

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Western Arkansas Counseling & Guidance Center, Inc.			
Address:	PO Box 11818 3111 South 70th Street			
City:	Fort Smith	State:	Ar	Zip Code: 71917-1818
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Christi Johnston	Title:	Admin & HR Office Manager
Phone:	479-452-6650 x 1031	Alternate Phone:	479-637-6203
Email:	christi.johnston@wacgc.org		

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

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

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

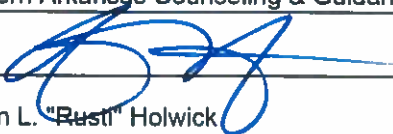
Authorized Signature:  Title: CEO
 Use Ink Only.

Printed/Typed Name: Aaron L. "Rusti" Holwick Date: 10/01/2020

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.

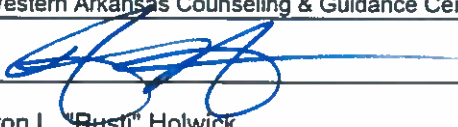
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation. *Use Ink Only*

Vendor Name:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	10/01/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron L. "Rusti" Holwick		

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:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	10/01/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron L. "Rusti" Holwick		

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:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	10/01/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron L. "Rust" Holwick		

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 NAME: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Western Ar Couns. & Guidance Center Goods? Services? Both?

YOUR LAST NAME: Holwick

FIRST NAME: Aaron

M.I.: L

ADDRESS: PO Box 11818

CITY: Fort Smith

STATE: Ar

ZIP CODE: 72917-1818

COUNTRY: USA

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

FOR INDIVIDUALS *

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

Position Held	Mark (✓)		Name of Position of Job Held <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

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 (%)
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  Title CEO Date 10/01/2020
Vendor Contact Person Aaron L. "Rusti" Holwick Title CEO Phone No. 479-452-6650

Agency use only
Agency Number _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Policy: The Western Arkansas Counseling and Guidance Center, Inc. is committed to the concept of equal employment opportunity without regard to race, color, gender, religion, age, disabilities, marital status, ethnicity, or national origin. It shall be the policy of the Center to comply with the nondiscrimination provisions of all State and Federal regulations, such as the Equal Opportunity Act of 1972, the Rehabilitation Act of 1975, and the Americans with Disabilities Act of 1990.

Purpose: It is the purpose of this policy to comply with all federal, state, and local legislation, regulations and guidelines regarding non-discrimination in employment.

Guidelines:

1. The Center assures that efforts to recruit, hire, and promote in all job classifications will be carried out on a nondiscriminatory basis. We further insure that all other personnel actions such as compensations, benefits, transfers, demotions, terminations, assignments, layoffs, returning from layoffs, training, education, and tuition assistance will not be denied on the grounds of race, color, gender, political or religious opinions or national origin, affiliations, age, or disabilities (except where age, gender, or physical requirements constitute a Bona Fide Occupational Qualification).
2. The Board of Directors and employees are also committed to compliance with applicable legal requirements and regulations of all governmental agencies under whose authority it operates.
3. All employees and potential employees of the Western Arkansas Counseling and Guidance Center, Inc. shall be informed of their civil rights including the right to complain regarding employment practices if they believe they have been discriminated against. These complaints shall be dealt with in a confidential manner so that the employee or potential employee is free of workplace harassment, reprisal, intimidation, and/or insults.
4. This Center policy will be carried out in all activities and programs which are conducted in conjunction with other agencies, institutions, organizations or political subdivisions where financial assistance, through sub-grants, sub-contracts, formula funds or other transactions involving the utilization of Federal and State funds, is received.
5. All management, administrative and supervisory employees are charged with the responsibility for ensuring the implementation of this policy and not employ tactics designed to circumvent the goals of this policy. They are also charged to assure that subordinate employees are aware of this Affirmative Action Plan and are committed to compliance with its goals.
6. Employees of the Western Arkansas Counseling and Guidance Center, Inc. who fail to adhere to the Equal Employment Opportunity Policies and/or Programs will be subject to appropriate disciplinary action, up to and including termination.

Procedures:

1. The Board of Directors designates the Chief Executive Officer as the responsible agent for implementation of the Equal Employment Opportunity Policy.

2. The Chief Executive Officer and/or his/her designee shall ensure that all criteria for employment related decision making are program-based and job related.
3. Upon request, the Center will make available to interested persons and funding sources information regarding its Affirmative Action Policy.

PROPOSED SUBCONTRACTORS FORM

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

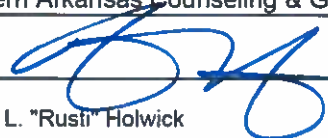
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Harbor House, Inc.	615 North 19th Street	Fort Smith, Ar. 72914

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:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	10/01/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron L. "Rusti" Holwick		

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



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

Certificate Number: 32744

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

3111 South 70th Street Fort Smith, AR.

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





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

License Number: 34119

This Is to Certify That

Western AR Counseling & Guidance Center- Fort Smith(70th
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 _____ 3111 South 70th Street _____,

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

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 34124

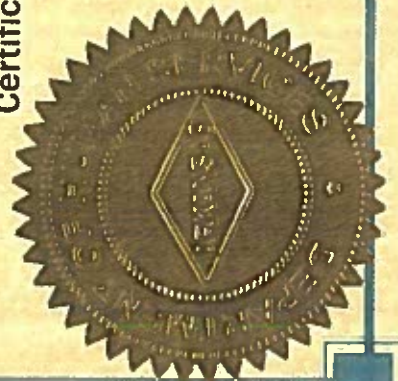
This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

3113 S. 70th Street, Fort Smith, AR 72903

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34123

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

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

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

on the premises located at _____ 3113 South 70th Street _____,

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

License Effective: 11/01/2018 | License Expires: 11/01/2021





Certificate Number: 32142

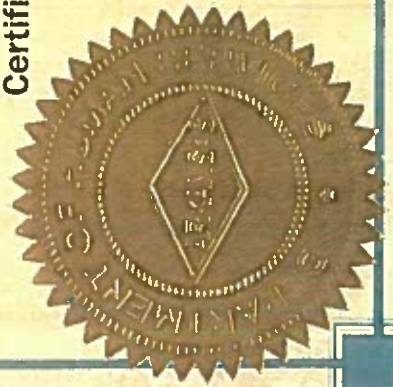
This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

3113 South 70th Street, Fort Smith, AR 72903

has met provider requirements to operate a(n)/as _____ Acute Crisis Unit.

Certificate effective from 11/01/2018 to N/A (unless sooner revoked).





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

Certificate Number: 34125

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

3113 South 70th Street Fort Smith, AR.

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

Certificate effective from 11/01/2018 to N/A (unless sooner revoked).





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

Certificate Number: 32478

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

3109 South 70th Street Fort Smith, AR. 72903

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34126

This Is to Certify That

Western Arkansas Counseling and Guidance Center-Ft.Smith

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 _____ 3109 South 70th St. _____,

Ft. Smith, AR 72903 _____, County of _____ Sebastian _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 32925

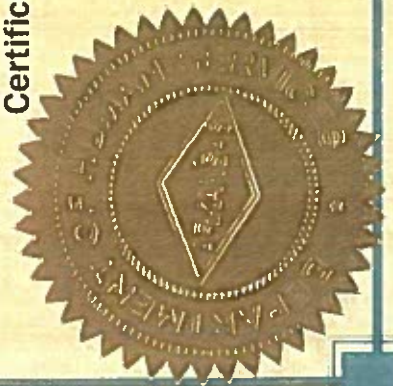
This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

2705 Oak Lane, Suite A and B Van Buren, AR. 72956

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34121

This Is to Certify That

Western AR Counseling & Guidance Center- Van Buren

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 _____ 2705 Oak Lane, Suite A and B _____,

Van Buren _____, County of _____ Crawford _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 32412

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

1600 North 18th Street Ozark, AR. 72949

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34116

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

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

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

on the premises located at _____, 1600 North 18th. St. _____,

Ozark, AR. 72949 _____, County of _____, Franklin _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 32445

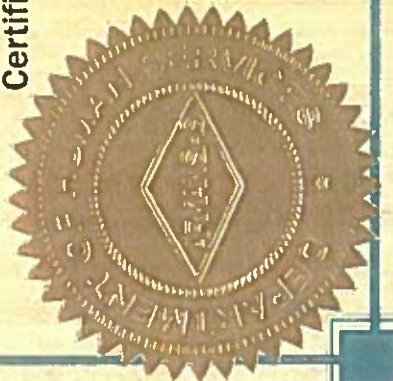
This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

174 North Welsh Avenue Booneville, AR. 72927

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34122

This Is to Certify That

Western AR Counseling & Guidance Center- Booneville

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 _____ 174 North Welsh Avenue _____,

Booneville _____, County of _____ Logan _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 33210

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

415 South Sixth Street Paris, AR. 72855

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34117

This Is to Certify That

Western AR Counseling & Guidance Center- Paris

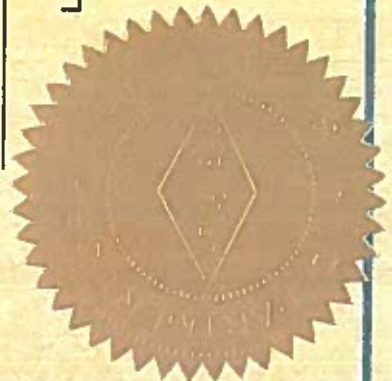
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

on the premises located at _____ 415 South Sixth Street _____

Paris _____, County of _____ Logan _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 33241

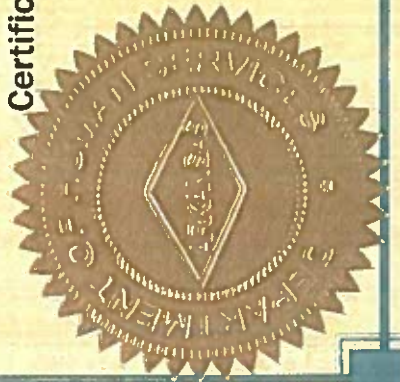
This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

1857 Rice Street Waldron, AR. 72958

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34118

This Is to Certify That

Western Arkansas Counseling and Guidance Center-Waldron

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 _____ 1857 Rice St. _____

Waldron, AR 72958 _____, County of _____ Scott _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021





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

Certificate Number: 32953

This Is to Certify That

Western Arkansas Counseling and Guidance Center, Inc.

307 South Cherry Street, Mena, AR 71953

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

Certificate effective from 11/01/2018 to 11/30/2021 (unless sooner revoked).





License Number: 34120

This Is to Certify That

Western Arkansas Counseling and Guidance Center-Ozark

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 _____ 307 S. Cherry St. _____

Mena, AR 71953 _____, County of _____ Polk _____, Arkansas.

License Effective: 11/01/2018 | License Expires: 11/01/2021



CARF INTERNATIONAL

A Three-Year Accreditation is issued to
**Western Arkansas Counseling and
Guidance Center, Inc.**

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

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Crisis Stabilization: Mental Health (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Governance Standards Applied

This accreditation is valid through
May 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
Social Work License Card

License No.

2605-C

Expiration Date:

4/30/2021

Michael John Steinbeck, LCSW

10412 Castleton Street

Fort Smith AR 72908

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

A handwritten signature in black ink, appearing to read "Sig. [unclear] [unclear]".

Chairman



[Home](#)

Name	Steinbeck, Michael John
Location	Fort Smith, AR
Level	LCSW
License Number	2605-C
Date Issued	4/20/2011
Expiration	4/30/2021

[Back](#)

Licensure Level Key:

- LCSW:** Licensed Certified Social Worker
- LMSW:** Licensed Master Social Worker
- LSW:** Licensed Social Worker
- PLMSW:** Provisional Licensed Master Social Worker
- PLSW:** Provisional Licensed Social Worker

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

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

[Site Map](#) | [Accessibility Policy](#) | [Privacy Statement](#) | [Security Statement](#)

[Home](#)

Name	Spears, Amanda Annette
Location	Waldron, AR
Level	LMSW
License Number	9622-M
Date Issued	8/6/2019
Expiration	8/31/2021

[Back](#)

Licensure Level Key:

LCSW: Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

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

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

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



MS Jordan Lewis Griffie

License # A1804044

Speciality:
Drug and Alcohol



Arkansas State Board of Examiners in
Counseling

Licensee: MS Jordan Lewis Griffie

License: A1804044

LAC

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

CHAIR OF THE BOARD *[Signature]*

Medicaid PIN 228254719

License Search



Arkansas State Board of Examiners in Counseling
(501) 683-5800

Jordan Griffie

LICENSE #: A1804044 | TYPE: LAC | STATUS: ACTIVE

Hackett

Hackett, 72937

ADDITIONAL INFO

Date of Issue: 4/30/2018

Date of Expiration: 6/30/2021

Standing: Good Standing

Email: Jordan.griffie@wacgc.org

Speciality:

Drug and Alcohol

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



MS Tammy Jean Biggs
PO Box 883
Fort Smith, AR 72902

License # P2001001



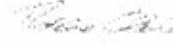
Arkansas State Board of Examiners in
Counseling

Licensee: MS Tammy Jean Biggs

License: P2001001

LPC

Effective: 1/2/2020 Expires: 6/30/2021

CHAIR OF THE BOARD 

License Search



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

501-683-5800

Tammy Biggs

LICENSE #: P2001001 | TYPE: LPC | STATUS: ACTIVE

Fort Smith, 72902

ADDITIONAL INFO

Date of Issue: 1/2/2020

Date of Expiration: 6/30/2021

Standing: Good Standing

Email: tammybiggs427@gmail.com

Speciality:

Technology Assisted Counseling

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



[Home](#)

Name	Smith, Cole Ray
Location	Harrison, AR
Level	LCSW
License Number	6939-C
Date Issued	1/5/2016
Expiration	1/31/2022

[Back](#)

Licensure Level Key:

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

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

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[Site Map](#) | [Accessibility Policy](#) | [Privacy Statement](#) | [Security Statement](#)



Arkansas
Social Work License Card

License No.

2537-C

Expiration Date:

10/31/2020

Katrina Kay Abshere, LCSW

3945 Sun Valley Estates

Van Buren AR 72956

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

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD

Mailing Address:

PO Box 251965 Little Rock, AR 72225-1965

Physical Address:

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

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

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

[Home](#)

1 Matches found

Click # for more details	NAME	LICENSE NUMBER	EXPIRATION_DATE	ISSUE DATE	DISCIPLINARY ACTION * indicates action on license
1	Abshere, Katrina Kay	2537-C	10/31/2020	10/22/2010	

Results: 1 - 20

<< [Back to Search Page](#) [Back to Search Page](#) >>

Licensure Level Key:

LCSW: Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

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



Ms Donna Parks
3026 Polk Road 54
Mena, AR 71953

License # P1711380



Arkansas State Board of Examiners in
Counseling

Licensee: Ms Donna Parks

License: P1711380

LPC

Effective: 6/2/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Theresa Jones*

License Search



Arkansas State Board of Examiners in Counseling
(501) 683-5800

Donna Parks

LICENSE #: P1711380 | TYPE: LPC | STATUS: ACTIVE

Mena, 71953

ADDITIONAL INFO (88)

Date of Issue: 11/14/2017

Date of Expiration: 6/30/2021

Standing: Good Standing

License Search



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

Brandi Titsworth

LICENSE #: P0812089 | TYPE: LPC | STATUS: ACTIVE

Mena, 71953

ADDITIONAL INFO

Date of Issue: 12/17/2008

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: brandititsworth@yahoo.com

License Search



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

Rhonda Peppers

LICENSE #: P9710020 | TYPE: LPC | STATUS: ACTIVE

Mena, 71953

ADDITIONAL INFO

Date of Issue: 7/23/1997

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: rhondapeppers@hotmail.com

Speciality:

Appraisal

Technology Assisted Counseling

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

Ronnie Lee Goff
11620 State Hwy 22 West
Ratcliff, AR 72951

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Ronnie Lee Goff

Is licensed as a

Psychological Examiner - Independent - Active Status

8/17/2012

6/30/2021

04-05EI

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

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



THIS CERTIFIES THAT

Ronnie Lee Goff

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A

Psychological Examiner - Independent

License No. 04-05EI

Issued 8/17/2012

Expires 6/30/2021

Signature

License Search



Arkansas Psychology Board
(501) 682-6167

Ronnie Lee Goff

LICENSE #: 04-05EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

11620 State Hwy 22 West
Ratcliff, AR 72951

ADDITIONAL INFO

License Issued - 8/17/2012

License Expires - 6/30/2021

Good Standing - Yes

Sanctions - N

Verification Check - https://www.ark.org/psych_lic_ver/index.php

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**QUALIFIED
BEHAVIORAL HEALTH
PROVIDER
CERTIFICATION**

Be It Known That

Tim Grant

***Has Completed 40 Hours of Training Curriculum
and Successfully Passed a Written Examination
and Daily Living Skills Test***

**Hence, This Behavioral Health Provider is certified by
Western Arkansas Counseling and Guidance Center, Inc.
to Work in an Agency Under Supervision of a Mental Health Professional**

Date of Original Certification: May 21st, 1991

**Certification Renewed for 2020
(Based on completion of initial 40 hours of QBHP Training in 2019)**



**MARLA KENDRICK, LPC
DIRECTOR OF CLINICAL OPERATIONS
Western Arkansas Counseling & Guidance Center, Inc.**



Arkansas Department of Health
STATE BOARD OF EXAMINERS OF
ALCOHOLISM AND DRUG ABUSE COUNSELORS
4815 West Markham Street, Box 42A
Little Rock, AR 72205
Phone: (501) 295-1100 Fax: (501) 251-1151
E-Mail: sbeadac@gmail.com

December 19, 2019

Dear Counselor:

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

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

Sincerely,

Pam

Pam Fite
Board Administrator

Expires December 31, 2021



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

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	190L	12/31/21

Pam Fite
Board Administrator

Arkansas Substance Abuse Certification Board

Hereby Certifies

TIM GRANT

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

12/20/2019

Issue Date

A-069

Certificate Number

12/31/2021

Expiration Date

Diane Byrnes
President

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

Myraun Carter, AOC-CS-PR
Secretary



**QUALIFIED
BEHAVIORAL HEALTH
PROVIDER
CERTIFICATION**

Be It Known That

Bonnie Zirbel

***Has Completed 40 Hours of Training Curriculum
and Successfully Passed a Written Examination
and Daily Living Skills Test***

**Hence, This Behavioral Health Provider is certified by
Western Arkansas Counseling and Guidance Center, Inc.
to Work in an Agency Under Supervision of a Mental Health Professional**

Date of Original Certification: November 14th, 2017

**Certification Renewed for 2020
(Based on completion of required Continuing Education during 2019)**



**MARLA KENDRICK, LPC
DIRECTOR OF CLINICAL OPERATIONS
Western Arkansas Counseling & Guidance Center, Inc.**

**QUALIFIED
BEHAVIORAL HEALTH
PROVIDER
CERTIFICATION**

Be It Known That

Kasey Wilson

*Has Completed 40 Hours of Training Curriculum
and Successfully Passed a Written Examination
and Daily Living Skills Test*

Hence, This Behavioral Health Provider is certified by
Western Arkansas Counseling and Guidance Center, Inc.
to Work in an Agency Under Supervision of a Mental Health Professional

July 21, 2020



Marla Kendrick, LPC
CHIEF OPERATIONS OFFICER
Western Arkansas Counseling & Guidance Center, Inc.

Arkansas Substance Abuse Certification Board

Hereby Certifies

KASEY WILSON

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

Certified Alcohol and Drug Counselor

10/21/2019

Issue Date

2047

Certificate Number

10/21/2021

Expiration Date

Diane B. [Signature]
President

President

Miriam Carter, RDC, CS, PK
Secretary

Secretary



Vice-President

ENTERED
7/26/2020 2:28

Arkansas Substance Abuse Certification Board

hereby certifies

Kasey Wilson

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

037

Certificate Number

PR/AODA/AR

Diane Byrum BS, LADC, NCS, NCS-C
President

Myraan Carter AOC, CS, PC
Secretary

[Signature]
Vice-President



Initial Certification 3/15/2018

Arkansas Department of Human Services
Division of Aging, Adult, and Behavioral
Health Services

This is to certify that


Kasey Wilson

Has successfully completed training for

Regional Detoxification Specialist

February 14, 2019

expires (2) years from completion date


Jennifer Shuler, APRN
DAAABMS Nurse Practitioner



Phillip D. Hall
State Opioid Treatment Authority

HH 1029 R

**QUALIFIED
BEHAVIORAL HEALTH
PROVIDER
CERTIFICATION**

Be It Known That

Brittney Drost

***Has Completed 40 Hours of Training Curriculum
and Successfully Passed a Written Examination
and Daily Living Skills Test***

**Hence, This Behavioral Health Provider is certified by
Western Arkansas Counseling and Guidance Center, Inc.
to Work in an Agency Under Supervision of a Mental Health Professional**

08/21/2020



Marla Kendrick, LPC
CHIEF OPERATIONS OFFICER
Western Arkansas Counseling & Guidance Center, Inc.



Dear BRITTNEY DROST

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 2019/09/30 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

**QUALIFIED
BEHAVIORAL HEALTH
PROVIDER
CERTIFICATION**

Be It Known That

Heather Ward

***Has Completed 40 Hours of Training Curriculum
and Successfully Passed a Written Examination
and Daily Living Skills Test***

**Hence, This Behavioral Health Provider is certified by
Western Arkansas Counseling and Guidance Center, Inc.
to Work in an Agency Under Supervision of a Mental Health Professional**

Date of Original Certification: November 6th, 2017

**Certification Renewed for 2020
(Based on completion of required Continuing Education during 2019)**



**MARLA KENDRICK, LPC
DIRECTOR OF CLINICAL OPERATIONS
Western Arkansas Counseling & Guidance Center, Inc.**



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

February 12, 2018

Heather Ward
P.O. Box 1610
Mena, AR. 71953

Dear Heather,

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.

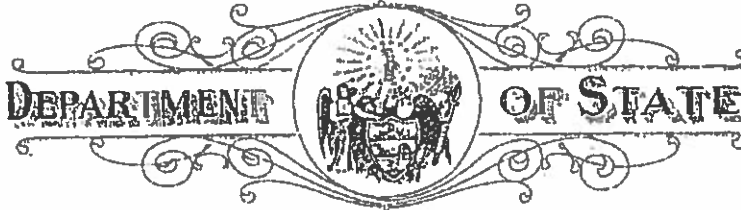
If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

STATE OF ARKANSAS



Kelly Bryant, Secretary of State

CERTIFICATE OF INCORPORATION OF DOMESTIC
NON-PROFIT CORPORATION

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

WESTERN ARKANSAS COUNSELLING & GUIDANCE CENTER, INCORPORATED

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

WESTERN ARKANSAS COUNSELLING & GUIDANCE CENTER, INCORPORATED

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

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

This 19th day of May 19 69

KELLY BRYANT

Secretary of State.

*By Gnae Woodell (Gnae)
Deputy.*



STATE OF ARKANSAS

SECRETARY OF STATE

Mark Martin

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

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

Application for Fictitious Name

of

THE GUIDANCE CENTER

for

**WESTERN ARKANSAS COUNSELLING AND GUIDANCE
CENTER, INCORPORATED**

filed in this office
November 7, 2011.



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 7th day of November, 2011.

Mark Martin

Arkansas Secretary of State

City	Address	NPI	Medicaid	Clinic Name
Fort Smith:	3111 S 70th St, Ft. Smith, AR 72903-5017	1326040692	116380726	PSC
Fort Smith:	3109 S. 70th St, Ft Smith AR 72903-5017	1790950913	137456726	New Center
Fort Smith:	3113 S. 70th St. Fort Smith AR 72903-5017	1447425665	137454726	Co-Occuring
Fort Smith:	3113 S. 70th St. Fort Smith AR 72903-5017	1316023591	228968526	CSU/Fostering
Van Buren:	2705 A Oak Lane, Van Buren AR 72956-4816	1376718775	137449726	Van Buren Clinic
Van Buren:	2705 B Oak Lane, Van Buren AR 72956-4816	1376718775	137449726	TLC
Ozark:	1600 N 18th St, Ozark, AR 72949-3611	1144495235	137448726	Ozark Clinic
Paris:	415 S. 6th St, Paris, AR 72855-4511	1801061205	137452726	Paris Clinic
Booneville:	174 N Welsh Ave., Booneville AR 72927-4130	1457526857	137451726	Booneville Clinic
Waldron:	1857 Rice St., Waldron AR 72958-7724	1649445859	137450726	Waldron Clinic
Mena:	307 Cherry St., Mena AR 71953-4382	1356516579	138596726	Mena Clinic

E.1 Approach to Substance Abuse Treatment

Western Arkansas Counseling and Guidance Center (WACGC) is a private non-profit Community Mental Health Center that provides comprehensive behavioral health services including co-occurring treatment and understands that there is an intermingling between mental health and addiction. WACGC recently expanded and now meets the criteria for eligibility as a Certified Community Behavioral Health Clinic, CCBHC. The CCBHC status has provided the opportunity to expand further our services and workforce in order to provide an even more comprehensive range of mental health and substance use disorder services to vulnerable individuals across the life span and to meet current service gaps. WACGC provides 24/7 crisis care and triage services. The CCBHC status allows for additional emphasis on training and utilization of evidence based practices, care coordination as well as true integrated healthcare and peer support. Integrated healthcare will be available with a primary care clinic on the Fort Smith Campus which is made available to 6 counties via telehealth for any client of WACGC. This allows for seamless integrated care between primary healthcare and behavioral healthcare. WACGC's service continuum emphasizes recovery, wellness, trauma-informed care and physical-behavioral health integration with easy access to care. Smoking/vaping cessation is available; the youth program incorporates an outdoor challenge element for greater experiential success. The Crisis Stabilization Unit is also available to those persons needing to stabilize during a behavioral health crisis. WACGC offers an extensive array of quality services across 6 counties to best serve our clients and their families. WACGC provides professional development to ensure providers and employees hold as a priority the mission to serve, demonstrate compassion and provide quality care for all. WACGC is mindful of being a good steward of its

resources in order to preserve the DCFS contract as a utilization of last resort. The aim is to assist and empower our clients to become healthy and more independent in all aspects of their life including navigating healthcare options that best suit their needs and current situation.

WACGC has a strong co-occurring team who specialize in co-occurring disorders. Since the start of substance abuse services over 48 years ago with Dr. Rob Covington's influence of ethics and adherence to specialized training; the center holds high the level of training and skillset of its clinicians and staff. WACGC employs approximately 100 Licensed Mental Health Professionals and 43 Qualified Behavioral Health Paraprofessionals (outpatient) across 6 counties.

WACGC utilizes a systemic approach to address the biological vulnerabilities, psychological liabilities, social challenges, and spiritual deficits. Anchored through available sciences SUD is treatable with quality treatment sustained over time. For Adults we utilize random drug screenings to reinforce sustained recovery and require 4 negative drug screenings consecutively for completion of the program. Our outpatient treatment modality will move on Jan. 1st 2020 toward a program length that is tailored to the individual, emphasizing a person-centered approach. The DSM-5 along with a multidisciplinary treatment team approach will be utilized in determining the length of treatment to successfully complete. A severe SUD will be 18-20 weeks long with a mixture of psycho-education and interpersonal group along with individual counseling sessions. ASAM criteria will also be utilized with DSM-5 to determine modality placement. A moderate SUD will be 15-17 weeks with a mixture of psycho-education and interpersonal group along with individual counseling sessions. A mild SUD will be 8-12 weeks with a mixture of psycho-education and interpersonal group along with individual counseling sessions. Modality for Outpatient will be determined by ASAM criteria placement. Placement in partial-day is a more structured modality with 5 clinical hours daily. Residential placement is an

in-patient modality that consists of 24/7 care and treatment. As for adolescence the prefrontal cortex which provides the executive function is different in adolescence than adults. Our standard outpatient adolescent program shall be 6 months long and consist of group along with individual counseling weekly. We shall provide urine analysis weekly for adolescent treatment services. For adult clients when deemed appropriate, Medication Assisted Treatment may be provided by WACGC's medical staff and therapy team with a multi-disciplinary approach and provide reimbursement for persons uninsured or underinsured. Our MAT ranges from Vivitrol shots to harm reduction medications that can prevent withdrawal. MAT is truly an assist to treatment efforts to reduce harm to the family or client. WACGC's medical team is made up of psychiatrists, physicians and APRNs are licensed to prescribe and administer harm reduction medications. All modalities of treatment shall receive parenting skills along with family counseling when needed. We will include follow up with clients to assess if there is a continuum of care needed along with measuring the client and our success. Satisfaction surveys will also be conducted to assist with improving care.

Adolescent treatment differs in that the adolescent brain requires information to be presented in a different way. Our adolescent treatment provides more accountability than adults through measures such as drug testing to reinforce abstinence. Adolescents don't always make logical decisions, and there's a reason for that: the teenage brain is still in development, and information is processed in a different way. Emotional reasoning works better than logical reasoning in treatment for adolescents. We find it critical to present the information in a way that the adolescent will be receptive.

WACGC has a long history of serving DCFS youth and families. We appreciate the long standing collaborative relationship with DCFS and welcome opportunities to further enhance

collaboration and communication. WACGC staff thrives on innovative ideas and pilots in coordination with DCFS. Follow-up and satisfaction surveys will be submitted to both clients and DCFS for performance improvement purposes and to seek feedback from those we serve. WACGC has benefited greatly from face-to-face meetings with area DCFS personnel and supervisors. The Guidance Center shall provide treatment to all adults and children in all modalities within 5 days. Our approach will consist of a DCFS case manager, financial coordinator, or supervisor sending a referral form to any one of our county representatives in each of our 7 clinic locations that are located in Crawford, Sebastian, Franklin, Logan, Scott, Polk, and Franklin Counties. This will prompt the county representative to call the referred individual or family and conduct a pre-screening. After the screening the individual or family will be scheduled for services to start within 5 days, interim services such as being able to attend interim therapy groups and work with a case manager will be available immediately following referral. A DCFS case manager is welcomed to bring a referral to any of the locations mentioned above to start services. Treatment for pregnant women in any modality will be provided within 48 hours. Pregnant women will have priority over any other client or referral. If clinicians' schedules are full with other clients they will be rescheduled to give pregnant women priority. SWS will be provided to women with children or pregnant. The Guidance Center will utilize their network of treatment centers for appropriate and timely referral to accommodate SWS and they will be a priority for services. RADD/Observation Detox shall be available at The Guidance Center starting Jan. 1, 2020. Our RADD/Observation Detox will be provided when in a person is in crisis and meets eligibility for admission to the WACGC's Five West Crisis Stabilization Unit by a multidisciplinary treatment team which includes an on-call psychiatrist 24/7, APRNs, Licensed Mental Health Professionals and Nurses. The CSU provides triage and screening as

well as crisis stabilization services so that the most appropriate services and placement are sought.

Substance Abuse Treatment

The Biological Domain considers the anatomy and biological processes that are most relevant to the etiology of SUD. Through psycho-education in group and individual therapy we focus on the Central Nervous System and how it's responsible for behaviors. A client that understands the pathology of addiction through the lens of biology reinforces addiction as a disease and not a personal or moral failure. This also helps the client understand that impaired decision making in addiction is associated with persistent changes in the brain and not the person's values. Our psycho-education is presented through the Living in Balance curriculum. The Biological Domain also consists of increasing every client's Quality of Life through case management. The Guidance Center has an emergency needs closet to assist with clothing and other necessities needed in emergency situations. Our case management also assist in applying for food stamps, finding emergency shelter or housing for families, applying for utilities assistance, and applying for insurance. On Jan. 1st, 2020 every client referred to The Guidance Center from DCFS will be assisted by a case manager to apply for insurance. Our outlook is that most clients referred through this contract will be placed on Medicaid, Arkansas Works or the most appropriate healthcare coverage through the assistance of our case management causing a reduction in contract use.

The Psychology Domain is treated through Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI),, and Solution-Focused Brief Therapy (SFBT). Cognitive Behavioral Therapy is used by our clinicians to reinforce new thought processes. Interventions are introduced to assist clients in working with their thoughts differently. Clients are educated to

recognize internal and external drug cues, interventions are taught to redirect behavior. Over time operant conditioning solidifies neuroplasticity. Utilizing MI, our clinicians help clients move toward goals such as sobriety. The clinician motivates change through validation and socratic questioning to move from ambivalence or resistance to change to recovery. Addiction is a disease of poor self-esteem and shame, clients all too often utilize substances to hollow their negative thoughts and feelings of “I am a failure”, “I can’t stay clean and sober” “I can’t get my kids back” or “I don’t belong” An approach to treatment our clinicians utilize is SFBT. With SFBT we focus on what the client wants to achieve without exploring history or the problem. We invite the client to explore what the future will hold if the problem is gone. SFBT is a therapy that centers around goal setting and develops a clear plan and motivates problem free self-talk.

The Social Domain of treatment at WACGC focuses on connection. With our Peer Support Specialists we reconnect our clients to the community through social support groups or religious organizations. Our approach to treatment is that people are who they are around and if a client can move from negative influences and isolation to connection and positive influences it increases outcomes. Our peers offer support and walk beside the client and help to inspire and motivate healthy living through experiential motivation.

The Spiritual Domain focuses on how spirituality can bolster resilience for an individual with SUD. Deficits in spirituality may hinder the efficacy of treatment plans while healthy spirituality can be a resource for individual recovery. Spirituality is all too often thought of as a religion or as physical things instead of the quality of being concerned with the human spirit. Our clinicians ask powerful questions to create meaning of life, instill self-awareness and develop values which shall lead to allow the client to provide a safe and healthy environment for their child(ren).

E.2 Sample Aftercare Plan

Aftercare Plan for Jack Sparrow ID

September 23, 2010

8:45 am

Transported by: Mindy Tuck-Duty (Case worker) to: 123 Main Street, Vandervoort, AR
72277 (Home)

Follow Up Appointment(s):

Kellie Berry-Hert, M.D.-Psychiatrist

October 6, 2020 at 9 am

1210 N. Main Street, Mena, AR

501-479-1906

Anne Murphy, D.O.-PCP

October 17, 2020 at 2 pm

1201 Mena St. Mena, AR

479-296-1557

Tracey Kennedy-LPC, AADC

October 12, 2020 at 1 pm

1201 Mena St. Mena, AR

479-296-1557

Tracy Schroepfer, DMD

October 27, 2020 at 2 pm

1201 Mena St. Mena, AR

479-296-1557

Shelby Vancruz-Employment Security Dept

October 15, 2020 at 3 pm

1100 College Dr. Mena, AR

479-394-3060

Dan Strothers-UofA Rich Mountain

October 30, 2020 at 4 pm

1100 College Dr. Mena, AR

479-279-2257

Self Help Group Referral-NA meetings at The Crossings

104 Mena St, Mena, AR

866-234-4807

Group meeting times: Mondays, Thursdays, Fridays at 7 pm

Living arrangements: At home location, independent with case management follow-up provided by Mindy Tuck-Duty with DHS

123 Main Street, Vandervoort, AR 72277

Education provided (identification of symptoms, crisis contact person, medication education, etc.): Jack has been provided education on symptoms related to his diagnoses and symptoms to watch for, specifically during periods of depression or mania and how to manage these through coping mechanism and reaching out to listed supports such as psychiatrist and behavioral health referral. Crisis line provided through Western Arkansas Guidance 24 hour hotline 1-800-542-1031 as well as phone number to crisis stabilization unit in time of crisis: 479-785-8480. Jack lists his daughter-Stephanie Sparrow as a strong support of who else to call in time of crisis. Medication education provided in importance of routine medication administration and potential side effects discussed. Jack is to follow up with his psychiatrist to discuss effectiveness and any side effects of current medications as well as any symptoms he may be experiencing related to diagnoses.

Jack has requested assistance for employment-referrals made to employment agencies and workforce development program to assist him in obtaining and maintaining employment. Jack has also expressed concern for overall physical health and need to address several medical health concerns: Referrals made to PCP for cardiovascular concerns, dentist, and LPC, AADC for continued behavioral health and recovery support.

Jack plans to attend local NA groups 3 times weekly at a local group The Crossings to assist with relapse prevention and recovery support.

Current medication list:

hydrOXYzine pamoate 50 mg capsule 1 by mouth 3 times daily

chlorproMAZINE 50 mg tablet 1 by mouth once daily

Topiramate 50 mg tablet 1 by mouth twice daily

Lamotrigine 50 mg tablet 1 by mouth twice daily

By signing this I acknowledge that this aftercare plan has been explained to me by a mental health professional and I understand what referrals have been made upon my request. I also acknowledge that I have been provided with a copy of this aftercare plan for my own records.

Client Signature:

Staff Signature:

*To obtain Crisis Services services, call: 24/7 Access Line: 1-800-542-1031



The Guidance Center

3111 SOUTH 70TH STREET
FORT SMITH, AR 72903-5017

Client Name:		Date/Time:	9/23/2020 12:00 PM to 12:30 PM
CPT Code	/ NB	Service Type	CO After Care Plan
Timeframes			
Location	FS CLINIC		
Notes:			

IDENTIFYING INFORMATION

Preferred Name:

Address: :

City:

State:

Zip Code:

Home Phone:

Age:

Date of Birth:

Gender:

TREATMENT GOALS:

UNMET TREATMENT GOALS:

1. What were your UNTREATED needs, if any: NONE

4. Summarize your overall treatment experienced:

"Pleased. I feel some of the tools I learned here could be very useful back home."

CLIENT COMMENTS

Ct requests follow up care for medical health, medication management, and continued therapy for behavioral health. Ct is requesting assistance with referrals to providers within the area.

REFERRAL INFORMATION

Referred To: Watch Health Center
Address: 1201 Mena St
City, State, Zip: Mena, AR 71953
Contact Name: Anne Murphy, D.O



The Guidance Center

3111 SOUTH 70TH STREET
FORT SMITH, AR 72903-5017

Client Name:		Date/Time:	9/23/2020 12:00 PM to 12:30 PM
CPT Code	/ NB	Service Type	CO After Care Plan
Timeframes			
Location	FS CLINIC		
Notes:			

Appointment Date: October 8th, 2020
Appointment Time: 9:30 am

AA/NA RECOMMENDATIONS

Group Name: NA-The Crossings
Address: 104 Mena Street
City, State, Zip: Mena, AR
Phone: 866-234-4807
Contact Name: Riley Whitaker **Sponsor:** No

NARRATIVE SUMMARY

Ct successfully completed COO OP services today. He is being referred to Watch Health Center to address medical and behavioral health needs as requested. He has completed a WRAP packet to assist with crisis and relapse prevention. He has a follow up with his psychiatrist Kellie Berryhert, MD on October 30th, at 10 am for medication management. Ct has signed ROI's to both facilities to ensure continuity of care. Referrals made to address behavioral, medical, and dental health concerns as specified by Ct: October 8th at 9:30-Anne Murphy, D.O. for medical follow up on hypertension/cardiovascular/asthma/COPD concerns; October 12th @ 1 pm with Tracy Kennedy LPC, AADC for behavioral health management; October 27th at 2 pm with Tracy Schroepfer, DMD for dental follow up. Ct requests assistance with employment-referral to Employment Security Department-appointment for October 15th with Shelby Vancruz; U of A Rich Mountain with Dan Strothers October 30th at 4 pm for information on continuing education/workforce development certificate program.

Employee Signature

Client Signature

9/23/2020 1:26 PM

E.3 Matrix of Aftercare Partners

WACGC shall use a wide array of aftercare partner providers ranging from housing needs, case management, follow up treatment services, and health care. We refer to Vantage Point in Northwest Arkansas for substance use, medication management, and behavioral health needs. Angela Watkins information is given for any aftercare needs in that area along with Ozark Guidance Center. Clients needed case management involved in their aftercare are referred to Karen Phillip with Restore Hope or entered into their case management software system. Most families with involvement in Sebastian County are referred to Heather Edwards with United Way's initiative 100 Families for added support. If the client is located in Crawford County Charlotte Douglas with the same organization is utilized for care in that County. Hamilton House and Steps Family Resource are and shall be utilized for follow up with DCFS involved families. Most families that are in our services through DCFS will be required to get a Parenting Certificate from either entity. Hamilton House also provides case management if needed in aftercare. Steps can also provide outpatient counseling services. For housing services Dana Baker, a case manager for Crawford and Sebastian County Development Center is involved in aftercare for clients with inadequate or no housing. Chris Joanides at River Valley Hope Campus Homeless Shelter along currently is utilized and shall be used for housing crisis aftercare. Fort Smith Adult Education Center along with University of Arkansas at Fort Smith are and shall be utilized for aftercare in job training and education. Crawford County currently is and shall be utilized. Felicia Lyons of Goodwill is and shall be utilized for referrals in job training and finding adequate employment for aftercare.

E.4 Approach to Assessments

WACGC's approach to assessment shall be several tools utilized to garner information and a scientific approach to modality and severity. The Addiction Severity Index (ASI) covers seven areas of a patient's life that consist of medical, employment, support, drug and alcohol use, legal, family/social, and psychiatric. The American Society of Addiction Medicine (ASAM) assessment tool assesses the level of care and modality. The ASAM assessment tools identify withdrawal risk more extensively as the ASI. Next, shall be the Substance Abuse Subtle Screening Inventory (SASSI)-4 for adults and SASSI-A2 for adolescents. The SASSI has a 92% overall accuracy rate in identifying individuals who have a high or low probability of having SUD. The Texas Christian University (TCU) Drug Screen shall be utilized to screen for mild to severe substance use disorder and is useful when determining placement and level of care in treatment. A urinalysis shall be taken at assessment to assist in level of care determination.

E. 5 Sample Progress Notes

Jane Doe has attended 7 previous counseling sessions and 6 groups. She missed a group on 9/12/20 due to an elevated temperature during our COVID 19 screenings at the main entrance. Jane Doe presented to her last session on 09/20/2020 on time, dressed appropriately and casual. Jane was initially admitted into SUD treatment on 07/16/2020. During the session Jane maintained good eye contact, was open and engaged throughout the session. I met ct w/ positive regard, using Motivational Interviewing. Jane is in the maintenance stage of change with her substance use. Reviewed ct's homework assignment from the previous counseling session that was to journal any external and internal drug cues that presented. Ct identified being around certain family members as being a cue due to their active substance use. I utilized open-questions to elicit more positive change talk, and encouraged Ct's ideas on change. I also provided psycho-ed on interpersonal effectiveness to elicit more positive members of her family to engage with her along with skills to be assertive and maintain boundaries when active users present themselves. Ct and I collaborated on a plan for increasing odds of success with her SUD. Ct stated she had a home visit by DHS case workers on 09/16/2020 states "it went well and the judge at our last hearing mentioned moving forward with plans for reunification at the next court date". I validated Ct on her progress. As mentioned a key factor Ct lacks is a good recovery team although Ct attends AA meetings several times a week. We discussed issues Ct struggles with in reaching out for help when drug cues present. As mentioned in the last progress report she failed her initial drug screen on 7/16/2020 for amphetamines, but has had 4 negative drug screens since her initial failed screening. The last urine screening was on 09/06/20. A new specimen was collected on 9/20/20 and will be documented in the next progress note.



The Guidance Center

1857 RICE STREET
WALDRON, AR 72958-0312

Client Name:		Date/Time:	9/2/2020 1:03 PM to 2:00 PM
CPT Code	/ 90837 U4 GT	Service Type	Ind Thrpy-Telemed
Timeframes			
Location	TM-WA CLINIC		
Notes:			

Dx and interval hx

Recipient of service?: Client,

Service Type: Individual Therapy

Due to COVID-19 Pandemic Crisis, this service is being provided by tele-health via: Phone due to client preference and/or lack of access to technology

Diagnosis Summary:

Effective Date: 6/25/2020

Last Updated: 6/25/2020

1(296.7 / F31.9) Bipolar I disorder, Current or most recent episode unspecified

2(304.40 / F15.20) Amphetamine-type substance use disorder, Severe

3(304.00 / F11.21) Opioid use disorder, Moderate, in early remission

WHODAS 2.0 General Disability

Pertinent Interval History (e.g., what has happened since last session, major life events, status changes, medication issues, etc.):

Ct reports that she was exposed to COVID and that she and her family have been in quarantine. She has applied for a job. Ct reports that she has used substances in the past two weeks.

Have you been hospitalized for psychiatric reason in the past 30 days?: No

Mental Status

Mental Status Exam Appearance/Behavior/Psychomotor: Well-groomed, Psychomotor activity normal, Cooperative

Thought Content: No SI, No HI, No overt delusions

Thought Process: Rational, relevant, goal-directed

Mood: Depressed

Affect: Full and appropriate

Cognition: Judgment intact, Oriented to all spheres

Summary of services

Description of intervention used that coincides with MTP: Engagement/Rapport Building, Assessment of current functioning, CBT, Development of Coping Skills, Development of Support System,

Service Summary/Rationale of how interventions were used to address goals and objectives: (If providing psychoeducation, rationale and objective used must coincide with the master treatment plan and improve the impact the client's condition has on the spouse/family and/or improve marital/family interactions between the client and spouse/family):

Ct presented to session via telephone due to COVID-19. Ct reports that she has been in quarantine and that she has had a sick child, which is why she has missed previous appointments. Ct processed feelings that her treatment at Quapaw house had failed her. She also reports that she feels as though she is being put off on her treatment at Gateway house. Ct shared that she has applied for a job at Tyson and that she is



The Guidance Center

1857 RICE STREET
WALDRON, AR 72958-0312

Client Name:		Date/Time:	9/2/2020 1:03 PM to 2:00 PM
CPT Code	A90837 U4 GT	Service Type	Ind Thrpy-Telemed
Timeframes			
Location	TM-WA CLINIC		
Notes:			

conflicted about whether or not to take the job if they offer it to her or to go into treatment. Ct reports that she has had a couple positive drug screens and justified her substance use stating "I don't get high and drive around or if my baby is around or in public. I am not hurting anyone but myself". MHP challenged ct's perceptions about her substance use and processed the ways that it had affected her life in the past and how it could affect her in the future. Ct continues to place blame on others for her addiction referring to her ex husband as "The one who gave me this addiction in the first place" and blaming her parents stating "I wish they had just told me not to use drugs instead of telling me not to smoke weed". Ct reports that she feels triggered to use when she thinks about things that have gone wrong for her. She also shares that she feels as though she can never forget about using drugs since she is reminded about it weekly by therapy, group and DHS. MHP assisted ct in reframing thoughts surrounding treatment focusing not on her use, but on her sobriety. Ct refuted that thought as well stating "Even when I did the right thing and I really tried, I still lost my kid because I didn't jump through their hoops. I had 108 negative drug tests and I still lost my kid". MHP encouraged ct to examine pride in her sobriety at the time. Ct reports that currently she only uses "when I know I won't get caught". She processed the pros and cons of using methamphetamine. Pros including the fact that she is able to calm down and think clearly when she uses. The negative being that she is constantly on the look out, involved in DHS and the possibility of legal issues. Ct processed that she feels that if she begins medications to treat her ADHD and bipolar disorder that she will have adverse side effects and worries about suicidal ideation as that was something that she experienced in the past. She is also concerned that she will not "feel high". MHP and ct processed the idea that she needs a steady baseline in order to begin to really address the need to "feel high". Ct processed the idea that using meth was "comfortable" and predictable whereas utilizing new medications might present some unknowns. Ct is struggling with sobriety and acceptance of underlying issues, often blaming others for her substance use.

Response to intervention: Very limited progress toward objectives

Prognosis: Mental health symptoms manageable with professional help

Plan for the next session: Other:

Treatment Plan

Problem: Identifying feelings and coping with stressors effectively

Start Date: 7/6/2020 **Target Date:** 7/6/2021 **End Date:**

Description: Client has a history of making poor choices. She feels that she does not identify with her feelings and often just reacts to things.

Goal: "I want to learn to identify feelings, stressors and how to cope with things."

Start Date: 7/6/2020 **Target Date:** 7/6/2021 **End Date:**

Description: Client will learn to identify her feelings and cope with stressors in her life effectively in 3 months as measured and reported by client

Tx Plus Extended Fields

Goal Attainment Rating

Objective: Learn to identify feelings and stressors

Start Date: 7/6/2020 **Target Date:** 7/6/2021 **End Date:**

Description: Client will let her guard down and learn to identify her feelings and stressors in her life. She will learn 3 coping skills related to her feelings and stressors in 3 months as measured and reported by client



The Guidance Center

1857 RICE STREET
WALDRON, AR 72958-0312

Client Name:		Date/Time:	9/2/2020 1:03 PM to 2:00 PM
CPT Code	/ 90837 U4 GT	Service Type	Ind Thrpy-Telemed
Timeframes			
Location	TM-WA CLINIC		
Notes:			

Documentation: Ct displays good insight into feelings, however, has very few coping skills besides using substances.

Problem: History of substance abuse

Start Date: 7/6/2020 **Target Date:** 7/6/2021 **End Date:**

Description: Client has been court ordered for counseling due to drug use. Client and her newborn tested positive for methamphetamines.

Goal: "I need to maintain a drug free life and get my kids back."

Start Date: 7/6/2020 **Target Date:** 7/6/2021 **End Date:**

Description: Client will learn coping skills in order to maintain a drug free lifestyle in 3 months as measured and reported by client

Tx Plus Extended Fields

Goal Attainment Rating

Objective: Learn coping skills to maintain a drug free lifestyle

Start Date: 7/6/2020 **Target Date:** 7/6/2021 **End Date:**

Description: Client will learn effective coping skills to cope with stress and daily life without the use of drugs in 3 months as measured and reported by client.

Documentation: Ct reports using substances `when I don't think I will get caught`. She reports interest in seeking MAT to assist her in developing a baseline and stabilizing mood so that she can begin to work towards sobriety.

Employee Signature

Client Signature

9/3/2020_1:56 PM

Supervisor Signed by CROFKAHR on 9/3/2020



The Guidance Center

1857 RICE STREET
WALDRON, AR 72958-0312

Client Name:		Date/Time:	9/18/2020 3:45 PM to 4:30 PM
CPT Code	/ 90834 U4 GT	Service Type	Ind Thrpy-Telemed
Timeframes			
Location	TM-WA CLINIC		
Notes:			

Dx and interval hx

Recipient of service?: Client,

Service Type: Individual Therapy

Due to COVID-19 Pandemic Crisis, this service is being provided by tele-health via: Phone due to client preference and/or lack of access to technology

Diagnosis Summary:

Effective Date: 7/27/2020

Last Updated: 7/27/2020

1(296.23 / F32.2) Major depressive disorder, Single episode, Severe

WHODAS 2.0 General Disability

Pertinent Interval History (e.g., what has happened since last session, major life events, status changes, medication issues, etc.):

Ct reports that her car was repossessed, that her current husband is not allowed to visit with her children in DHS custody.

Mental Status

Mental Status Exam Appearance/Behavior/Psychomotor: Cooperative

Thought Content: No SI, No HI, No overt delusions

Thought Process: Rational, relevant, goal-directed

Mood: Depressed

Affect: Full and appropriate

Cognition: Judgment intact, Insight intact, Oriented to all spheres

Summary of services

Description of intervention used that coincides with MTP: Engagement/Rapport Building, Assessment of current functioning, Therapeutic behavioral interventions, Development of Coping Skills,

Service Summary/Rationale of how interventions were used to address goals and objectives: (If providing psychoeducation, rationale and objective used must coincide with the master treatment plan and improve the impact the client's condition has on the spouse/family and/or improve marital/family interactions between the client and spouse/family):

MHP met with ct via telephone due to COVID-19. Ct presented to session as tearful with a low mood and exhibiting sadness over current life events. MHP assisted ct in processing feelings of hopelessness concerning her circumstances with her children being in DHS custody, not having a means of transportation since her car was repossessed, her husband's increased child support, and being behind on her rent and the possibility of eviction. Ct reports that she often feels overwhelmed and that she isn't sure how to best handle the situation. MHP offered motivational enhancement as ct examined how her life circumstances will change over the next 5 years and what steps that she may take to accomplish goals. MHP encouraged ct to review and practice mindfulness in session and apply that to her visit with her children, staying in the



The Guidance Center

1857 RICE STREET
WALDRON, AR 72958-0312

Client Name:		Date/Time:	9/18/2020 3:45 PM to 4:30 PM
CPT Code	/ 90834 U4 GT	Service Type	Ind Thrpy-Telemed
Timeframes			
Location	TM-WA CLINIC		
Notes:			

moment and appreciating the time that she had with them rather than allowing negative circumstances to overwhelm her visit. Ct appears to lack insight into how she is able to improve circumstances by taking responsibility for her life and taking action to make positive changes. While she is engaged in session, she could benefit from increased frequency of treatment. Ct denies substance use since last session

Response to intervention: Very limited progress toward objectives

Prognosis: Mental health symptoms manageable with professional help

Revisions indicated for MTP: No

Revisions indicated for the diagnosis: No

Plan for the next session: Other:

Ct will process reactions to and reflect on triggers for depression and anxiety.

Treatment Plan

Problem: depression-recent over dose

Start Date: 7/27/2020 **Target Date:** 7/27/2021 **End Date:**

Description: sad, issues with sleeping, crying spells, tired, not joining in, zones out, some anger with verbal outbursts, medical conditions that are painful that client reports led to accidental overdose

Goal: "move forward, be more up instead of down"

Start Date: 7/27/2020 **Target Date:** 7/27/2021 **End Date:**

Description: learn and apply the skills needed to improve functioning in daily life

Tx Plus Extended Fields

Goal Attainment Rating

Objective: coping skills

Start Date: 7/27/2020 **Target Date:** 7/27/2021 **End Date:**

Description: learn and apply at least four coping skills by the target date as evidenced by client self report and MHP observation.

Documentation: Ct reviewed and practiced mindfulness and being 'in the moment' during her time she visits with her children.

Objective: triggers

Start Date: 7/27/2020 **Target Date:** 7/27/2021 **End Date:**

Description: learn at least 3 trigger and how coping skills can be utilized to assist by the target date as evidenced by client self report and MHP observation.

Documentation: Ct identified financial difficulties, issues with her landlord, and not seeing her children as triggers for her low mood.

Objective: self care

Start Date: 7/27/2020 **Target Date:** 7/27/2021 **End Date:**

Description: learn and apply at least 3 elements of self care by the target date as evidenced by client self report and MHP observation.

Documentation: Ct was encouraged to create a list of things that she did just for herself.



License Number: 33689

This Is to Certify That

Harbor House Inc, of Fort Smith AR

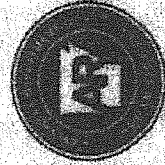
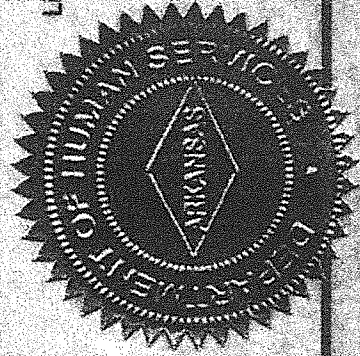
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

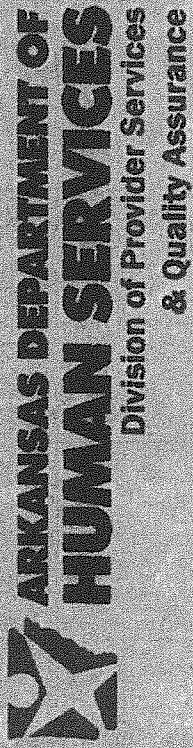
N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

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

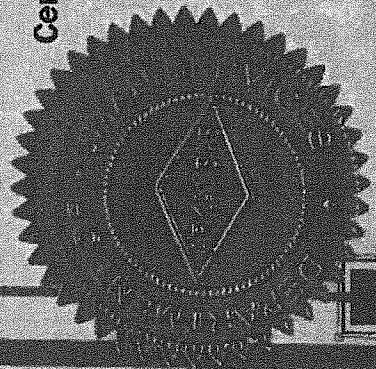
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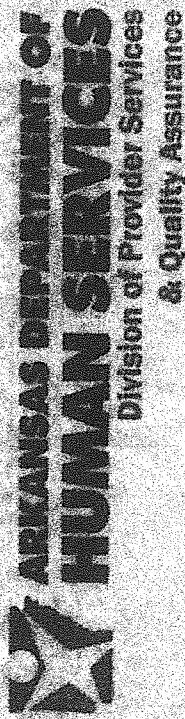
HARBOR HOUSE, INC. OF FORT SMITH, AR (HRC)

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

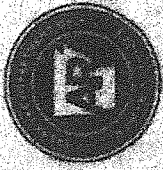
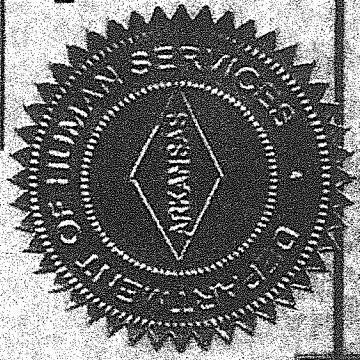
Harbor House Inc, of Fort Smith AR

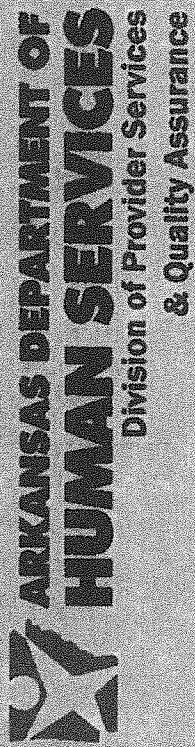
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

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

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





Certificate Number: 32248

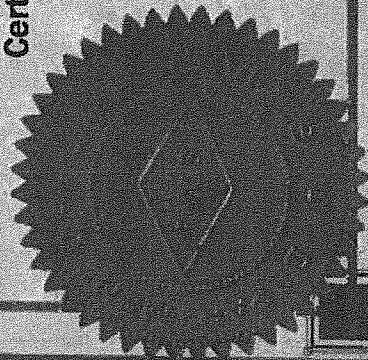
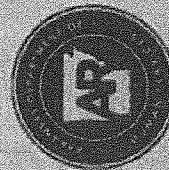
This Is to Certify That

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: 32835

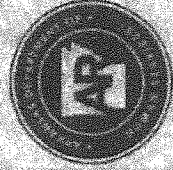
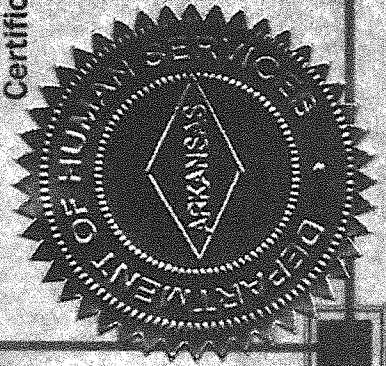
This Is to Certify That

Harbor House, Inc of Fort Smith AR

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

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

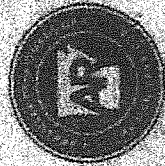
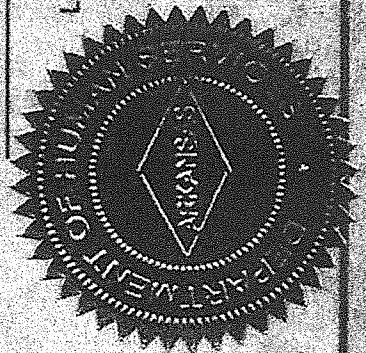
Is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

**CITY OF FORT SMITH, ARKANSAS
OFFICE OF DEVELOPMENT SERVICES**

623 Garrison Avenue, Fort Smith, AR 72901
(479) 784-2216 | planning@fortsmithar.gov

BUSINESS REGISTRATION

Business Name:	GATEWAY RECOVERY CENTER DBA: HARBOR HOUSE, INC.	Business Type(s):	624221 Shelters, temporary (e.g., battered women's, homeless, runaway youth)
Business Location:	3900 ARMOUR AVE FORT SMITH, AR 72904	Mailing Address:	512 S 16TH ST FORT SMITH, AR 72901
Owner:	GATEWAY RECOVERY CENTER		
License Number:	004631-2020	License Type:	Family Support Services
Issued Date:	3/2/2020	Classification:	Occupational Business
Expiration Date:	3/2/2021		\$0.00

(1) Business Registrations are non-transferrable and must be posted in a conspicuous place in the licensed business location. To keep this registration valid as issues, it is your responsibility to keep it current.

(2) This license does not authorize a business to operate in conflict with the laws of the City of Fort Smith (inclusive of zoning regulations) or the State of Arkansas.

(3) A change in business location, classifications, or ownership will necessitate a new license application process.

TO BE POSTED IN A CONSPICUOUS PLACE

**CITY OF FORT SMITH, ARKANSAS
OFFICE OF DEVELOPMENT SERVICES**

623 Garrison Avenue, Fort Smith, AR 72901
(479) 784-2216 | planning@fortsmithar.gov

BUSINESS REGISTRATION

Business Name:	HARBOR HOUSE, INC. DBA: HARBOR RECOVERY CENTER	Business Type(s):	621420 Mental health centers and clinics (except hospitals), outpatient
Business Location:	615 N 19TH ST FORT SMITH, AR 72901	Mailing Address:	P.O. BOX 4207 FORT SMITH, AR 72914
Owner:	HARBOR HOUSE, INC.		
License Number:	003320-2019	License Type:	Family Support Services
Issued Date:	12/13/2019	Classification:	Occupational Business
Expiration Date:	12/12/2020		\$0.00

(1) Business Registrations are non-transferrable and must be posted in a conspicuous place in the licensed business location. To keep this registration valid as issues, it is your responsibility to keep it current.

(2) This license does not authorize a business to operate in conflict with the laws of the City of Fort Smith (inclusive of zoning regulations) or the State of Arkansas.

(3) A change in business location, classifications, or ownership will necessitate a new license application process.

TO BE POSTED IN A CONSPICUOUS PLACE



12/14/17

Congratulations,

You have been approved for continued certification as an Alcohol Drug Counselor through the Arkansas Substance Abuse Certification Board for 2018 and 2019. During this time period, you must earn forty (40) ASACB-approved education clock hours including six (6) clock hours of ethics and submit to the Arkansas Substance Abuse Certification Board prior to the November 1st 2019 deadline. Any hours you earned in 2016 **will not** carry over to count towards your counselor re-certification hours for 2018-2019. The enclosed card is your proof of re-certification. This will allow you to carry your proof of re-certification at all times. You may laminate the card to keep it in good condition. We hope you enjoy the new year and look forward to working with you more in the future.

Have a great year,

Jason C. Skinner, B.A.

ASACB Administrator



certifies that

Maria Lovell

is currently certified by the board as a
Alcohol and Drug Counselor

Date of Issue: 12-1-17 *Cert. No.:* 1651 *Exp. Date:* 12-31-19

Jason C. Skinner
Board Administrator



November 19, 2018

Melinda Stephens
709 Wilcox Ln.
Central City, AR. 72941

Dear Melinda,

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 19th, 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 email, 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