

# **Response to Information for Evaluation**

## **2.2**

# **Qualifications**

**STATE OF ARKANSAS**



**Charlie Daniels**  
SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

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

**Articles of Amendment with Restatement**

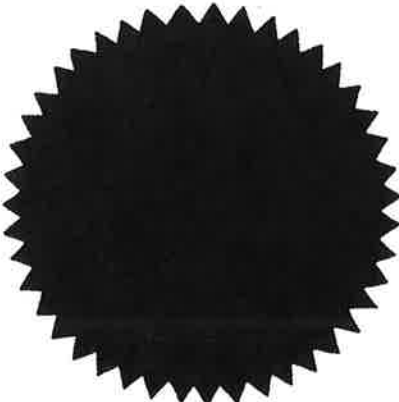
of

**COUNSELING CLINIC, INC.**

filed in this office

August 20, 2010

**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 20th day of August 2010.



*Charlie Daniels*

Secretary of State

COUNSELING CLINIC, INC.

ARTICLES OF AMENDMENT WITH RESTATEM

FILED: 08/20/10, #Pages: 6

Arkansas Secretary of State  
Business Services Division

**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF  
COUNSELING CLINIC, INC.**

We, the undersigned, under and pursuant to the provisions of the laws of the State of Arkansas, particularly the Arkansas Nonprofit Corporation Act of 1993, Chapter 33 of Title 4 of the Arkansas Code Annotated of 1987, as amended, do hereby certify that at a duly called meeting of the Board of Directors on APRIL 27, 2010, by the unanimous vote of the directors of the Corporation, the Articles of Incorporation were amended in their entirety to be restated as follows:

1. Name. The name of the corporation shall be "COUNSELING CLINIC, INC." (the "Corporation").

2. Public Benefit Corporation. The Corporation is a public benefit corporation which shall be hereafter governed by the provisions of the Arkansas Nonprofit Corporation Act of 1993, Chapter 33 of Title 4 of the Arkansas Code Annotated of 1987, as amended.

3. Period of Existence. The period of existence of the Corporation shall be perpetual.

4. Board of Directors and Members. The Corporation shall be governed by a Board of Directors consisting of not less than nine (9) nor more than eighteen (18) persons with adequate representation from Saline and Garland County, respectively. The term of office shall be three (3) years with one-third (1/3) to be elected annually by the Directors of the Corporation. There are currently no members of the Corporation.

5. Purposes. The Corporation is organized as a nonprofit corporation exclusively for charitable, educational and scientific purposes which are more specifically described as follows:

(a) To provide maintenance, housing, rehabilitation, training and opportunities for personal growth of the individuals with serious mental illness who are referred by any agency or individual who works with individuals with serious mental illness;

(b) To plan and continue to develop behavioral health services to meet the needs of Arkansas citizens who reside in the Corporation's catchment area;

(c) To continue to obtain local broad based community support for behavioral health services;

(d) To provide behavioral health services consisting of out-patient care, in-patient care, consultation and educational services, central administrative health services, training, research and evaluation, rehabilitative services, and other programs and services deemed to meet the needs of the region served;

(e) To provide these behavioral health services to all persons in the catchment area regardless of age, diagnosis or ability to pay;

(f) To use techniques of rehabilitation to assist individuals in adjusting and maintaining the best recovery of which they are capable;

(g) To provide and participate in behavioral health education of the public through accepted community organization methods; and

(h) To do all things necessary, suitable and reasonably proper to accomplish these purposes in order to provide behavioral health services to residents in the Corporation's geographic region and defined catchment area.

6. Powers. The Corporation shall have and exercise all powers, privileges and rights conferred on corporations by the laws of the State of Arkansas and all powers and rights incidental to carrying out the purposes for which the Corporation is formed, except such as are

inconsistent with the express provisions of the Act under which the Corporation is incorporated, and the enumeration of the foregoing purposes shall not be held to limit or restrict in any manner the general powers conferred on the Corporation by the laws of the State of Arkansas.

7. Prohibitions. Notwithstanding any other provision of these Articles, the following restrictions and limitations shall apply with the requirements imposed by Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"):

(a) No part of the net earnings of the Corporation shall inure to the benefit of any Director or officer of the Corporation, or to any other interested individual; provided, however, that reasonable compensation may be paid for services rendered to or for the Corporation effecting one or more of its purposes.

(b) No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation and the Corporation shall not participate or intervene (including the publishing or distribution of statements) in any political campaign on behalf of (or in opposition to ) any candidate for public office.

(c) The Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Code or by a corporation contributions to which are deductible under Section 170(c)(2) of the Code.

8. Dissolution. Because this Corporation was organized as a charitable corporation with perpetual existence, the Corporation does not anticipate its dissolution. Nevertheless, if the Corporation should ever be dissolved, then upon the dissolution of the Corporation, the Board of Directors, after paying or making provision for the payment of all liabilities of the Corporation, and after conveying all designated funds and assets to such other organization or organizations organized and operated exclusively for charitable, scientific or educational purposes and which

shall at the time qualify as an organization exempt under Section 501(c)(3) of the Code, and any articles of dissolution adopted by the Corporation shall so provide, then any of such assets shall be disposed as directed by the State Behavioral Health Authority.

9. Principal Office. The principal office or place of business of this Corporation shall be located at 307 E. Sevier Street, Benton, Arkansas 72015.

10. Parliamentary Authority. Meetings of the Board of Directors will be governed by the parliamentary rules as outlined in Robert's Rules of Order Newly Revised in all cases where current bylaws and current board policies do not apply.

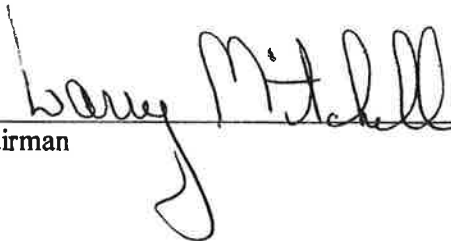
11. Registered Agent. The name and address of the registered agent of this Corporation is Jim Gregory, 307 E. Sevier Street, Benton, Arkansas 72015.

12. No Stock or Dividends. The Corporation shall not have or issue shares of stock and no dividends shall be paid, and no part of the income of the Corporation shall be distributed to its members, Directors, or officers.

13. Amendments. From time to time any of the provisions of the Articles of Incorporation may be amended, altered, or repealed, and other provisions authorized by the Code and the laws of the state of Arkansas at the time in force may be added or inserted in the manner and at the time prescribed by said laws.

IN WITNESS WHEREOF, the said Corporation, COUNSELING CLINIC, INC. has caused its corporate name to be subscribed by its Chairman and its Secretary, respectively, on this 1 day of JULY, 2010.

COUNSELING CLINIC, INC.

  
\_\_\_\_\_  
Chairman

ATTEST:

  
\_\_\_\_\_  
Secretary



VERIFICATION

We, LARRY MITCHELL and J. L. FORD, the Chairman and Secretary, respectively, of COUNSELING CLINIC, INC. state on oath that the statements contained in the foregoing Amended and Restated Articles of Incorporation are true and correct to the best of our knowledge and belief, and that these Amended and Restated Articles of Incorporation required no approval by any persons other than the Board of Directors.

Larry Mitchell  
CHAIRMAN

J. L. Ford  
SECRETARY

STATE OF ARKANSAS     )  
  ) ss.  
COUNTY OF Saline     )



SUBSCRIBED AND SWORN to before me, a Notary Public, this 1<sup>st</sup> day of July, 2016.

L Cheryl Love  
Notary Public

My commission expires:

July 31, 2018



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities

COUNSELING CLINIC INC  
110 PEARSON  
BENTON AR 72015-4436

Date:

June 5, 2019

Person to contact:

Name: Mr. Molloy

ID number: 0203248

Employer ID number:

71-0448650

Form 990 required:

Yes

Dear Sir or Madam:

We're responding to your request dated March 21, 2019, about your tax-exempt status.

We issued you a determination letter in March 1974, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5<sup>th</sup> month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

**Letter 4168 (2-2018)**  
Catalog Number 66666G

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin  
Director, Exempt Organizations Rulings  
and Agreements

Address any reply to: 1100 Commerce St., Dallas, Tex. 75202

Department of the Treasury

3936-000-2-25-74:me

POST REVIEW - ALLOWANCE

District Director

Internal Revenue Service

Date: MAR 5 1974 In reply refer to: A-1227-309:GW DAL(LR)EO:74-44



Saline County Mental Health Services, Inc. P. O. Box 106 Benton, Arkansas 72015

Accounting Period Ending: September 30
Form 990 Required: [X] Yes [ ] No
Advance Ruling Period Ends: September 30, 1975

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization of the type described in section 170(b)(1)(A)(vi) and 509(a)(1)

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization so long as you continue to meet the requirements of the applicable support test. If, however, you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, in the event you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. In addition, if you submit the required information

Handwritten notes: me, 309 Williams, 2-26-74, 108, P. Orman, 2-28-74, 3-1-74

within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions concerning these taxes, please let us know.

If your sources of support, or your purposes, character, or method of operation is changed, you should let us know so we can consider the effect of the change on your status. Also, you should inform us of all changes in your name or address.

If the yes box at the top of this letter is checked, you are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$5,000. The return is due by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file the return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Sincerely yours,

W. T. Coppinger (TSE)

W. T. Coppinger  
District Director

Form L-391 (4-73)



Address any reply to:

1100 Commerce St., Dallas, Tex. 75202

ADMIN. FILE

Department of the Treasury  
Post Review

District Director

Internal Revenue Service

Date:

JAN 26 1976

In reply refer to:

EO:2:309:DB

DAL:EO:76-98

Saline County Mental Health Services, Inc.  
P. O. Box 106  
Benton, Arkansas 72015

Our Letter Dated: March 5, 1974

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

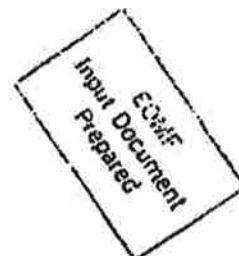
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 170(b)(1)(A)(vi) and 509(a)(1)

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Sincerely yours,

A. W. McCanless

A. W. McCanless  
District Director



309  
Branch  
1/22/76  
K1  
20  
1-22-76

3935-607-1/22/76:rh



Department of the Treasury  
Internal Revenue Service  
P. O. Box 2508  
Cincinnati, OH 45201

Date:  
June 5, 2019  
Person to contact/ID number:  
Mr. Molloy – ID# 0203248  
Contact telephone number:  
877-829-5500

COUNSELING CLINIC INC  
% RHONDA DOVE  
110 PEARSON  
BENTON AR 72015-4436

Dear Sir or Madam:

We're responding to your letter dated March 21, 2019, requesting copies of the determination letter for your organization.

Your copies are enclosed.

If you have questions, you can contact the person listed above.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure:  
Your Copies

## 2.2 Minimum Qualifications

3. *Contractor must have at least 5 years of juvenile justice experience providing Family in Need of Services (FINS), Diversion, Supervision and Aftercare/Re-entry services.*

Counseling Clinic Inc has extensive experience in providing services required in this RFQ. CCI has been licensed by the State of Arkansas as a CMHC since 1973, and as such has performed all the requirements of the RFQ under contract to DHS/DBHS; now known as DAABHS.

Currently, CCI holds the contract with DYS for Judicial District 22 and Judicial District 7. CCI first contracted with DYS for services in 1996. Under this contract, CCI is responsible for working with the Juvenile Court Judge and his/her staff to work with at-risk children/adolescents who have been adjudicated and are at risk of detention/lock up. The goal is to prevention and treatment to help stabilize the individuals in a least restrictive environment.

Counseling Clinic Inc staff who will be managing and overseeing contract services include the following:

Jim Gregory, LCSW is the CEO of Counseling Clinic Inc. [jgregory@cciar.org](mailto:jgregory@cciar.org) 501-356-6700

Robert Bennett, LCSW is the Director of Youth Services/DYS at Counseling Clinic Inc. [rbennett@cciar.org](mailto:rbennett@cciar.org) 501-326-6750

JD22: Judge Robert Herzfeld JD22, [robertherzfeld@gmail.com](mailto:robertherzfeld@gmail.com) 501-303-5730

JD22: Carol Childs, Saline County Juvenile Court Director, [carol.childs@salinecounty.org](mailto:carol.childs@salinecounty.org) 501-303-5730

JD7: Judge Eads JD7, [tmartin0517@windstream.net](mailto:tmartin0517@windstream.net) 870-942-7818

CCI staff work closely with the Juvenile Judge and the Juvenile Court staff to provide court ordered service that can include: Aftercare and Diversion/FINS Services by qualified degreed staff. These aftercare services can take place in school, home or the office. Being a Community Mental Health Center (CMHC) CCI can also offer the full array of Behavioral Health services including Individual, Group and Family Therapy, Psychological Testing and Psychiatric Evaluation with follow up Medication Management.

This contract is approximately \$880,000 annually. There have been no corrective actions or litigation pertaining to this contract.



# CARF INTERNATIONAL

*A Three-Year Accreditation is issued to*

## *Counseling Clinic, Inc.*

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

- Community Housing: Mental Health (Adults)*
- Community Integration: Mental Health (Adults)*
- Community Integration: Psychosocial Rehabilitation (Adults)*
- Crisis Intervention: Mental Health (Adults)*
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)*
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)*
- Outpatient Treatment: Mental Health (Adults)*
- Outpatient Treatment: Mental Health (Children and Adolescents)*

*This accreditation is valid through*

**May 31, 2022**

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



*This accreditation certificate is granted by authority of:*

*Richard Forkosh*

Richard Forkosh  
Chair  
CARF International Board of Directors

*Brian J. Boon, Ph.D.*

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



**CARF Accreditation Report  
for  
Counseling Clinic, Inc.  
Three-Year Accreditation**



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

[www.carf.org](http://www.carf.org)

# Contents

Executive Summary

Survey Details

Survey Participants

Survey Activities

Program(s)/Service(s) Surveyed

Representations and Constraints

Survey Findings

Program(s)/Service(s) by Location

## About CARF

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

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

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

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

**Organization**

Counseling Clinic, Inc.  
110 Pearson Street  
Benton, AR 72015

**Organizational Leadership**

Jim D. Gregory, LCSW, Chief Executive Officer  
Joyce Schimenti, LCSW, Director of Quality Assurance/Compliance

**Survey Number**

117036

**Survey Date(s)**

April 15, 2019–April 17, 2019

**Surveyor(s)**

Camille Lagueux, Administrative  
Dena Zipp, BSSW, MEd, Program

**Program(s)/Service(s) Surveyed**

Community Housing: Mental Health (Adults)  
Community Integration: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Crisis Intervention: Mental Health (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)

**Previous Survey**

March 14, 2016–March 16, 2016  
Three-Year Accreditation

**Accreditation Decision****Three-Year Accreditation**

**Expiration: May 31, 2022**

## Executive Summary

This report contains the findings of CARF's on-site survey of Counseling Clinic, Inc. conducted April 15, 2019–April 17, 2019. This report includes the following information:

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

## Accreditation Decision

On balance, Counseling Clinic, Inc. demonstrated substantial conformance to the standards. Counseling Clinic, Inc. (CCI) provides services that are highly valued by its clients and its funding and referral sources. The organization's leadership and board members are committed to the mission of the organization. CCI demonstrates continued commitment to using the CARF accreditation standards in the organization's continuing quality improvement efforts. The areas for improvement noted in the recommendation in this report are primarily in the business practices standards and include the development of risk management and cultural competency and diversity plans and the establishment of business function objectives, indicators, and targets. The organization's leadership and staff members understand the improvements that should be made and have the commitment and ability to make these changes.

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

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

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

# Survey Details

## Survey Participants

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

- Camille Lagueux, Administrative
- Dena Zipp, BSSW, MEd, Program

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

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

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

## Survey Activities

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

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

## **Program(s)/Service(s) Surveyed**

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

- Community Housing: Mental Health (Adults)
- Community Integration: Mental Health (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)
- Crisis Intervention: Mental Health (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)

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

## **Representations and Constraints**

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

## **Survey Findings**

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

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

## Areas of Strength

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

- The organization's board of directors is committed to the mission and vision of CCI and supports the CEO and leadership team in the provision of quality services. The board is composed of representatives from the communities served, and several of the board members have served in their positions for many years.
- CCI's leadership team has longevity, and the organization demonstrates an ability to retain quality staff members. This is an asset to the organization and promotes positive delivery. The addition of new personnel to the leadership team following the retirement of some key positions has led to some changes, creativity, and new growth. The leadership team displays strong team cohesion, and its members are proud of the organization's commitment to serve vulnerable populations.
- The organization has an excellent and well-deserved reputation for the provision of quality services that enhance the well-being of the persons served. Funding and referral sources are unanimous in their appreciation of the services provided by the organization. The professionalism of the staff members, their commitment to clients, their responsiveness, and their high degree of collaboration and cooperation were also noted as attributes of the organization. One referral source stated, "They are the easiest people in the world to work with."
- CCI is financially solvent and makes good financial decisions to ensure long-term stability in spite of funding unpredictability and ongoing changes to how mental health facilities are being funded in Arkansas.
- In June 2017, CCI moved into its new facilities that were built following a devastating fire two years earlier that destroyed most of the organization's premises. The new facilities were designed with input from the clients and provide a safe, welcoming, modern environment for the provision of services. Program areas are functional and attractive, and accessibility concerns have been addressed in a variety of ways, including an elevator, Braille signage, etc.
- CCI has an occupational health and safety committee that takes its responsibilities very seriously. Tests of emergency procedures and inspections are regularly conducted, and the low number of critical incidents is further evidence of the safe environment.
- CCI has been an important resource in the Benton community and Saline County for more than 45 years. It has a history of responding to community needs with respect to mental health programming for adults, children, and adolescents and serves more than 3,000 clients a year. The organization's leadership is immersed in the community on many levels, and CCI is truly a part of the community.
- CCI is complimented for the partnership it has developed with the local schools. School-based counseling programs ensure that all children and adolescents that require mental health services are provided with these resources regardless of their ability to pay for the services.
- Stride House conducts morning member meetings that are led by the member president. The role of member presidency is rotated each month, and responsibilities include setting the meeting agenda and facilitating the process. This open dialogue and inclusion of the members along with the staff create a sense of unity and ownership of the program.
- CCI often participates in lunch and learns in which area pharmaceutical representatives visit the clinic and educate the staff members on the efficacy of current psychotropic medications.
- CCI is involved in an Evening Reporting Center with the local juvenile justice program. This collaboration allows teens to visit the clinic weekly and benefit from leadership through daily living skills, tutoring, and group meetings. The organization is invested in the community in which it serves, and partnerships such as this prove its commitment and relevance.



- Stride House conducts special staff meetings with supervision and treatment team staff members as they, together with the members, discuss transitions of care, referral sources, progress, and any concerns. This person-centered approach is beneficial for warm handoffs and continuity of care.
- It was reported that members have regular group outings, such as to the zoo, the state fair, and BBQ picnics. A Spring Fling is planned for May, during Mental Health Awareness Month, for all persons served, families, and staff members to enjoy fellowship as they eat and participate in outdoor festivities.
- The organization's Small Group Therapy in Hot Springs takes the time to share and learn about different cultures and populations. Clients alongside staff members create opportunities to expand their cultural awareness by eating common foods, sharing information, and working as a team to discuss cultural diversity.

## Opportunities for Quality Improvement

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

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

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

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

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

## Section 1. ASPIRE to Excellence®

### 1.A. Leadership

#### Description

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

## **Key Areas Addressed**

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

## **Recommendations**

**1.A.5.a.(1)**

**1.A.5.a.(2)**

**1.A.5.a.(3)**

**1.A.5.b.(1)**

**1.A.5.b.(2)**

**1.A.5.b.(3)**

**1.A.5.b.(4)**

**1.A.5.b.(5)**

**1.A.5.b.(6)**

**1.A.5.b.(7)**

**1.A.5.c.**

**1.A.5.d.**

Although CCI has developed an introduction to a cultural competency and diversity plan, the organization should implement a cultural competency and diversity plan that addresses the persons served, personnel, and other stakeholders. The plan should be based on the consideration of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The plan should be reviewed at least annually for relevance and updated as needed.

**1.A.6.a.(6)(b)**

**1.A.6.a.(6)(c)**

It is recommended that CCI's written ethical codes of conduct also address personal fundraising and personal property.

## **1.C. Strategic Planning**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.E. Legal Requirements

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.F. Financial Planning and Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.G. Risk Management

### Description

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

### Key Areas Addressed

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

### Recommendations

1.G.1.a.(1)

1.G.1.a.(2)

1.G.1.a.(3)

1.G.1.a.(4)

1.G.1.a.(5)

1.G.1.a.(6)

1.G.1.a.(7)

1.G.1.b.(1)

1.G.1.b.(2)

Although the organization has identified some loss exposures related to finances, it is recommended that CCI implement a risk management plan that includes the identification of loss exposures, analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, reporting the results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities. The plan should be reviewed at least annually for relevance and updated as needed.

## 1.H. Health and Safety

### Description

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

### Key Areas Addressed

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

## **Recommendations**

**1.H.10.a.**

**1.H.10.b.(1)**

**1.H.10.b.(2)**

**1.H.10.b.(3)**

**1.H.10.b.(4)**

**1.H.10.b.(5)**

**1.H.10.b.(6)**

**1.H.10.b.(7)**

**1.H.10.b.(8)**

It is recommended that a written analysis of all critical incidents be provided to or conducted by the organization's leadership at least annually. The analysis should address causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements.

## **1.I. Workforce Development and Management**

### **Description**

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

### **Key Areas Addressed**

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

### **Recommendations**

**1.I.1.**

Although CCI has included a description of human resources involved in the delivery of programs as part of its annual management report, it is recommended that the written description of the composition of the workforce also include human resources involved in the oversight and support of the programs/services seeking accreditation.

**1.I.5.a.(4)**

**1.I.5.a.(5)**

**1.I.5.a.(6)**

It is recommended that the organization's onboarding and engagement activities include orientation that also addresses the organization's performance measurement and management system, risk management plan, and strategic plan.

## Consultation

- The organization might consider including the required identified competencies specific to positions in job descriptions.
- CCI addresses succession planning in its leadership manual. It is suggested that this be expanded to include immediate, interim, and long-term succession planning with respect to key leadership positions, along with the identification of key competencies required by key positions and an analysis to identify what is available in the current workforce in the event of leadership loss.

## 1.J. Technology

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

### Consultation

- At this time, the organization does a technology plan on an annual basis. Moving forward, the organization might consider doing a three-year technology plan that forecasts new and replacement acquisitions of hardware, software, and virus protection and the costs associated with the identified needs for budgetary purposes.

## 1.K. Rights of Persons Served

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.L. Accessibility

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 1.M. Performance Measurement and Management

### Description

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

### Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

### Recommendations

#### 1.M.2.a.

#### 1.M.2.b.

#### 1.M.2.c.

#### 1.M.2.d.

The organization should demonstrate how its data collection system addresses reliability, validity, completeness, and accuracy.

#### 1.M.3.d.(1)(a)

#### 1.M.3.d.(1)(b)

#### 1.M.3.d.(1)(c)

Although the organization has set business objectives in the area of finances, it is recommended that the data collected by the organization be used to consistently set written business function objectives and performance indicators and performance targets.

#### 1.M.6.a.

The organization is urged to measure business function performance indicators.

## 1.N. Performance Improvement

### Description

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

### Key Areas Addressed

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

### Recommendations

#### 1.N.1.b.(1)

It is recommended that the annual written analysis also analyze performance indicators in relation to performance targets regarding business functions.

## Section 2. General Program Standards

### Description

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

## 2.A. Program/Service Structure

### Description

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

### Key Areas Addressed

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



## Recommendations

- 2.A.21.a.
- 2.A.21.b.
- 2.A.21.c.
- 2.A.21.d.
- 2.A.21.e.
- 2.A.21.f.(1)
- 2.A.21.f.(2)
- 2.A.21.f.(3)

Although CCI utilizes prompts during clinical supervision for each of these components for discussion if the case warrants, it is recommended that the organization assess direct service providers for competency in areas that reflect the specific needs of the persons served; clinical skills that are appropriate to the position; person-centered plan development; interviewing skills; program-related research-based treatment approaches; and identification of clinical risk factors, including suicide, violence, and other risky behaviors.

## 2.B. Screening and Access to Services

### Description

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

### Key Areas Addressed

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

### Recommendations

- 2.B.8.d.(1)(f)(ii)
- 2.B.8.d.(1)(f)(iii)
- 2.B.8.d.(1)(f)(iv)
- 2.B.8.d.(1)(f)(v)

It is recommended that the organization include in the orientation of each person served its policies regarding use of tobacco products and illegal and legal substances, prescription medication, and weapons brought into the program. It is suggested that these be added to the Orientation Handbook.

## 2.C. Person-Centered Plan

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## 2.D. Transition/Discharge

### Description

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.E. Medication Use**

### **Description**

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

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

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

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

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## **2.F. Promoting Nonviolent Practices**

### **Description**

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

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

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

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

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

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

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

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

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

## **2.G. Records of the Persons Served**

### **Description**

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **2.G.4.c.**

Although CCI collects the phone number of the person's emergency contact during the assessment process, it should ensure that this is consistently done.

## 2.H. Quality Records Management

### Description

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

### Key Areas Addressed

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

### Recommendations

There are no recommendations in this area.

## Section 3. Core Treatment Program Standards

### Description

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

### 3.C. Community Integration (COI)

#### Description

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

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

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

### **3.E. Crisis Intervention (CI)**

#### **Description**

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

#### **Key Areas Addressed**

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

#### **Recommendations**

There are no recommendations in this area.

### **3.O. Outpatient Treatment (OT)**

#### **Description**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

# **Section 4. Core Support Program Standards**

## **Description**

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

## **4.B. Community Housing (CH)**

### **Description**

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.



Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a community housing program.

#### **Key Areas Addressed**

- Safe, secure, private location
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- System for on-call availability of personnel

#### **Recommendations**

There are no recommendations in this area.

## **Section 5. Specific Population Designation Standards**

### **5.D. Children and Adolescents (CA)**

#### **Description**

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

#### **Key Areas Addressed**

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

#### **Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **Counseling Clinic, Inc.**

110 Pearson Street  
Benton, AR 72015

Community Integration: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Crisis Intervention: Mental Health (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)

## **Counseling Clinic - Youth Services**

112 South Pearson Street  
Benton, AR 72105

Outpatient Treatment: Mental Health (Children and Adolescents)

## **SGT Adult Group Home**

400 Pullman Street  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)

## **SGT Adult Group Home**

701 Whittington Avenue  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)

## **SGT Duplex**

112 Greenway Street, Units A and B  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)

## **SGT Fairweather Manor**

320 Whittington Avenue  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)

## **SGT Group Home**

215 Indiana Street  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)

**SGT Oakhill Site**

3871/3873-3875 Spring Street  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)  
Crisis Intervention: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Adults)

**SGT Outpatient**

310 Whittington Avenue  
Hot Springs, AR 71901

Community Integration: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Crisis Intervention: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Adults)

**Small Group Therapy, Inc.**

311 Whittington Avenue  
Hot Springs, AR 71901

Administrative Location Only

**Springwood Manor Apartments**

215/217/223 Sulphur Street  
Hot Springs, AR 71901

Community Housing: Mental Health (Adults)

## QUALITY IMPROVEMENT PLAN

### Return to CARF by 8/22/2019

Company ID: 265955

Survey Number: 117036

**Counseling Clinic, Inc.**

Accreditation Decision: Three-Year Accreditation

110 Pearson Street  
Benton, AR 72015

Accreditation Expiration Date: 5/31/2022

Survey Date(s): 4/15/2019–4/17/2019

Standards Manual(s): 2018 Behavioral Health

Completed by (Name):  
**Joyce Schimenti, LCSW**

Date Completed: 07-01-19

Job Title: **Director of Quality Assurance**

| Standard Number for Recommendation   | Step(s) to Address the Recommendation  | Completion Date (Actual or Estimated) |
|--|--|---------------------------------------|
| 1.A.5.a.(1)<br>1.A.5.a.(2)<br>1.A.5.a.(3)<br>1.A.5.b.(1)<br>1.A.5.b.(2)<br>1.A.5.b.(3)<br>1.A.5.b.(4)<br>1.A.5.b.(5)<br>1.A.5.b.(6)<br>1.A.5.b.(7)<br>1.A.5.c.<br>1.A.5.d. | CCI has enhanced our cultural competency and diversity plan. The new, improved plan more effectively delineates how CCI ensures a culturally competent culture for 1) persons served, 2) personnel and 3) other stakeholders. CCI's commitment to demonstrate a welcoming attitude of inclusion to all persons served and other stakeholders is clearly communicated in the cultural competency and diversity plan. The plan focuses on acceptance of cultural differences as well as differences in age, gender, gender identity, sexual orientation, spiritual beliefs, socioeconomic status and language.<br><br>This plan will be reviewed annually and updated as needed. | 07-01-19                              |
| 1.A.6.a.(6)(b)<br>1.A.6.a.(6)(c)   | CCI has added personal fundraising language and personal property language to our written ethical codes of conduct in our Leadership Policy Manual.  | 06-25-19                              |
| 1.G.1.a.(1)<br>1.G.1.a.(2)<br>1.G.1.a.(3)<br>1.G.1.a.(4)<br>1.G.1.a.(5)<br>1.G.1.a.(6)<br>1.G.1.a.(7)<br>1.G.1.b.(1)<br>1.G.1.b.(2)  | CCI has a risk management plan which includes all the elements of CARF standards. We have created a companion risk management grid to complement our existing policy. The risk management grid allows CCI to easily identify/predict loss exposure, identify actions to reduce risk, how to rectify exposure, monitor corrective actions, and identify prevention activity. This grid will be reviewed annually and updated as needed.   | 06-05-19                              |
| 1.H.10.a.<br>1.H.10.b.(1)<br>1.H.10.b.(2)<br>1.H.10.b.(3)  | CCI has language in our Health and Safety Policy requiring an annual analysis of critical incidents. The Health and Safety Committee will be re-trained and prompted to produce this analysis with all CARF required components including causes.  | 06-04-19                              |

|   |   |                 |
|---|---|-----------------|
| 1.H.10.b.(4)<br>1.H.10.b.(5)<br>1.H.10.b.(6)<br>1.H.10.b.(7)<br>1.H.10.b.(8)                                  | trends, actions for improvement, results of performance improvement plans, education and training of personnel prevention and internal/external reporting requirements. A Critical Incident Analysis form has been created which prompts analysis of all CARF required components.  |                 |
| 1.I.1.  | CCI has created a stand-alone document that describes the composition of our workforce including all human resources involved in the delivery, oversight, and support of CARF accredited programs. This document will be reviewed annually and up dated as needed.  | 06-25-19        |
| 1.I.5.a.(4)<br>1.I.5.a.(5)<br>1.I.5.a.(6)   | CCI has revamped our on-boarding process to include an introduction/orientation to our performance measurement and management system, our risk management plan and our strategic plan. Our on-boarding checklist will be modified to include these training tasks and our Personnel Policy Manual has been amended to include these training tasks as well. | 06-25-19        |
| 1.M.2.a.<br>1.M.2.b.<br>1.M.2.c.<br>1.M.2.d.  | CCI has created a written description of how we ensure reliability, validity, completeness and accuracy in our data collection function. These functions are reviewed by our Self Study Committee to ensure proper data collection.   | 05-22-19        |
| 1.M.3.d.(1)(a)<br>1.M.3.d.(1)(b)<br>1.M.3.d.(1)(c)  | CCI has expanded our business function objectives to include the functions of budgeting, annual external audit, complaints and risk management. CCI has created a business function grid for the purpose of setting business function objectives, performance indicators and performance targets in each of these areas.                                    | 05-22-19        |
| 1.M.6.a.  | CCI has created a business function grid for the express purpose of easily measuring outcomes of business function performance indicators.  | 05-22-19        |
| 1.N.1.b.(1)   | CCI's annual written performance analysis (produced at the end of the calendar year) will include an analysis of performance indicators and performance targets for identified business functions. CCI has created a business function grid for this purpose. This analysis will be used to improve business functions going forward.                       | 05-22-19 (Grid) |
| 2.A.21.a.<br>2.A.21.b.<br>2.A.21.c.<br>2.A.21.d.<br>2.A.21.e.<br>2.A.21.f.(1)<br>2.A.21.f.(2)<br>2.A.21.f.(3) | CCI has modified our supervision form for direct service providers. The modification prompts documentation of competency needed and competency assessment. The method of assessment for competency is also documented.  | 06-20-19        |
| 2.B.8.d.(1)(f)(ii)<br>2.B.8.d.(1)(f)(iii)<br>2.B.8.d.(1)(f)(iv)<br>2.B.8.d.(1)(f)(v)                          | CCI has modified our orientation handbooks of persons served to include our policies about tobacco products, illegal and legal substances, prescription medication, and weapons brought into the program.   | 06-20-19        |
| 2.G.4.c.  | CCI has re-trained administrative intake personnel regarding the necessity of getting emergency contact information of the person served. Record Room staff will audit new admissions monthly to ensure emergency contact data is documented.   | 06-10-19        |

## Rhonda Dove

---

**From:** Joyce Schimenti  
**Sent:** Tuesday, March 31, 2020 12:16 PM  
**To:** Rhonda Dove  
**Subject:** FW: CARF QIP Acknowledgment

Not sure if you need this or not. It just acknowledges our Quality Improvement Plan.

**From:** Jim Gregory  
**Sent:** Wednesday, July 3, 2019 2:29 PM  
**To:** Joyce Schimenti <[jschimenti@cciar.org](mailto:jschimenti@cciar.org)>  
**Subject:** Fwd: CARF QIP Acknowledgment

FYI

Sent from my iPhone

Begin forwarded message:

**From:** Carmen Valenzuela <[cvalenzuela@carf.org](mailto:cvalenzuela@carf.org)>  
**Date:** July 3, 2019 at 12:35:31 PM CDT  
**To:** "'[jgregory@cciar.org](mailto:jgregory@cciar.org)'" <[jgregory@cciar.org](mailto:jgregory@cciar.org)>  
**Subject:** CARF QIP Acknowledgment

Dear Mr. Gregory:

We have received and reviewed your organization's quality improvement plan (QIP). The accreditation survey and QIP are two important components of an overall process that ensures that there is ongoing assessment of the quality of the services your organization provides.

This acknowledgment of your QIP recognizes your response to all areas of the survey report in which recommendations were made. During the next survey visit, CARF will review this further to make the determination of whether the actions you have taken have brought your organization into conformance to the standards.

CARF recommends that you stay up to date with standards changes and prepare for the next survey by paying special attention to the Accreditation Policies and Procedures in the standards manual. This section outlines your continuing responsibilities as an accredited organization to inform CARF of significant changes and events in your organization as they occur. If changes occur, you can download the appropriate [Ongoing Communication Form](#) from the CARF website. For help interpreting specific standards, contact me at [jmontijosoto@carf.org](mailto:jmontijosoto@carf.org) or by telephone at extension 7075.

We appreciate the opportunity to be of service to your organization. We recognize your ongoing efforts to provide quality services to persons served and look forward to a continuing relationship working with you to support your efforts.

Sincerely,

Jessica Montijo Soto

Resource Specialist

Behavioral Health

Counseling Clinic, Inc.

Company # 265955

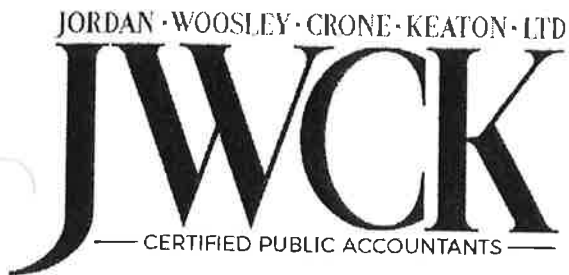
Survey # 117036

[www.carf.org](http://www.carf.org)

CARF International, 6951 E Southpoint Road, Tucson, AZ 85756-9407, USA  
Toll Free: (888) 281-6531, Fax: (520) 318-1129

CARF Canada, 501-10154 104 Street NW, Edmonton AB T5J-1A7, CANADA  
Toll Free: (888) 281-6531, Fax: (780) 426-7274

CARF Europe, 4th Floor, Rex House, 4-12 Regent Street, London SW1Y 4RG, UK  
Phone: +001 (520) 325-1044, Fax: +001 (520) 318-1129  
A charitable company limited by guaranty, registered in England and Wales. Company  
#06772442, Charity #1134454



**Partners**  
Gary D. Welch, CPA, CVA  
Jimmy M. Pate, CPA, CBA, CVA, CRCM  
Courtney W. Moore, CPA, CFE, CGMA  
Christina B. Ellis, CPA

**Principals**  
Dennis C. Fason, CPA  
Phyllis A. Trent, CPA

**Founding Partners**  
Joe L. Woosley, CPA  
(1932-Present)  
Harry C. Keaton, CPA  
(1920-2005)  
Clarence W. Jordan, CPA  
(1930-2009)  
Glen W. Crone, Jr., CPA  
(1936-2016)

October 18, 2019  
Board of Directors  
Counseling Clinic, Inc.  
Benton, Arkansas

We have audited the financial statements of Counseling Clinic, Inc. (the Clinic) as of and for the year ended June 30, 2019 and have issued our report thereon dated October 18, 2019. Professional standards require that we advise you of the following matters relating to our audit.

**Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated July 15, 2019, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of the Clinic solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

**Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you

---

MEMBERS OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS



501.624.5788



[www.jwck.com](http://www.jwck.com)



126 Hobson Ave.  
Hot Springs, AR 71901



### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, our firm, and our network firms have complied with all relevant ethical requirements regarding independence.

### **Qualitative Aspects of the Entity's Significant Accounting Practices**

#### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Clinic is included in Note 1 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the year ended June 30, 2019. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

#### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements are the allowance for doubtful accounts and depreciation expense.

Management's estimate of the allowance for doubtful accounts is based on historical rates of collection of accounts receivable from patients and third party insurance providers. Depreciation expense is calculated using the straight-line method of depreciation over the useful lives of the specific assets. We evaluated the key factors and assumptions used to develop the estimates for the allowance of doubtful accounts and depreciation expense and determined that it is reasonable in relation to the basic financial statements taken as a whole.

### **Significant Difficulties Encountered during the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. We did not identify any known or likely misstatements other than those that we believe are trivial.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting,

reporting, or auditing matter, which could be significant to Counseling Clinic Inc.'s financial statements or the auditor's report. No such disagreements arose during the course of the audit.

#### **Representations Requested from Management**

We have requested certain written representations from management, which are included in a separate letter dated October 18, 2019.

#### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

#### **Other Significant Matters, Findings or Issues**

In the normal course of our professional association with the Clinic, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, operating conditions affecting the entity, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as Counseling Clinic Inc.'s auditors.

During our audit, we reviewed the Clinic's policy and procedures manual with Chief Financial Officer Leann Glenn. We noted the manual has not been updated in a number of years and per our discussion with Leann, a number of changes have been made from the documented procedures and others need to be changed. We recommend that management perform a comprehensive review of the entire manual and update as deemed necessary.

During the performance of audit procedures related to the Clinic's representative payee accounts, we noted that in some cases, clients are being charged a monthly service fee by the Clinic that is within the guidelines of the social security administration but are more than the fee as recorded on the monthly budgets prepared by the client's case manager and provided to the client. We recommend that all case manager's review the monthly budgets they prepare for the clients and insure the fee reported in the budget agrees to the fee the Clinic is charging.

We also noted during our audit of the representative payee accounts, that the Clinic's supervisor of the program writes a check to herself for the amount of the weekly funds disbursed to each client, has the director of Small Group Therapy sign the check, and cashes the check and disburses the cash to the client's case managers for distribution to the clients. We recommend as another level of internal control, that the program supervisor prepare a spreadsheet documenting the cash to be disbursed that agrees to the amount of the check and provide that to the Small Group director for review and approval along with the check to be signed.

#### **Other Information in Documents Containing Audited Financial Statements**

Pursuant to professional standards, our responsibility as auditors for other information in documents containing the Clinic's audited financial statements does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information. However, in accordance with such standards, we have read the information and considering whether such information, or the manner of its presentation, was materially inconsistent with its presentation in the financial statements.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

This report is intended solely for the information and use of the board of directors and management of Counseling Clinic, Inc. and is not intended to be and should not be used by anyone other than these specified parties

*JWCK, Ltd*

Hot Springs, Arkansas 71901

**COUNSELING CLINIC, INC.**  
**Benton, Arkansas**  
**June 30, 2019**  
**With Comparative Information for the**  
**Year Ended June 30, 2018**

# Counseling Clinic, Inc.

## Table of Contents

---

|   |    |
|---|----|
| Independent Auditor's Report  | 1  |
| Statement of Financial Position   | 4  |
| Statement of Activities   | 6  |
| Statement of Functional Expenses -- Actual and Budget   | 7  |
| Statement of Cash Flows   | 11 |
| Notes to the Financial Statements   | 12 |
| <b>Supplementary Information</b>  |    |
| Schedules of Support, Revenue and Expenses -- Actual and Budget:  |    |
| Enhanced Case Management Contract   | 18 |
| Evening Reporting Center Contract   | 19 |
| Division of Youth Services Contract   | 20 |
| Child and Adolescent Services System Program  | 21 |
| Federal Awards Status Report  | 22 |
| State Awards Status Report  | 22 |
| <b>Compliance Report</b>  |    |
| Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> | 24 |
| <b>Statistical Section</b>  |    |
| Independent Auditor's Report on Additional Information Contained in the Table of Statistical Data and Schedule of Units of Service  | 28 |
| Table of Statistical Data and Schedule of Units of Service  | 30 |



**Partners**  
 Gary D. Welch, CPA, CVA  
 Jimmy M. Pate, CPA, CBA, CVA, CRCM  
 Courtney W. Moore, CPA, CFE, CGMA  
 Christina B. Ellis, CPA

**Principals**  
 Dennis C. Fason, CPA  
 Phyllis A. Trent, CPA

**Founding Partners**  
 Joe L. Woosley, CPA  
 (1932-Present)  
 Harry C. Keaton, CPA  
 (1920-2005)  
 Clarence W. Jordan, CPA  
 (1930-2009)  
 Glen W. Crone, Jr., CPA  
 (1936-2016)

**Independent Auditor's Report**

To the Board of Directors  
 Counseling Clinic, Inc.  
 Benton, Arkansas

We have audited the accompanying financial statements of Counseling Clinic, Inc. (the Clinic) a nonprofit organization, which comprise the statement of financial position as of June 30, 2019 with comparative totals for the year ended June 30, 2018, and the related statement of activities, cash flows and functional expenses – actual and budget for the year then ended and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP); this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, U.S. GAAP and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Clinic's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clinic's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Counseling Clinic, Inc. as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. GAAP.

### **Other Matters**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information, along with the schedules of support, revenue and expenses - actual and budget, and federal and state awards status reports, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects, in relation to the basic financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated October 18, 2019, on our consideration of the Clinic's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Clinic's internal control over financial reporting and compliance.

### **Report on Other Legal and Regulatory Requirements**

In accordance with the Arkansas Department of Human Services, we have also issued our report dated October 18, 2019 on our consideration of the Clinic's statistical information system to reliably document and report staff activities, units of service and recipient data. The report also expresses an opinion on the fairness of the presentation of the number of clients served, number of direct clients, community and education units of service provided and the cost per unit of service. The report is an integral part of an audit performed in accordance with the Arkansas Department of Human Services in consideration of the Clinic's statistical information system.

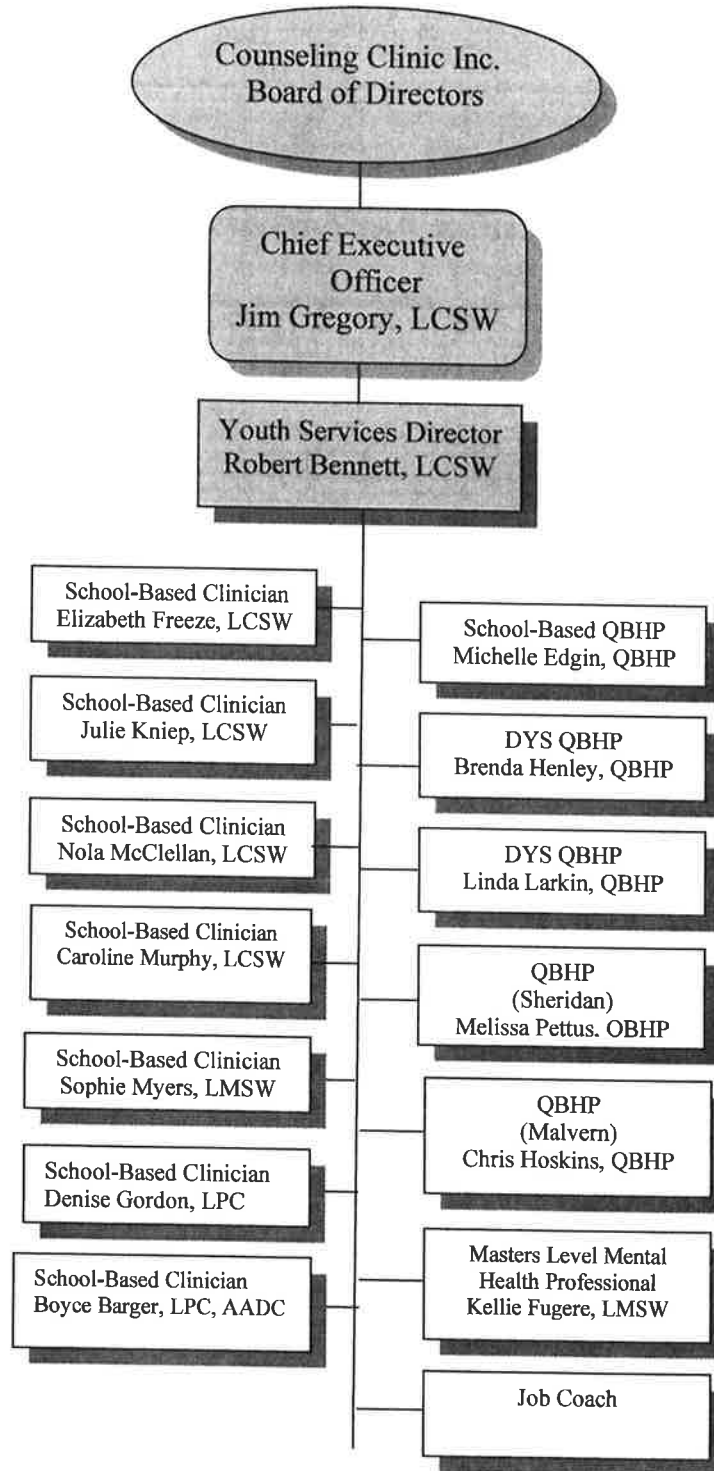
### **Report on Summarized Comparative Information**

We have previously audited the Counseling Clinic Inc.'s June 30, 2018, financial statements and expressed an unmodified audit opinion on those audited financial statements in our report dated October 10, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018 is consistent, in all material respects, with the audited financial statements from which it has been derived.

*JWCK, Ltd*

Hot Springs, Arkansas  
October 18, 2019

**ORGANIZATIONAL CHART**  
**Youth Services Program**





# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**Counseling Clinic, Inc.**  
**110 Pearson Street**  
**Benton, AR 72015**

Dates of Certification: 07/01/2019 - 06/30/2020

Vendor Number: 11085

License Number: 086



Cheryl Grappe, RN  
Nurse Manager

Division of Provider Services and Quality Assurance

