

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

*ORIGINAL*

***RESPONSE PACKET***  
***710-20-0012***

**CAUTION TO VENDOR**

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

## SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION   |  |   |   |   |
|--|--|---|---|---|
| Company:                               | Ozak Behavioral Health   |   |   |   |
| Address:                               | 1790 Hwy 5 N Suite 2   |   |   |   |
| City:                                  | Mountain Home  | State:  | AR  | Zip Code: 72653   |
| Business Designation:                  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Partnership          | <input type="checkbox"/> Sole Proprietorship<br><input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Public Service Corp<br><input type="checkbox"/> Nonprofit            |   |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> African American | <input type="checkbox"/> American Indian<br><input type="checkbox"/> Hispanic American          | <input type="checkbox"/> Asian American<br><input type="checkbox"/> Pacific Islander American | <input type="checkbox"/> Service Disabled Veteran<br><input type="checkbox"/> Women-Owned |
| AR Certification #: _____              |  | * See Minority and Women-Owned Business Policy  |   |   |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION  |                     |                  |                    |
|---|---------------------|------------------|--------------------|
| <i>Provide contact information to be used for bid solicitation related matters.</i> |                     |                  |                    |
| Contact Person:   | Kendeth House, LCSW | Title:           | Principle / Vendor |
| Phone:  | 870-404-2216        | Alternate Phone: | 870-404-7735       |
| Email:  | khouse@csweyaho.com |                  |                    |


| CONFIRMATION OF REDACTED COPY  |
|--|
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.<br><input 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.  |
| <p><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></p> |

| ILLEGAL IMMIGRANT CONFIRMATION   |
|--|
| By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. |

| ISRAEL BOYCOTT RESTRICTION CONFIRMATION   |
|---|
| By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. |
| <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.   |

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

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

Authorized Signature:  Title: Principle / Vendor  
Use Ink Only.

Printed/Typed Name: Kendeth House Date: 4/23/20

## SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

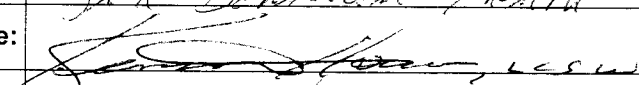
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

|                       |                                |        |                           |
|-----------------------|--------------------------------|--------|---------------------------|
| Vendor Name:          | <i>Cyber Behavioral Health</i> | Date:  | <i>1/23/20</i>            |
| Authorized Signature: | <i>[Handwritten Signature]</i> | Title: | <i>Principal / Vendor</i> |
| Print/Type Name:      | <i>Kenneth House</i>           |        |                           |

## 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:          | Open Behavioral Health   | Date:  | 1/23/20         |
| Authorized Signature: |  | Title: | Principal/Owner |
| Print/Type Name:      | Kearnell House   |        |                 |

## 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:          | <i>Opt Behavioral Health</i>   | Date:  | <i>1/23/20</i>          |
| Authorized Signature: | <i>[Handwritten Signature]</i> | Title: | <i>Principal Vendor</i> |
| Print/Type Name:      | <i>Kenneth House</i>           |        |                         |



Contract Number \_\_\_\_\_  
 Attachment Number \_\_\_\_\_  
 Action Number \_\_\_\_\_  
 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: \_\_\_\_\_

**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

Yes  No

IS THIS FOR:

Goods?  Services?  Both?

TAXPAYER ID NAME: Black Behavioral Health FIRST NAME: Kenneth M.I.: E

YOUR LAST NAME: Howe ZIP CODE: 72113 COUNTRY: USA

ADDRESS: 1790 Highway N Suite 2 STATE: AR

**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<br>[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?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | Relation |
|----------------------------------|----------|--------|--|---------------|-------------|---|----------|
|                                  | Current  | Former |  | From<br>MM/YY | To<br>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<br>[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<br>MM/YY | To<br>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 [Signature] Title Principal Vendor Date 1/23/20  
 Vendor Contact Person Constance Houston Title Principal Vendor Phone No. 870 404 226

*Agency use only*

Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_

Agency Number 0710 Department of Human Services

Agency Contact Person \_\_\_\_\_

Agency Phone No. \_\_\_\_\_

Agency Contract or Grant No. \_\_\_\_\_



# Equal Opportunity Policy

**Ozark Behavioral Health  
1790 Hwy 5 North, Suite 2  
Mountain Home, AR 72653**

**870.404.2216**

December 2019

Ozark Behavioral Health ("the Company") has established and adopted an Equal Employment Opportunity Employment policy ("EEO"), which is part of the Company's Human Resources Policy. The purpose of this EEO policy is to ensure that all employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law. In some cases, local laws and regulations may provide greater protections than those outlined here. Associates will be covered by the laws of their local jurisdiction.

An Affirmative Action Program has been developed to identify areas where the Company seeks to increase the representation of minorities and women. In those areas, we have developed action plans and identified good faith efforts that we will undertake in an effort to increase minority and female participation. The Company is committed to these good faith efforts, and we will review them periodically to measure our progress.

The Company will recruit, hire and promote without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.

The Company will make all decisions of employment with consideration to appropriate principles of Equal Employment and Affirmative Action.

Promotional opportunities will be filled based on merit, experience and other job-related criteria.

Personnel actions, such as compensation, benefits, transfers, layoffs, company-sponsored training programs, and social and recreational programs, will be administered on a non-discriminatory basis.

Principal and direct responsibility for successful implementation of this policy in a uniform manner has been assigned to Kenneth House, LCSW. However, within our respective areas of responsibility, all managerial and supervisory personnel must share in the responsibility to ensure our Company's compliance with the Equal Employment Opportunity and Affirmative Action Plan. Any employee who has a question or concern regarding any type of discrimination or harassment is encouraged to bring it to the attention of his/her manager.

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Kenneth House, LCSW

Principal Member

## 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.

| <i>see attached for detail answers</i>   |  | Maximum<br>RAW Score<br>Available |
|--|--|-----------------------------------|
| <b>E.1 MINIMUM QUALIFICATIONS</b>  |  |                                   |
| A. Submit social work licenses for all staff identified to execute the Scope of Work.  |  | 5 points                          |
| B. Describe your experience in social work and your history in child welfare, assessments of Individuals and skills in record reviews.                                       |  | 5 points                          |
| C. Submit an organizational chart displaying all staff that will execute the Scope of Work. Clearly show line of supervisory.  |  | 5 points                          |
| D. Provide a minimum of three (3) letters of recommendation from three (3) different sources dated within the last six (6) months relating to the Scope of Work of this RFP. |  | 5 points                          |
| <b>E.2 APPROACH TO SCOPE OF WORK</b>   |  |                                   |
| A. Detail how you will complete an adoption summary using the information requested in 2.3A.   |  | 5 points                          |
| B. How will the vendor ensure that the Adoption Summaries will be completed and submitted timely to the appropriate Adoption Supervisor?                                     |  | 5 points                          |
| C. Submit a sample Adoption Summary demonstrating your approach to the requirements stated in 2.3c.  |  | 5 points                          |
| D. Explain your quality assurance procedure for the Adoption Summaries and updates.  |  | 5 points                          |
| <b>E.3 ADDITIONAL CONTRACT REQUIREMENTS</b>  |  |                                   |
| A. Explain how you plan to comply with the requirement to work nights and weekends.  |  | 5 points                          |
| B. Describe your mode of transportation to be used in performing the requirements of the Scope of Work in the RFP.   |  | 5 points                          |
| C. How do you plan to maintain sufficient staffing levels needed to complete the Scope of Work?  |  | 5 points                          |
| <b>E.4 REPORTING</b>   |  |                                   |
| A. Describe how you will comply with the reporting requirements set forth in this RFQ  |  | 5 points                          |
| B. Describe your experience in providing court testimony.  |  | 5 points                          |

• **Do not** include additional information if not pertinent to the itemized request.

Ozark Behavioral Health  
Service and Experience Narrative  
Information for Evaluation

E.1 Minimum Qualifications

A. Social Work LCSW license included as an attachment to this Narrative

B. Experience and qualifications

**Kenneth House, LCSW – Vendor/Supervisor**

Kenneth House, LCSW is the principal owner of Ozark Behavioral Health. He has over twenty-five years of experience in social work services and mental health services. Kenneth has conducted home studies for many families during his career and is trained in the SAFE home study method as well as trained as a SAFE supervisor. He is a therapist who has provided Crisis Intervention, Individual Therapy, Group Therapy and Family Therapy with clients of all ages in numerous environments. Ken has provided clinic based, school based, hospital based, home based and long-term care based services to hundreds of clients and their families during his career.

Kenneth House, LCSW is the provider operating under the organizational name, Ozark Behavioral Health. Ozark Behavioral Health is a registered name with the Arkansas Secretary of State and associated with Onsite Health Concepts, LLC as a subsidiary. Onsite Health Concepts, LLC has been a registered LLC in Arkansas since 2009. Kenneth House, LCSW is the sole member of this LLC.

Kenneth House, LCSW is a certified Independently Licensed Practitioner in Mental Health services through the Arkansas Department of Health and is an Arkansas Medicaid mental health services provider as well as through CMS as a Medicare provider. Mr. House is licensed as a Licensed Certified Social Worker (LCSW) by the Arkansas State Social Work Licensing Board and has continuously held this license since July 10, 1997. Mr. House received training in the SAFE home study method in 2012 and also completed the supervisor training for SAFE home studies in 2012.

Mr. House also has extensive experience in the administration and development of social service and behavioral health programs. Ken has served as an executive director of hospital based inpatient psychiatric programs, developed an outpatient RSPMI certified, CARF accredited program in Mountain Home, AR and served as the CEO of a 140 bed metropolitan psychiatric hospital that served children, adolescents and adults.

Today, Ken House owns and operates Ozark Behavioral Health in Mountain Home, AR. Ozark Behavioral Health (OBH) provides outpatient services and home studies to the region and is an Arkansas Department of Mental Health certified provider (ILP).

Mr. House's approach to behavioral health service provision is one of compassion, dedication to client needs and availability. Adhering to Trauma Informed approaches, NASW Child Welfare standards of practice and interventions with established and demonstrated successful outcomes, Ken House and OBH have a proven success record.

Mr. House has also provided IFS services and SAFE home studies in Baxter, Marion, Fulton and Boone counties through Southern Counseling Services under the supervision of Mr. Bill Rubin, LCSW who owns Southern Counseling Services. Mr. Rubin may be contacted at 901-277-2851 or by email at [bill.rubinscs@comcast.net](mailto:bill.rubinscs@comcast.net) for reference.

A copy of current license and letters of reference for Kenneth House, LCSW is attached.

#### C. Organizational Chart for SAFE Home studies and Adoption Summaries

Please see attached chart.

#### D. Letters of reference pertaining to scope of work

Please see attached letters

## E.2 Approach to Scope of Work

### A. Detail as to how vendor will complete an adoption summary

The vendor, Kenneth House, LCSW, is a trained SAFE home study worker and has completed the additional training as a SAFE home study supervisor. Mr. House has completed and/or supervised other social workers completing private and public adoptions for over twenty years having interviewed hundreds of family members and children.

The social worker's approach to Adoption Summaries will not vary in approach from a home study face-to-face visit. Professional interviewing skills will be used to gather information and probe for details as required by the Adoption Summary Guidelines. The end product will be a detailed document that fully describes the prospective adoptee to the family.

### B. Adoption Summaries completed on a timely basis.

Ozark Behavioral Health, under the supervision of Kenneth House, LCSW, shall maintain complete records on each home study case referred by the Arkansas Department of Human Services and complete all reporting within the timeframes established by the department. Monthly reporting will verify the timeliness guideline.

### C. Sample of adoption summary to demonstrate approach to requirements.

**This is submitted as an incomplete sample Adoption Summary to demonstrate the professional approach to completion of the report. While an actual adoption summary is much more detailed and has many more components this sample fully exemplifies the approach to fulfilling the requirements of 2.3c**

**Attached are the guidelines for completion of an acceptable Adoption Summary and this format will be used for completion of all referred Adoption Summaries.**

### Adoption Summary Report

January 23, 2020

Child: Mary Smith

This female child was born 12/25/2019 in Anytown, USA. Mary was 7lb. 11oz. at birth and measured 21 ½ inches at birth. She was born in General Hospital in Anytown and was delivered by Dr. Kildare. The pregnancy and delivery were normal with no complications noted. The baby was discharged within 48 hours of delivery with no special needs and a regular follow-up visit with the PCP for one week post discharge.

The baby is described as Caucasian with dark brown hair, blue eyes, light complexion, no noticeable birth marks and no physical issues were noted.

The developmental status of the baby girl is normal at this time. She is turning her head to sounds, looking about with age appropriate eye control, kicking her legs and waving her arms. Her caretakers state she cries as a normal 1 ½ month old should. She sleeps about 14-16 hours per day at this point. She is being bottle fed and consuming her formula well and has experienced no digestive problems. Her bowels and bladder are active and her diaper is being changed every 1-2 hours or as needed.

#### D. Quality Assurance Procedures for Adoption Summaries

All social workers at Ozark Behavioral Health report to Kenneth House, LCSW who has many years experience in completing document reviews and social work supervision. All Adoption Summaries will be supervised and approved by Kenneth House, LCSW during the process and before submission. Each social worker shall meet with the supervisor regularly during the process. An attestation to quality assurance will be submitted to the department as required.

#### E.3 Additional Contract Requirements

##### A. Nights and Weekend work requirements

All social work staff at Ozark Behavioral Health are aware of the requirements for meeting with clients at the client's convenience. Our agency policy stipulates

nights and weekend work is required and staff is obliged to conduct interviews during times when all family members are available.

#### B. Transportation

Ozark Behavioral Health requires that each employee have a well-maintained vehicle at all times.

#### C. Maintaining sufficient staffing levels to conduct scope of work within required timeframe.

Ozark Behavioral Health recruits part-time social work staff to conduct services at all times. Through our existing staff's contacts and ongoing recruitment we are capable of hiring well qualified and trained staff to successfully complete any assigned home studies. Along with Kenneth House, LCSW, Ozark Behavioral Health currently employs three LCW's on a part-time basis and actively recruiting others in preparation for the anticipated contract.

### E4 Reporting

#### A. Reporting Requirements

The RFQ sets forth the required reporting requirements to comply with department guidelines. Ozark Behavioral Health maintains a high level of expertise in compliance with all state and federal reporting guidance. Ozark Behavioral health will continue to comply with all reporting requirements as required by the Arkansas Department of Human Services for this contract.

## B. Court Testimony

Kenneth House, LCSW and contract provider, has testified in Arkansas courts for more than twenty years as a professional Social Worker. The court appearances have pertained to adoption, guardianships, child custody, family counseling and other child welfare matters.

Ozark Behavioral Health social workers will be available and capable of providing professional testimony upon request or subpoena.



E I . A



Arkansas  
Social Work License Card

License No.

1287-C

Expiration Date:

7/31/2021

Kenneth E. House, LCSW

2779 West Rd.

Mountain Home AR 72653

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

A handwritten signature in cursive script, appearing to read "Sigh Gibson, Chairman".

Chairman

before separating.



Arkansas  
Social Work License Card

License No.

8120-B

Expiration Date:

7/31/2020

*F.I.A.*

Jennifer Marie Stickles, LSW

82 Conley Ter

Mountain Home AR 72653

Card bearer is licensed and in good standing with the Arkansas

Social Work Licensing Board

*Shirley Harrison, LSW*

Chairman

IM  
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months prior to the expiration date of your license  
in address and to renew your license in a timely manner  
gratulations on your license renewal, and please  
additional information.

Please watch the Board's website on a regular basis to

*E. I. A.*

Please remove card carefully!  
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before separating.

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Arkansas  
Social Work License Card

License No.

Expiration Date:

2893-B

7/31/2020

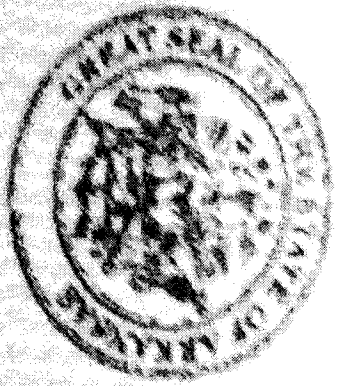
Misty April Cullipher, LSW

272 CR 23

Clarkridge AR 72623

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

Chairman



Arkansas

# Social Work License Card

License No.

2952-B

Expiration Date

*E. I. A.*

Susan Lynn Carr, LSW

79 Mockingbird Road

Gepp AR 72538

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

*[Handwritten signature]*

Chairman

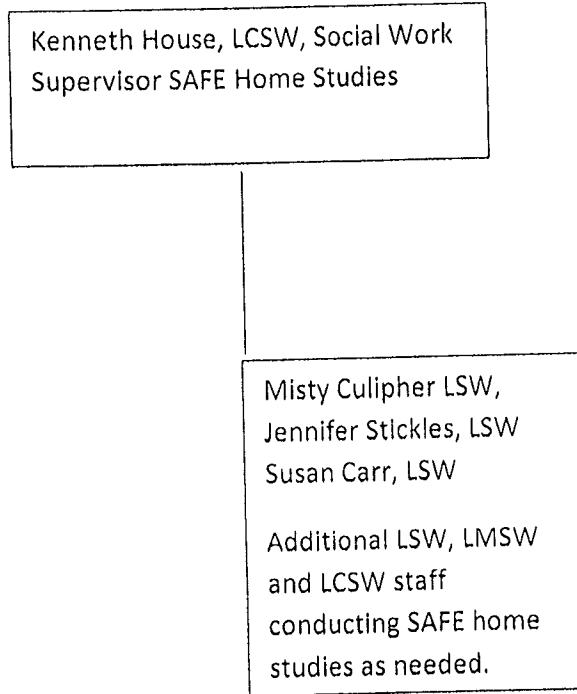
E.1 C

Ozark Behavioral Health

January 2020

Home Study contract

Organization Chart



CARNEY LAW FIRM, P.A.

ATTORNEYS AT LAW  
210 WEST SEVENTH STREET, SUITE 1  
MOUNTAIN HOME, ARKANSAS 72653

MARK D. CARNEY  
JODI G. CARNEY

E.I.D

TELEPHONE  
(870) 425-6354  
FAX NO.  
(870) 425-5451

January 22, 2020

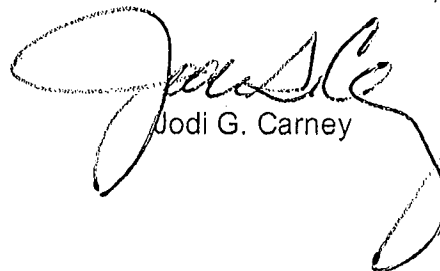
To whom it may concern:

Please consider this letter my recommendation of Ken House. I am an attorney in Mountain Home, Arkansas, and practice in the probate and domestic relations divisions of the 14<sup>th</sup> Judicial District. Mr. House has performed numerous home studies for my clients during the past ten years, or longer, relative to adoption proceedings and placements. Mr. House's reports are well received by the Court and always comply with the stringent requirements of adoption proceedings. In order to complete these studies, Mr. House must interview my clients in their homes. I have no reservations recommending him to my clients and have never received any complaints or negative feedback from a client.

Thank you for your consideration.

Sincerely,

CARNEY LAW FIRM, P.A.



Jodi G. Carney

JGC/kh

T • H • E

# STROTHER FIRM, P.A.

Attorneys At Law

E.L.D

Jodi L. Strother

Judith C. Strother

Lane H. Strother

January 22, 2020

To whom it may concern:

RE: Kenneth House, LCSW

Hello,

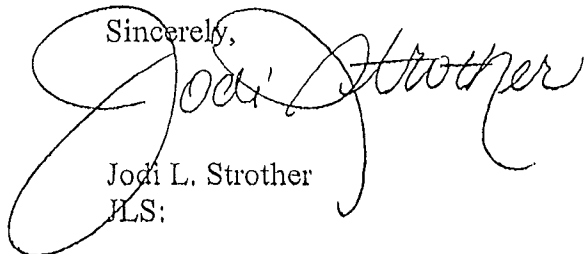
I am happy to overwhelmingly recommend Kenneth House of Mountain Home, AR as a licensed clinical social worker to be available for Social Work Home Studies. I have been practicing law since 1995 and have used Ken many times for this task.

Ken always responds promptly to my requests. He reacts quickly and professionally to my suggestions. He completes the task at hand in a very competent manner. I have submitted many of his home studies in court and have all met the court's rigid requirements.

He puts my clients at ease at a time when emotions can run very high and very low. He is someone I turn to in this area to get the sensitive and timely work completed.

Please call me with any questions you may have.

Sincerely,



Jodi L. Strother  
JLS:

#1 Cedar Square  
210 E. Seventh Street

P.O. Box 1600  
Mountain Home, AR 72654

Telephone: 870-425-3464  
Fax: 870-425-1146

E-mail: [info@strotherfirm.com](mailto:info@strotherfirm.com)  
Web: [www.strotherfirm.com](http://www.strotherfirm.com)

cc: Ken House

**ETHREDGE & COPELAND, P.A.**  
ATTORNEYS AT LAW

E.L.D.

**DAVID L. ETHREDGE**  
david@ecattorneys.com

**JOHNNIE A. COPELAND**  
johnnie@ecattorneys.com

January 22, 2020

Re: Kenneth House, LCSW

To Whom It May Concern:

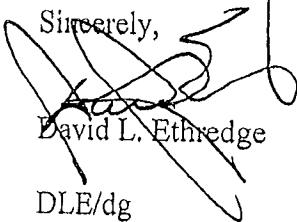
It is with great privilege for me to write a reference letter for Kenneth House, LCSW.

I have worked with Mr. House for at least the past ten years, and he has completed numerous home studies for my private adoption clients during that time. He is very professional and I will continue to recommend him to my private adoption clients for the purpose of conducting home studies. His home studies have always met the requirements of the Court.

Kenneth House's character is beyond reproach. The integrity of his life and warmth of his personality make him a joy with whom to associate.

I offer my highest recommendation for Kenneth House and will be glad to answer any questions that would pertain to his home studies.

Sincerely,



David L. Ethredge

DLE/dg



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## APPENDIX 2: ADOPTIONS

03/2018

### GUIDELINE FOR AN ADOPTION SUMMARY- DETAILED HEALTH HISTORY AND GENETIC AND SOCIAL HISTORY

Before placement for adoption, the Division shall compile and provide to the prospective adoptive parents a detailed, written health history and genetic and social history of the child which excludes information which would identify birth parents or members of a birth parent's family. The detailed, written health history and genetic and social history shall be set forth in a document that is separate from any document containing information identifying the birth parents or members of the birth parent's family. The detailed, written health history and genetic and social history shall be clearly identified as such and filed with the clerk before the entry of the adoption decree. Upon order of the court for good cause, the clerk may tender to a person identified by the court a copy of the detailed, written health history and genetic and social history.

#### **Adoption Summary of Child**

- A. Birth Information: Prenatal care, birth date, measurements at the time of birth, a description of the delivery, any complications that occurred, alcohol/drug and tobacco involvement of birth parent during pregnancy and how it affected the infant, and any birth defects. Describe the nursery progress, discharge weight and recommendations of the doctor on discharge and results of any special health screenings/tests.
- B. Physical Description: Race, weight, height, hair and eye color, complexion, birthmarks, and bone structure. Describe any physical disabilities.
- C. Developmental and Social History: Social, intellectual, emotional and physical development of the child, noting any delays/limitations. Early developmental milestones should be discussed. For example:
  - Cognitive Development*
    - 1) Recognition of significant others
    - 2) Comprehension of fact vs. fantasy
    - 3) Language development
    - 4) Comprehension of concepts such as time, space, quantity, etc.
  - Motor Development*
    - 1) Head control
    - 2) Kicking -- pushing feet
    - 3) Lifting chest
    - 4) Rolling over
    - 5) Holding toys
    - 6) Reaching for objects
    - 7) Waving bye-bye
    - 8) Sitting up
    - 9) Eye movements
    - 10) Walking
    - 11) Crawling
    - 12) Running
    - 13) Coordination
    - 14) Ability to skip
    - 15) Ability to catch ball
  - Social/Emotional Development*
    - 1) Smiling - Laughing
    - 2) Cooing
    - 3) Ability to respond appropriately in social situations
    - 4) Self-help skills

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- D. Health History:
- 1) Medical history (diseases, conditions, disabilities, allergies, hospitalizations, serious injuries etc.), present problems/needs, future problems/needs
  - 2) Genetic history
  - 3) Dental history, present problems/needs, future problems/needs
  - 4) Mental health history, present problems/needs, future problems/needs
  - 5) Type of mental health counseling and frequency of sessions
  - 6) Sickle cell test results for a child with African American heritage
  - 7) Medications (name, dosage, and reason)
  - 8) Status of immunizations
  - 9) How health problem affects child's life
  - 10) Child's attitude about health problems
  - 11) List of special health care providers and frequency of appointments
  - 12) Parental demands in relation to providing for child's special health care needs
  - 13) Special appliances necessary to meet special needs
  - 14) Statement whether female's menstrual periods have begun, feelings about, hygiene practices, any complications
  - 15) Statement whether male is circumcised
- E. Personality: general personality; for example, quiet, outgoing, withdrawn, depressed, angry, sad, happy, alert, shy, talkative, questioning, active, etc.
- 1) Interests, likes, dislikes, talents, special skills
  - 2) Causes of depression and how expressed
  - 3) Causes of anger and how expressed
  - 4) What makes child happy
  - 5) How child gives and receives love/affection
  - 6) Child's self-esteem
  - 7) How child relates to adults, peers, younger and older children
  - 8) How child relates to siblings
  - 9) Type of people the child likes/dislikes
  - 10) Description of what is enjoyable about parenting the child
  - 11) Description of what is difficult about parenting the child
  - 12) Child's hopes, wishes, and desires
  - 13) Fears and worries
  - 14) How child relates to parental/authority figures
  - 15) Behavioral problems (state whether child has displayed: lying, stealing, fire setting, running away, aggression, destruction, withdrawal, bed wetting, encopresis, self-harm, suicide attempts, depression, abusiveness to animals, cursing, defiance, sexual acting out (be specific), alcohol/substance abuse, etc. and, if so, explain)
  - 16) How easy or difficult is the child to discipline -- what works, what doesn't
  - 17) How child responds to discipline; what rules is the child accustomed to following
  - 18) What rules are easy for the child to comply with, and which ones are difficult for the child
  - 19) Eating habits (ability to feed self, table manners, food likes/dislikes)
  - 20) Sleeping habits (bedtime routine, nightmares, night light, sleeping difficulties, etc.)
  - 21) Grooming/hygiene habits
  - 22) How child cares for belongings
  - 23) How child relates with pets/animals
  - 24) Smoking practices (if tobacco products are used)
  - 25) Play habits
  - 26) Child's behavior in social situations such as church, restaurants, department stores, etc.
  - 27) Knowledge child has about sex
  - 28) Experience with sex

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- F. Daily Schedule:
- 1) Birth to one-year old -- Give detailed information regarding schedule. For example, when discussing sleeping, indicate not only the times the child sleeps but the length of naps; whether child is rocked, patted, etc., to sleep; whether child sleeps with a special blanket, pacifier, or toy; type of bed child sleeps in and the position child prefers to sleep in (i.e., stomach, back, etc.). Indicate the types of food the child likes/dislikes and the amount child eats and intervals between meals. Include the name of the formula.
  - 2) Over one-year old -- Briefly describe the child's general schedule on a typical day. Indicate whether the child follows a daily routine or has a flexible schedule.
- G. Clothing:
- 1) Sizes of clothing and shoes
  - 2) Type/preference of clothes
  - 3) Amount of clothing
  - 4) Quality of clothing (good condition, worn, etc.)
  - 5) Any special requirements in relation to clothing
- H. Out-of-Home Placement Experiences:
- 1) Date child entered Out-of-Home Placement and for what reasons
  - 2) Describe any child maltreatment and who was offender
  - 3) Statement as to how many foster homes and/or institutions child has lived in and length of time in each placement
  - 4) Description of reasons for moving from each foster home and/or institution
  - 5) Brief profile of current foster family or institutional setting -- for example, foster family composition and life style
- I. School Experiences:
- 1) Description of the type of school the child is attending -- for example, public school, special school (school for the deaf, blind, etc.) And whether resource classes/special education classes are utilized and its schedule (whole day, half day, or certain classes)
  - 2) Grade level
  - 3) History of school attendance (past and present)
  - 4) Experience with schools; for example, accomplishments, problems, etc.
  - 5) Attitude towards school
  - 6) Best subject areas as well as weak areas
  - 7) Relationship with school mates and teachers
  - 8) How teachers view child
  - 9) Involvement with school activities, clubs, sports, band, etc.
  - 10) Potential in relation to school
  - 11) Attitude towards homework
- J. Siblings: Provide a brief description which includes first name, birth date, living arrangement and sibling status (full sibling, half sibling, step sibling, etc.). If siblings are not placed together, explain frequency of contacts.

**Birth/Legal Parent(s):**

Discuss each parent separately. Obtain as much information about the parents as possible. Be objective with descriptions of the parents and give factual information about them. Do not make derogatory remarks.

- A. Physical and Personality Description: Include race, ethnic background, age, height, weight, eye and hair color, complexion, bone structure, outstanding features, general appearance, and dominant physical traits within the larger family group. Describe personalities and any special talents, interests or hobbies.
- B. Health: Discuss any medical and mental illnesses, genetic history, allergies, alcohol/substance abuse and/or physical disabilities. Discuss any medical and mental illnesses within the extended birth family including those of a hereditary nature. Discuss any history of neglect, physical abuse and/or sexual abuse within the

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- extended family. Discuss any alcohol/substance abuse within the extended family. If the birth/legal parent is deceased, state the cause and date.
- C. Education: State highest educational level achieved. Discuss overall academic performance, best and weak subjects, and extracurricular activities. Discuss any mental retardation and/or learning disabilities in relation to the birth parent(s) and the extended birth family.
  - D. Religion: Provide information about religious affiliation.
  - E. Employment: Describe employment history.
  - F. Other Significant Information:
    - 1) Birth family's lifestyle
    - 2) History of criminal behavior
    - 3) Reasons child can't return to birth/legal family
    - 4) Date child last had contact with birth/legal family, type of contact, and reaction

#### **Preparation of the Child for Adoption**

- A. Dealing with Birth/Legal Family Issue
  - 1) Reasons child gives for entering Out-of-Home Placement
  - 2) Reasons child has been given for entering Out-of-Home Placement
  - 3) Reason child gives why the child cannot return home
  - 4) Reason child was given why the child cannot return home
- B. Child's feelings about not returning home
- C. Dealing with Out-of-Home Placement Issues
  - 1) Reasons child gives for placement changes while in Out-of-Home Placement
  - 2) Child's feelings about Out-of-Home Placement experiences and placements
- D. Dealing with Adoption Issues
  - 1) Child's understanding about the difference in birth/legal family, foster family, and adoptive family
  - 2) Child's feelings about accepting an adoptive family's last name
  - 3) Child's understanding of the adoption process (selection of a family, pre-placement visits, post-placement visits, etc.)
  - 4) Child's feelings, fears and worries about adoption
  - 5) Child expectations about adoption/an adoptive family
  - 6) Child's preferences in relation to an adoptive family

#### **Recommendations**

- A. The Adoption Specialist may describe the type of family the child needs and state if the child should not be placed in a certain location due to proximity to birth/legal parents/relatives.
- B. The Adoption Specialist may request the child be placed in a home of the same racial or ethnic heritage if indicated by an individualized determination that this placement is needed to advance the best interests of the child.
- C. If there are siblings, the Adoption Specialist will explain whether they should be placed together. If separation is recommended, reasons will be stated.
- D. The Adoption Specialist may state preferences in relation to pre-placement visits between the child and an adoptive family.

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

- *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

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:** 710-20-0012 Adoption Summaries and Adoption Summary Updates

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

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**CHANGE OF SPECIFICATION(S)**

Delete 4.5 of Section 4. 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~~

been obtained. The contractor **shall** notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.

Correct Bid Number in heading starting with page 2 thru 23.

Delete: Bid No. ~~719-17-1032~~, Replace with: Bid No. 710-20-0012

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-ugdah@dhs.arkansas.gov](mailto:Margurite.al-ugdah@dhs.arkansas.gov) or 501-682-8743.

  
\_\_\_\_\_  
Vendor Signature

1/23/10  
\_\_\_\_\_  
Date

Orpat Behavioral Health  
\_\_\_\_\_  
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:** January 23, 2020  
**SUBJECT:** 710-20-0012 Adoption Summaries and Adoption Summary Updates

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

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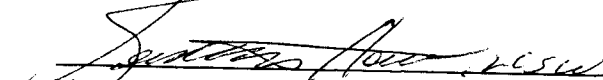
**OTHER**

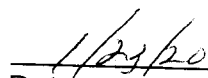
Adding Appendix 2 – Guideline for an Adoption Summary

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-ugdah@dhs.arkansas.gov](mailto:Margurite.al-ugdah@dhs.arkansas.gov) or 501-682-8743.

  
Vendor Signature

  
Date

  
Company