

710-19-1025

Date and Time for Opening Bids

April 8, 2019

10:00 a.m.

**Lonoke County Task Force on Child Abuse
and Neglect**

d/b/a

Open Arms Shelter

SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | |
|--|--|--|---|---|
| Company: | Lonoke County Task Force on Child Abuse and Neglect d/b/a Open Arms Shelter | | | |
| Address: | 1500 Navajo Trail, P. O. Box 161 | | | |
| City: | Lonoke | State: | AR | Zip Code: 72086 |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation | <input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit | |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American | <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American | <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned |
| AR Certification #: _____ | | * See <i>Minority and Women-Owned Business Policy</i> | | |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | | |
|---|-------------------------|------------------|--------------------|
| <i>Provide contact information to be used for bid solicitation related matters.</i> | | | |
| Contact Person: | Nancy Hamlin | Title: | Executive Director |
| Phone: | 501-676-6166 | Alternate Phone: | 501-317-0956 |
| Email: | oashamlin@sbcglobal.net | | |

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

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

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

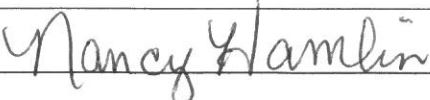
Authorized Signature: Nancy Hamlin Title: Executive Director
Use Ink Only.

Printed/Typed Name: Nancy Hamlin Date: April 1, 2019

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

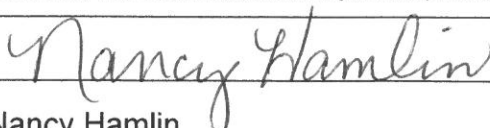
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

| | | | |
|------------------------------|---|---------------|--------------------|
| Vendor Name: | Lonoke County Task Force on Child Abuse and Neglect d/b/a Open Arms Shelter | Date: | April 1, 2019 |
| Authorized Signature: |  | Title: | Executive Director |
| Print/Type Name: | Nancy Hamlin | | |

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

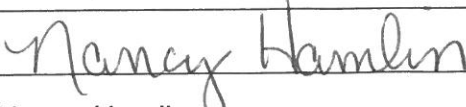
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

| | | | |
|------------------------------|---|---------------|--------------------|
| Vendor Name: | Lonoke County Task Force on Child Abuse and Neglect d/b/a Open Arms Shelter | Date: | April 1, 2019 |
| Authorized Signature: |  | Title: | Executive Director |
| Print/Type Name: | Nancy Hamlin | | |

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

| | | | |
|------------------------------|---|---------------|--------------------|
| Vendor Name: | Lonoke County Task Force on Child Abuse and Neglect d/b/a Open Arms Shelter | Date: | April 1, 2019 |
| Authorized Signature: |  | Title: | Executive Director |
| Print/Type Name: | Nancy Hamlin | | |

PROPOSED SUBCONTRACTORS FORM

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

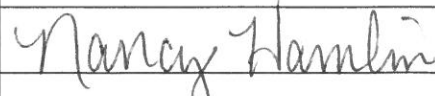
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

| Subcontractor's Company Name | Street Address | City, State, ZIP |
|------------------------------|----------------|------------------|
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PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

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

| | | | |
|------------------------------|---|---------------|--------------------|
| Vendor Name: | Lonoke County Task Force on Child Abuse and Neglect d/b/a Open Arms Shelter | Date: | April 1, 2019 |
| Authorized Signature: |  | Title: | Executive Director |
| Print/Type Name: | Nancy Hamlin | | |

Attachment G. has the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so that information can be verified. Failure to submit the requested information may cause your response to be disqualified. **Do not complete and return this form with your response.** It is for information only.

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

DATE: March 12, 2019
SUBJECT: RFQ 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)**
Additional specification(s)
 Change of bid submission/opening date and time
Cancellation of bid
Other

BID OPENING DATE AND TIME

Bid opening date change to April 8, 2019. Time remains the same – 10:00 am

Revise 1.28 - Schedule of Events to read: Date and time for Opening Bids: April 8, 2019.

CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT

Add contact information;
Issuing Officer: Margurite Al-Uqdah
Email Address: margurite.al-uqdah@dhs.arkansas.gov
Phone#: 501-682-8743

REPLACE ATTACHMENT

Replace Attachment G

CHANGES TO REQUIREMENTS

Delete Section 2.2A and replace with the following:

- A. Vendor must submit a Residential Child Welfare Agency license obtained from the Division of Child Care and Early Childhood Education (DCCECE).

Delete Section 2.2B and replace with the following:

B. Must be accredited by one (1) of the independent, not for profit organizations specified below or have an application in-progress for one or more such accreditations at time of bid. For verification purposes, the Vendor **must** submit:

- 1) Current Certificate of Accreditation from one of the organizations listed below or
- 2) A copy of the accreditation application **and** a copy of the application payment that was submitted to one of the entities below:
 - a. The Commission on Accreditation of Rehabilitation Facilities (CARF);
 - b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
 - c. The Council on Accreditation (COA).

Section 2.3 A

Delete: The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations : The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Add: The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations **by October 1, 2019**: The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Attachment C: Performance Standards

C. Delivery of Treatment in a Safe and Secure Environment, add:

Service Criteria:

8. The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations by October 1, 2019: The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Acceptable Performance:

Acceptable performance is defined as one hundred percent (100%) compliance with all Service Criteria and Acceptable Performance standards at all times throughout the contract term.

Contractor must maintain accreditation one hundred percent (100%) of the time after October 1, 2019 and for the duration of the contracted term.

Damages:

Failure to achieve and maintain licensure and accreditation as stated in Service Criteria and Acceptable performance may result in immediate contract termination.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Nancy Hamlin
Vendor Signature

4-1-19
Date

Open Arms Shelter
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

DATE: March 26, 2019

SUBJECT: 710-19-1025 Qualified Residential Treatment Program

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)**
 Additional specification(s)
 Change of bid submission/opening date and time
 Cancellation of bid
 Other

BID OPENING DATE AND TIME

Bid opening date and time

CHANGE EFFECTIVE DATE OF CONTRACT

Revise

Sections 1.2A Type of Contract and Section 1.28 - Contract Start Date which reads that the effective date of contract is 6/1/2019.

It will now read to say contract effective date is 7/1/2019.

CHANGE SPECIFICATIONS

2.1 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) MINIMUM QUALIFICATIONS

Insert at the end of item "D.": Vendors who do not have registered or licensed nursing personnel at time of bid submission must submit all licenses before July 1, 2019, in order to be awarded a contract.

REVISE ATTACHMENT

Revise Attachment G

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Nancy Hamlin
Vendor Signature

4-1-19
Date

Open Arms Shelter
Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____

SUBCONTRACTOR NAME: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Lonoke City Task Force on Child Abuse Goods? Services? Both?

YOUR LAST NAME: Hamlin

FIRST NAME: Nancy

M.I.: C

ADDRESS: 1500 Navajo Trail, P. O. Box 161

CITY: Lonoke

STATE: AR

ZIP CODE: 72086

COUNTRY: USA

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

FOR INDIVIDUALS *

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

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

None of the above applies

FOR AN ENTITY (BUSINESS) *

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

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

None of the above applies

Contract and Grant Disclosure and Certification Form

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

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

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

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Nancy Hamlin Title Executive Director Date April 1, 2019
Vendor Contact Person Nancy Hamlin Title Executive Director Phone No. 501-676-6166

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

EQUAL EMPLOYMENT OPPORTUNITY

In keeping with the guidelines of the Civil Rights Act of 1964, it is the policy of the Lonoke County Task Force on Child Abuse and Neglect, Inc. to promote and ensure equal employment opportunity for all persons regardless of race, color, sex, national origin, religion, age or disability.

Equal employment opportunities govern all aspects of the Lonoke County Task Force on Child Abuse and Neglect's personnel policies and program practices. All phases of employment, including advertising, hiring, evaluating, training and benefits shall be conducted in compliance with equal employment opportunity laws and regulations.

The Executive Director, Supervisors, and the Board of Directors will be held accountable for adherence to this policy.

Any person having questions concerning compliance with the Civil Rights Act of 1964 should contact the Executive Director at Open Arms Shelter, 1500 Navajo Trail, Lonoke, Arkansas, 72086 or call 501-676-6166.

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



The Arkansas Department of Human Services
Division of Child Care and Early Childhood Education



In cooperation with

Certifies that

Lonoke County Task Force On Child Abuse and Neglect, Inc.

OWNER

Open Arms Shelter

AGENCY

1500 NAVAJO TRAIL

LONOKE, AR 72086

Is hereby issued Residential license #: 199

FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING:

EMERGENCY RESIDENTIAL CHILD CARE FACILITY FOR CHILDREN AGES 0 TO 18

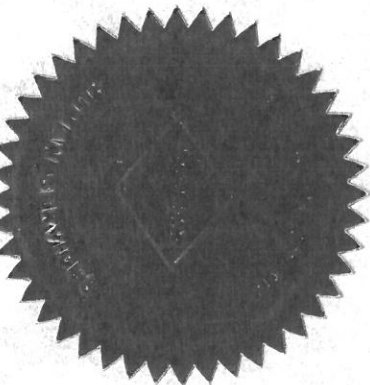
RESIDENTIAL CHILD CARE FACILITY FOR 28 CHILDREN AGES 5 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 07/26/2011 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

In Witness whereof

Chairman, Child Welfare Agency Review Board

DATE: 10/27/2015





January 18, 2019

Nancy Hamlin, LPC
Contact
Lonoke County Task Force on Child Abuse and Neglect
1500 Navajo Trail
Lonoke , AR 72086

Joint Commission ID #: 627970
Program: Behavioral Health Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 1/18/2019

Dear Ms. Hamlin:

The Joint Commission is pleased to grant your organization an accreditation decision of Limited, Temporary Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Behavioral Health Care**

Please note, this organization demonstrates compliance with selected standards in the first of two surveys conducted under the Joint Commission's Early Survey Policy. This accreditation cycle is effective beginning November 14, 2018. This decision remains in effect until one of the other official accreditation decision categories is assigned, based on a complete survey against all applicable standards to be conducted in approximately six months.

The Joint Commission will update your accreditation decision on Quality Check®.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

TRAUMA-INFORMED CARE

Open Arms has elected to use the **Trust-Based Relational Intervention (TBRI) Program** as our **Trauma-Informed Care Program**. This program most closely fits with what we are currently doing at Open Arms that seems to be working successfully in reaching the difficult to place population that we serve.

The three principles that drive this program are:

- **Empowerment**—attention to physical needs;
- **Connection**—attention to attachment needs; and
- **Correction**—attention to behavioral needs.

We changed to a “Relationship over Rules” philosophy two years ago when the age of the children we served moved toward teens. This philosophy seems to be working with this population. Our staff begins working immediately upon admission to address any deficits in the basic needs of our residents. The staff meets each resident at the door to begin the connection process. Once these two principles are well on their way, the correction phase begins.

Empowerment principles ensure that there are healthy conditions for residents to begin healing from the trauma they have experienced in the past. Each child has the need to “feel safe” while in a safe, structured environment. Transition time for children who have experienced trauma is often difficult and can be made easier by giving notice when a change is about to occur. A structured environment helps to stabilize those who experience the fear of the unknown. Open Arms follows a structured schedule for daily activities.

Each residents’ medical and physical needs are assessed, and appropriate referrals are made for treatment. Vaccinations are brought up to date. Mental health needs are assessed and appropriate care is sought for each resident. If mental health treatment has already been established with a provider, that relationship will be continued when possible. Mental health treatment is sought based on the presenting problems, need for medication, and the need for specialized treatment. Dental and vision needs are also addressed.

Adequate sleep helps to ensure each resident is in a good place cognitively and emotionally to participate in their healing process and daily functioning. Regular physical activity is provided for the residents at Open Arms. A membership at the local community center provides opportunities for swimming, basketball, indoor walking and the use of exercise equipment. Open Arms also has a walking/bicycle track with bicycles available to our residents.

Many of our past residents have had issues with food or the lack thereof. It is important that meals are nutritious and occur on time. Snacks are out where they can be seen by residents and accessed when needed.

As these needs are being addressed, the **Connection** principles has already begun. Staff at Open Arms have been trained and will continue to be trained in how to interact with residents who have experienced trauma. The “trauma lenses” the staff uses to observe the residents’ behaviors, help staff to understand and empathize with the teens. Monitoring the stress and anxiety levels and proactively addressing those issues can prevent outbursts and promote wellness. Our caregivers engage with the residents throughout the day to promote this connection. The caregivers help with daily tasks, such as room cleaning and homework time. Time is also spent together engaging in recreational activities, such as bicycle riding, exercising and recreational outings.

When working with teens especially, we learned the hard way that if they do not respect and care about the staff and other authority figures, the residents will not care about the rules and instructions. This connection work might also extend to the child and parent when appropriate. Establishing a caring relationship between child and parent may be a giant step in the process of reunification for some families. This also carries over in the school and work place.

Connections can also be built with teachers, mentors, friends and other important people in a child’s life. Successful relationships are imperative to successful living. These connections provide the avenue to work with the residents on the next principle of TBRI: Correction.

Now that the basic needs of the residents have been met and connections with others are developing, the **Correction** principle helps residents to learn how to address the issues that are hindering each of them from optimum functioning. Modeling appropriate behaviors and responses for residents, then guiding them in

determining and practicing the residents' own appropriate behaviors and responses will begin to help residents build their toolbox for successful life choices and working relationships with others.

The **IDEAL** response is used to address problematic behaviors.

- (I) Respond *immediately*;
- (D) Respond *directly* with eye contact and attention;
- (E) Respond *efficiently* using the least amount of corrective effort;
- (A) Make sure the response is *action-based* by walking them through correct behavior and having them practice that behavior;

- (L) *Level* the response at the behavior not the child.

All staff will be trained in this evidenced-based practice of trauma-informed care and will be provided with other professional development opportunities to stay up-to-date with techniques and practices being used in this field.

NURSE

The process to hire a nurse will begin immediately upon approval for Open Arms to provide Qualified Residential Treatment Program (QRTP) Services. This process will be completed by July 1, 2019, the date given to have the licensure information of the nurse submitted.