

SERENITY COUNSELING, LLC

A New Beginning...

4024 Palestine Road
Huntington, AR 72940
serenity.sunrisecounseling@yahoo.com
Phone (479) 883-9442

ORIGINAL TECHNICAL PROPOSAL PACKET

Margurite Al-Uqdah
Arkansas Dept. of Human Services
Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

ORIGINAL

RESPONSE PACKET
710-20-0011

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



STATE OF ARKANSAS

Department of Human Services
Office of Procurement
700 Main Street,
Little Rock, AR 72201

REQUEST FOR PROPOSAL BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION			
Bid Number:	710-20-0011	Solicitation Issued:	12/16/2019
Description:	HOME STUDIES		
Agency:	Department of Human Services, Division of Children and Family Services		
SUBMISSION DEADLINE FOR RESPONSE			
Bid Submission:	1/28/2020	Bid Opening:	2:00 pm CST
<p>Proposals shall not be accepted after the designated bid opening date and time. In accordance with Arkansas Procurement Law and Rules, it is the responsibility of Contractors to submit proposals at the designated location on or before the bid opening date and time. Proposals received after the designated bid opening date and time shall be considered late and shall be returned to the Contractor without further review. It is not necessary to return "no bids" to the Office of Procurement (OP).</p>			
DELIVERY OF RESPONSE DOCUMENTS			
Drop off Address:	Arkansas Department of Human Services Attn: Office of Procurement 700 Main Street Slot W345 Little Rock, AR 72201		
United States mail (USPS):	Arkansas Department of Human Services Attn: Office of Procurement P.O. Box 1437 Slot W345 Little Rock, AR 72203-1437		
Commercial Carrier (UPS, FedEx or USPS Exp):	Arkansas Department of Human Services Attn: Office of Procurement 112 West 8 th Street, Slot W345 Little Rock, AR 72201		
	Delivery providers, USPS, UPS, and FedEx deliver mail to OP's street address on a schedule determined by each individual provider. These providers will deliver to OP based solely on the street address. Contractors assume all risk for timely, properly submitted deliveries.		
Proposal's Outer Packaging:	<p>Outer packaging must be sealed and should be properly marked with the following information. If outer packaging of proposal submission is not properly marked, the package may be opened for bid identification purpose</p> <ul style="list-style-type: none"> • Bid number • Date and time of bid opening • Contractor's name and return address 		
OFFICE OF STATE PROCUREMENT CONTACT INFORMATION			
OP Buyer:	Margurite Al-Uqdah	Phone Number:	501-682-8743
Email Address:	Margurite.al-uqdah@dhs.arkansas.gov	OP's Main Number:	501-682-1001
DHS Website:	http://humanservices.arkansas.gov/Pages/default.aspx		
OPS Website:	http://www.arkansas.gov/dfa/procurement/bids/index.php		

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Serenity Counseling, LLC				
Address:	4024 Palestine Rd				
City:	Huntington	State:	AR	Zip Code:	72940
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input checked="" type="checkbox"/> Women-Owned				
AR Certification #: _____		* See Minority and Women-Owned Business Policy			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Cynthia S. Cagle, LCSW	Title:	owner: Serenity Counseling, LLC
Phone:	479-883-9442	Alternate Phone:	
Email:	serenity_sunrise_counseling@yahoo.com		

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.
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.
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: Cynthia S. Cagle, LCSW Title: owner - Serenity Counseling, LLC
Use Ink Only.
 Printed/Typed Name: Cynthia S. Cagle, LCSW Date: 1-17-2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Serenity Counseling, LLC	Date:	1-17-2020
Authorized Signature:	Cynthia S. Cagle, LCSW	Title:	owner
Print/Type Name:	Cynthia S. Cagle, LCSW		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Serenity Counseling, LLC	Date:	1-17-2020
Authorized Signature:	Cynthia S. Cagle, LCSW	Title:	owner
Print/Type Name:	Cynthia S. Cagle, LCSW		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Serenity Counseling, LLC	Date:	1-17-2020
Authorized Signature:	Cynthia S. Cable, LCSW	Title:	owner
Print/Type Name:	Cynthia S. Cable, LCSW		

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information

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

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

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

Vendor Name:	Serenity Counseling, LLC	Date:	1-17-2020
Authorized Signature:	Cynthia S. Cagle, LCSW	Title:	owner
Print/Type Name:	Cynthia S. Cagle, LCSW		

Contract Number _____
 Attachment Number _____
 Action Number _____
CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM
 Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.
 SUBCONTRACTOR: _____
 Yes **No**

IS THIS FOR: **Goods?** **Services?** **Both?**
 TAXPAYER ID NAME: Serenity Counseling, LLC
 YOUR LAST NAME: Cagle FIRST NAME: Cynthia M.I.: S
 ADDRESS: 4024 Palestine Road STATE: Arkansas ZIP CODE: 72940 COUNTRY: USA
 CITY: Huntington

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?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

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 Cynthia S. Cagle, LCSW Title Serenity Counseling Date 1-17-2020

Vendor Contact Person Cynthia S. Cagle, LCSW Title Serenity Counseling, LLC Phone No. 479-883-9442

Agency use only

Agency Name Department of Human Services Agency Contact Person _____ Contract Phone No. _____ or Grant No. _____

INFORMATION FOR EVALUATION

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

	Maximum RAW Score Available
E.1 MINIMUM QUALIFICATIONS	
A. Submit social work licenses for all staff identified to execute the Scope of Work.	5 points
B. Describe your experience in social work or child welfare related field.	5 points
C. Submit an organization chart displaying all staff that will execute the Scope of Work. Clearly Show title and line of supervisory.	5 points
D. Provide three (3) letters of recommendation from three (3) different sources, dated within the last six (6) months of bid submittal date, relating to the Scope of Work of this RFP.	5 points
E. Explain your plan for meeting the requirement of working nights and weekends.	5 points
F. Describe how you propose to maintain sufficient staffing levels to ensure successful completion of task requires in the Scope of Work.	5 points
E.2 APPROACH TO SCOPE OF WORK	
A. Submit a sample describing vendor's approach to gathering, assessing and providing pertinent information to be used in decision making regarding the appropriateness of approval of homes.	5 points
B. Describe vendor approach to face-to-face interviews to prospective families as stated in section 2.4a 2	5 points
C. State how will you ensure a SAFE Home Study will be completed within the timeframe stated in 2.4a 3.	5 points
E.3 ADDITIONAL CONTRACT REQUIREMENTS	
A. Explain how you will ensure timely reporting as required in 2.3a and b.	5 points
B. State your mode of transportation that will be used to meet the Scope of Work in this RFP.	5 points
E.4 REPORTING AND BILLING	
A. State your plan to comply with the training requirement as set forth in 2.5a	5 points
B. Explain how you will ensure timely billing of DHS for services	5 points
C. What your agency's or organization policy on confidentiality and record retention?	5 points

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY
AREA(S)**

- *Please Check each area in which you are willing to provide the service.*
- ***Do not** include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

AREA 8

AREA 9

AREA 10



INFORMATION FOR EVALUATION

I have been on a contract with DHS/DCFS for completion of Home Studies since the 2011/2012 contract years. The first year I worked with parts of Area III where they did not have a contractor for that first year and since in Area II until current.

See attached info:

SERENITY COUNSELING, LLC

A New Beginning...

4024 Palestine Road
Huntington, AR 72940
Phone (479) 883-9442

INFORMATION FOR EVALUATION

E.1 A

Social work licenses

See attached info:



**Arkansas
Social Work License Card**

License No.

2065-C

Expiration Date:

8/31/2020

Cynthia Seaton Cagle, LCSW

4024 Palestine Rd.

Huntington AR 72940

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

Sign of the Board

Chairman

*Seenity Counseling LLC
owner*

**STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD**

Mailing Address:

PO Box 251965 Little Rock, AR 72225-1965

Physical Address:

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

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

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

STATE OF ARKANSAS

SOCIAL WORK LICENSING BOARD

In the Name and By the Authority of the State of Arkansas, the Arkansas Social Work Licensing Board hereby certifies that:

Lana Elizabeth Kaylor

has been duly examined and found qualified to practice as a Licensed Certified Social Worker and is hereby licensed with all rights, privileges and responsibilities prescribed by Act 791 of 1981.

In testimony hereof we have set forth our hands upon this document at Little Rock, Arkansas this 8th day of March Two Thousand Sixteen.

Andrew M. Bao, Esq.
Chairperson

John M. St. James
Vice-Chairperson

April L. Bennett
Secretary



Certificate No 4036-C



Information for Evaluation

E.1 B

Describe your experience in social work or child welfare related field.

I began working for DCFS in 1985 as a LSW. I started in Scott Co and finished in Sebastian Co. I worked as an investigator, family worker, and foster home trainer. I quit working for DCFS after two years. Then I worked for S.C.A.N. (Suspected Child Abuse and Neglect) in Fort Smith for 1 year. I have since worked for numerous child agencies. I went back to get my Master in Social Work in 2000. I began practicing Clinical Therapy and two years later earned my LCSW. I have worked in the Juvenile Court System, Juvenile lock up, Clinical Inpatient Director at VISTA Behavioral Health, and currently in the Fort Smith School System as the School Based Mental Health Professional for the last 10 years.

See attached:

POSITIONS IN SOCIAL WORK

FORT SMITH PUBLIC SCHOOLS

September 2011 – current

Title - School-based Mental Health

Chaffin Junior High School, Ramsey Junior High School, Southside High School

Primary Duties

- Therapy
- Assessments
- Behavioral workshops
- On call for crisis situations

SERENITY COUNSELING, LLC

February 2009 – current

Private Practice – owner

Primary Therapy

- Adolescent
- At risk juveniles
- Sexual abuse victims/perpetrators
- Marriage counseling
- Behavioral therapy
- Mediation services
- Domestic/International home studies
- Court ordered supervised visitation

HAMILTON HOUSE CHILD AND FAMILY SAFETY CENTER

June 2010 – current

- Trauma Focused Cognitive Behavioral Therapy with Sexually and Physically Abused kids

PINNACLE POINTE BEHAVIORAL HOSPITAL – LITTLE ROCK, AR

December 2008 – June 2010

Title – Northwest Ark. Mobile Assessor

(Sebastian, Crawford, Franklin, Johnson, Logan, Scott, Washington, Benton, Carroll, Boone, Madison, Baxter)

Primary Duties

- Suicide assessments
- Acute assessment/admissions
- Residential assessment/admissions
- Community liason/education

- PR with other community resources/therapists/clinics

VISTA HEALTH BEHAVIORAL HOSPITAL – FT. SMITH

June 2006 – December 2008

Title – Animal Assisted Therapy Coordinator/School Based Therapist

Primary Duties

- Coordinate Animal Assisted Therapy, equine and canine, services at Vista Health, inpatient and outpatient
- School based therapy services
- Training and workshops
- Supervise interns
- Intake and assessment
- Coordinate with juvenile probation/court
- Coordinate with Comprehensive Juvenile Services

VISTA HEALTH BEHAVIORAL HOSPITAL – FT. SMITH

September 2004 – June 2006

Title – **Director** of Social Services and Inpatient Hospital Clinical Director

Primary Duties

- Senior management
- Inpatient programming
- Supervisor for nine employees
- Supervisor for Master of Social Work interns from UALR and U of A Fayetteville
- Training/workshops
- Inpatient clinical therapy with adolescents/children/adults
- Group and Individual sessions
- Intake and assessment
- Monthly reporting
- Mediation
- Coordination of community services for patients

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER

HORIZON ADOLESCENT CHEMICAL ABUSE CENTER

May 2004 – September 2004

Title – Master of Social Work Professional

Primary Duties

- Clinical therapy with adolescents
- School based mental health – Alma High School
- Mental Health group leader – chemical abuse

- Intake and assessments
- APS billing
- Summer treatment program – conflict and mediation workshop

UALR GRAD STUDENT – MASTER OF SOCIAL WORK INTERN

August 2003 – May 2004

Title – Master of Social Work Intern, Western Arkansas Counseling & Guidance Center and Horizon Adolescent Chemical Abuse Center

Primary Duties

- Clinical therapy with adults and children
- Group counseling with Ft. Smith Boys Shelter
- Group counseling with Horizon Adolescent Drug Treatment Center
- Assessments for children and Adults
- Developing treatment plans
- Assessments for court system
- Parenting classes – co-facilitator
- Children’s case management – school based

UALR GRAD STUDENT – MASTER OF SOCIAL WORK INTERN

August 2002 – May 2003

Title – Master of Social Work Intern, Washington County Juvenile Detention Center

Primary Duties

- Suicide screening and assessment of incoming juvenile delinquents
- Group counseling sessions
- Weekly counseling sessions for individual clients at the juvenile detention center
- Advocating for juvenile with court staff
- Setting up a case plan for the juvenile
- Conduction an Organization assessment
- Home visits
- Being available for crisis intervention
- And any and all other social work needed at the J.D.C.

I attended an intensive two-weekend workshop of Reality Therapy Training with Bruce Allen, LCSW, Reality Therapy Facilitator, Professor U of A., while interning at the Washington County Juvenile Detention Center this spring.

NORTHWEST ARKANSAS REGIONAL FEMALE PROGRAM- Mansfield, AR

August 2000 – October 2002

Title – Case Manager/Counselor
(upstart of a new program for female juveniles)

Primary Duties

- Develop and organize a new program from ground up
- Maintain case files on clients.

- Do initial assessment upon entrance to the program.
- Maintain contact with judges, juvenile probation officers, aftercare workers, parents, Division of Children and Family and Division of Youth Services.
- Write and send monthly progress reports to above.
- Arrange for clients medical, dental, and counseling appointments.
- Develop and write case plan.
- Counseling with client and parents/guardian.
- Plan and facilitate group therapy including; Equine Assisted Psychotherapy, Anger Management, Survival group, Right Choices group, Gender Specific group, and Drug and Alcohol group
- Talk with client's parent/guardian on a weekly basis to keep parent involved with client's progress and set up parent visitation with client.
- On call for behavioral incidents with clients.

OK FOODS HUMAN RESOURCE DEPARTMENT

October 1999 – August 2000

Title – Human Resource Clerk

Reason for leaving – I had applied and was accepted for a job with at risk juveniles. I also had the opportunity to start with day one of a new program that was one of a kind in the state of Arkansas.

Primary Duties –

- Responsible for over 300 employees in the Fort Smith plant.
- Logged and documented daily employment, vacation time, sick leave, FMLA, workers compensation, insurance, daily schedules, weekly and monthly reports company wide and payroll.

U.S. CENSUS BUREAU – 1990 CENSUS

Title – Manager of Recruiting Operations

Primary duties –

- Oversee the recruitment, testing, and selection of qualified applicants from 17 counties and to fill the district office positions.
- Assisted the Office Manager by developing and maintaining good public relations with news media and local Government Officials.
- Assisted Office Manager in applying EOE program principals and monitored the monthly reporting system.
- Directly supervised five Office Recruiters and four Field Testers.
- Responsible for recruiting budget.

MOUNT MAGAZINE GIRL SCOUT COUNCIL

Title – Public Relations / Field Director for 10 ½ counties

Reason for leaving – better pay with Census Bureau and a new challenging job.

Primary duties –

- Writing and publishing in house newsletter.
- Maintain positive PR with all forms of news media and write news releases.
- Recruited adults to be Girl Scout Leaders and girls ages five through eighteen to become Girl Scouts.
- Facilitate monthly meetings with each service unit in my area to give ideas and pass on information from the National Girl Scout Office.
- Formulated the public relations budget.

DEPARTMENT OF HUMAN SERVICES, DIV. OF CHILDREN AND FAMILY

Title – Caseworker / Investigator /Foster Care Trainer

Primary Duties –

- Foster Parent trainer
- Developed case plans
- Investigated abuse
- Was trained in sexual abuse investigations
- Adoption summaries
- Helped organize the Community Services Task Force where all the services available to our clients were brought together to help better serve our clients.

S.C.A.N – SUSPECTED CHILD ABUSE AND NEGLECT

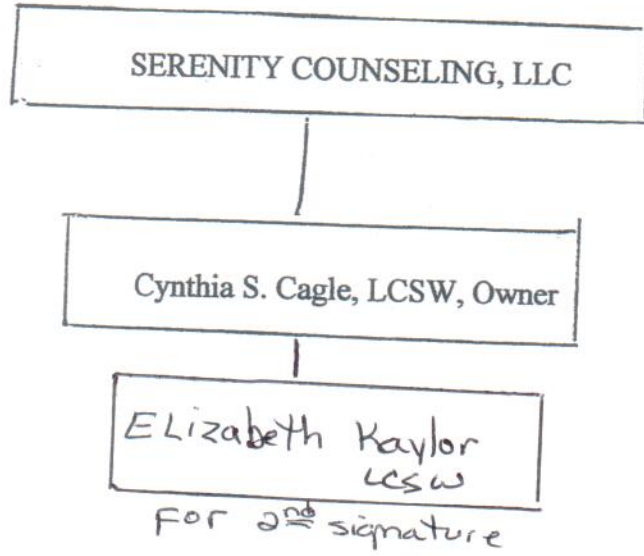
Title – Child Abuse Investigator and Volunteer Trainer

Primary Duties –

- Training volunteers.
- Casework, which included investigation of allegations and court appearances.
- Developing case plans
- Fund raising
- Matching the needs of the client with available services
- Counseling parents on appropriate discipline methods

E.I.C

PROJECT ORGANIZATION AND STAFFING



Lisa Velo, LCSW

14 Shelly Drive

Bella Vista, AR 72714

Email: lajensen65@gmail.com

To Whom It May Concern:

This letter shall serve as a letter of reference for Cynthia Cagle for contract provider completing home studies for the Department of Human Services/ Division of Children and Family Services.

I have known Ms. Cagle in a professional capacity for approximately 8 years. I first met her when she was providing therapy services to children through the Child Safety Center in Fort Smith and then as the contract provider for home studies. She also provided supervision for me to obtain my LCSW licensure. Ms. Cagle is compassionate, supportive, and knowledgeable. She has proven to be a great mentor and role model for exceptional social work.

Ms. Cagle has always been professional, organized, reliable, hard-working and timely in completing her work. Ms. Cagle is SAFE trained. She completes home studies herself and she provides oversight for those completing the home studies that do not have an LCSW. Ms. Cagle works hard to meet and exceed deadlines for completing home studies so children can have permanency as quickly as possible.

I would highly recommend Ms. Cagle to continue to have the home study contract for Northwest Arkansas.

If you have additional questions, please feel free to contact me at (870) 577-0672.

Sincerely,

Lisa Velo

Lisa Velo, LCSW

Cynthia M. Fink, LSW
6408 Boston St.
Ft. Smith, Arkansas 72903
479-806-0971
E: billandcindyfs@cox.net

January 17, 2020

To whom it may concern:

I am writing this letter to highly recommend Cynthia S. Cagle for the position of doing home studies for the Department of Human Services.

I have know Cynthia for almost 10 years. We became friends through doing volunteer home studies for The CALL. We both attended the S.A.F.E. training in Little Rock so we could learn how to do S.A.F.E. home study reports. Cynthia also went to additional training so that she could be a supervisor to those social workers who did home studies. During those earlier years she supervised not only me, but was willing to supervise 3 other volunteer social workers.


Cynthia is one of the most positive and upbeat persons I know. She is enthusiastic and helpful and willing to mentor others, including me. She is very knowledgeable and her vast amount of experience has helped me improve my social work skills. She counsels with wisdom, care, and compassion. As a social worker, she has to attend workshops and seminars to stay current on new ideas and treatments, and she also is called upon to lead workshops because of her experience.

Cynthia is very professional and honors confidentiality and performs her role as a social worker in an ethical manner. She is dependable, reliable, hard-working, and very helpful.

I have been impressed with her dedication to providing quality social work services to children and families wherever she has worked, such as, in the Ft. Smith Public Schools, Hamilton House child safety offices, and former Vista Health Inpatient services. She is willing to adjust her schedule to accommodate children and families and their needs and availability.

Cynthia demonstrates a giving and generous nature. She has volunteered her time and talents within our community that promote services to children.

I feel these attributes demonstrate a person with excellent character. Cynthia will be a valuable asset to your department.

Sincerely,

Cynthia M. Fink, LSW

Debra Brown, M.S.

Licensed Psychological Examiner, Independent

Professional Licensed Counselor

965 Beverly Hills Drive

Van Buren, AR 72956

(479)459-0795

January 22, 2020

Re: Cindy Cagle

TO WHOM IT MAY CONCERN:

Cindy Cagle has been a colleague of mine for approximately ten years. We are both employed by the Fort Smith Public School District in the school based mental health program. I was aware of Cindy before her employment with the school district through my community contacts. She is knowledgeable in the mental health field and seeks to keep abreast of current research. I have known Cindy to be responsible and conscientious in meeting her professional obligations.

I can recommend Cindy Cagle without reservation for conducting home studies.

Debra Brown, M.S., L.P.C., L.P.E.-I



Information for Evaluation

E.1 E

I will be retiring from the Ft. Smith School System in June 2020. I will be available full time to complete the home studies at that time. Until then, I plan to make phone calls as needed. I will schedule in person meetings with families to complete the required informational gathering in the evenings or weekends as they are available. I am a widow and my children are grown so I have all my time available for the home studies. I plan to use the same system that I have been using. It has been effective for the last 8 years.



Information for Evaluation

E.1 F

I have received a commitment from Elizabeth Gately-Kaylor, LCSW to be the second signature on my home studies. She has completed the SAFE training as well as the SAFE Supervisor training. I will be the only one completing the home studies as there are usually only 6-10 home studies a month, but I need another signature other than my own on the completed home studies. If there is a need to have someone else complete an occasional home study, it will be Elizabeth.



Information for Evaluation

E.2 A

I make the first phone call to introduce myself as a contract LCSW referred by DCFS to complete the home study. I drop off/or mail a packet of information for the participant to fill out and answer questions. I will either email/or call the worker to get info I have not received yet from DCFS if needed (IHC, QI, three SAFE references). During the future visits(at least two) to the home I will talk with all participants' adults and children to gather information pertinent to the home study. I can call back or revisit the participants while typing up the home study if I need any more information. There are times that I will communicate with the worker to get more information if I am concerned with any information I have gained to clarify issues.

E.2 B

I have been a Licensed Mental Health Therapist since 2004. As well, I worked with DCFS for two years and have been in contact with DCFS for many years now through my many different employments. I feel this gives me an advantage to access and gather information. I am very comfortable with face to face interviews and asking questions to gather information. I like to put the participant at ease by attentive listening and responding back to clarify what they have said. I have not had any problem with the client giving information, even if they were initially closed to giving personal information. Once they interact with me, and begin the interview, I can put them at ease.

E.2 C

I have been to the SAFE Training in Little Rock as well as the SAFE Supervisor Training. The time frame of contacting within 24 hours of receiving the encumbrance and 45 days to complete the home study is met through my filing system described in E.3. All SAFE home studies are executed in compliance with the Structured Analysis Family Evaluation model at all times. I strive to have my first appointment with the family within five days according to the family availability. I am available nights and weekends to complete the home study. I utilize DCFS forms for information as well as some of my own forms. I also strive to have the complete home study typed up and ready for submission by the 30th day. This will leave 15 days to do updates if the DCFS supervisor requests them.



Information for Evaluation

E.3A

I have a filing system and record keeping system that marks the date the home study request was received, the date of initial contact, date of the home visit, initiating county, resident county, date of completion and who my DCFS contact person is for each home study.

This includes the info of first contact within 24hours of receiving the encumbrance, at least two visits, and 45 day completion date.

The above information tracking system will keep me on track with 100% compliance of each home study.

I also have a section with the listing of appropriate DCFS personnel to contact with any questions or information needed to pass along. I will meet with DHS and respond to requests by DHS, and interact and coordinate with other involved parties as needed/requested by DHS.

E.3 B

I have two vehicles for my use. In town I can use my 2014 Chrysler 300 and out of town I use my 2017 GMC 3500 4 wheel drive, depending on the nature of the roads traveled. Both vehicles have full insurance coverage.



Information for Evaluation

E.4 A

I am already trained in SAFE procedures and the SAFE Supervisor Training as well. I am open to additional training as well. I would like to the next training to update my skills as well. The copies of the training are attached in this procurement.

E.4 B

I will submit a monthly report to DCFS by the tenth working day of the month for the preceding month that includes names of referral received by date, SAFE home studies on families completed by date, updates, and any court testimony. There is a section to provide justification for any home studies submitted past the forty-fifth day. I will use the CHRIS Financial Module for invoices, along with the certification of compliance, and original signed invoices.

E.4 C

Serenity Counseling, LLC policy on confidentiality and retention of records comply with DCFS Police Standards as well as my LCSW licensure Ethics. All records are kept in a locking file cabinet. Records are kept for at least five years before destroying them. The computer used for typing the SAFE home study is used specifically for home studies with a confidential password.



EEO STATEMENT

To Whom It May Concern:

Serenity Counseling, LLC does not discriminate to any person because of race, color, religion, sex, national origin, age (except provided by law), marital status, political affiliation, or disability.

Serenity Counseling, LLC strictly adheres to the equal employment laws of the United States Government and the State of Arkansas. If you have questions concerning this please contact us at the address or phone number below.

Sincerely,

Cynthia S Cagle, LCSW
Cynthia S. Cagle, LCSW

1-17-2020

DATE

Serenity Counseling, LLC

4024 Palestine Road, Huntington, AR 72940

479-883-94423

Serenity.sunrisecounseling@yahoo.com

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: January 3, 2020
SUBJECT: 710-20-0011 Home Studies

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 remains the same

CHANGE OF SPECIFICATION(S)

Delete 4.5 of Section 4 – Performance Bonding. This is no longer required.

4.5 PERFORMANCE BONDING

A. ~~The Contractor shall be required to obtain performance bonds to protect the State's interest as follows:~~

- ~~1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.~~
- ~~2. The State shall require additional performance bond protection when a contract price is increased or modified.~~
- ~~3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.~~
- ~~4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.~~
- ~~5. Failure to provide is a breach of contract and may result in immediate contract termination.~~

B. ~~The Contractor shall submit documentation to the satisfaction of the State that a performance bond has~~