

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Arkansas Children's Hospital			
Address:	1 Children's Way			
City:	Little Rock	State:	Arkansas	Zip Code: 72202
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for solicitation related matters.			
Contact Person:	Tyra Greenwood	Title:	Director, Arkansas Home Visiting Network
Phone:	501-364-5453	Alternate Phone:	501-712-7883
Email:	greenwoodtm@archildrens.org		

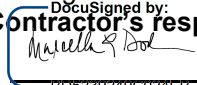
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.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

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature: 
 BD5239249C024EB...

Marcy Doderer

Printed/Typed Name: _____

Title: President & CEO

Date: 10/5/2023 | 08:56:15 PDT

SECTIONS 1 – 5: 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.

Authorized Signature:

DocuSigned by:



BD5239249C024EB...

Use Ink Only.

Marcy Doderer

10/5/2023 | 08:56:15 PDT

Printed/Typed Name: _____ Date: _____

MINIMUM QUALIFICATIONS 2.3

2.3.C Please select one of the following:



Currently has SafeCare® national accreditation.

If the Respondent currently has SafeCare national accreditation, the Respondent may check the box above and provide copy of accreditation in lieu of submitting each item detailed in 2.3 Minimum Qualifications C.1 & 2.



Not currently accredited through SafeCare national.

If the Respondent is not currently accredited, the Respondent shall submit items 1 and 2 below:

1. All state leadership staff members of Contractor's agency or Local Implementation Agency (LIA) **must** hold a Bachelor's degree in social work, education, sociology, psychology, human services, counseling, or related field in human services, and **shall** complete training and obtain certification as a SafeCare Provider. For verification purposes, the Prospective Contractor **must** provide copies of credentials with bid submission.
2. Each Service Provider **shall** have, at minimum, an Associate's degree in social work, education, sociology, psychology, human services, counseling, or related field in human services, and **shall** complete training and obtain certification as a SafeCare Provider. For verification purposes, Prospective Contractor **must** include with bid submission, copy of each Service Provider's credentials.

2.3.E Please select one of the following:



Currently has an existing network of SafeCare Providers.

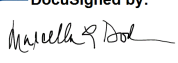
If the Prospective Contractor has an existing network of SafeCare Providers, for verification purposes, the Prospective Contractor **must** provide a list of existing SafeCare Providers, with bid submission.



Does not currently have an existing network of SafeCare Providers.

Prospective Contractor **must** certify the ability to assemble a statewide network within sixty (60) calendar days of contract start. By signing below, the Prospective Contractor agrees to establish a statewide network of SafeCare Providers.

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

DocuSigned by:

 BD5239249C024EB...

Authorized Signature:

Use Ink Only.

Printed/Typed Name: Marcy Doderer

Date: 10/5/2023 | 08:56:15 PDT

MINIMUM QUALIFICATIONS 2.3.D

The Contractor must have least one (1) office physically located in the State of Arkansas. For verification purposes, the Prospective Contractor must provide physical location(s) (address) of each office in the space provided below. Additional space is provided below and can be used if needed:

Physical Address:

1 Children's Way, Little Rock, AR 72202

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: SUBCONTRACTOR NAME: ☐ Yes ☒ No

TAXPAYER ID NAME: IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Doderer FIRST NAME Marcella M.I.:

ADDRESS: Arkansas Children's Hospital, 1 Children's way

CITY: Little Rock STATE: AR ZIP CODE: 72022 COUNTRY:

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:

F O R I N D I V I D U A L S *

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.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

See Attached.

☐ None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

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 (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

See Attached.

☐ None of the above applies

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:

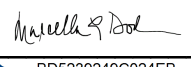
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign 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  Title **President & CEO** Date **10/5/2023 | 08:56:15 PDT**
DocuSigned by: BD5239249C024EB...
 Vendor Contact Person **Tyra Greenwood** Title **Director Home Visiting Network** Phone No. _____

Agency use only

Agency Number **0710** Agency Name **Department of Human Services** Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

STATE DISCLOSURE FORM
(Results based upon annual forms completed in 2022/2023)
Arkansas Children's Hospital
Board of Directors

Note: All original responses are on file in Administration (Board Relations)

BOARD MEMBER	Currently	Former	Comments
Member of the General Assembly	None	None	
A Constitutional Officer	None	None	
A State Employee	08/04 – Current	None	<ul style="list-style-type: none"> Karen Farst, MD – UAMS Faculty
Serving as Commission or Board Member	07/19 – 07/27	None	<ul style="list-style-type: none"> Karen Farst, MD - AR Commission on Child Abuse
SPOUSE OR FAMILY MEMBER	Currently	Former	Comments
Member of the General Assembly	None	None	
A Constitutional Officer	None	None	
A State Employee		07/16 – 12/22	<ul style="list-style-type: none"> Mark Doderer, PhD – UCA Lecturer (spouse of Marcy Doderer)
Serving as Commission or Board Member	None	None	

The remaining Arkansas Children’s Hospital Board Members who completed the State Contract and Grant Disclosure and Certification Form stating **“None of the Above Applies”** include the following:

Hunter Bale
Trav Baxter
Missy Graham, MD
Douglas Jackson
Richard Jacobs, MD
Tionna Jenkins, PhD
Phillip Jett
Holly Marr
Pat McClelland
Barbara Moore
Beverly Morrow
Ross Whipple
Darrin Williams

Title:	Equal Employment Opportunity (AC System)
Owner:	Holly Skinner (Vice President Human Resources)
Recommending Group:	HR Policy Committee
Oversight Group:	System Policy Council
Oversight Review Date:	1/11/2023
Approval By:	Jamie Wiggins (Executive Vice President/COO)
Effective Date:	01/12/2023

POLICY

Arkansas Children's (AC) provides equal employment opportunity to all persons without regard to age, race, color, religion, national origin or citizen status, disability, military status, sexual orientation, gender identity or expression, pregnancy or any other category protected by federal, state and local laws. Further, AC will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant.

PROCEDURE

I. General

- A. This policy applies to all aspects of the employment relationship, including, but not limited to: recruitment, hiring, compensation, promotion, demotion, job reassignment, disciplinary action, and termination.
- B. Employees who have access to compensation as part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (1) in response to a formal complaint or charge, (2) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by AC, or (3) consistent with AC's legal duty to furnish information.

II. Employment Decisions

- A. Employment decisions are based on 1) individual merit, qualifications and competence as they relate to a particular position and 2) promotion of the principle of equal employment opportunity and affirmative action.
- B. At no time will covered employees, or covered applicants for employment, who seek assistance pursuant to this policy be subject to discipline, or have opportunities for employment adversely affected because of such efforts.

III. No Retaliation

- A. Persons who have engaged in raising a concern or complaint shall not be subject to harassment, intimidations, threats, coercion or discrimination because they have engaged in or are engaging in any of the following under EO 11246 as amended, The Rehabilitation Act of 1973 or The Veteran ERA Readjustment Assistance Act of 1974:
 - 1. Filing a complaint,
 - 2. Assisting or participating in an investigation, hearing or administrative action,
 - 3. Opposing an unlawful practice, or
 - 4. Otherwise exercising any other legally protected right.

IV. Employee Self-Identification

- A. The Department of Labor requests employers to provide opportunities for employees to self-identify themselves as
- B. Employees are given the opportunity at the time of hire or during employment with AC to identify themselves as either persons with a disability or protected veterans.
- C. Self-identification is strictly voluntary, confidential and will not result in retaliation.
- D. This information is collected at the request of the Department of Labor and reported annually in the AC EEO reports.

To the extent applicable, this contractor and subcontractor shall abide by the requirements of 41 CFR ss 60-1.4(a) (3), 60-300.5(a), and 60-741.5(a), and 41 CFR 60- 1.4. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment of individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

REFERENCES

1. EO T 11246 <https://www.dol.gov/agencies/ofccp/about/executive-order-11246-history>
2. Rehabilitation Act of 1973
[Rehabilitation Act of 1973](#)
Veteran ERA Readjustment Assistance Act of 1974
[Vietnam Era Veterans' Readjustment Assistance Act](#)
3. Executive Order 13665, Pay Transparency
<https://www.dol.gov/ofccp/PayTransparency.html>

ENDNOTES

1. Keywords: Age, Disability, Discrimination, Equal, Employment, Opportunity, EEO, Veteran, Race, Color, Religion, National Origin, Citizen, Military Status, Sexual Orientation, Gender, Identity, Expression, Pregnancy, Pay, Transparency.
2. Contributors: Director HR Operations

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
Economic Opportunity Agency of Washington County (Area 1)	260 Victory Lane	Springdale, AR, 72764
Western Arkansas Guidance and Counseling Center (Area 2)	6710 South Dallas Street	Fort Smith, AR, 72903
Compact Family Services (Area 3 & 5)	2325 Malvern Avenue	Hot Springs, AR, 71901
Compact Family Services (Area 4)	322 North Main Street	Hope, AR, 71801
Compact Family Services (Area 10)	1022 McDonough Street	Helena, AR, 72342
Arkansas River Education Services Cooperative (Area 7)	912 West 6th Street	Pine Bluff, AR, 71601
Life Strategies (Area 9)	4001 Commercial Center Drive	Marion, AR, 72364
Life Strategies (Area 8)	2809 Forest Home Road	Jonesboro, AR, 72401

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

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

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: October 3, 2023
SUBJECT: 710-24-0009 Health and Well Being Program

The following change(s) to the above referenced RFP have been made as designated below:

☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other


Change of bid opening date and time

- Bid opening date/time changed from October 6, 2023, to October 13, 2023. The new submission deadline is October 13, 2023, at 1:00 p.m. CST.; Bid opening date/time is October 13, 2023, at 2:00 p.m. CST.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Kate Chagnon, DHS.OP.Solicitations@dhs.arkansas.gov, 501-371-1316

DocuSigned by:



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10/5/2023 | 05:26:56 PDT

Vendor Signature

Date

Arkansas Children's Hospital

Company

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor 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 EXPERIENCE	
<p>A. Provide examples and descriptions of experience with successful implementation of evidence-based practices.</p> <p>Arkansas Children's Hospital (ACH) has a long history of commitment to home visiting as an effective evidence based service delivery option. ACH has implemented and provided support for statewide evidence based home visiting services for more than 30 years. ACH currently serves as the lead agency for the Arkansas Home Visiting Network (AHVN) which provides training, technical support, pass-through state and federal funding, and model fidelity monitoring & certification to a network of 60 statewide community partners implementing eight different evidence based home visiting programs.</p> <p>AHVN has the designation of the official state office for five accredited, evidence-based home visiting models: Healthy Families America (HFA), Parents as Teachers (PAT), HIPPY, Family Connects, and SafeCare Arkansas. AHVN also provides training and technical assistance for Nurse Family Partnership (NFP), Early Head Start, and the evidence-based promising approach Following Baby Back Home (FBBH). Through its funding partners at the Arkansas Department of Education, Arkansas Department of Health, Arkansas Department of Human Services, and ACH Foundation, AHVN provides funding and oversight of evidence-based home visiting delivery to approximately 7,000 Arkansas families annually.</p>	5 points
<p>B. Describe your organization's experience with administering a home-visiting program of a similar size and scope, including parent education and environmental (presence of lead) assessments.</p> <p>HIPPY: Since 1991, Arkansas Children's has administered the State Office for HIPPY Arkansas. HIPPY (Home Instruction for Parents of Preschool Youngsters) is an evidence-based home visiting model funded through the Arkansas Better Chance program at the Arkansas Department of Education. At present, Arkansas Children's sublicenses a network of 34 HIPPY home visiting programs through 21 agencies serving 4,100 families in 69 counties in Arkansas. Over the course of 30 weeks, trained home visitors work with parents to guide them through a weekly curriculum. HIPPY Home-based Educators visit parents of 2 to 5-year-old children, once a week for approximately 1 hour and role-play lessons. Each set of lessons includes activities focusing on literacy, math, science, motor skills, and language development. State office administration of this program includes training local home visiting staff; providing ongoing training and technical assistance; model-fidelity monitoring and accreditation assistance; data collection and sharing; Continuous Quality Improvement Initiatives (CQI); referral tracking; and ongoing training and assistance in the administration of child development screening and family centered assessments.</p> <p>MIECHV: Since 2011, Arkansas Children's AHVN has served as the lead agency in the implementation of the Arkansas Department of Health's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. AHVN maintains a network of 24 MIECHV home visiting providers utilizing five evidence-based home visiting models (HFA, HIPPY, PAT, NFP, and FBBH) serving 1,350 families in 51 counties across Arkansas. Administration of this program includes training local home visiting staff; providing ongoing training and technical assistance; model-fidelity monitoring and accreditation assistance; data collection and sharing; and ongoing training and assistance in the administration of child development screening and family centered assessments. AHVN</p>	5 points

collects MIECHV program data through its Efforts to Outcomes online database collection system and reports on program performance for demographic, service utilization, select clinical indicators of program participants, and six statutorily defined benchmark areas. Benchmark reporting includes the following domains: Improvements in maternal, newborn, and child health; prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits; improvements in school readiness and child academic achievement; reductions in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

SafeCare: Arkansas Children's implementation of SafeCare Arkansas began in Pulaski County with three home visitors in 2017. At present, the model is implemented statewide with over 40 home visitors through a network of eight local implementing agencies and an accredited SafeCare State Office housed within AHVN. As implemented in Arkansas, SafeCare is a structured, evidence-based, home visiting model that involves a provider and parent working together to create a safe home environment. Visits last for about 60-90 minutes for 18-22 consecutive weeks with an overall focus on improving parenting skills in three major areas: parent-infant/child interactions, home safety, and child health care. During intake, an environmental assessment is delivered to each caregiver that evaluates the presence of lead exposure in the home and surrounding environment. When a client reports a lead exposure during the intake process or reports residing in a home built before 1978, providers are required to contact DCFS and request lead testing and other relevant services to address home lead exposure. In addition, during the SafeCare Safety module, providers discuss lead base paint in relation to the time period in which the home was built, along with the dangers exposure can pose to young children and the potential need for exposure based medical care.

Environmental Assessment: In addition to the specific environmental assessment for the presence of lead exposure, all voluntary home visiting programs funded and/or licensed through AHVN utilize the Family Map Inventories (FMI). FMI is used to assess family risk in the following domains: Self-support; routines; early learning and school readiness; monitoring; environmental safety; family cohesion; discipline; health; home and car safety; social integration; and parental warmth. Monitoring, environmental safety, health, home and car safety domains are used to assess and reduce environmental health risks within the home. AHVN collaborates with UAMS Department of Family and Preventative Medicine to train home visitors in Family Map assessment delivery and family goal setting.

- C. Provide examples and descriptions of experience with successful implementation of a statewide parent education program.

5 points

All home visiting model examples provided in Section B would be considered examples of successful implementation of statewide parent education programs. In addition to those examples, AHVN also operates the Parents As Teachers (PAT) State Office and utilizes a network of 12 community partners to provide PAT services to approximately 1,000 children annually. PAT is a comprehensive parent education model that provides a wide array of services to families with children from prenatal through kindergarten. PAT helps parents develop deep insights into early childhood development and appropriate parenting practices utilizing its evidence based curriculum. PAT provides a comprehensive set of services that target seven outcome domains: Increase parent knowledge of early childhood development and improve positive parenting practices; Provide early detection of developmental delays and connection to services; Improve parent, child and family health and well-being; Prevent child abuse and neglect; Increase children's school readiness and success; Improve family economic well-being; and Strengthen community capacity and connectedness. State office administration of this program includes training local home visiting staff; providing ongoing training and technical assistance; model-fidelity monitoring and accreditation assistance; data collection and sharing; Continuous Quality Improvement Initiatives (CQI); referral tracking; and ongoing training and assistance in the administration of child development screening and family centered assessments.

- D. Describe how your organization overcomes the challenge of providing services statewide to families in locations varying from dense urban settings to sparsely populated rural areas.

5 points

<p>To overcome the challenge of providing services statewide, SafeCare AR is structured regionally in alignment with the 10 regional DCFS service areas. Arkansas Children's utilizes a network of local implementing agencies that have physical locations in each region. Each local implementing agency is contractually required to hire a centrally located enrollment coordinator for each region and localized providers (home visitors) concentrated in the areas closest to which they reside (whenever possible). The number of home visitors assigned to each region depends on the average quantity of referrals from a given area and is/can be adjusted when necessary. Engaging home visitors in localized areas not only aids in reducing travel costs and ensuring that parents have the most flexible scheduling options, but also ensures that each home visitor has familiarity with the communities they are serving better enabling them to make meaningful referral connections.</p>	
<p>E. Describe your organization's capability to provide in-home parent education to caregivers who may possess limited or no English proficiency.</p> <p>Local implementing agencies (LIA) are required to maintain at least one bilingual staff member/home visitor, when possible. In the absence of the availability of bilingual staff, LIAs are required to utilize local, in-person, interpreter services. In areas where these services are not available, providers are encouraged to utilize UAMS interpreter services that provides language interpreting through video exchange utilizing a network of medically certified interpreters.</p>	5 points
<p>F. Describe how providers will meet availability requirements during non-traditional work hours, including nights and weekends.</p> <p>SafeCare AR contractually requires its LIAs to provide flexibility in their delivery of services. The requirement of conducting visits during non-traditional work hours, nights and weekends is built into the job description of a SafeCare service provider. Parents are also provided assurances during the intake process that providers will meet according to the family's availability. Recordings of intake meetings are monitored by SafeCare State Office Coaches to ensure that parents are informed of their rights to meet their SafeCare provider during a time that does not disrupt their daily work or school schedules. In addition, each SafeCare LIA, Enrollment Coordinator, and Provider are provided with a copy of the SafeCare Arkansas Practice and Procedure Manual (approved by DCFS) which outlines the requirement of flexible scheduling in detail. Any LIA found to be in non-compliance of this policy is placed on a formal Performance Improvement Plan until contract deliverables are met. Failure to comply within 90 days could result in contract termination.</p>	5 points
<p>E.2 APPROACH & METHODOLOGY</p>	
<p>A. Describe your organization's approach and methodology for managing service providers to minimize waitlist.</p> <p>To minimize the waitlist each LIA is contractually required to employ the appropriate number of staff to service a defined region. Provider caseloads are full time at 12 families but have flexibility to serve up to 15 target adults on their case load, when needed. To minimize the number of families on the waitlist Enrollment Coordinators are required to carry an overflow caseload until a provider can be assigned. In the event that all the above conditions are met and a waitlist still becomes necessary, the Enrollment Coordinator must contact the FSW weekly to assess and confirm the parent still has an open case or investigation and SafeCare home visiting services are needed. The Enrollment Coordinator must contact the parent (s) weekly to provide a waitlist status update. Any LIA found to be in non-compliance of this policy is placed on a formal Performance Improvement Plan until contract deliverables are met. Failure to comply within 90 days could result in contract termination.</p>	5 points
<p>B. Describe your organization's approach and methodology for establishing and maintaining a network of qualified service providers.</p> <p>AHVN has an existing network of qualified service providers housed in partnering LIAs in all</p>	5 points

<p>10 SafeCare Regions of the state. LIAs are contractually obligated through performance based deliverables to ensure that all required components of the DCFS Health and Well-Being program are met. Each component of the contract deliverables provided by DCFS are monitored on a monthly basis at each LIA site by the SafeCare Arkansas administration team. In the event that an LIA is unable to meet its contract requirements, the SafeCare Arkansas Administrative staff will take over direct services of that LIA until a new partner is identified and new staff are trained and certified. Occasionally this requires the temporary hiring of certified providers that can provide model services while a new site/partnership is established. AHVN maintains three SafeCare Certified Model trainers on staff who are authorized to train all aspects of SafeCare program delivery ensuring that new staff and new sites can be trained without delay. Our SafeCare Trainers work closely with the SafeCare National Office to stay up to date on model fidelity practices, and our assigned National Coach monitors training delivery to assure training fidelity.</p>	
<p>C. Describe your organization's approach and methodology for monitoring and ensuring required training and certification of all service providers.</p> <p>The SafeCare Arkansas State Office provides ongoing rounds of model training for new providers including enrollment coordinator and provider training. Each new provider and enrollment coordinator are assigned a SafeCare coach from the SafeCare State Office network of model trained coaches to guide them through the SafeCare Provider/Enrollment Coordinator certification process. LIAs are contractually obligated through performance based deliverables to ensure that all staff hired meet minimum qualifications and attend SafeCare Arkansas required model training at the earliest available opening. Performance deliverables, expectations, and methods of monitoring progress along with remedies that may be imposed for unacceptable performance, are explained and provided to the LIAs during the contracting process. Monitoring to ensure these deliverables are met is conducted by a team of SafeCare Trainers and the SafeCare Arkansas State Manager. Currently SafeCare Arkansas employs three certified trainers that are required to complete annual trainer recertification. These certified trainers conduct on demand training for new providers and enrollment coordinators followed by two days of training with the SafeCare database manager. Once LIA staff have completed all required training they are allowed to enroll three families under close monitoring conducted by SafeCare trainers. Providers who meet fidelity in 9 sessions (3 modules) are then certified. Monthly monitoring is conducted by the SafeCare Arkansas Manager and training team to ensure that each site remains in compliance with model certification requirements. In addition, all LIAs, Enrollment Coordinators and home visitors are provided with a copy of the SafeCare Arkansas Practice and Procedure Manual (approved by DCFS) which outlines all job responsibilities, educational and training requirements in detail. Any LIA found to be in non-compliance of this policy is placed on a formal Performance Improvement Plan until contract deliverables are met. Failure to comply within 90 days could result in contract termination.</p> <p>LIAs are also required to ensure that all hired staff participate in supplemental training and professional development provided through the AHVN Training Institute (AHVNTI). The AHVNTI is a collaborative program between Arkansas Children's and the University of Arkansas for Medical Sciences Department of Pediatrics. Home Visitors can request Instructor-Led trainings at their location or participate in Online Courses at their convenience. AHVNTI currently offers 55 in person training modules and 26 online training modules specific to home visiting service delivery including topics on supervision, leadership, child development, building rapport with families, improving family health and safety, and resource and referral matching.</p>	<p>5 points</p>
<p>D. Describe your organization's approach to discharge planning and referral to resources and support.</p> <p>AHVN utilize its existing network of localized family support agencies including public assistance, additional home visiting services, early childhood services, and other community based assistance to match parents with identified needs to referral sources that can help address those needs. To support home visitors and families with resource referrals in the community, providers are required to introduce and discuss the SafeCare Problem Solving Worksheet with families to help identify solutions for problems families may experience. If a new referral is entered before caseload assignment, the Enrollment</p>	<p>5 points</p>

<p>Coordinator will inform the Provider of the referral and need to follow up with the family at the first home visit. Providers notify the FSW/FSWS of the family's need for outside referrals, such as counseling. Should the family need help completing and submitting applications for assistance (SNAP for example), SafeCare providers are required to assist in the completion and submission process. Providers are required to follow up on each referral during every home visit until the referral has been officially designated as complete.</p>	
<p>E. Describe your organization's methodology for tracking and monitoring progress of clients.</p> <p>AHVN utilizes the web-based data management system, Efforts to Outcomes database, to track and monitor client progress. ETO was designed to track client enrollment, dismissal, and contacts (including visits). Contacts are entered into ETO following each visit with the family and include: the topic of the visit, any assessments completed, a rating of the visit by the provider, and observational scores on parent-child interaction measures. For SafeCare, assessments logged into ETO are completed before and after each educational module to measure parents' progress in completion of the program. In order to progress to the following module, a parent must either complete "Mastery" (100% correct use of skills) or "Success" (marked improvement as compared to Baseline Assessment) of the skills/knowledge in each module to pass. Participants must pass all three modules to complete the SafeCare program with a certificate. Participants who attend all modules but do not pass one or more are counted as completing without a certificate. LIAs are contractually obligated to ensure that all staff hired under the agency's contract enter and maintain accurate and up to date client data in the ETO database and provide reporting data as required to the SafeCare Arkansas Office. Client and program contact data are entered into ETO by LIA staff as services are being provided to the family. Enrollment Coordinators are required to review reports in real time for the purpose of ensuring appropriate supervision and implementation of the program. LIA administrative staff are required to review data weekly and correct any data quality issues noted in ETO. Sites following below 70% on any quarterly data collection report category are placed on formal program improvement plans. Failure to comply within 90 days could result in contract termination. In addition, SafeCare Arkansas Administrative Staff (SafeCare Arkansas State Manager and Trainers) review client progress reports in ETO on a monthly scheduled basis to determine a site's performance in parent module mastery and overall program completion. Sites are provided one on one coaching when needed to assist in helping parents complete modules successfully.</p>	5 points
<p>E.3 QUALITY & PERFORMANCE</p>	
<p>A. Provide statistical data that measures the overall performance of services including the percentage of parents in assigned cases receiving services that complete and graduate from each module.</p> <p>A total of 3,657 unique adult caregivers have been served and exited from the SafeCare AR program from July 2017 through June 2023. During the last fiscal year, 952 caregivers were served and exited the program. The overall program completion rate was 66% (this rate includes reasons that were not under SafeCare staff control, such as DCFS closing a case before the caregiver could complete SafeCare). Parents who did not complete the program most often exited prior to attending the first module. Approximately 74% of enrollees complete at least one of the three SafeCare modules. According to the SafeCare Arkansas: 2017-2023 Evaluation Results provided by UAMS, SafeCare AR has produced some promising results since its inception in 2017. Not only have participants increased their knowledge of child health and optimal parent-child interaction behaviors, child safety hazards in the homes also fell sharply after completing the SafeCare modules. Results are based on participants who completed SafeCare modules, regardless of whether they complete the entirety of the program.</p> <p>In addition to these outcomes, analysis of additional observational data (PICCOLO) from home visitors on parent-child interaction at the beginning and end of services demonstrated the following:</p> <ul style="list-style-type: none"> • Parental warmth (items reflect affection and responsiveness) scores significantly increased from pre- to posttest • Similarly, parental teaching scores significantly increased across time • Finally, the percentage of parents who were deemed at-risk for Child Emotional 	5 points

<p>Neglect significantly decreased across services</p> <p><i>McKelvey, L. M., Fox, L. B., Jolly, N. J., & Johnson, D., (2022). SafeCare Arkansas: 2017-2023 Evaluation Results. Little Rock, AR: University of Arkansas for Medical Sciences: https://medicine.uams.edu/familymedicine/wp-content/uploads/sites/7/2023/10/SafeCare-AR-Evaluation-2023_Final.pdf</i></p>	
<p>B. Describe your organization's process for ensuring parents and kin/fictive kin are able to provide meaningful feedback on the quality and types of services they receive.</p> <p>Upon completing SafeCare modules with families, Providers (home visitors) are required to provide the parent with a satisfaction survey. The survey is voluntary and is completed at the conclusion of each module. Parents completing the survey place it in a sealed envelope. The Provider is then required to return the sealed survey to the Enrollment Coordinator with the family case ID and the caregiver's first and last name on the outside of the envelope. The Enrollment Coordinator must enter the parent satisfaction survey in ETO within 2 business days. A copy of the survey must be placed in the family file. Survey feedback data is then used to initiate continuous quality improvement initiatives at the SafeCare Arkansas Office level, and quality improvement coaching is provided to LIAs based on their individual survey results.</p> <p>In addition, the AHVN conducts periodic parent satisfaction surveys with a random group of participants across models to determine gather their input on a variety of topics related to service delivery. These surveys are delivered in one of three forms; email/paper surveys, Parent Cafés hosted by facilitators, and Parent Panel Group Discussions at the annual AHVN Conference. The Parent Panel Group Discussions are moderated sessions designed to engage and inform home visiting service providers on a broad range of issues from the parents' perspective including; service delivery, flexibility in scheduling, recruitment and retention practices, resource matching and referrals. At least one parent/family panelist is recruited for each home visiting model.</p>	5 points
<p>C. Describe your organization's philosophy in relation to complying with Family First obligations.</p> <p>The philosophy of Arkansas Children's AHVN and the SafeCare Arkansas Office aligns with the Family First obligations, in that the goals are to improve the overall health and well-being of families of young children, assist parents in managing the health needs of their young children, as well as their own health needs. AHVN advocates for the teaching of positive parenting techniques to parents of young children that encourage the healthy, physical, cognitive, and emotional development of those children while also providing support to parents in the daily management of their households in order to improve the health, safety, and overall functioning of the home. Our continuous goal, is to assist in improving child and household safety, reduce child abuse and neglect, and ensure children have safe and permanent home environments.</p> <p>The Arkansas Family First Prevention Services Act Evaluation submitted on June 2023 had the following findings: Early evidence from this evaluation suggests that SafeCare as implemented in Arkansas has promising impacts on child safety and well-being. Findings demonstrate that fewer children whose caregivers successfully completed SafeCare were in out-of-home placements up to 18 months after the end of treatment as compared to the matched comparison group. Caregivers who successfully completed SafeCare had a significantly more positive change over time in youth status, caregiver's status, caregiver's advocacy status, and family relations comparing to the comparison group.</p> <p><i>McKelvey, L. M., Fox, L. B., Jolly, N. J., & Johnson, D., (2022). SafeCare Arkansas: 2017-2023 Evaluation Results. Little Rock, AR: University of Arkansas for Medical Sciences: https://medicine.uams.edu/familymedicine/wp-content/uploads/sites/7/2023/10/SafeCare-AR-Evaluation-2023_Final.pdf</i></p>	5 points
<p>D. Provide a minimum of three (3) references. References should include contact information, a description of services provided, any issues experienced with services, and outcomes.</p>	5 points

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Services Provided: Professional Development Contract for the Administration of the HIPPY State Office through the Arkansas Department of Education. The HIPPY State Office manages model fidelity operations, monitoring and compliance for all evidence based HIPPY programs implemented within the state of Arkansas.

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Services Provided: Professional Consulting Contract for the Administration of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Administration of this program includes training local home visiting staff; providing ongoing training and technical assistance; model-fidelity monitoring and accreditation assistance; data collection and sharing; and ongoing training and assistance in the administration of child development screening and family centered assessments.

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Services Provided: Funding and collaboration for the outcome of evaluation of evidence based home visiting services administered through Arkansas Children's Hospital.