

Discussion Topic: Treatment Progress

Start time: 04:00 pm	End Time: 05:30 pm	Duration: 1.5 hrs.
----------------------	--------------------	--------------------

Objective(s) and Goals Addressed:

Client addressed treatment Plan objective on employment, “Learn to build my communication skills to boost my career.”

Mental Status:

Affect: Appropriate	Mood: Appropriate
Thought Content/Process: Appropriate	Speech: Normal Rate and Rhythm and Coherent
Concentration: Focused	Self-Harm/Suicide Risk: None
Danger Risk: None	Orientation: Person, Place and Time (Times 3)

Significant Events Since Last Session:

Client is working full-time and beginning to express amends to his parents in tangible instrumental means. He reports good success in extroversion through meetings and active participation with residents.

Assessment/Progress Since Last Session:

(Client name redacted) has been a resident of RCA’s recovery housing program at Williamsburg since January, 2020. Before moving to RCA Williamsburg, he completed RCA Riverbend, Residential Program. He has a strong work ethic built on honest communication, willingness and hard work. He admits he needs better communication skills in application of his principles of a strong work ethic. He has been working for a garage as a mechanic. He allows his behavior to model an example of dedicated hard work. He admits the opportunity of employment creates confidence and positive self-esteem. He feels strongly about the opportunities for advancement at his present employment.

Plan/Topic for Next Session:

Be prepared to discuss Family and Relationship at next individual counseling session on 02-21-2020 at 04:00 pm.

Therapist Signature: Andrew Beavers, LADAC
2-14-20

Please check each county in which you are willing to provide the service.

Please return with your response packet.

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

AREA 1

- Benton
- Carroll
- Madison
- Washington

AREA 2

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

AREA 3

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

Area 4

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

AREA 5

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

AREA 6

- Pulaski

AREA 7

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

AREA 8

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

Area 9

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

Area 10

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