

**January 17, 2018**

**Subject:** DJJ Solicitation #10570

**Request for Proposals (RFP):** The Department of Juvenile Justice (Department or DJJ) is seeking a Respondent(s) for statewide services in each of the twenty (20) DJJ judicial circuits, for the provision of the following services:

- 1) Mental Health Evaluation and Treatment Services, or
- 2) Substance Abuse Evaluation and Treatment Services, or
- 3) Integrated Mental Health/Substance Abuse Evaluation and Treatment Services.

These services are for Department youth residing in the community. The Respondent shall provide any, or all, of the above services that shall include individual, group, and/or family therapy services based on the youth's diagnoses and symptoms, treatment needs, and strengths as identified through a diagnostic evaluation. The results of the diagnostic evaluation shall be used to determine the nature and complexity of the youth's mental disorder and/or substance related disorder. An Individualized Treatment Plan (ITP) shall be developed to guide the youth's individualized mental health and/or substance abuse treatment. An integrated Individualized Mental Health and Substance Abuse Treatment Plan shall be developed for youths with a co-occurring mental disorder and substance related disorder. Services as set forth in Attachment I to this RFP shall be available to youth residing in any of the twenty (20) DJJ judicial circuits as specified in this RFP. Referrals shall come from the Juvenile Probation Officer or other Departmental designee.

The Respondent shall provide services in locations convenient to the youth and family, including but not limited to: the Respondent's office(s), the youth's home/school, juvenile detention centers, hospitals, juvenile probation offices, juvenile assessment centers or community centers. In addition, the Respondent shall have a Respondent-owned or leased facility in the Circuit proposed where youth files shall be securely maintained. Services shall be provided to youth during traditional and non-traditional business hours, including weekends. The Respondent shall maintain an administrative office to receive Department referrals between the hours of 8:00 a.m. and 5:00 p.m., Eastern Time, Monday through Friday, excluding State holidays.

This RFP package consists of this transmittal letter with the following attachments and exhibits (some of which are not included but are available electronically as noted):

PUR 1000[1]	General Contract Conditions - Incorporated by Reference <sup>1</sup>
PUR 1001[1]	General Instructions to Respondents - Incorporated by Reference <sup>1</sup>
Attachment A	General Instructions to Respondents - Special Conditions
Attachment B	General Instructions for the Preparation and Submission of Proposals
Attachment C	Certification of Experience <b>(Mandatory)</b>
Attachment D	Evaluation Criteria
Attachment E	Client Contact List <b>(Mandatory)</b>
Attachment F	Florida Certified Minority Business Enterprise (CMBE) Subcontracting Utilization Plan <sup>2</sup>
Attachment G	Sample Rate Agreement <sup>2</sup>
Attachment H	Reserved
Attachment I	Tie Breaking Certifications <sup>3</sup>
Attachment J	Price Sheet <b>(Mandatory)</b>
Attachment K	Drug-Free Workplace Certification <sup>2</sup>
Attachment L	Reserved
Attachment M	Notice of Intent to Attend Solicitation Conference Form <sup>3</sup>

Attachment N	Notice of Intent to Submit a Proposal/Bid <sup>3</sup>
Attachment O	Cross Reference Table
Attachment P	Evaluation Questions/Considerations
Attachment I	Services to be Provided
Exhibit 1	Florida Minority Business Enterprise (MBE) Utilization Report <sup>2</sup>
Exhibit 2	Details of Proposed Curriculum(s) for Mental Health or Substance Abuse Services or Both Services

<sup>1</sup>Available at:

[http://dms.myflorida.com/business\\_operations/state\\_purchasing/documents\\_forms\\_references\\_resources/purchasing\\_forms](http://dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_resources/purchasing_forms)

<sup>2</sup>Available at: <http://www.djj.state.fl.us/providers/contracts/index.html>

<sup>3</sup> Document uploaded as a separate document for the RFP and posted on the Vendor Bid System.

Respondents shall comply fully with the instructions on how to respond to the RFP. Respondents shall label proposals as "**DJJ SOLICITATION #10570**" using the label form included in this RFP on the envelope(s) containing the proposal. The purpose of labeling the envelope is to put the Department's mailroom on notice that the package is a proposal in response to a DJJ solicitation and should not be opened except by the Department's Procurement & Contract Administration Bureau at the specified date and time.

Eligible Respondents include units of local government, and non-profit and for-profit organizations.

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of this solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or manager of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Manager or as provided in the procurement documents. Violation of this provision may be grounds for rejecting a proposal. All communications from Respondents shall be in writing (by e-mail, facsimile or mail), and cite the subject solicitation number and be directed to the attention of the Procurement Manager below.

Any person with a qualified disability shall not be denied equal access and effective communication regarding any proposal/proposal documents or the attendance at any related meeting or proposal opening. If accommodations are needed because of a disability, please contact the Bureau of Procurement and Contract Administration at (850) 717-2600 at least five business days prior to the meeting.

In addition to other criteria set forth in this solicitation document, any Respondent, and any and all subsidiaries of the Respondent, that have had a contract terminated by the Department for cause is subject to the follow provisions below: The twelve (12) month period shall begin with the effective date of termination for cause, as delineated in the termination letter from the Department.

- a) If terminated for cause in the last twelve (12) month period preceding the Date Written Proposals Are Due and Opened for this solicitation, the Respondent shall be ruled disqualified and therefore ineligible to submit a bid, proposal or response to the solicitation.
- b) If terminated for cause in the last twelve (12) month period preceding the Anticipated Date of Rate Agreement Award resulting from this solicitation, the Respondent shall be ruled disqualified and therefore ineligible to receive a rate agreement award.
- c) The above applies regardless of the business structure (for profit/not for profit) or the dates the corporations were created.

The "One Florida Initiative" was developed in an effort to increase diversity and opportunities in state contracting without using discriminatory policies. If a Respondent(s) is awarded a rate agreement resulting from this solicitation, answers to the following questions are due to the Department prior to rate agreement execution:

- 1) Does your organization have a Small Business Administration 8(a) certification? Yes (Y) / No (N)  
If Y, then proceed no further with these questions.

- 2) Is your organization a non-profit? Y/N  
If Y, then proceed no further with these questions.
- 3) Does your organization have more than 200 permanent full-time employees (including the permanent full-time staff of any affiliates)? Y/N  
If Y, then proceed no further with these questions.
- 4) Does your organization have a net worth of \$5 million or more (including the value of any affiliates)? Y/N

Sincerely,

Michelle Zieman, Procurement Manager  
Bureau of Procurement and Contract Administration  
Florida Department of Juvenile Justice  
The Knight Building, Suite 1100  
2737 Centerview Drive  
Tallahassee, Florida 32399-3100  
Telephone: (850) 717-2609  
Fax: (850) 414-1625  
E-Mail Address: [Michelle.Zieman@djj.state.fl.us](mailto:Michelle.Zieman@djj.state.fl.us)

**ATTACHMENT A  
GENERAL INSTRUCTIONS TO RESPONDENTS – SPECIAL CONDITIONS**

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**1. DEFINITIONS**

The definitions found in Rule 60A-1.001, Florida Administrative Code shall apply to this agreement. The following additional terms are also defined:

- (a) "Department" means the Department of Juvenile Justice that has released the solicitation.
- (b) "Procurement Manager" means the Department's contracting personnel, as identified in the procurement.
- (c) "Prospective Provider" or "Provider" means the business organization or entity providing the services and commodities specified in the response to this Request for Proposals ("RFP").
- (d) "Respondent" means the entity that submits materials to the Department in accordance with these Instructions.
- (e) "Proposal" means the material submitted by the Respondent in answering the solicitation.

**2. GENERAL INSTRUCTIONS**

Potential Respondents to the solicitation are encouraged to carefully review all the materials contained herein and prepare proposals accordingly.

**3. SUBMISSION OF PROPOSALS**

Proposals are required to be submitted according to the instructions in Attachment B of the solicitation.

**4. TERMS AND CONDITIONS**

All proposals are subject to the terms of the following sections of this solicitation, which, in case of conflict, shall have the order of precedence listed:

- (a) Technical Specifications
- (b) Special Conditions
- (c) Instructions to Respondents (Attachment A)
- (d) Instructions to Respondents (PUR 1001[1])
- (e) General Conditions (PUR 1000[1])
- (f) Introductory Materials

The Department objects to and shall not consider any additional terms or conditions submitted by a Respondent, including any appearing in documents attached as part of a Respondent's proposal. In submitting its proposal, a Respondent agrees that any additional terms or conditions, whether submitted intentionally or inadvertently, shall have no force or effect. Failure to comply with terms and conditions, including those specifying information that must be submitted with a proposal, shall be grounds for rejecting a proposal.

**5. QUESTIONS**

Respondents shall address all questions to the Procurement Manager. Questions must be submitted according to the instructions in Attachment B of the solicitation.

**6. CONFLICT OF INTEREST**

This solicitation is subject to chapter 112, Florida Statutes. Respondents shall disclose within their proposal the name of any manager, director, employee or other agent who is also an employee of the State. Respondents shall also disclose the name of any state employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Respondent or its affiliates.

**7. CONVICTED VENDORS**

A person or affiliate placed on the convicted vendor list following a conviction for a public entity crime is prohibited from doing any of the following for a period of 36 months from the date of being placed on the convicted vendor list:

- (a) submitting a bid on a contract to provide any goods or services to a public entity;
- (b) submitting a bid on a contract with a public entity for the construction or repair of a public building or public work;
- (c) submitting bids on leases of real property to public entity;
- (d) being awarded or performing work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and
- (e) transacting business with any public entity in excess of the Category Two threshold amount (\$35,000) provided in section 287.017, Florida Statutes.

**8. DISCRIMINATORY VENDORS**

An entity or affiliate placed on the discriminatory vendor list pursuant to section 287.134, Florida Statutes, may not:

- (a) submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity;
- (b) submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work;
- (c) submit bids, proposals, or replies on leases or real property to a public entity;
- (d) be awarded or perform work as a contractor, supplier, sub-contractor, or consultant under a contract with any public entity; and
- (e) transact business with any public entity.

**9. SCRUTINIZED COMPANIES LIST**

In submitting a bid or proposal, the Respondent certifies that it is not on the Scrutinized Companies that Boycott Israel List, created pursuant to s. 215.4725, or is engaged in a boycott of Israel; or on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473; or engaged in business operations in Cuba or Syria. Pursuant to section 287.135(3)(b), Florida Statutes, the Respondent agrees the Department may immediately terminate the resulting Rate Agreement for cause if the Respondent is found to have submitted a false certification or has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel; or has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; or has been engaged in business operations in Cuba or Syria.

**10. RESPONDENT'S REPRESENTATION AND AUTHORIZATION**

In submitting a proposal, each Respondent understands, represents, and acknowledges the following (if the Respondent cannot so certify to any of following, the Respondent shall submit with its proposal a written explanation of why it cannot do so):

- (a) The Respondent is not currently under suspension or debarment by the State or any other governmental authority.
- (b) To the best of the knowledge of the person signing the proposal, the Respondent, its affiliates, subsidiaries, directors, managers, and employees have not in the last ten (10) years been convicted or found liable for any act prohibited by law in any public contract.

- (c) The Respondent currently has no delinquent obligations to the State, including a claim by the State for liquidated damages under this and/or any other contract.
- (d) The submission is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.
- (e) The prices and amounts have been arrived at independently and without consultation, communication, or agreement with any other Respondent or potential Respondent; neither the prices nor amounts, actual or approximated, have been disclosed to any Respondent or potential Respondent, and they will not be disclosed before the solicitation opening.
- (f) The Respondent has fully informed the Department in writing of all convictions of the firm, its affiliates (as defined in section 287.133(1) (a), Florida Statutes), and all directors, managers and employees of the firm and its affiliates for violation of state or federal antitrust laws with respect to a public contract. This includes disclosure of the names of current employees who were convicted of public entity crimes while in the employ of another company.
- (g) Neither the Respondent nor any person associated with it in the capacity of owner, partner, director, manager, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds:
  - 1) Has within the preceding three years been convicted of or had a civil judgment rendered against them or is presently indicted for or otherwise criminally or civilly charged with: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal or state or local government transaction or public contract; violation of antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
  - 2) Has within a three-year period preceding this certification had one or more federal, state, or local government contracts terminated for cause or default.
- (h) The product offered by the Respondent will conform to the specifications without exception.
- (i) The Respondent has read and understands the Rate Agreement terms and conditions (Attachment G), and the submission is made in conformance with those terms and conditions.
- (j) If an award is made to the Respondent, the Respondent agrees to be legally bound to the Rate Agreement that is formed with the State.
- (k) The Respondent has made a diligent inquiry of its employees and agents responsible for preparing, approving, or submitting the proposal, and has been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, act or other conduct inconsistent with any of the statements and representations made in the proposal.
- (l) The Respondent shall indemnify, defend and hold harmless the Department and its employees against any cost, damage, or expense, which may be incurred or be caused by any error in the Respondent's preparation of its bid.
- (m) All information provided by and representations made by the Respondents are material and important and will be relied upon by the Department in awarding the Rate Agreement. Any misstatement shall be treated as fraudulent concealment from the Department of the true facts relating to submission of the bid. A misrepresentation shall be punishable under law, including, but not limited to, Chapter 817, Florida Statutes.

#### 11. **PERFORMANCE QUALIFICATIONS**

The Department reserves the right to investigate or inspect at any time whether the services, qualifications, or facilities offered by a Respondent meet the anticipated Rate Agreement requirements. The Respondent shall at all times during the resulting Rate Agreement term remain responsive and responsible. The Respondent must be prepared, if requested by the Department, to present evidence of experience, ability, and financial standing, as well as a statement as to plant, machinery, and capacity of the Respondent for the delivery of services. If the Department determines that the conditions of the solicitation documents are not complied with, or that the services proposed to be furnished do not meet the specified requirements, or that the qualifications, financial standing, or facilities are not satisfactory, or that performance is untimely, the Department may reject the proposal. The Respondent may be disqualified from

receiving awards if the Respondent, or anyone in the Respondent's employment, has previously failed to perform satisfactorily in connection with public bidding or contracts. This paragraph shall not mean or imply that it is obligatory upon the Department to make an investigation either before or after award of the resulting Rate Agreement, but should the Department elect to do so, the Respondent is not relieved from fulfilling all resulting Rate Agreement requirements.

**12. PUBLIC OPENING**

Proposals shall be opened on or about the date and at the location indicated in Attachment B. Respondents may, but are not required to, attend. The Department may choose not to announce prices or release other materials pursuant to section 119.07(6), Florida Statutes. Any person requiring a special accommodation because of a disability should contact the Procurement Manager at least five (5) workdays prior to the solicitation opening. If you are hearing or speech impaired, please contact the Department by using the Florida Relay Service at (800) 955-8771 (TDD).

**13. METHODOLOGY FOR AGENCY DECISION**

As per 287.057(1)(b)4., F.S., "the Contract shall be awarded by written notice to the responsible and responsive vendor whose proposal is determined in writing to be the most advantageous to the state, taking into consideration the price and other criteria set forth in the request for proposals."

The Department will use the following information to determine Contract award:

- (a) Technical Proposal Cumulative Score
- (b) Reference checks are submitted, completed and correct per the instructions listed in the RFP – Yes/No (Attachment E)
- (c) Relevant Experience and/or In Good Standing with Current/Recent Department Contract attachment is completed and verified – Yes/No (Attachment C)
- (d) Proposed Cost/Price (Attachment J)

**14. ELECTRONIC POSTING OF NOTICE OF AGENCY DECISION**

On or about the date indicated in Attachment B, the Department shall electronically post a notice of intended award at [http://myflorida.com/apps/vbs/vbs\\_main\\_menu](http://myflorida.com/apps/vbs/vbs_main_menu). If the notice of award is delayed, in lieu of posting the notice of intended award the Department shall post a notice of the delay and a revised date for posting the notice of intended award. Any person who is adversely affected by the decision shall file with the Department a notice of protest within 72 hours after the electronic posting. The Department shall not provide tabulations or notices of award by telephone.

**15. FIRM RESPONSE**

The Department may make an award within 120 days after the date of the opening, during which period proposals shall remain firm and shall not be withdrawn. If an award is not made within 120 days, the proposal shall remain firm until either the Department awards the Rate Agreement or the Department receives written notice from the Respondent that the proposal is withdrawn.

**16. CLARIFICATIONS / REVISIONS**

Before award, the Department reserves the right to seek clarifications or request any information deemed necessary for proper evaluation of submissions from all Respondents deemed eligible for Rate Agreement award. Failure to provide the requested information may result in rejection of the proposal.

**17. MINOR IRREGULARITIES / RIGHT TO REJECT**

The Department reserves the right to accept or reject any and all bids, or separable portions thereof, and to waive any minor irregularity, technicality, or omission if the Department determines that doing so will serve the State's best interests. The Department may reject any proposal not submitted in the manner specified by the solicitation documents.

**18. RATE AGREEMENT FORMATION**

The Department shall issue a notice of award, if any, to the successful Respondent(s) by posting on the Vendor Bid System; however, no Rate Agreement shall be formed between the Respondent and the Department until the Department signs the Rate Agreement. The Department shall not be liable for any costs incurred by a Respondent in preparing or producing its proposal or for any work performed before the Rate Agreement is effective.

**19. RATE AGREEMENT OVERLAP**

Respondents shall identify any services covered by this solicitation that they are currently authorized to furnish under any state term contract. By entering into the Rate Agreement, a Respondent authorizes the Department to eliminate duplication between agreements in the manner the Department deems to be in its best interest.

**20. PUBLIC RECORDS**

Article 1, Section 24, Florida Constitution, guarantees every person access to public records. Florida law generously defines what constitutes a public record in section 119.07, Florida Statutes. As such, all proposals to a competitive solicitation are public records unless exempt by law.

**21. CONFIDENTIAL, PROPRIETARY, OR TRADE SECRET MATERIAL**

The Department takes its public records responsibilities, as provided under chapter 119, Florida Statutes and Article I, Section 24 of the Florida Constitution, very seriously. If the Respondent considers any portion of the documents, data or records submitted in response to this solicitation to be confidential, trade secret or otherwise not subject to disclosure pursuant to chapter 119, Florida Statutes, the Florida Constitution or other authority, the Respondent must also simultaneously provide the Department with a separate redacted copy of its proposal and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the Department's solicitation name, number, and the name of the Respondent on the cover, and shall be clearly titled "Redacted Copy." The redacted copy shall be provided to the Department at the same time the Respondent submits its proposal to the solicitation and must only exclude or redact those exact portions which are claimed confidential, proprietary, or trade secret.

The Respondent shall be responsible for defending its determination that the redacted portions of its proposal are confidential, trade secret or otherwise not subject to disclosure. Further, the Respondent shall protect, defend, and indemnify the Department for any and all claims arising from or relating to Respondent's determination that the redacted portions of its proposal are confidential, proprietary, trade secret or otherwise not subject to disclosure.

If the Respondent fails to submit a Redacted Copy with its proposal, the Department is authorized to produce the entire documents, data or records submitted by the Respondent in answer to a public records request for these records.

**22. PROTESTS**

Any protest concerning this solicitation shall be made in accordance with sections 120.57(3) and 287.042(2), Florida Statutes and Rule 28-110, Florida Administrative Code. Questions to the Procurement Manager shall not constitute formal notice of a protest. It is the Department's intent to ensure that specifications are written to obtain the best value for the State and those specifications are written to ensure competitiveness, fairness, necessity and reasonableness in the solicitation process.

- (a) Section 120.57(3)(b), Florida Statutes, and Rule 28-110.003, Florida Administrative Code, require that a notice of protest of the solicitation documents shall be made within 72 hours after the posting of the solicitation.
- (b) Section 120.57(3)(a), Florida Statutes, requires the following statement to be included in the solicitation: "Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under chapter 120, Florida Statutes."
- (c) Rule 28-110.005, Florida Administrative Code requires the following statement to be included in the solicitation: "Failure to file a protest within the time prescribed in sections 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under chapter 120, Florida Statutes."

**23. CAPTIONS AND NUMBERING**

The captions, section numbers, article numbers, title and headings appearing in this solicitation are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or intent of such articles or sections of this solicitation, nor in any way affect this solicitation and shall not be construed to create a conflict with the provisions of this solicitation.

**24. CONTACT DURING SOLICITATION**

Pursuant to section 287.057(23), Florida Statutes: "Respondents to this solicitation or persons acting on their behalf may not contact, between the release of this solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response."



**25. SPECIAL CONDITIONS**

Pursuant to Rule 60A-1.002(7), Florida Administrative Code, an agency may attach additional contractual and technical terms and conditions. These "special conditions" shall take precedence over Form PUR 1000 and PUR 1001 unless the conflicting term is statutorily required, in which case the term contained in the form shall take precedence.

**26. COOPERATION WITH INSPECTOR GENERAL**

It is the duty of every state officer, employee, agency, special district, board, commission, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to this section. By submitting a proposal to this solicitation, the Respondent acknowledges its understanding and willingness to comply with this requirement.

**ATTACHMENT B  
GENERAL INSTRUCTIONS FOR THE PREPARATION AND SUBMISSION OF PROPOSALS**

**I. SOLICITATION NUMBER:** RFP #10570

**II. SOLICITATION TYPE:** Request for Proposals (RFP): The Department of Juvenile Justice (Department or DJJ) is seeking a Respondent(s) for statewide services in each of the twenty (20) DJJ judicial circuits, for the provision of the following services:

- 1) Mental Health Evaluation and Treatment Services, or
- 2) Substance Abuse Evaluation and Treatment Services, or
- 3) Integrated Mental Health/Substance Abuse Evaluation and Treatment Services.

These services are for Department youth residing in the community. The Respondent shall provide any, or all, of the above services that shall include individual, group, and/or family therapy services based on the youth's diagnoses and symptoms, treatment needs, and strengths, as identified through a diagnostic evaluation. The results of the diagnostic evaluation shall be used to determine the nature and complexity of the youth's mental disorder and/or substance related disorder. An Individualized Treatment Plan (ITP) shall be developed to guide the youth's individualized mental health and/or substance abuse treatment. An integrated Individualized Mental Health and Substance Abuse Treatment Plan shall be developed for youths with a co-occurring mental disorder and substance related disorder. Services as set forth in Attachment I to this RFP shall be available to youth residing in any of the twenty (20) judicial circuits statewide as specified in this RFP. Referrals shall come from the Juvenile Probation Officer or other Departmental designee.

The Respondent shall provide services in locations convenient to the youth and family, including but not limited to: the Respondent's office(s), the youth's home/school, juvenile detention centers, hospitals, juvenile probation offices, juvenile assessment centers or community centers. In addition, the Respondent shall have a Respondent-owned or leased facility in the Circuit proposed where youth files shall be securely maintained. Services shall be provided to youth during traditional and non-traditional business hours, including weekends. The Respondent shall maintain an administrative office to receive Department referrals between the hours of 8:00 a.m. and 5:00 p.m., Eastern Time, Monday through Friday, excluding State holidays.

**III. PROCUREMENT OFFICE** Michelle Ziemann, Procurement Manager  
Bureau of Procurement and Contract Administration  
Florida Department of Juvenile Justice  
The Knight Building, Suite 1100  
2737 Centerview Drive  
Tallahassee, Florida 32399-3100  
Telephone: (850) 717-2609  
Fax: (850) 414-1625  
E-Mail Address: Michelle.Ziemann@djj.state.fl.us

**IV. GENERAL INFORMATION**  
A. Calendar of Events

Listed below are the important actions and dates/times by which the actions must be taken or completed. All references to “days” in this document refer to calendar days unless otherwise specified. If the Department finds it necessary to change any of these dates and/or times, the change will be accomplished via an informational notice or addendum, and will be posted on the “MyFlorida” website [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu). All listed times are local time in Tallahassee, Florida (Eastern Daylight/Standard Time).

DATE	TIME	ACTION	WHERE
Friday, December 15, 2017	COB	Release of solicitation	MyFlorida.com web site <a href="http://www.myflorida.com/apps/vbs/vbs_main_menu">http://www.myflorida.com/apps/vbs/vbs_main_menu</a>
Friday, December 22, 2017	COB	Deadline for Submission of Intent to Attend Solicitation Conference Form (Attachment M)	Send to Michelle.Zieman@djj.state.fl.us
Friday, December 22, 2017	COB	Deadline for Submission of Intent to Submit a Proposal (Attachment N)	Send to Michelle.Zieman@djj.state.fl.us
Friday, December 22, 2017	COB	Solicitation Conference Call question deadline	Send to Michelle.Zieman@djj.state.fl.us
Friday, December 29, 2017	10:00 AM EST	Solicitation Conference/ Conference Call  (This is a Public Meeting to be held only upon public interest)	Bureau of Procurement and Contract Administration Knight Building, DJJ Headquarters 2737 Centerview Drive Lobby (for directions) Tallahassee, FL 32399-3100 or telephone 1-888-670-3525 and enter code 9911659308 when directed. The Agenda can be found on MyFlorida.com web site <a href="http://www.myflorida.com/apps/vbs/vbs_main_menu">http://www.myflorida.com/apps/vbs/vbs_main_menu</a> under the solicitation #.
Thursday, January 4, 2018	COB	Final date and time deadline written questions will be accepted	Send to Michelle.Zieman@djj.state.fl.us
Wednesday, January 17, 2018	COB	Anticipated date that answers to written questions will be posted on the web site	MyFlorida.com web site <a href="http://www.myflorida.com/apps/vbs/vbs_main_menu">http://www.myflorida.com/apps/vbs/vbs_main_menu</a>
Wednesday, January 24, 2018	1:00 PM EST	Technical Assistance Conference Call  (To be held before proposals due)	Bureau of Procurement and Contract Administration Knight Building, DJJ Headquarters 2737 Centerview Drive Lobby (for directions) Tallahassee, FL 32399-3100 or telephone 1-888-670-3525 and enter code 9911659308

Thursday, February 1, 2018	2:00 PM EST	Proposals due and opened	Attention: Michelle Zieman Department of Juvenile Justice Bureau of Procurement and Contract Administration 2737 Centerview Drive, Suite 1100 Tallahassee, FL 32399-3100
Monday, February 12, 2018	10:00 AM EST	Evaluation Team Briefing Conference Call  (This meeting is open for public attendance)	Bureau of Procurement and Contract Administration Knight Building, DJJ Headquarters 2737 Centerview Drive Lobby (for directions) Tallahassee, FL 32399-3100 or telephone 1-888-670-3525 and enter code 9911659308  A recording of the Conference Call will be available at: <a href="http://www.djj.state.fl.us/partners/contracting/conference-calls">http://www.djj.state.fl.us/partners/contracting/conference-calls</a> within 48 hours of the Briefing being concluded.
<del>Monday, March 5, 2018</del> Tuesday, March 6, 2018	10:00 AM EST	Evaluation Team Debriefing Conference Call  (This meeting is open for public attendance)	Bureau of Procurement and Contract Administration Knight Building, DJJ Headquarters 2737 Centerview Drive Lobby (for directions) Tallahassee, FL 32399-3100 or telephone 1-888-670-3525 and enter code 9911659308  A recording of the Conference Call will be available at: <a href="http://www.djj.state.fl.us/partners/contracting/conference-calls">http://www.djj.state.fl.us/partners/contracting/conference-calls</a> within 48 hours of the Debriefing being concluded.
Monday, March 26, 2018	COB	Anticipated date of posting of Notice of Agency Decision	MyFlorida.com web site <a href="http://www.myflorida.com/apps/vbs/vbs_main_menu">http://www.myflorida.com/apps/vbs/vbs_main_menu</a>
Sunday, May 1, 2018		Anticipated Rate Agreement execution date	
Sunday, July 1, 2018		Services start date	

- B. Time, Date and Place Proposals are Due  
Proposals must be received **NO LATER** than the date and time specified in the Calendar of Events (Attachment B, Section IV.A.), and submitted to the Department of Juvenile Justice (Department or DJJ) at the address identified in Section III.  
**Caution:** A proposal received at the designated office after the exact time specified will not be considered, as specified by Attachment A.
- C. There is no site visit requirement for this solicitation.
- D. The Department reserves the right to modify non-material terms of the RFP prior to execution of the Rate Agreement resulting from this RFP, when such modification is determined to be in the best interest of the State of Florida.
- E. Solicitation Conference  
The Department may conduct a solicitation conference on the date and at the time specified in the Calendar of Events. The purpose of the conference is to discuss the

contents of the solicitation and Respondents' questions and clarify areas of misunderstanding or ambiguity.

If no interest in the solicitation conference is indicated by Respondents, the Department has the option of cancelling the conference by placing a notice of cancellation of the conference on the MyFlorida.com website at [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu) under the solicitation number. If the conference is cancelled, questions and answers will be posted in the form of an addendum on or before the date specified in the Calendar of Events. Respondents interested in the Solicitation Conference shall take note of the following:

1. Notice of "Intent to Attend Solicitation Conference": Respondents interested in participating in the solicitation conference are encouraged to submit a notice of "Intent to Attend Solicitation Conference" (Attachment M to this RFP) by the date and time specified in the Calendar of Events to the Procurement Manager by fax or e-mail. This is not a mandatory requirement.
2. Questions for Solicitation Conference: Questions for verbal discussion at the solicitation conference shall be submitted in writing and sent to the Procurement Manager at: Michelle.Zieman@djj.state.fl.us, or by mail or facsimile, and shall be received by the date specified for Solicitation Conference Questions in the Calendar of Events (Attachment B, Section IV.A.). The intent of this deadline is to provide the Department sufficient time to prepare answers for discussion at the conference.
3. Agenda: An Agenda with questions submitted to date by Respondents will be posted on the MyFlorida.com website at [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu) under the solicitation number no less than 24 hours (1 business day) prior to the meeting time.
4. Conference Call: At the scheduled time of the conference call, Respondents shall contact the Bureau of Procurement and Contract Administration at the number listed in the Calendar of Events.
5. Final Questions/Inquiries: Final questions after the solicitation conference, or any other inquiries regarding the solicitation, shall be submitted in writing and sent to the Procurement Manager at Michelle.Zieman@djj.state.fl.us, or by mail or facsimile, and shall be received by the date specified for Final Deadline for Questions in the Calendar of Events (Attachment B, Section IV.A.). The Department will not accept questions on this solicitation after close of business on the date specified in the Calendar of Events. The Respondent is responsible for ensuring that the Procurement Manager receives the inquiry.
6. Non-Binding Communication: The Department will accept verbal questions during the Solicitation Conference and will make a reasonable effort to provide answers at that time. Impromptu questions will be permitted and spontaneous answers provided; however, the Department will issue written answers ONLY to questions subsequently submitted in writing as indicated in Attachment B, VII. Any information communicated through oral communication shall not be binding on the Department and shall not be relied upon by any Respondent. Questions shall be submitted in writing in accordance with the deadline for questions in the Calendar of Events.
7. Department's Official Answer to Questions: The Department's official response to all written questions will be posted at [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu) as an addendum to this solicitation on or about the date specified in the Calendar of Events.

F. Technical Assistance (TA) Conference Call

The Department will conduct a Technical Assistance conference call at the date and time specified in the Calendar of Events. The purpose of the call is for the Department's Procurement Manager for this RFP to review all of the mandatory criteria and submission requirements with Respondent's before the proposals are due. This call will provide a "verbal checklist" for Respondent's. The Department will accept verbal questions during the TA Conference Call and will make a reasonable effort to provide answers at that time; however, questions will only be taken and answered related to the General Instructions for Preparation of the Proposal (see Attachment B, Section XVIII.) No questions will be

answered related to the programmatic requirements of the RFP. Any information communicated through oral communication shall not be binding on the Department.

G. Evaluator Briefing Session

The Department will hold an Evaluator Briefing Session at the date and time specified in the Calendar of Events. The purpose of the Evaluator Briefing Session is to ensure that evaluators fully understand the solicitation requirements and the evaluation and scoring process. This meeting is open for public attendance. A recording of the call will be available on the Department's website (<http://www.djj.state.fl.us/Providers/contracts/conference-calls/index.html>) within 48 hours after the date listed on the Calendar of Events.

H. Evaluator Debriefing Session

The Department will hold an Evaluator Debriefing Session at the date and time specified in the Calendar of Events. The purpose of the Debriefing Session is to allow evaluators an opportunity to identify the page number(s) in the proposals where information relied on for assessing a score was found, record the scores assessed for the proposals and discuss the merits of the proposals, including strengths and weaknesses. A recording of the call will be available on the Department's website (<http://www.djj.state.fl.us/Providers/contracts/conference-calls/index.html>) within 48 hours of the date listed on the Calendar of Events.

I. On or about the date specified in the Calendar of Events (Attachment B, Section IV.A.), the Department's Notice of Agency Decision will be posted on the "MyFlorida" website [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu). Click on "Search Advertisements," and use the drop-down list under Advertisement Type and select Agency Decision, then, under Agency, select the Department of Juvenile Justice. Click "Initiate Search," select the RFP and double click on the RFP number. Call the Department's Procurement Manager at the telephone number listed in Attachment B, Section III., with any questions regarding accessing the website.

J. At every meeting subject to the Sunshine Law which relates to this procurement, the public shall be given reasonable opportunity to be heard.

V. **MANDATORY REQUIREMENTS**

The following requirements must be met by the Respondent to be considered responsive to this RFP. Although there are other criteria set forth in this RFP, these are the only requirements deemed by the Department to be mandatory. Failure to meet these requirements may result in a proposal not being evaluated and rejected as non-responsive.

A. It is **MANDATORY** that the Respondent submits its proposal within the time frame specified in the Calendar of Events (Attachment B, Section IV.A.)

B. It is **MANDATORY** that the Respondent complete the Attachment C, Certification of Experience. ~~The Respondent must demonstrate two (2) years of experience within the last five (5) years of providing mental health and/or substance abuse evaluation and treatment services.~~ The Respondent must demonstrate experience relevant to providing the same or similar services, as specified in Attachment I, Services To Be Provided. (Reference Attachment B., section V., B.)

C. It is **MANDATORY** that the Respondent submit Attachment E (Client Contact List) with a minimum of three (3) contacts. This list is a part of the technical proposal, and is required in order for the proposal to be considered complete.

1. The Attachment E must be completed and submitted with **at least three (3)** previous or current clients for whom the Respondent has delivered services for mental health and/or substance abuse evaluation and treatment services as described in Attachment I. Clients are expected to be businesses or other organizations and cannot be parents/guardians, students, or minors.

2. The Department reserves the right to contact any and all references in the course of this solicitation and make a fitness determination, not subject to review or challenge.

3. The Department shall not be listed as a reference. If the Respondent has only provided these same or similar services to the Department, the Respondent is to include an attestation statement from the individual with authority to bind the Respondent in place of the Attachment E.

4. Hardcopies submitted within the technical proposal or copies submitted electronically on the CD-ROM with the proposal to the Procurement Manager are acceptable.
- D. It is **MANDATORY** that the Respondent shall provide a price (rate) for each deliverable included for services by returning a completed and signed copy of the Department's Attachment J (Price Sheet.) The price (rate) must include all services, material and labor necessary to complete the Services to be Provided as outlined in Attachment I and described in this RFP and the Respondent's proposal. This price shall be expressed as two (2) decimal number. **For Respondents proposing services for more than one circuit, a separate Price Sheet is required for each circuit proposed.**
- E. It is **MANDATORY** that the Respondent provide a list of proposed staff who will provide the services under the resulting Rate Agreement. The list must include at least one fully-licensed, qualified professional, with a copy of their current active license attached. (Reference Attachment B., section XX., G.)

## VI. SOLICITATION INFORMATION

- A. The term "Provider" refers to:
1. "Provider" is defined to also include: any and all subsidiaries of the prospective Provider where the prospective Provider owns 80% or more of the common stock of the subsidiary; the parent corporation of the prospective Provider where the parent owns 80% or more of the common stock of the prospective Provider; and any and all subsidiaries of the parent corporation of the prospective Provider where the parent owns 80% of the common stock of the prospective Provider and the parent's subsidiaries.
  2. For all other purposes, the definition shall be as specified in Attachment A, 1.
- B. For the purposes of the Dun & Bradstreet SQR (if applicable): the proposing entity ("Provider") named in the Transmittal Letter and the DUNS number listed there must match the company name and DUNS number listed on the D & B SQR.
- C. Respondents submitting a hard copy proposal shall submit the following:
1. An original (which shall be identified as "Original" on the cover, and shall bear an original signature(s) on the Respondent's Transmittal Letter) and six copies of the Respondent's Volume 1 proposal; AND
  2. An original (which shall also be identified as "Original" on the cover and shall bear an original signature(s) on Attachment J – Price Sheet) and six copies of the Respondent's Volume 2 proposal; AND
  3. A CD-ROM that contains the complete proposal (Volumes 1 and 2) saved in Microsoft Word, Excel, and/or PowerPoint. It is the intention of the Department to use the CD-ROM for purposes of electronic storage of the submission, and therefore it must contain the complete proposal, with the exception of original signatures.
  4. Use of legible reproductions of signed originals is authorized for all copies of the proposal unless specifically noted.
  5. See instructions for proposal preparation in Attachment B, Section XX., and submittal information in Attachment B, Section III.
  6. Evaluation and review of the proposal will be based solely on information and documents submitted in the copies of Volumes 1 and 2, unless otherwise indicated in the RFP.
  7. All dates in this procurement, and other RFP requirements, are subject to change. Modifications of the schedule or changes to the RFP shall be provided through addendum or informational notice, and posted on the website identified above. Prospective Respondents are responsible for checking the website for any changes.
- D. Electronic submissions by Respondents will be accepted submitting CD-ROMs to the Procurement Manager. Respondents submitting electronically shall submit the following:
1. Scanned copies of all documents that require original signatures.
  2. The Respondent's complete proposal (Volumes 1 and 2) saved in Microsoft Word, Excel, and/or PowerPoint. It is the intention of the Department to use the CD-ROMs for purposes of electronic storage of the submission, and therefore, it must contain the complete proposal.

3. See instructions for proposal preparation in Attachment B, Section XX., and submittal information in Attachment B, Section III.
4. Evaluation and review of the proposal will be based solely on information and documents submitted in the copies of Volumes 1 and 2, unless otherwise indicated in the RFP.
5. All dates in this procurement, and other RFP requirements, are subject to change. Modifications of the schedule or changes to the RFP shall be provided through addendum of informational notice, and posted on the website identified above. Prospective Respondents are responsible for checking the website for any changes.

#### **VII. RESPONDENT'S QUESTIONS**

**INFORMATION WILL NOT BE AVAILABLE ORALLY.** All inquiries shall be in writing and be sent to the Procurement Manager at Michelle.Zieman@djj.state.fl.us, or by mail or by facsimile (850-414-1625) and shall be received by the date specified in the Calendar of Events (Section IV.A.). The Respondent is responsible for ensuring that the Procurement Manager received the inquiry. The Department will not take any further questions on this RFP after close of business that day. The Department's responses to questions will be posted at [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu) as an addendum to this RFP on or about the date specified in the Calendar of Events (Section IV.A.). Any information communicated through oral communication shall not be binding on the Department and shall not be relied upon by any Respondent. Respondents to this solicitation or persons acting on their behalf may not contact, between the release of this solicitation and the end of the seventy-two (72) hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or Manager of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Manager or as provided in the procurement documents. Violation of this provision may be grounds for rejecting a proposal.

#### **VIII. NUMBER OF AWARDS**

The Department anticipates making one or more awards per each DJJ Judicial Circuit as a result of this solicitation. The awards shall be made to responsive and responsible Respondents. **The Department reserves the right not to award contracts based solely upon proposed rates that exceed competitive market rates.** Priority consideration will be given to those Respondents providing the following services in the following priority order: 1) Respondent proposing all three types of services, Mental Health and Substance Abuse and Integrated Mental Health and Substance Abuse services; 2) Respondent proposes both Mental Health and Substance Abuse services; 3) Respondent is providing In-home services; 4) Respondent proposing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); and, 5) Respondent proposing an all Evidence-Based Mental Health curriculum. Further information about the use of these priority orders is found in Attachment D of this RFP.

#### **IX. FAILURE TO EXECUTE RATE AGREEMENT**

In the event no protest is filed within the prescribed timeframe, the Department will commence preparation of the Rate Agreements with the intended Respondents. If, for any reason, the intended Respondent fails to execute a rate agreement within fifteen (15) consecutive calendar days after a Rate Agreement has been presented to it for signature, or if the Department determines that the Respondent is ineligible to participate due to its being convicted of a Public Entity Crime, debarred, suspended or otherwise prohibited from receiving federal or state funds, the Department may (1) attempt to contract with the next ranked Respondent without posting of an additional Notice of Agency Decision or Addendum; (2) reject all proposals and re-advertise the RFP; or (3) reject all proposals. If the Department and the next ranked Respondent fail to execute a rate agreement, the Department may (1) attempt to contract with the next ranked Respondent sequentially until a Respondent willing to execute a Rate Agreement is found without posting of an additional Notice of Agency Decision or Addendum; (2) reject all proposals and re-advertise the RFP; or (3) reject all proposals.

#### **X. VENDOR REGISTRATION**

Prior to entering into a Rate Agreement with the Department, the selected Respondent(s) must be registered with the Florida Department of Management Services (DMS) Vendor Registration



System. To access online registration, log on to [www.myflorida.com](http://www.myflorida.com), and click on the 'MyFloridaMarketPlace' link under 'Hot Topics.' Once on the 'MyFloridaMarketPlace' website, click on the 'Vendors' link to begin registration. In order to register, you will need the following information:

- A. Company name
- B. Tax ID type and number – Social Security Number (SSN) or Federal Employer Identification Number (FEIN)
- C. Tax filing information, including the business name on the 1099 or other tax form (where applicable)
- D. Location information:
  - 1. A business name for each company location (if different from the company name)
  - 2. A complete address for each location (including details for sending purchase orders, payments, and bills to each location)
  - 3. A contact person for each of the locations
- E. Commodity codes that describe the products and/or services the company provides
- F. CMBE (Certified Minority Business Enterprises) information, if applicable
- G. State-issued sequence number - available from DMS by faxing a request on company letterhead to 850-414-8331.

#### **XI. RATE AGREEMENT PERIOD AND RENEWAL**

The resulting Rate Agreements are expected to begin on **July 1, 2018**, and shall end at **11:59 p.m.** on **June 30, 2021**. These Rate Agreements may be renewed for up to three years.

#### **XII. TYPE OF RATE AGREEMENT CONTEMPLATED**

A fixed price, no-ceiling, Rate Agreement(s) is anticipated from this solicitation. A copy of a sample rate agreement containing all required terms and conditions is included as Attachment G.

#### **XIII. DESIGNATION OF RATE AGREEMENT UNDER THE FLORIDA SINGLE AUDIT ACT**

- A. All rate agreements with the Department are classified as either Recipient/Sub-Recipient, FSAA Exempt, or Vendor rate agreements. It is the Department's determination that this Rate Agreement is a **Vendor** Rate Agreement, pursuant to Section 215.97, Florida Statutes.
- B. Statutory and rule requirements for the Provider for these types of rate agreements are specified in Attachment G, Section VI. **FINANCIAL AND TRANSACTIONS AUDIT REQUIREMENTS.**

#### **XIV. ESTIMATED UTILIZATION/FUNDING**

The actual number of youth needing services as contemplated by this RFP cannot be estimated due to the changing population and needs of the youth. Therefore, there is not an annual dollar amount included in this RFP. The Department will fund resulting rate agreements based on utilization of services. There is no guarantee of funding. The table below outlines the Department expenditures for Mental Health and/or Substance Abuse services in Fiscal Year 16/17. There is sufficient funding available within the Department to fund the mental health and/or substance abuse treatment needs of referred youth. This table is provided solely for the purposes of illustrating approximately how many dollars were spent in the last full FY.

Central Region	Total		North Region	Total		South Region	Total
Circuit 6	\$43,031.82		Circuit 1	\$0.00		Circuit 11	\$137,580.00
Circuit 9	\$20,112.40		Circuit 2	\$0.00		Circuit 16	\$0.00
Circuit 10	\$16,420.00		Circuit 3	\$41,310.00		Circuit 17	\$0.00
Circuit 12	\$0.00		Circuit 4	\$286,210.00		Circuit 19	\$3,804.60
Circuit 13	\$343.64		Circuit 7	\$167,140.00		TOTALS	\$141,384.60
Circuit 18	\$0.00		Circuit 8	\$53,335.91			
TOTALS	\$79,907.86		TOTALS	\$547,995.91			

\*Based on FY 16/17 Cost Data. This is an estimated count and only includes the Contract Numbers and Circuits listed in Exhibit 3. This does not include youth served during home visits, as data is not available for FY 16/17.

\*\*These costs only include youth evaluations, individual, group and family sessions. It does not include all mental and/or substance services that may be available or required by a specific circuit.

#### XV. FINANCIAL CONSEQUENCES

- A. Financial consequences shall be assessed for Rate Agreement non-compliance or non-performance in accordance with the FDJJ Policy 2000 (Revised 04/10/17) for the following:
  - a. failure to submit a Corrective Action Plan (CAP) within specified time frame(s);
  - b. failure to implement the CAP within the specified time frame(s); and/or
  - c. upon further failure to make acceptable progress in correcting deficiencies as outlined in the CAP within specified time frame(s).
- B. The Respondent expressly agrees to the imposition of financial consequences as outlined below, in addition to all other remedies available to the Department by law.
  - Total value of Monthly Amount of the previous month billed X 2.5% = Financial Consequence. Imposition of consequences shall be based on per deficiency per day.
- C. Upon the Department's decision to impose financial consequences, written notification will be sent to the Respondent. Notification will outline the deficiency(ies) for which financial consequences are being imposed, the conditions (including time frames) that must be in place to satisfy the deficiency(ies) and/or the Department's concerns, the amount of the financial consequence and the month the deduction shall be made on the invoice. The Department's Contract Manager shall deduct the amount of financial consequences imposed from the Respondent's next monthly invoice as specified in the written notification.
- D. If the Respondent has a grievance concerning the imposition of financial consequences for noncompliance, the Respondent shall follow the dispute process outlined in the resulting Rate Agreement, describing any extenuating circumstances that prevented them from correcting the deficiency(ies).

#### XVI. OPTIONS

The Department reserves the right to exercise the option below in the event the Department's needs change:

##### Option for Changes in Rate Agreement Services

The Department has the option to modify the resulting Rate Agreement, including adding, reducing, or deleting services during the Rate Agreement term. The optioned services may not commence before execution of an amendment. Delivery of changed services shall be upon the terms, conditions, and rate agreed in the exercise of the options of the resulting Rate Agreement.

#### XVII. SUBCONTRACTING

The Respondent shall not subcontract, assign, or transfer any of the services sought under this RFP, without the prior written consent of the Department.

The Department supports diversity in its Procurement Program and requests that Respondents use all subcontracting opportunities afforded by this solicitation to embrace diversity. The award of subcontracts by Respondents should reflect the full diversity of the citizens of the State of Florida. The Office of Supplier Diversity (OSD) website <http://osd.dms.state.fl.us/> includes a list of Certified Minority Business Enterprises (CMBEs) that could be offered utilization opportunities.

**XVIII. FAITH-BASED NON-DISCRIMINATION CLAUSE**

Pursuant to section 985.601(3)(b), Florida Statutes, the Department intends that, whenever possible and reasonable, it will make every effort to consider qualified faith-based organizations on an equal basis with other private organizations when selecting Providers of services to juveniles.

**XIX. ELABORATE PROPOSALS**

It is not necessary to prepare proposals using elaborate brochures and artwork, expensive paper and bindings, or other expensive visual presentation aids. Proposals should be prepared in accordance with the instructions herein. The Department is not responsible for and, therefore, shall not reimburse any costs incurred in the preparation or submission of the proposal submitted in response to this RFP. The Department shall be liable for payment only as provided in a fully executed rate agreement.

**XX. GENERAL INSTRUCTIONS FOR PREPARATION OF THE PROPOSAL**

The instructions for this RFP have been designed to help ensure that all proposals are reviewed and evaluated in a consistent manner, as well as to minimize costs and response time. INFORMATION SUBMITTED IN VARIANCE WITH THESE INSTRUCTIONS MAY NOT BE REVIEWED OR EVALUATED. All proposals must detail the services that will be delivered, the expected results and the recommended performance measures and contain the sections outlined below. Those sections are called "Tabs." A "Tab", as used here, is a section separator, offset and labeled, (Example: "Tab 1, Transmittal Letter"), so that each evaluator can easily turn to "Tabbed" sections during the evaluation process. Failure to have all copies properly "tabbed" makes it much more difficult for the Department to evaluate the proposal. Failure of the Respondent to provide any of the information required in the hard copy of either Volume 1 (the Technical Proposal) and Volume 2 (the Financial Proposal) portions of the RFP proposal shall result in no points being awarded for that element of the evaluation/review.

The proposal shall consist of the following parts:

A. Transmittal Letter – Volume 1, Tab 1

The proposal must contain a fully completed transmittal letter that meets the following criteria:

1. Submitted on the Respondent's letterhead.
2. Signed by an individual who has the authority to bind the Respondent.
3. Contain the Respondent's official name (the company name), address, telephone number, and email address.
4. Contain the name and title of the Respondent official who will sign any rate agreement (this individual shall have the authority to bind the Respondent and shall be available to be contacted by telephone, email or attend meetings, as may be appropriate regarding the solicitation).
5. Contain the Respondent's Federal Employee Identification Number (including the State of Florida Vendor Sequence Number, if available). If not available, please make that statement, and the Department will collect the information prior to Rate Agreement award.
6. Contain the Respondent's DUNS Number, if applicable. If not applicable, please make that statement.
7. If the proposing entity is a "DBA" or "Doing Business As", the Respondent shall state the reason for it.
8. The transmittal letter must contain this exact statement: "On behalf of (*insert Respondent's name*), this letter certifies that the (*insert Respondent's name*)

agrees to all terms and conditions contained in the Request for Proposal for which this proposal is submitted.”

9. The transmittal letter must contain this exact statement: “On behalf of *(insert Respondent’s name)*, this letter certifies that *(insert Respondent’s name)* has met all conditions and requirements of Attachment A, including that neither it nor its principals are presently debarred, suspended, or proposed for debarment, or have been declared ineligible or voluntarily excluded from participation in this Procurement/rate agreement by any federal department or agency.” If the Respondent is unable to certify to any part of this statement, such Respondent shall include an explanation in the transmittal letter.
  10. The transmittal letter must contain this exact statement: “On behalf of *(insert Respondent’s name)*, this letter certifies that neither *(insert Respondent’s name)* nor anyone acting on its behalf have contacted anyone, between the release of the solicitation and due date of this solicitation, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Manager or as provided in the solicitation documents.”
  11. The transmittal letter must contain this exact statement: “On behalf of *(insert Respondent’s name)*, this letter certifies that *(insert Respondent’s name)* is not listed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel; the Scrutinized Companies with Activities in Sudan List; the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; or has been engaged in business operations in Cuba or Syria (pursuant to Florida Statutes 215.472, 215.4725, 215.473, and 287.135)”.
- B. Cross Reference Table - Volume 1, Tab 1  
In order to assist the Respondent in its development of a responsive proposal and to facilitate proposal evaluation by the Department, the Respondent shall provide a table that cross-references the contents of its proposal with the contents of the RFP. Please see Attachment O to this RFP for the cross-reference table. The Respondents shall insert the Attachment O in Volume 1, Tab 1, just after the Part A - Transmittal Letter. Remember to complete Attachment O in its entirety.
- C. Certification of Experience - Volume 1, Tab 2  
It is **MANDATORY** that the Respondent complete the Attachment C, Certificate of Experience. ~~The Respondent must demonstrate two years of experience within the last five years of providing mental health and/or substance abuse evaluation and treatment services. (Reference Attachment B., section V., B.)~~ The Respondent must demonstrate experience relevant to providing the same or similar services, as specified in Attachment I, Services To Be Provided. (Reference Attachment B., section V., B.)
- D. Drug-Free Workplace Certification – Volume 1, Tab 2  
The proposal may contain the Drug-Free Workplace Certification in accordance with section 287.087, Florida Statutes (if desired by the Respondent) for preference in the event of a tie in the scoring of a competitive solicitation. This is not a mandatory requirement. The Certification form (Attachment K) is available at: <http://www.djj.state.fl.us/providers/contracts/index.html>. The Tie-Breaking Guidelines are attached to this solicitation as Attachment I.
- E. Client Contact List – Volume 1, Tab 2  
It is **MANDATORY** that the Respondent submit Attachment E’s (Client Contact List) with a minimum of three references. This list is required in order for the proposal to be complete.
1. The Attachment E must be completed and submitted with **at least three** previous or current clients for whom the Respondent has delivered services for a juvenile delinquent population. Clients are expected to be businesses or other organizations and cannot be parents/guardians, students, or minors.
  2. The Department reserves the right to contact any and all references in the course of this solicitation and make a fitness determination, not subject to review or challenge.
  3. The Department shall not provide a reference. If the Respondent has only provided these same or similar services to the Department, the Respondent is to

include an attestation statement from the individual with authority to bind the Respondent in place of the Attachment E.

4. No faxes will be accepted for Attachment E (Client Contact List). Only original hardcopies submitted within the technical proposal or copies submitted electronically on the CD-ROM with the proposal to the Procurement Manager are acceptable.

F. Technical Proposal - Volume 1, Tab 3

The Technical Proposal (described below) shall be prepared in the format listed below utilizing 8.5" x 11" paper with one-inch margins top, bottom, and sides. Each Respondent shall limit the Technical Proposal's narrative to no more than 60 (sixty) consecutive pages. **Pages submitted in excess of the specified limit for the Technical Proposal's narrative will be removed prior to evaluation and will not be evaluated.** Any attachments, charts, photos, maps, diagrams, or other resource materials that support the information provided in the Technical Proposal shall be referenced within the Technical Proposal's narrative, included as exhibits or attachments to the Technical Proposal, and presented at the end of the Technical Proposal. Such exhibits or attachments shall not be counted in the 60 (sixty) page limitation established for the Technical Proposal.

The Technical Proposal package shall contain the following sections in the following sequence:

1. The Respondent shall provide the documentation as requested and outlined in Attachment O, the Cross Reference Table. PLEASE NOTE THAT IT IS INSUFFICIENT FOR PROPOSALS TO MERELY RECITE OR REITERATE THE SERVICES TO BE PROVIDED.

G. Staffing Qualifications, Licenses and Credential Documentation – Volume 1, Tab 4

It is **MANDATORY** that the Respondent provide a list of proposed staff who will provide the services under the resulting rate agreement. The list must include at least one fully-licensed, qualified professional, with a copy of their current active license attached. (Reference Attachment B., section V., E., and Attachment D., section I., E.)

H. Financial Proposal (Volume 2)

1. Price – Volume 2, Tab 1

- a. It is **MANDATORY** that the Respondent shall provide a price (rate) for the services by returning a completed and signed copy of the Department's Attachment J - Price Sheet. The price must include all services, material and labor necessary to complete the Services to be Provided in Attachment I as described in this RFP and the Respondent's proposal. This price shall be expressed as two decimal number prices. **For Respondents proposing services for more than one circuit, a separate Price Sheet is required for each circuit proposed.**
- b. The Price Sheet will be scored (see Attachment D).

I. Mailing Label

Respondents submitting proposals in response to this solicitation shall either affix the label below (or a copy thereof) to the lower, left hand corner outside of all envelopes or containers containing their proposals or mark their proposal with the identifying information. This is to ensure that the Department's mailroom identifies the package(s) as a proposal and delivers it expeditiously. Respondents shall complete the information on the label prior to affixing the label.

**DJJ SOLICITATION NUMBER 10570**

**DATE DUE: Thursday, February 1, 2018 at 2:00 p.m. EST**  
**ENVELOPE/BOX # \_\_\_\_\_ OF \_\_\_\_\_ ENVELOPE(S)/BOX(ES)**

**Florida Department of Juvenile Justice**  
**Bureau of Procurement and Contract Administration**  
**Attention: Michelle Zieman, Procurement Manager**  
**2737 Centerview Drive, Suite 1100**  
**Tallahassee, Florida 32399-3100**

**XXI. ADDITIONAL REQUIREMENTS FOR RESPONDENTS SELECTED FOR RATE AGREEMENT AWARD**

Respondents selected for Rate Agreement award must submit the following information and/or documentation prior to Rate Agreement execution:

- A. Answers to One Florida Initiative Questions (page 2 of RFP);
- B. Provider's State of Florida Vendor Sequence Number; and
- C. The name, title, address, telephone number, and e-mail address of the prospective Provider's Contract Manager. Note: this is not DJJ's assigned contract manager.

**ATTACHMENT C  
CERTIFICATION OF EXPERIENCE  
MANDATORY  
(TO BE COMPLETED BY THE RESPONDENT)**

**THIS MANDATORY (IF APPLICABLE) FORM SHALL BE COMPLETED BY THE RESPONDENT AND SIGNED BY A PERSON LEGALLY AUTHORIZED TO MAKE BINDING STATEMENTS ON BEHALF OF THE RESPONDENT. THE COMPLETED AND SIGNED FORM SHALL BE SUBMITTED WITH THE PROPOSAL.**

COMPANY NAME: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

PRIMARY BUSINESS: \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

NUMBER OF EMPLOYEES ENGAGED IN ACTIVITIES RELEVANT TO THIS RFP: \_\_\_\_\_

NUMBER OF YEARS PROVIDING MENTAL HEALTH AND/OR SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES (PUBLIC AND/OR PRIVATE): \_\_\_\_\_

\_\_\_\_\_

LIST ENTITIES FOR WHO THE COMPANY HAS PROVIDED MENTAL HEALTH AND/OR SUBSTANCE ABUSE EVALUATION AND TREATMENT **THE SAME OR SIMILAR SERVICES, AS SPECIFIED IN ATTACHMENT I, SERVICES TO BE PROVIDED,** WITHIN THE LAST FIVE YEARS AND THE DATES OF PERFORMANCE (RESPONDENT MUST DEMONSTRATE TWO YEARS EXPERIENCE WITHIN THE LAST FIVE YEARS (PUBLIC AND/OR PRIVATE):

\_\_\_\_\_

**IF SERVICES PROVIDED TO DJJ:**

A. THIS SECTION IS TO BE COMPLETED BY RESPONDENTS CURRENTLY PROVIDING MENTAL HEALTH AND/OR SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES **THE SAME OR SIMILAR SERVICES, AS SPECIFIED IN ATTACHMENT I, SERVICES TO BE PROVIDED,** FOR DJJ FOR AT LEAST THE LAST SIX (6) CONSECUTIVE MONTHS:

CURRENT DJJ CONTRACT/RATE AGREEMENT NUMBER PROVIDING SERVICES:

\_\_\_\_\_

DATE SERVICES BEGAN FOR THE ABOVE CONTRACT/RATE AGREEMENT:

\_\_\_\_\_

B. THIS SECTION IS TO BE COMPLETED BY RESPONDENTS WHO HAVE PROVIDED MENTAL HEALTH AND/OR SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES **THE SAME OR SIMILAR SERVICES, AS SPECIFIED IN ATTACHMENT I, SERVICES TO BE PROVIDED,** FOR DJJ WITHIN THE LAST TWO (2) YEARS FROM THE DATE OF RFP ISSUANCE:

PREVIOUS DJJ CONTRACT/RATE AGREEMENT NUMBER THAT PROVIDED SERVICES:

\_\_\_\_\_

DATE SERVICES BEGAN FOR THE ABOVE CONTRACT/RATE AGREEMENT:

\_\_\_\_\_

I \_\_\_\_\_, CERTIFY THAT THE RESPONDENT KNOWN AS \_\_\_\_\_ HAS AT LEAST \_\_\_\_\_ YEARS EXPERIENCE RELEVANT TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES **THE SAME OR SIMILAR SERVICES, AS SPECIFIED IN ATTACHMENT I, SERVICES TO BE PROVIDED,** WITHIN THE LAST FIVE (5) YEARS.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

## ATTACHMENT D - EVALUATION CRITERIA

Proposal Section	Section Title	Maximum Possible Points per Section
<b>A.</b>	<b>Technical Proposal – Volume 1</b>	
	1. Management Capability	120
	2. General Description of Mental Health Evaluation and Treatment Services or Substance Abuse Evaluation and Treatment Services or Integrated Mental Health and Substance Abuse Evaluation and Treatment Services	95
	3. Understanding of Population and Past Experience	75
	4. Admission/Acceptance of Services	<del>30</del> 45
	5. Discharge/Termination of Services	30
	6. Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation	50
	7. Diagnostic Mental Health or Diagnostic Substance Abuse or Integrated Mental Health and Substance Abuse and Diagnostic Evaluation Reports	40
	8. Individualized Treatment Plan (ITP)	125
	9. Individual Mental Health Therapy or Individual Substance Abuse Therapy or Integrated Individual Mental Health and Substance Abuse Therapy	70
	10. Mental Health Group Therapy or Substance Abuse Group Therapy or Integrated Mental Health and Substance Abuse Group Therapy	70
	11. Mental Health or Substance Abuse Family Therapy	50
	12. Integrated Mental Health and Substance Abuse Family Therapy	50
	13. Informed Consent/Records Release	20
	14. Documentation and Record Management	20
	15. Staffing/Personnel	<del>40</del> 55
	16. Understanding of Service Implementation/Completion Time Frames	40
<b>B.</b>	<b>Financial Proposal – Volume 2</b>	
	1. Price Sheet (Attachment J)	<del>400</del> 300
	<b>Total Maximum Overall Points</b>	<del>1,025</del> 1,255

**EVALUATION CRITERIA**

**THIS RFP CONTAINS MANDATORY REQUIREMENTS THAT ARE SPECIFIED IN ATTACHMENT B, SECTION V. FAILURE TO MEET THESE REQUIREMENTS WILL RESULT IN A PROPOSAL NOT BEING EVALUATED AND REJECTED AS NON-RESPONSIVE. NO POINTS WILL BE AWARDED FOR MEETING MANDATORY REQUIREMENTS. ALL EVALUATION AND REVIEW OF THE RESPONDENTS PROPOSAL WILL BE BASED SOLELY ON THE HARD COPIES OF VOLUMES 1 and 2, UNLESS OTHERWISE NOTED IN THIS RFP.**

I. The Department will use the following methods to score the relevant section of the Respondent's proposal.

A. Technical Proposal

1. The Technical Proposal's sections will be evaluated by a minimum of three Department employees serving as evaluators. They will independently score



these sections based on the requirements of the RFP on a 0-5 scale. The assignment of points by each evaluator will be based upon the following description of each score:

Use the following rating scores to rate the evaluation question in Attachment P:		AWARD CRITERIA
RATING	SCORE	EVALUATION DESCRIPTION
Excellent	5	The proposal exceeds all technical specifications and requirements for the service component specified. The approach is innovative, comprehensive, and complete in every detail.
Very Good	4	The proposal meets all technical specifications and requirements for the component specified. The approach is comprehensive and complete in every detail. The proposal approach contains some innovative details for some of the components specified.
Adequate	3	The proposal meets all technical specifications and requirements for the component specified.
Poor	2	The proposal does not meet all technical specifications and requirements for the component specified, or it demonstrates minimum understanding of the requirements for the component specified.
Unsatisfactory	1	The proposal fails to demonstrate the Respondent's understanding of the requirements for the component specified or the ability to provide the service.
Not Addressed	0	The Respondent's proposal does not address the service component(s) specified, or the evaluator is not able to locate the information in the Respondent's proposal.

2. Evaluators will score proposals based on the information provided in response to the criteria outlined in Attachment P.

B. Financial Proposal - Evaluation Criteria

1. It is **MANDATORY** that the Respondent shall provide a price for the services by returning a completed and signed copy of the Attachment J - Price Sheet. The rates (price) proposed must include all services, material and labor necessary to complete the Services to be Provided in Attachment I as described in this RFP and the Respondent's proposal. The price sheet will be scored. Any proposal without a completed and signed Attachment J shall be rejected.
2. The score for price will be based upon the lowest "Grand Total Weighted Rate (Price)" submitted on Attachment J by all prospective Respondents. The total available points for price is 100 points. Therefore, the Respondent who submits the lowest total price shall receive 100 points. All other Respondents will receive points for pricing according to the following formula:

$$\frac{(N)}{X} \times 100 = Z$$

Where:

N = lowest verified Grand Total Weighted Rate (Price) of all proposals submitted  
X = the Respondent's proposed rate (price)  
Z = price points awarded

3. Attachment J – Price Sheets will be examined by the Department to determine if all calculations are accurate. Any Attachment J – Price Sheet that is incomplete or in which there are significant inconsistencies or inaccuracies may be rejected by the Department. No deviations, qualifications or counter offers will be accepted. The Department reserves the right to reject any or all proposals.
4. All Attachment J – Price Sheet calculations will be verified by no less than two Department personnel for accuracy. In the event that a mathematical error is made by the Department, Unit Rates/Prices submitted by the Respondent in Attachment J – Price Sheet will prevail.

C. Priority Order Multiplier

1. Per Attachment B, Section VIII., priority consideration will be given to those Respondents providing these services in the following priority order: 1) Respondent proposes both Mental Health and Substance Abuse services; 2) Respondent is proposing In-Home services; 3) Respondent is providing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); and/or, 4) Respondent is providing all Evidence-Based Mental Health curriculum.

The following are the multipliers for each priority consideration:

- a. Respondent proposes all three types of services: Mental Health, Substance Abuse and Integrated Mental Health and Substance Abuse Services = 5.00 multiplier
- b. Respondent proposes both Mental Health and Substance Abuse services = 4.00 multiplier
- c. Respondent proposes providing In-Home services = 3.00 multiplier
- d. Respondent proposes providing TF-CBT = 2.00 multiplier
- e. Respondent proposes providing all Evidence-Based Mental Health curriculums = 1.00 multiplier

D. Application of Points

To determine the highest scoring Respondent, the Department's Procurement Manager will add the Respondent's Technical Proposal Points (maximum of ~~925~~ **955** points) and the Respondent's Price Points (maximum of ~~400~~ **300** points) together for a cumulative total. The appropriate multiplier(s) outlined in section C., above, will be multiplied against the cumulative total to arrive at the Grand Total for the Respondent. The Respondent with the highest Grand Total will be ranked first, the Respondent with the second highest Grand Total will be ranked second, etc.

E. Staffing Qualifications, Licenses and Credential Documentation

It is **MANDATORY** that the Respondent provide a list of proposed staff who will provide the services under the resulting rate agreement. The list must include at least one fully-licensed, qualified professional, with a copy of their current active license attached. (Reference Attachment B., section V., E., and section XX., G.)

If the Respondent is proposing rates for Substance Abuse evaluation and treatment services, then the Respondent must attach a copy of its chapter 397, Florida Statute license.

The Respondent must provide, within 30 calendar days after the notice of agency decision has posted, the credentials for any licensed and unlicensed staff to the DJJ Contract Manager.

The names of the remaining Respondent staff must be submitted within 30 calendar days of the resulting rate agreement execution.

**ATTACHMENT E  
CLIENT CONTACT LIST  
(MANDATORY)**

**THE DEPARTMENT SHALL NOT PROVIDE A REFERENCE.  
THE FORM SHALL BE SUBMITTED WITH THE PROPOSAL UNDER VOLUME 1, TAB 2.**

**CLIENT 1:**

NAME OF CLIENT: \_\_\_\_\_

TITLE OF CLIENT: \_\_\_\_\_

FIRM OR BUSINESS NAME: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_ OFFICE E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF SERVICE PROVIDED: \_\_\_\_\_

**CLIENT 2:**

NAME OF CLIENT: \_\_\_\_\_

TITLE OF CLIENT: \_\_\_\_\_

FIRM OR BUSINESS NAME: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_ OFFICE E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF SERVICE PROVIDED: \_\_\_\_\_

**CLIENT 3:**

NAME OF CLIENT: \_\_\_\_\_

TITLE OF CLIENT: \_\_\_\_\_

FIRM OR BUSINESS NAME: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_ OFFICE E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF SERVICE PROVIDED: \_\_\_\_\_

**CLIENT 4:**

NAME OF CLIENT: \_\_\_\_\_

TITLE OF CLIENT: \_\_\_\_\_

FIRM OR BUSINESS NAME: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_ OFFICE E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF SERVICE PROVIDED: \_\_\_\_\_

**ATTACHMENT G**  
**SAMPLE RATE AGREEMENT**

**THIS DOCUMENT IS AVAILABLE ONLINE AT THE WEBSITE PROVIDED ON PAGE 1 OF THIS RFP.**

**ATTACHMENT G IS FOR INFORMATIONAL PURPOSES ONLY AND WILL BE CHANGED AND COMPLETED AFTER RATE AGREEMENT AWARD.**

**REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK**

**ATTACHMENT J  
PRICE SHEET**

**(MANDATORY)  
(TO BE COMPLETED BY RESPONDENT)**

An Attachment J – Price Sheet must be submitted for each circuit proposed.

Enter the Circuit Number For Which Rates (Prices) Are Being Proposed: \_\_\_\_\_

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Service Type	Service Unit	Maximum Available Rate	Rate Proposed or N/A	Weight %	Weighted Rate per Service Level
Diagnostic Mental Health Evaluation Report	1 per youth	N/A		40%	
Individualized Mental Health Treatment Plan	1 per youth	N/A		30%	
Individualized Treatment Plan Review	1 per youth every 30 days	N/A			
Mental Health Individual Therapy per sixty (60) minute session	1 session	N/A		30%	
Mental Health Family Therapy per sixty (60) minute session	1 session	N/A			
Mental Health Group Therapy per sixty (60) minute session (not to exceed ten youth per group)	1 session	N/A			
Clinical Case Management (four times per month as defined in this RFP)		\$50.00			
**All treatment sessions provided shall be sixty (60) minutes in duration with fifty (50) minutes of Therapy and provided by a licensed professional or a non-licensed clinical staff person meeting the requirements outlined in Attachment I, Section III., C., Staffing/Personnel.					
Diagnostic Substance Abuse Evaluation Report	1 per youth	N/A		40%	
Individualized Substance Abuse Treatment Plan	1 per youth	N/A		30%	
Individualized Treatment Plan Review	1 per youth every 30 days	N/A			
Substance Abuse Individual Therapy per sixty (60) minute session	1 session	N/A		30%	
Substance Abuse Family Counseling per sixty	1 session	N/A			

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Service Type	Service Unit	Maximum Available Rate	Rate Proposed or N/A	Weight %	Weighted Rate per Service Level
(60) minute session					
Substance Abuse Group Therapy per sixty (60) minutes (not to exceed fifteen (15) youths per group)	1 session	N/A			
Clinical Case Management (four times per month as defined in this RFP)		\$50.00			
**All treatment sessions provided shall be sixty (60) minutes in duration with fifty (50) minutes of therapy and provided by a licensed professional or a non-licensed clinical staff person meeting the requirements outlined in Attachment I, Section III., C., Staffing/Personnel.					
Integrated Mental Health and Substance Abuse Diagnostic Evaluation Report	1 per youth	N/A		40%	
Individualized Integrated Mental Health and Substance Abuse Treatment Plan	1 per youth	N/A		30%	
Individualized Treatment Plan Review	1 per youth every 30 days	N/A			
Integrated Mental Health and Substance Abuse Individual Therapy per sixty (60) minute session (Outpatient Services in Office)	1 session	N/A		30%	
Discharge Plan	1 per youth	\$20.00			
Residential Mental Health Inpatient Bed	1 per day	N/A			
Residential Substance Abuse Inpatient Bed	1 per day	N/A			
Drug Testing/Urinalysis	1 each	<del>\$40.00</del> \$35.00			
Youth Monthly Progress Report (1 per youth every thirty (30) days)	1 per youth every 30 days	\$5.00			
<b>Grand Total Weighted Rate (Price)**</b>					

**\*\*THIS GRAND TOTAL WEIGHTED RATE IS FOR BIDDING PURPOSES ONLY AND WILL BE USED FOR PRICE POINT AWARDS. ACTUAL RATES PROPOSED BY THE RESPONDENT WILL PREVAIL.**

Respondents MUST submit a rate (price) for as many of the services listed above that they are able to provide. **The Department reserves the right not to award contracts based solely upon proposed rates that exceed competitive market rates.**

It is **MANDATORY** that the Respondent shall provide a price (rate) for services they are able to provide by returning a completed copy of the Department’s Attachment J – Price Sheet. The rate evaluated for price award points will be the Grand Total Weighted Rate (Price), as specified above. The rates (prices proposed) must include all services, material and labor necessary to complete the Services to be Provided in Attachment I, as described in this RFP and the Respondent’s proposal. The rates shall be expressed as two decimal number rates. Any proposal without a completed Attachment J – Price Sheet for the circuit being proposed shall be rejected.

Instructions:

In column 4, the Respondent shall enter in the “Rates Proposed”.

Next, multiply each rate proposed in column 4 by the Weighted % in column 5, if applicable.

In column 6, the Respondent shall enter in the weighted rate proposed for each Service Type (column 4 x column 5 = column 6)

The “Grand Total Weighted Rate (Price)” is the sum of all the rates in column 6.

By submission of, and signature on, this form, the Respondent signing below has the authority to bind the Respondent and agrees to all terms and conditions of this RFP and commits the Respondent to the price (rate) as stated in this Attachment J – Price Sheet.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**ATTACHMENT O  
CROSS REFERENCE TABLE**

RFP DOCUMENTATION (TO BE COMPLETED BY DEPARTMENT)		LOCATION IN PROPOSAL (TO BE COMPLETED IN ITS ENTIRETY BY RESPONDENT)	
SECTION/PART	SUBJECT	PAGE NUMBERS	SECTIONS/PARTS
*PLEASE NOTE: The Respondent is requested to provide evidence of existing documentation (procedures, job descriptions, charts, etc.) as requested in this cross-reference table and addressed below. If evidentiary documentation is not currently available, provide evidence of intent or plan to implement and identify as such. This will include proposed plans, schedules, proposed staff contracts, job description etc. Include all relevant information that will assist DJJ in evaluating your proposal. Failure to provide information as requested may result in 0 points being assessed for that portion of the proposal evaluation. If the Respondent is selected for Rate Agreement award, the proposed service and all elements thereof will be incorporated by reference into the resulting Rate Agreement, unless they do not otherwise meet the terms and conditions of this RFP.			
<b>GENERAL PROPOSAL RESPONSE REQUIREMENTS</b>			
Attachment B, Section XX., B.	Attachment O - Cross Reference Table		
Attachment B, Section XX., A.	Transmittal Letter containing all the information required by Attachment B, Section XX. A.		
Attachment B, Section V., B., and Attachment B Section XX., C.	<b>MANDATORY</b> - Attachment C (Certification of Experience) - <del>The Respondent must demonstrate two (2) years of experience within the last five (5) years of providing mental health and/or substance abuse evaluation and treatment services.</del> <b>The Respondent must demonstrate experience relevant to providing the same or similar services, as specified in Attachment I, Services To Be Provided.</b>		
Attachment B, Section V., C., and Attachment B, Section XX., E., 1., 2., 3., and 4.	<b>MANDATORY</b> - Attachment E (Client Contact List) - The Respondent must submit Attachment E (Client Contact List) with a minimum of three (3) contacts. This list is a part of the technical proposal, and is required in order for the proposal to be considered complete.		
Attachment B, Section V., D., and Attachment B, Section VI., C., 2., and Attachment B, Section XX., G.,	<b>MANDATORY</b> - Attachment J (Price Sheet) – The Respondent shall provide a price (rate) for each deliverable included for services by returning a completed and signed copy of the Department's Attachment J (Price Sheet.) The price (rate) must include all services, material and labor necessary to complete the Services to be Provided as outlined in Attachment I and described in this RFP and the Respondent's proposal. This price shall be expressed as		



1., and Attachment D	two (2) decimal number. <b>For Respondents proposing services for more than one circuit, a separate Price Sheet is required for each circuit proposed.</b>		
Attachment B., section V., E., and XX., G., and Attachment D., section I., E.	<b>MANDATORY</b> - The Respondent must provide a list of proposed staff who will provide the services under the resulting rate agreement. The list must include at least one fully-licensed, qualified professional, with a copy of their current active license attached.		
Attachment B, Section XX., D.	Drug-Free Workplace Certification		
	<b>TECHNICAL PROPOSAL RESPONSE</b>		
	<b>CATEGORY # 1: MANAGEMENT CAPABILITY</b>		
Attachment B, Section XX., F.	Describe your organization's management capability to manage/control service delivery.		
Attachment B, Section XX., F.	Provide a copy of your corporate organizational chart that indicates sufficient management capability to provide oversight of the services required in the RFP.		
Attachment B, Section XX., F.	Describe your organization's internal quality improvement process. The quality improvement process is necessary to identify problems and improve processes.		
	<b>CATEGORY # 2: GENERAL DESCRIPTION OF MENTAL HEALTH EVALUATION AND TREATMENT SERVICES OR SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES OR INTEGRATED MENTAL HEALTH AND SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES</b>		
Attachment B, Section XX., F.	Describe your understanding of the juvenile justice system, the youth in the system and their need for Mental Health Evaluation and Treatment Services or Substance Abuse Evaluation and Treatment Services or Integrated Mental Health and Substance Abuse Evaluation and Treatment Services.		
Attachment B, Section XX., F.	Describe your understanding of the overall goal of Mental Health Evaluation and Treatment Services or Substance Abuse Evaluation and Treatment Services or Integrated Mental Health and Substance Abuse Evaluation and Treatment Services for juvenile offenders referred by the Department. For example, provide a description of how the need for services will be addressed.		

Attachment B, Section XX., F.	Provide a description of how your proposed services are designed to address the youth's symptoms of mental disorder or substance related disorder, including the incorporation of evidence based services which implement skills to maintain positive functioning and recovery.		
<b>CATEGORY # 3: UNDERSTANDING OF POPULATION AND PAST EXPERIENCE</b>			
Attachment B, Section XX., F.	Provide an overall narrative of your past experience serving juvenile youth with Mental Health Evaluation and Treatment Services or Substance Abuse Evaluation and Treatment Services or Integrated Mental Health and Substance Abuse Evaluation and Treatment Services. Indicate total number of years of experience, if any with a delinquent population.		
Attachment B, Section XX., F.	Provider narrative of your understanding of and identification of specific issues that youth and families face.		
Attachment B, Section XX., F.	Describe your understanding of the Department's philosophy of service, rehabilitation, and treatment. Information related to the Department's Roadmap of Systems Excellence can be found at: <a href="http://www.djj.state.fl.us/roadmap-to-system-excellence/">http://www.djj.state.fl.us/roadmap-to-system-excellence/</a> and information related to the Juvenile Justice System Improvement Project (JJSIP) can be found at: <a href="http://www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-(jjsip)/">http://www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-(jjsip)/</a> .		
<b>CATEGORY # 4: ADMISSION/ACCEPTANCE FOR SERVICES</b>			
Attachment B, Section XX., F.	Provide a description of your intake/acceptance process when a youth is accepted for services upon referral from the Department as required in the RFP and the timeframes associated with implementation of services, scheduling appointments and gathering informed consent. <b>Include a statement on whether you intend to serve all counties in the circuit(s), or if not, state the counties for which you intend to provide services. Included is a link to Florida's circuits and regions: <a href="http://www.sao2fl.org/Florida_Circuit_Map.htm">http://www.sao2fl.org/Florida_Circuit_Map.htm</a></b>		
<b>CATEGORY # 5: DISCHARGE/TERMINATION OF SERVICES</b>			
Attachment B, Section XX., F.	Provide a description of the discharge process to be performed when a youth has successfully completed services and is deemed ready for discharge/termination from services. Include a redacted copy of a sample Discharge Summary Report as required by the RFP.		
<b>CATEGORY #6: DIAGNOSTIC MENTAL HEALTH OR</b>			

	<b>DIAGNOSTIC SUBSTANCE ABUSE OR INTEGRATED MENTAL HEALTH AND SUBSTANCE ABUSE DIAGNOSTIC EVALUATION</b>		
Attachment B, Section XX., F.	Provide a description of the Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation that will be utilized on youth, including timeframes, structured face-to-face clinical interviews and evaluations, use of standardized assessment instruments and required documentation. Provide a redacted sample evaluation tool (questionnaire) for each service type to be provided.		
	<b>CATEGORY #7: DIAGNOSTIC MENTAL HEALTH OR DIAGNOSTIC SUBSTANCE ABUSE OR INTEGRATED MENTAL HEALTH AND SUBSTANCE ABUSE DIAGNOSTIC EVALUATION REPORTS</b>		
Attachment B, Section XX., F.	Describe the process for developing the Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation reports, including timeframes, required components of the written evaluation report, and documentation requirements of the Licensed Professional conducting or supervising the evaluation. Provide a redacted sample diagnostic evaluation report(s) for each service type to be provided.		
	<b>CATEGORY #8: INDIVIDUALIZED TREATMENT PLAN (ITP)</b>		
Attachment B, Section XX., F.	Describe your methodology for developing Individualized Mental Health or Substance Abuse or Individualized Integrated Mental Health and Substance Abuse treatment plans for youth which are individualized, specific and contain measurable objectives for the youth and describe the process and timeframes for review, modification/update, sign-off and documentation of these activities. Provide a redacted sample individualized treatment plan for each service type to be provided.		
	<b>CATEGORY #9: INDIVIDUAL MENTAL HEALTH THERAPY OR INDIVIDUAL SUBSTANCE ABUSE THERAPY OR INTEGRATED INDIVIDUAL MENTAL HEALTH and SUBSTANCE ABUSE THERAPY</b>		
Attachment B, Section XX., F.	Provide a description or copy of the Evidence-Based or Promising Practice curriculum or protocol to be used for Individual Mental Health therapy or Individual Substance Abuse therapy or Integrated Individual Mental Health and Substance Abuse therapy. Provide the requested details for each curriculum/protocol proposed on		

	Exhibit 2. Failure to do so may result in a lower score.		
	<b>CATEGORY #10: MENTAL HEALTH GROUP THERAPY OR SUBSTANCE ABUSE GROUP THERAPY OR INTEGRATED MENTAL HEALTH and SUBSTANCE ABUSE GROUP THERAPY</b>		
Attachment B, Section XX., F.	Provide a description or copy of the Evidence-Based or Promising Practice curriculum or protocol to be used for Mental Health Group therapy or Substance Abuse Group therapy or Integrated Mental Health and Substance Abuse Group therapy. Provide the requested details for each curriculum/protocol proposed on Exhibit 2. Failure to do so may result in a lower score.		
	<b>CATEGORY #11: MENTAL HEALTH FAMILY THERAPY OR SUBSTANCE ABUSE FAMILY THERAPY</b>		
Attachment B, Section XX., F.	Provide a description or copy of the Evidence-Based or Promising Practice curriculum or protocol to be used for Family Mental Health therapy or Family Substance Abuse therapy. Provide the requested details for each curriculum/protocol proposed on Exhibit 2. Failure to do so may result in a lower score.		
	<b>CATEGORY #12: INTEGRATED MENTAL HEALTH AND SUBSTANCE ABUSE FAMILY THERAPY</b>		
Attachment B, Section XX., F.	Provide a description or copy of the Evidence-Based or Promising Practice curriculum or protocol to be used for Family Integrated Mental Health and Substance Abuse therapy. Provide the requested details for each curriculum/protocol proposed on Exhibit 2. Failure to do so may result in a lower score.		
	<b>CATEGORY #13: INFORMED CONSENT/RECORDS RELEASE</b>		
Attachment B, Section XX., F.	Provide a detailed description of your procedure for obtaining informed consent in accordance with RFP requirements, and a copy of your informed consent form.		
	<b>CATEGORY #14: REPORTING AND DOCUMENTATION AND RECORD MANAGEMENT</b>		
Attachment B, Section XX., F.	Provide a detailed written description of the Respondent's approach to meeting all reporting requirements and methodology of complying with same.		
Attachment B, Section XX., F.	Provide a detailed written description for ensuring confidentiality and the required management and condition of client records.		
	<b>CATEGORY #15: STAFFING/PERSONNEL</b>		
Attachment B, Section XX., F.	Describe appropriate mental health clinical staff credentials, appropriate substance abuse clinical staff credentials and appropriate licensed oversight for evaluation and treatment services proposed.		

Attachment B, Section XX., F.,	Back Up Plan: Provide a detailed description of your staffing back-up plan (plan for covering planned or unplanned absences, staff vacations, and filling vacancies) which demonstrates there will be qualified, licensed staffing and/or supervising staff available to provide services as needed and ensure little or no interruption of services.		
<u>Attachment B, Section XX., F</u>	<u>Describe your staffing capability for providing Spanish translation services to youth if needed through Spanish-speaking staff or subcontractors.</u>		
<b>CATEGORY #16: UNDERSTANDING OF SERVICE IMPLEMENTATION/COMPLETION TIMEFRAMES:</b>			
Attachment B, Section XX., F.	Describe your process for accepting referrals, scheduling appointments and the timeframes associated with initiating face-to-face contact with a referred youth and completing service delivery and submitting required reports.		

**ATTACHMENT P  
EVALUATION QUESTIONS/CONSIDERATIONS**

**CATEGORY #1: Management Capability**

**How well does the proposal describe the Respondent's management capability?**

**Consideration 1:** To what extent does the proposal describe the Respondent's management capability that ensures oversight and manage/control of service delivery? *(Weighted: 8 Max Pts: 40)*

**Consideration 2:** How well does the Respondent's proposed organizational structure (as indicated in the organizational chart) indicate sufficient management capability to perform or provide oversight of the services required by the RFP? *(Weighted: 8 Max Pts: 40)*

**Consideration 3:** How well does the proposal describe the Respondent's internal quality improvement process? The quality improvement process is necessary to identify problems and improve processes. *(Weighted: 8 Max Pts: 40)*

**CATEGORY #2: General Description of Mental Health Evaluation and Treatment Services or Substance Abuse Evaluation and Treatment Services or Integrated Mental Health and Substance Abuse Evaluation and Treatment Services**

**Consideration #1:** To what extent does the Respondent demonstrate an overall understanding of the juvenile justice system and the Department's service needs? *(Weighted: 9 Max Pts: 45)*

**Consideration #2:** To what extent does the Respondent demonstrate an understanding of the specific goal of services, as specified in the RFP? For example, how well does the Respondent demonstrate that services will address the youth's individualized treatment needs as determined through the completion of diagnostic mental health evaluation, diagnostic substance abuse evaluation, or diagnostic mental health and substance abuse evaluation? *(Weighted: 4 Max Pts: 20)*

**Consideration #3:** To what extent are the Respondent's services designed to address the youth's symptoms of mental disorder and/or substance related disorder, which incorporates evidence-based treatment(s) which are proven to reduce negative symptoms, improve functioning, encourage understanding of mental health and/or substance related disorders, and which implement appropriate skills to maintain positive functioning and recovery? *(Weighted: 6 Max Pts: 30)*

**CATEGORY #3: Understanding of Population and Past Experience**

**Consideration # 1:** To what extent does the Respondent demonstrate past experience providing mental health and/or substance abuse evaluation and treatment services to juvenile offender populations? *(Weighted: 4 Max Pts: 20)*

**Consideration # 2:** To what extent does the Respondent demonstrate an understanding of specific issues that delinquent youth and their families face? *(Weighted: 8 Max Pts: 40)*

**Consideration # 3:** To what extent does the Respondent demonstrate an understanding of the Department's philosophy of service, rehabilitation, and treatment to juveniles, as outlined in the Roadmap and JJIS project? *(Weighted: 3 Max Pts: 15)*

**CATEGORY #4: Admission/Acceptance for Services**

**Consideration #1:** To what extent does the Respondent's intake/acceptance process meet the requirements of the RFP, including but not limited to: meeting appropriate timeframes for implementing services, scheduling of youth appointments, and obtaining informed consent as required? *(Weighted: 6 Max Pts: 30)*

**Consideration #2:** To what extent does the Respondent propose to provide services for an entire circuit?

*(Weighted: 3 Max Pts: 15)*

**CATEGORY #5: Discharge/Termination of Services**

**Consideration #1:** To what extent does the Respondent's process meet the requirements for discharge/termination of services as specified by the RFP, including meeting the requirements for successful completion and appropriate documentation, and notification to the Department as evidenced by the sample Mental Health Treatment Summary and Discharge Plan, Substance Abuse Treatment Summary and Discharge Plan, or Integrated Mental Health and Substance Abuse Treatment Summary and Discharge Plan? *(Weighted: 3 Max Pts: 15)*

**Consideration #2:** To what extent does the Respondent demonstrate an understanding of the requirements, timeframes, and supporting documentation needed for discharge? *(Weighted: 3 Max Pts: 15)*

**CATEGORY #6: Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation**

**Consideration #1:** To what extent does the Respondent demonstrate an understanding of the Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation requirements as specified by the RFP, to include timeframes, structured face-to-face clinical interview and evaluation, use of appropriate standardized assessment instruments, and required documentation? Consider how comprehensive the sample diagnostic evaluation is, if available. *(Weighted: 10 Max Pts: 50)*

**CATEGORY #7: Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation Reports**

**Consideration #1:** To what extent does the Respondent demonstrate an understanding of the Diagnostic Mental Health Evaluation or Diagnostic Substance Abuse Evaluation or Integrated Mental Health and Substance Abuse Diagnostic Evaluation Report requirements as specified by the RFP, including timeframes, required components of the written evaluation report, and documentation requirements of the Licensed Professional conducting or supervising the evaluation? Consider how comprehensive is the sample diagnostic evaluation report, if available? *(Weighted: 8 Max Pts: 40)*

**CATEGORY #8: Individualized Treatment Plan (ITP)**

**Consideration #1:** To what extent does the Respondent demonstrate an understanding of the requirements for the development of an Individualized Mental Health Treatment Plan, Individualized Substance Abuse Treatment Plan or Individualized Integrated Mental Health and Substance Abuse Treatment Plan? *(Weighted: 4 Max Pts: 20)*

**Consideration #2:** To what extent does the Respondent demonstrate an understanding of the requirements, goals, measurable and relevant objectives, diagnoses, signature requirements and timeframes of the ITP? *(Weighted: 4 Max Pts: 20)*

**Consideration #3:** To what extent does the Respondent describe development of treatment plans which respond to the unique individualized needs of each youth and family, and is there a plan in place to review the ITPs for each youth within the required timeframe? *(Weighted: 6 Max Pts: 30)*

**Consideration #4:** To what extent does the Respondent demonstrate procedures for completion of the youth's ITP, ITP Reviews, and Progress Notes, including completing the youth's ITP in a timely manner, and to what extent does the Respondent describe the procedures for allowing the youth the opportunity to participate in the development and review of her/his treatment plan? *(Weighted: 3 Max Pts: 15)*

**Consideration #5:** To what extent does the Respondent demonstrate an understanding of the specific timeframes for implementing Mental Health Evaluation and Treatment Services or Substance Abuse Evaluation and Treatment Services or Integrated Mental Health and Substance Abuse Evaluation and Treatment services, and therefore assisting the youth with completion of the IT prior to discharge from treatment services? *(Weighted: 2 Max Pts: 10)*

**Consideration #6:** To what extent does Respondent's procedures require the ITP to establish goals and related measurable behavioral objectives to be achieved by the youth and family, set forth the tasks involved in achieving those objectives, include the type and frequency of services to be provided, and the expected dates of completion? Consider how comprehensive is the sample ITP, if available? *(Weighted: 6 Max Pts: 30)*

**CATEGORY #9: Individual Mental Health Therapy or Individual Substance Abuse Therapy or Integrated Individual Mental Health and Substance Abuse Therapy**

**Consideration #1:** To what extent does the Respondent's approach to individual Mental Health therapy or individual Substance Abuse therapy or individual Integrated Mental Health and Substance Abuse therapy meet the requirements of the RFP? *(Weighted: 8 Max Pts: 40)*

**Consideration #2:** To what extent does the Respondent provide a detailed description of the minimum length of time for a face-to-face therapy session with the youth? *(Weighted: 2 Max Pts: 10)*

**Consideration #3:** To what extent does the Respondent demonstrate an understanding of the requirements for providing Mental Health individual therapy or Substance Abuse individual therapy or Integrated Mental Health and Substance Abuse individual therapy sessions? *(Weighted: 4 Max Pts: 20)*

**CATEGORY #10: Mental Health Group Therapy or Substance Abuse Group Therapy or Integrated Mental Health and Substance Abuse Group Therapy**

**Consideration #1:** To what extent does the Respondent's approach to Mental Health group therapy or Substance Abuse group therapy or Integrated Mental Health and Substance Abuse group therapy meet the requirements of the RFP? *(Weighted: 8 Max Pts: 40)*

**Consideration #2:** To what extent does the Respondent provide a detailed description of the minimum length of time for a Mental Health group therapy session or Substance Abuse group therapy session or Integrated Mental Health and Substance Abuse group therapy session with the youth? *(Weighted: 2 Max Pts: 10)*

**Consideration #3:** To what extent does the Respondent demonstrate an understanding of the requirements for providing Mental Health group therapy or Substance Abuse group therapy or Integrated Mental Health and Substance Abuse\_group therapy sessions? *(Weighted: 4 Max Pts: 20)*

**CATEGORY #11: Mental Health Family Therapy or Substance Abuse Family Therapy**

**Consideration #1:** To what extent does the Respondent's approach to Mental Health family therapy or Substance Abuse family therapy meet the requirements of the RFP? *(Weighted: 6 Max Pts: 30)*

**Consideration #2:** To what extent does the Respondent provide a detailed description of the minimum length of time for a family therapy session with the youth and family members? *(Weighted: 2 Max Pts: 10)*

**Consideration #3:** To what extent does the Respondent demonstrate an understanding of the requirements for providing Mental Health family therapy or Substance Abuse family therapy sessions? *(Weighted: 2 Max Pts: 10)*

**CATEGORY #12: Integrated Mental Health and Substance Abuse Family Therapy**

**Consideration #1:** To what extent does the Respondent's approach to Integrated Mental Health and Substance Abuse family therapy meet the requirements of the RFP? *(Weighted: 6 Max Pts: 30)*

**Consideration #2:** To what extent does the Respondent provide a detailed description of the minimum length of time for a family therapy session with the youth and family members? *(Weighted: 2 Max Pts: 10)*

**Consideration #3:** To what extent does the Respondent demonstrate an understanding of the requirements for providing Integrated Mental Health and Substance Abuse family therapy sessions? *(Weighted: 2 Max Pts: 10)*



**CATEGORY #13: Informed Consent/Records Release**

**Consideration #1:** To what extent does the Respondent demonstrate an understanding of the requirements of informed consent for treatment and release of treatment records? (*Weighted: 4 Max Pts: 20*)

**CATEGORY #14: Documentation and Record Management**

**Consideration #1:** To what extent does the Respondent's approach to files, record keeping and documentation demonstrate an understanding of the record management requirements, including documents required to be filed in the youth's DJJ Individual Healthcare Record, as well as the confidentiality requirements for storing records? (*Weighted: 4 Max Pts: 20*)

**CATEGORY #15: Staffing/Personnel**

**Consideration 1:** To what extent does the Respondent describe appropriate mental health clinical staff credentials, appropriate substance abuse clinical staff credentials and appropriately licensed clinical oversight for evaluation and treatment services proposed? (*Weighted: 4 Max Pts: 20*)

**Consideration #2:** To what extent does the Respondent's back-up plan (for covering planned or unplanned absences, staff vacations, and filling vacancies) demonstrate there will be qualified staffing and supervisor staff, as applicable, available to provide services as needed and ensure little or no interruption of services. (*Weighted: 4 Max Pts: 20*)

**Consideration # 3:** To what extent does the Respondent indicate available Spanish-speaking staff or the willingness to subcontract as necessary. (*Weighted: 3 Max Pts: 15*)

**CATEGORY #16: Understanding of Service Implementation/Completion Time Frames**

**Consideration # 1:** To what extent does the Respondent's processes for accepting referrals, scheduling appointments and the time frames associated with initiating face-to-face contact with a referred youth and completing service delivery and submitting required reports meet or exceed the requirements for the RFP. (*Weighted: 8 Max Pts: 40*)

**ATTACHMENT I  
SERVICES TO BE PROVIDED**

**MENTAL HEALTH EVALUATION AND TREATMENT SERVICES OR  
SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES OR  
INTEGRATED MENTAL HEALTH AND SUBSTANCE ABUSE EVALUATION AND TREATMENT  
SERVICES**

**I. GENERAL DESCRIPTION**

**A. Services to be Provided**

1. The Respondent shall provide diagnostic mental health evaluations, or diagnostic substance abuse evaluations, or diagnostic mental health and substance abuse evaluations, and mental health or substance abuse or integrated mental health and substance abuse therapy (individual, group, and/or family therapy) services to Department referred youth residing in the \_\_\_\_\_ Judicial Circuit. *(Note Final Circuit to be entered in resulting Rate Agreement).*
2. The Respondent shall provide mental health, or substance abuse or integrated mental health and substance abuse individual, group, and/or family therapy services based on the youth's individualized risks, treatment needs, and strengths as identified after the completion of a diagnostic mental health evaluation or diagnostic substance abuse evaluation or diagnostic mental health and substance abuse evaluation.
3. The results of the diagnostic mental health evaluation shall be used to determine the presence of, or the nature and complexity of the youth's mental disorder and treatment needs. The results of the diagnostic substance abuse evaluation shall be used to identify the presence of, or nature and complexity of the youth's substance related disorder and treatment needs. The results of the diagnostic mental health and substance abuse evaluation shall be used to identify the presence of, or nature and complexity of the youth's mental disorder and substance use disorder and treatment needs.
4. An Individualized Mental Health Treatment Plan shall be developed for youths with a diagnosed mental disorder. An Individualized Substance Abuse Treatment Plan shall be developed for youths with a diagnosed substance use disorder. An integrated Individualized Mental Health and Substance Abuse Treatment Plan shall be developed for youths with co-occurring mental disorder and substance related disorder.
5. The Individualized Treatment Plan shall be used to guide the youth's individualized mental health treatment, substance abuse treatment or integrated mental health and substance abuse treatment.

**B. General Description of Services**

1. The Respondent shall complete diagnostic mental health evaluations, diagnostic substance abuse evaluations, or diagnostic mental health and substance abuse evaluations as requested by the Juvenile Probation Officer (JPO). All evaluations shall be conducted within ten business days of referral from the Department.
2. The Respondent shall ensure the youth's JPO is provided a copy of the youth's diagnostic evaluation report within twelve business (12) days of the date of youth's referral.
3. The Respondent shall provide individual, group, and family mental health and/or substance abuse therapy for youth on an as needed basis and as determined by the completion of a diagnostic mental health evaluation, diagnostic substance abuse evaluation, or diagnostic mental health and substance abuse evaluation, and as specified in the youth's Individualized Treatment Plan (ITP). Therapy, as indicated by the diagnostic evaluation and treatment plan, shall begin within fourteen (14) business days of the end of the evaluation, upon receipt of written approval (e-mail acceptable) from the Chief Probation Office (CPO) or designee within the Circuit from which the youth was referred.

4. The Respondent shall provide or arrange for youth to receive immediate crisis intervention and/or emergency mental health and substance abuse services, pursuant to chapter 394 or 397, Florida Statutes (F.S.), as necessary.
  5. The Provider shall provide or arrange for youths identified with suicide risk factors to receive an assessment of suicide risk or emergency mental health and substance abuse services. The JPO shall be notified of the youth's referral for assessment of suicide risk or emergency mental health and substance abuse services.
- C. Authority for Specific Contracted Program Services  
 Authority for the Department to provide mental health and substance abuse therapy and assessment services is granted in chapter 985, F.S. Services provided to Department youth shall be delivered in accordance with the chapters 394 and 397, F.S., Rule 65D-30.003(15), Florida Administrative Code (F.A.C.) and any other related policies.
- D. Service Limits  
 All services shall be provided in accordance with this scope of services, chapters 394 and 397, F.S., Rule 65D-30.003(15), F.A.C., and applicable federal and state laws and Department rules, policies and standards. Services are limited to the period covered by any resultant contract or rate agreement and the timeframes for services to youth outlined herein.
- E. Major Goal(s) of the Service  
 The Respondent shall provide Department supervised youth with necessary and appropriate evidence-based mental health services, substance abuse services or integrated mental health and substance abuse services through individual, group, and family therapy services which address the youth's treatment needs as determined through completion of a diagnostic mental health evaluation, or diagnostic substance abuse evaluation or mental health and substance abuse evaluation. The provider shall complete an Individualized Treatment Plan for all youth who receive mental health and/or substance abuse treatment, which address the youth's symptoms of mental disorder and/or substance related disorder and which incorporates evidenced based treatment(s) which are proven to reduce negative symptoms, improve functioning, encourage understanding of mental health and/or substance related disorders, and which implement appropriate skills to maintain positive functioning and recovery.
- F. Definitions
1. Individualized Treatment Plan – A written individualized plan which structures the focus of a youth's mental health, substance abuse or integrated mental health and substance abuse treatment. The individualized treatment plan must specify the youth's DSM IV-TR or DSM-5 mental disorder and/or substance-related disorder, symptoms that will be the focus of treatment, the goals and objectives of his/her mental health treatment, substance abuse treatment or integrated mental health and substance abuse treatment, treatment methods and interventions/strategies to be provided and the youth's functional strengths and treatment needs.
  2. Evidence-based Practice – Treatment practices independently evaluated and found to reduce symptoms of mental disorder or substance abuse with adolescents. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.
  3. Youth Progress Report – This report shall be provided on a monthly basis and shall outline the youth's progress. The report shall also address the ITP and the progress relative to the individual goals established for the youth in areas including, but not limited to, therapy, education, and family progress.
  4. Session – A minimum of one hour of therapy (individual, group, family) with at least fifty (50) minutes of that hour reserved for therapy and ten minutes related to administrative tasks (case notes, summaries, contact with JPO's, collaterals, etc., to assure the youth's needs are being coordinated and addressed).
  5. Ad-Hoc Report – The Department may require ad-hoc reports throughout the term of the rate agreement. These reports may consist of, but are not limited to,

progress of performance reports. The Respondent shall complete the ad-hoc reports as required to become eligible for payment.

6. Sign-In Sheets – Youth and family members shall sign-in for each service provided. Sign-in sheets shall contain the name of youth or family member served, the date of service, type of service (individual, group, family) rendered and name of therapist/counselor providing the service. These sign-in sheets shall accompany each monthly invoice to the Department’s Contract Manager.
7. Treatment Summary and Discharge Plan – A written individualized plan which summarizes the focus and course of a youth’s mental health treatment or substance abuse treatment, or integrated mental health and substance abuse treatment, and provides recommendations for mental health and/or substance abuse treatment or services upon the youth’s movement out of a Department facility or program.

## II. YOUTH TO BE SERVED

### A. General Description of Youth to be Served

The Respondent shall provide services to all youth referred by the Department who reside in (to be inserted in final rate agreement). Males and females under the age of nineteen (19), referred by the Department who are on Probation, who have been assessed and determined to have a diagnosed mental health disorder and/or substance related disorder will be served by the program. Youth served may include youth determined to be a high risk for continued delinquent behaviors based on a conduct disorder or other behavioral issues, such as low impulse control, aggression, oppositional or defiant behavior(s) which appear attributable to mental health and/or substance related disorders and family dynamics.

### B. Youth Eligibility

Admission to the program shall be determined by diagnostic mental health evaluation, diagnostic substance abuse evaluation, or diagnostic mental health and substance abuse evaluation findings and recommendations, including information obtained from risk assessments, release summaries previously completed by the Department, Positive Achievement Change Tool (PACT), SAMH-2 (Bio psychosocial Assessment), and/or Comprehensive Evaluations.

### C. Youth Determination and Referral

The Department’s JPO will forward a signed authorization and referral packet to the Respondent, which contains the following items, when available:

1. Expanded Face Sheet;
2. School information, (e.g. FCAT scores, Individual Education Plans [IEPs], 504 Plans, IQ scores or ratings [e.g. “normal”], grades, behavior and attendance records;
3. Arrest affidavit, violation of probation or transfer request;
4. Victim statements;
5. PACT Mental Health and Substance Abuse Report and Referral Form **and Massachusetts Youth Screening Instrument (MAYSI)**;
6. PACT Overview Report;
7. Release of Information forms;
8. Prior assessments available to the Department (i.e. SAMH-2, Psychological Evaluation, Bio-Psychosocial Assessment, or predisposition Comprehensive Evaluation);
9. Prior medical information available to the Department (i.e. medical history and/or results of a medical exam after obtaining release when necessary);
10. Prior mental health information available to the Department (i.e., Baker Acts, Marchman Acts, prior inpatient and/or outpatient treatment)
11. History of employment and vocational training;
12. Most recent Pre-Disposition Report (PDR); and
13. Signed Authority for Evaluation and Treatment (AET) form.

### D. Limits on Youth to be Served

Services shall be limited to youth referred by the Department. **For any Department youth needing Mental Health or Substance Abuse or Integrated Mental Health and Substance Abuse services as specified in this RFP in excess of twelve (12) months, the Respondent**

shall request, in writing, approval to continue services. Such requests shall be sent to the CPO of the Circuit and the youth's JPO no less than thirty (30) days prior to the end of the twelfth month. Such requests shall include the reasons why the youth should continue services and an estimate of the additional service period. The CPO shall review the request and approve or disapprove the continued services within five business days, with a copy of the approval or disapproval sent to the Department's Contract Manager.

### III. SERVICES TO BE PROVIDED

#### A. Service Tasks to be Performed

The Respondent shall provide diagnostic mental health evaluations or diagnostic substance abuse evaluations, or diagnostic mental health and substance abuse evaluation services and also mental health and/or substance abuse or integrated mental health and substance abuse individual, group and/or family therapy services as requested by the Department. Respondent service tasks are as follows:

##### 1. Diagnostic Mental Health Evaluations

The Respondent shall provide diagnostic mental health evaluations that shall be used to develop the youth's individualized mental health treatment plan. The diagnostic mental health evaluation shall include information about the youth's symptoms of mental disorder through structured face-to-face clinical interview and evaluation.

- a. The Respondent shall provide a DSM-IV-TR or DSM-5 diagnosis when criteria is met for a diagnosis by the standardized assessments and mental health clinical evaluation.
- b. The diagnostic mental health evaluation shall include the following components:
  - 1) Reason for the evaluation;
  - 2) Relevant family background information (including home environment, family functioning, history of substance-related disorders and/or mental health disorders with family and/or caregivers);
  - 3) History of physical abuse, sexual abuse, neglect, witnessing violence, domestic violence, or other forms of trauma;
  - 4) Current life situation and sources of stress (family, peers, etc.);
  - 5) Mental health diagnosis and treatment history (including diagnoses, psychiatric inpatient admissions, and/or treatment, psychotropic prescription(s) medication(s) and dosage);
  - 6) History of substance abuse and/or treatment;
  - 7) Medical history (including medical diagnoses, treatment, and information on prescription medications utilized to treat physical conditions);
  - 8) Educational (history of developmental disabilities, retentions, special needs status, current grade level, academic performance, attendance and behavior in school);
  - 9) Current functioning and symptoms (Including mental status examination);
  - 10) Diagnoses (DSM-IV-TR Axis I-V or DSM-5); and
  - 11) Individualized treatment recommendations.

##### 2. Diagnostic Substance Abuse Evaluations

The Respondent shall provide diagnostic substance abuse evaluations that shall be used to develop the youth's individualized substance abuse treatment plan. The Diagnostic Substance Abuse Evaluation shall include information about the youth's symptoms and substance-related disorder through a structured face-to-face clinical interview and administration of appropriate standardized substance abuse assessment instruments.

- a. The Respondent shall provide a DSM-IV-TR or DSM-5 diagnosis when criteria is met for a diagnosis as evidenced by the standardized assessments and substance abuse clinical evaluation.
- b. The diagnostic substance abuse evaluation shall include the following components:

- 1) Reason for the evaluation;
  - 2) Relevant family background information (including home environment, family functioning, history of substance-related disorders and/or mental health related disorders with family and/or caregivers);
  - 3) History of physical abuse, sexual abuse, neglect, witnessing violence, domestic violence, and other forms of trauma;
  - 4) Mental health diagnosis and treatment history (including diagnoses, psychiatric inpatient admissions and/or treatment, psychotropic prescription medication(s) and dosage);
  - 5) Medical history (including medical diagnoses, treatment, and information on prescription medications utilized to treat physical conditions);
  - 6) History of substance use (including age of onset, drugs of choice, patterns of use, and types and duration of use);
  - 7) Youth's access to substances (including peers and home);
  - 8) Substance abuse treatment history (including inpatient and outpatient substance treatment, history of withdrawal, response to treatment, recovery support);
  - 9) Educational (history of developmental disabilities, retentions, special needs status, current grade level, academic performance, attendance and behavior in school);
  - 10) Current life situation and sources of stress (family, peers, etc.);
  - 11) Current functioning and symptoms (Including mental status examination and symptoms of withdrawal and/or intoxication);
  - 12) Diagnoses (DSM-IV-TR Axis I-V or DSM-5); and
  - 13) Individualized treatment recommendations.
3. Integrated Mental Health and Substance Abuse Diagnostic Evaluations  
The Respondent shall provide integrated diagnostic mental health and substance abuse evaluations that shall be used to develop the youth's individualized mental health and substance abuse treatment plan. The diagnostic mental health and substance abuse evaluation shall include information about the youth's symptoms of mental disorder and substance-related disorder through a structured face-to-face clinical interview and evaluation and administration of appropriate standardized mental health and substance abuse assessment instruments. The integrated mental health and substance abuse diagnostic evaluation shall contain all elements of the mental health diagnostic evaluation and the substance abuse diagnostic evaluation listed above.
4. Mental Health, Substance Abuse and Integrated Mental Health and Substance Abuse Diagnostic Evaluation Reports  
All youth referred for a mental health diagnostic evaluation, substance abuse diagnostic evaluation, or integrated mental health and substance abuse diagnostic evaluation shall have a report of the findings of the evaluation submitted to the youth's JPO within twelve (12) days of the date of the youth's referral. If an evaluation does not show a need for treatment/therapy services, the Respondent shall still notify the JPO and provide a copy of the evaluation report.
5. Individualized Mental Health Treatment Plans, Individualized Substance Abuse Treatment Plans and Individualized Integrated Mental Health and Substance Abuse Treatment Plans  
The Respondent shall develop a mental health treatment plan for each youth whose diagnostic mental health evaluation indicates a significant mental health disorder. The Respondent shall develop a substance abuse treatment plan for each youth whose diagnostic substance abuse evaluation indicates a significant substance abuse disorder. The Respondent shall develop an integrated mental health and substance abuse treatment for youth with a co-occurring mental disorder and substance use disorder.
- a. An individualized mental health, substance abuse or integrated mental health and substance abuse treatment plan shall be developed for each youth receiving individual, group, and/or family mental health or

- substance abuse therapy or integrated mental health and substance abuse therapy.
- b. The individualized mental health, substance abuse or integrated mental health and substance abuse treatment plan shall contain the following elements:
    - 1) The youth's DSM-IV-TR or DSM-5 diagnosis;
    - 2) The specific symptoms that will be the focus of treatment;
    - 3) Mental health treatment goals and objectives, substance abuse treatment goals and objectives or integrated mental health and substance abuse treatment goals and objectives, written in achievable and measurable terms, which are:
      - a) Related to the diagnosis;
      - b) Responsive to the youth's symptoms of mental disorder and/or substance abuse; and
      - c) Address specific behaviors, symptoms, skill deficits, strengths and needs of the youth.
    - 4) The youth's functional strengths/abilities and preferences/needs that may affect his/her success in mental health treatment, substance abuse treatment or integrated mental health and substance abuse treatment.
  - c. The Respondent must develop an integrated mental health and substance abuse treatment plan which addresses both mental health and substance abuse symptoms and treatment needs for youth that are identified through a completed diagnostic mental health and substance abuse evaluation to meet the criteria for a co-occurring disorder.
    - 1) The integrated mental health and substance abuse treatment plan should be developed with the input of both mental health and substance abuse clinical staff who understand the dynamics and challenges of a dual diagnosis/co-occurring disorder.
    - 2) The integrated mental health and substance abuse treatment plan should provide interventions and strategies demonstrated effective in treatment of dual diagnosis/co-occurring disorders.
6. Discharge From Services  
 An individualized mental health treatment summary and discharge plan or substance abuse treatment summary and discharge plan or integrated mental health and substance abuse treatment summary and discharge plan shall be developed for each youth who receives therapy services prior to discharge. The mental health treatment summary and discharge plan documents the focus and course of the youth's mental health treatment. The substance abuse treatment summary and discharge plan documents the focus and course of the youth's substance abuse treatment. The integrated mental health and substance abuse treatment summary and discharge plan documents the focus and course of the youth's integrated mental health and substance abuse treatment. The discharge plan also documents recommendations for mental health and/or substance abuse services upon the youth's transition from services. The mental health treatment summary and discharge plan, substance abuse treatment summary and discharge plan and integrated mental health and substance abuse treatment summary and discharge plan must contain the following elements:
- a. The dates mental health, substance abuse or integrated mental health and substance abuse treatment started and ended;
  - b. The relevant mental health and/or substance abuse history;
  - c. The reason mental health and/or substance abuse treatment ended;
  - d. The problems which were the focus of mental health, substance abuse or integrated mental health and substance abuse treatment;
  - e. The course of the youth's mental health and/or substance abuse treatment, and the youth's progress in treatment;
  - f. The youth's pre-treatment and post-treatment DSM-IV-TR or DSM-5) diagnoses;

- g. The youth's continued mental health and/or substance abuse service needs and treatment recommendations;
  - h. Follow-up appointments scheduled for the youth which include the contact names and telephone numbers of the providers that will be treating the youth.
7. Individualized Mental Health and Substance Abuse Treatment Plan Review  
The treatment plan review will assess the youth's progress in meeting the treatment goals and objectives, and will ascertain whether modifications to the treatment plan are needed.
- a. A review of the individualized mental health treatment plan, substance abuse treatment plan, or integrated mental health and substance abuse treatment plan must be conducted every thirty (30) days. The treatment plan review will assess the youth's progress in meeting his/her treatment goals and objectives, and will ascertain whether modifications to the treatment plan are needed.
  - b. The treatment plan review form must be signed and dated by the youth, a mental health clinical staff person (for mental health treatment) or substance abuse clinical staff person (for substance abuse treatment) in accordance with Rule 65D-30.003(15) F.A.C., and must be reviewed and signed "as reviewer" by a licensed mental health professional (for the individualized mental health treatment plan) or "qualified professional" (for substance abuse treatment) as defined in Section 397.311, F.S., and in accordance with Rule 65D-30.003(15) F.A.C., within ten days of the treatment plan review.
  - c. Any modifications made to the individualized mental health and/or substance abuse treatment plan must be documented on the review form and must be clearly and specifically identified as a modification to the individualized treatment plan.
8. Mental Health Individual Therapy  
Individual mental health therapy shall focus on relieving symptoms related to mental disorder(s) identified in the diagnostic mental health evaluation and which have been identified as treatment goals in the youth's Individualized Mental Health Treatment Plan. The goal(s) of individual mental health therapy is to resolve issues that impact functioning and interfere with the youth's daily living, to help the youth develop an understanding of mental health, address emotional and behavioral functioning and needs, and to help the youth develop positive coping skills.
- a. The Respondent shall obtain prior approval in writing (e-mail acceptable) from the CPO (of the Circuit in which the youth was referred) or designee, prior to enrolling any youth in individual therapy.
  - b. Youth shall be referred based on the findings of a completed diagnostic mental health evaluation, by the court or by their JPO.
  - c. Sessions will be one hour in duration with at least fifty (50) minutes of that hour reserved for therapy.
  - d. Individual therapy shall focus on the symptoms identified in the youth's diagnostic mental health evaluation and address the goals and objectives identified in the youth's individualized treatment plan.
9. Substance Abuse Individual Therapy  
Individual substance abuse therapy shall focus on relieving symptoms of substance-related disorder(s) identified in the diagnostic substance abuse evaluation and which have been identified as goals in the youth's Individualized Substance Abuse Treatment Plan. The goal(s) of Individual Substance Abuse Therapy is to resolve problems which interfere with the youth's daily living, address the challenges of addiction and recovery, foster an understanding of the reasoning behind addiction, and create an understanding of how to utilize positive coping skills.
- a. The Respondent shall obtain prior approval in writing (e-mail acceptable) from the CPO (of the Circuit in which the youth was referred) or designee, prior to enrolling any youth in any therapy.



- b. Youth shall be referred based on the findings of a completed diagnostic substance abuse evaluation, by the court or by their JPO.
  - c. Sessions will be one hour in duration with at least fifty (50) minutes of that hour reserved for therapy.
  - d. Individual therapy shall focus on the symptoms identified in the youth's diagnostic substance abuse evaluation and address the goals and objectives identified in the youth's individualized substance abuse treatment plan.
10. Mental Health Group Therapy  
Mental health group therapy shall focus on the symptoms identified in the youth's diagnostic mental health evaluation and address the goals and objectives identified in the youth's individualized mental health treatment plan. Mental Health group therapy shall focus on the youth's distressing symptoms, underlying feelings that impact the youth's behavioral patterns, coping skills, and self-understanding and shall be based on best practices and effective treatment models.
- a. The Respondent shall obtain prior approval in writing (e-mail acceptable) from the CPO (of the Circuit in which the youth was referred) or designee, prior to enrolling any youth in any therapy.
  - b. Youth shall be referred based on the findings of a completed diagnostic mental health evaluation, by the court or by their JPO.
  - c. Sessions will be one hour in duration with at least fifty (50) minutes of that hour reserved for therapy.
  - d. Mental health group therapy shall be provided in groups where the maximum number is not to exceed ten youth per session.
  - e. Mental health group therapy shall focus on the specific symptoms identified in the youth's diagnostic mental health evaluation and address the goals and objectives identified in the youth's individualized treatment plan. Group therapy shall be based on evidence-based treatment models. Group therapy sessions shall address:
    - 1) Key symptoms and problem areas;
    - 2) Underlying mental health and family issues;
    - 3) Youth strengths and risk factors;
    - 4) Development of positive coping skills;
    - 5) Examining underlying feelings (e.g., anger, frustration, fear, disappointment, sadness) and associated behaviors; and
    - 6) Improving the ability to communicate feelings and function in a more effective manner.
11. Substance Abuse Group Therapy  
Substance Abuse Group Therapy shall focus on the symptoms identified in the youth's diagnostic substance abuse evaluation and must address the goals and objectives identified in the youth's individualized substance abuse treatment plan. Substance Abuse Group Therapy sessions shall focus on changing thinking patterns, beliefs and perceptions associated with substance abuse and assist youth in developing coping skills, strategies and social networks that support continued abstinence and recovery.
- a. The Respondent shall obtain prior approval in writing (e-mail acceptable) from the CPO (of the Circuit in which the youth was referred) or designee, prior to enrolling any youth in any therapy.
  - b. Youth shall be referred based on the findings of a completed diagnostic substance abuse evaluation, by the court or by their JPO.
  - c. Sessions will be one hour in duration with at least fifty (50) minutes of that hour reserved for therapy.
  - d. The substance abuse group therapy shall be provided in groups where the maximum number of youth is not to exceed fifteen (15) youths.
  - e. JPOs shall be notified of any unexcused absences.
  - f. Substance abuse group therapy sessions shall be based on evidence-based treatment models and include, but are not limited to:
    - 1) Reasons for substance use and abuse;

- 2) Making positive changes (to friends, behavior, relationships etc.);
  - 3) Understanding positive and negative coping skills;
  - 4) Substance refusal skills and time planning as related to sober living;
  - 5) Relapse prevention, including development of a relapse prevention plan (i.e., how to avoid using substances and who to call for help, support groups, professional services, development of a sober peer network, etc.); and
  - 6) Changing the youth's focus from usage of drugs/alcohol to positive activities in the community.
12. Mental Health Family Therapy  
Family therapy shall focus on the symptoms and family issues identified in the youth's diagnostic mental health evaluation and address the goals and objectives identified in the youth's individualized treatment plan. Family therapy shall focus on developing positive communication skills, identifying and processing family issues that have a negative impact on youth and family functioning, and foster youth and family coping, problem-solving and resiliency and improve the youth's and family's functioning. Family therapy shall be based on evidence-based treatment models.
- a. The Respondent shall obtain prior approval in writing (e-mail acceptable) from the CPO (of the Circuit in which the youth was referred) or designee, prior to enrolling any youth in any therapy.
  - b. Youth shall be referred based on the findings of a completed diagnostic mental health evaluation by the court or by their JPO.
  - c. Sessions will be one hour in duration with at least fifty (50) minutes of that hour reserved for therapy.
13. Substance Abuse Family Counseling  
Family counseling shall focus on the symptoms and family issues identified in the youth's diagnostic substance abuse evaluation and address the goals and objectives identified in the youth's individualized treatment plan. Family counseling shall focus on developing positive communication skills, identifying and processing family issues that have a negative impact on youth and family functioning, and foster youth and family coping, problem-solving and resiliency and improve the youth's and family's functioning. Family counseling shall be based on evidence-based treatment models.
- a. The Respondent shall obtain prior approval in writing (e-mail acceptable) from the CPO (of the Circuit in which the youth was referred) or designee, prior to enrolling any youth in any therapy.
  - b. Youth shall be referred based on the findings of a completed diagnostic substance abuse evaluation the court or by their JPO.
  - c. Sessions will be one hour in duration with at least fifty (50) minutes of that hour reserved for therapy.
14. Integrated Mental Health and Substance Abuse Individual Therapy  
When a youth's evaluation indicates the need for both Mental Health and Substance Abuse Services, the Respondent shall provide individual integrated mental health and substance abuse therapy services in accordance with the requirements for both Mental Health and Substance Abuse Therapy stated above with therapy sessions being at least sixty (60) minutes in duration, unless the Respondent can provide clinical justification as to why therapy of a sixty (60) minute duration is not appropriate for the youth and/or family.
15. Crisis Intervention and Emergency Mental Health and Substance Abuse Services  
The Respondent must provide or arrange for youth who exhibit symptoms or behaviors which indicate the need for crisis intervention or emergency mental health or substance abuse services to receive such services in accordance with chapters 394 and 397, F.S. Emergency mental health and substance abuse services shall include the following:
- a. Staff shall immediately contact emergency medical services (911) in the event of a mental health or substance abuse emergency that requires emergency medical treatment.

- b. Procedures must be in place for contacting the designated law enforcement agency for transportation of a youth believed to be mentally ill from the facility to a mental health receiving facility as specified in section 394.462, F.S.
- c. Procedures must be in place for transportation of a youth who is believed to be substance abuse impaired for emergency admission to a hospital, licensed detoxification facility or addictions receiving facility as specified in sections 397.675 and 397.677, F.S.
- d. The Respondent must notify the youth's JPO when a referral is made for assessment of suicide risk or emergency mental health or emergency substance abuse services. Any youth suspected of substance intoxication or withdrawal symptoms must receive immediate medical attention.

16. Clinical Case Management

- a. Clinical Case Management may be utilized for youth with complex issues and needs. For example, youth receiving juvenile sex offender treatment; youth with severe psychiatric disturbance or severe co-occurring disorders; involved in multiple child serving agencies (DJJ, Florida Department of Children and Families (DCF), Florida Division of Children's Medical Services (CMS), Florida Agency for Persons with Disabilities (APD); followed by multiple healthcare providers (psychiatric, medical, substance abuse, mental health); receiving exceptional students services (particularly intellectual disability or emotional/behavioral disability); or considered high risk for removal from the home (placement in a Department facility, mental health facility or foster care).
- b. Clinical Case Management activities shall be conducted by the youth's therapist and involve complex consultation and coordination with other healthcare providers, school personnel, attorneys, probation officers, and the youth's family to assist in ensuring necessary clinical services and supports are in place for the youth. The clinician shall utilize his/her clinical expertise and professional skills to facilitate communication and promote coordinated services and continuity of care for the youth and family.
- c. Clinical Case Management services activities may include the following:
  - 2) Communicating critical clinical information to the youth's healthcare provider, school personnel or other service providers (with appropriate consent as required under state and federal);
  - 3) Linking and facilitating necessary clinical services for the youth and family;
  - 4) Coordinating the delivery of clinical services to assist in continuity of care for the youth and family; and
  - 5) Participating in planning and discharge activities pertaining to the youth conducted at school or other programs.
- d. Billable Clinical Case Management is limited to four times per month at a rate of \$50, as per Attachment J – Price Sheet.

17. Records and Documentation

- a. Therapy (individual, group, and family) shall be documented in progress notes which provide a description of the treatment session/activity and the youth's (or family's) participation in the treatment session/activity. The progress/treatment note must document the course of treatment and the youth's progress in meeting his/her clinical treatment goals and objectives as specified in the treatment plan.
  - 1) Progress/treatment notes shall be recorded on the day the treatment service is provided.
  - 2) A written report of the youth's progress in the therapy sessions shall be provided to the JPO every thirty (30) days.
- b. Documentation of mental health evaluations, substance abuse evaluations, treatment planning, and treatment plan reviews, and therapy sessions shall be permanently filed in the youth's Department Individual Healthcare Record. The Respondent may retain the original

documentation. However, if the Respondent chooses to retain the original documentation of treatment, then it shall make a copy of the original and provide the copy to the JPO who will insert it in the mental health/substance abuse section of the youth's Department Individual Healthcare Record.

- c. Required documentation for each Clinical Case Management activity shall include:
  - 1) Date of the Clinical Case Management service, and the beginning and ending time on the clock for services provided (e.g., October 30, 2017 2:00pm to 3:25pm);
  - 2) Name of the youth and his/her Department ID number;
  - 3) Name, signature and title of the therapist providing the Clinical Case Management service;
  - 4) Location of the Clinical Case Management service;
  - 5) A clear and comprehensive description of the activity provided and unit(s) of service to be billed; and
  - 6) Clearly indicate the specific Clinical Case Management contact or activity on behalf of the youth.
- d. Clinical Case Management Notes must:
  - 1) Clearly reflect how the Clinical Case Management service is linked to the youth's treatment plan;
  - 2) Provide sufficient and clear detail of the service provided to justify the time spent; and
  - 3) Provide sufficient detail of the coordination between the therapist and others to ensure continuity of care and prevent duplication of clinical services.
- e. The youth's JPO shall be notified via email of any unexcused absences.
- f. The confidentiality of mental health services documentation and clinical records shall be maintained as forth in chapter 394, F.S., and applicable rules and regulations. The confidentiality of substance abuse services documentation and clinical records shall be maintained as set forth in chapter 397, F.S., and applicable rules and regulations.

#### 18. Drug Test/Screening/Urine Analysis

The Respondent shall order Presumptive Drug Screening through Urine Analysis if needed for monitoring the youth based on the requirements of the ITP. Presumptive testing shall be sufficient for treatment services as per the scope of services. If there are any issues regarding additional drug screening or other problems, the Respondent shall contact the youth's CPO or JPO to discuss the issues and provide written notification as a follow-up.

#### B. Service Task Limits

Services described in this scope of services shall be conducted as specified, with no part of any service specification omitted or excluded. The following tasks/services are considered contract exclusions and are not authorized under the resulting rate agreement: self-help groups, psycho-educational groups, peer-facilitated groups, parent education or parent skills groups, or therapy services rendered in the absence of a diagnosed mental disorder and/or substance related disorder.

#### C. Staffing/Personnel

The Respondent and all personnel provided under the resulting rate agreement, whether performance is as a Respondent, subcontractor, or any employee, agent or representative of the Respondent or subcontractor, shall continually maintain all licenses, protocols, and certifications that are necessary and appropriate, required within the resulting rate agreement or required by the Department or another local, state or federal agency, for the services to be performed or for the position held. All such personnel shall renew licenses or certifications pursuant to applicable law or rule. The Respondent shall provide copies of all current licenses or certificates required for the delivery of services under the resulting rate agreement, to the Department's Contract Manager, prior to the delivery of services or as part of the proposal. A mental health provider eligible to contract for provision of mental health services must be a public mental health agency licensed by the state, a private for-profit or not-for-profit mental health agency, a psychiatrist licensed under chapter 458 or

459, F.S., a psychologist licensed under chapter 490, F.S., or a mental health counselor, clinical social worker, or marriage and family therapist licensed under chapter 491, F.S., or a service provider (agency or corporate entity) determined to be eligible to provide mental health services under chapter 394 F.S., and chapter 409 F.S. A substance abuse service provider eligible to contract for provision of substance abuse services must be a "licensed services provider" or "service provider" as defined in section 397.311 F.S.

1. Staffing Levels

- a. The Respondent shall maintain sufficient staff to meet the Department's referral needs.
- b. The Respondent shall employ professional qualified staff who meet the qualifications, licensing and certification requirements below. If services are provided through subcontracted staff, the Respondent shall ensure its subcontractors make their principal or qualified employees available to interview and assess youth in locations convenient to the youth and family, including but not limited to, the home, schools, juvenile detention centers, hospitals, juvenile probation offices, juvenile assessment centers or community centers.
- c. The Department will not make payment for any therapy or assessment services in which the interview or testing was conducted by an individual who does not meet appropriate qualifications listed in the resulting rate agreement.
- d. **The Department prefers Spanish-speaking staff be made available as either employees or via subcontract.**

2. Staffing Qualifications

- a. Mental Health Staffing Qualifications
  - 1) Mental Health services shall be provided by a licensed mental health professional or a non-licensed mental health clinical staff person that is working under the direct supervision of a licensed mental health professional.
  - 2) A licensed mental health professional means a psychiatrist licensed pursuant to chapter 458 or 459, F.S., a psychologist licensed pursuant to chapter 490, F.S., or a mental health counselor, clinical social worker, or marriage and family therapist licensed pursuant to chapter 491, F.S., or a psychiatric nurse as defined in section 394.455(23), F.S.
  - 3) A non-licensed mental health clinical staff person shall have, at a minimum, a Bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or a "related human services field", which is defined as one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy. A non-licensed mental health clinical staff person providing mental health services to Department youth must meet one of the following qualifications:
    - a) hold a Master's Degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; and
    - b) hold a Bachelor's Degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have two years clinical experience assessing, counseling, and treating youths with serious emotional disturbance or substance abuse problem.
  - 4) Direct supervision means that the licensed mental health professional has at least one hour per week of face-to-face interaction with the non-licensed mental health clinical staff person for the purpose of overseeing and directing the mental health services that are being provided.
- b. Substance Abuse Services Staffing Qualifications

- 1) Substance abuse services shall be provided by a person who is a licensed service provider under chapter 397, F.S., or a licensed qualified professional which means a licensed physician under chapter 458 or 459, F.S., a licensed psychologist under chapter 490, F.S.; or a licensed mental health counselor, clinical social worker or marriage and family therapist under chapter 491, F.S. A non-licensed substance abuse clinical staff person must be an employee of a service provider licensed under chapter 397, F.S., and must work under the direct supervision of a "qualified professional" as defined in section 397.311, F.S., who is an employee of a service provider licensed under chapter 397, F.S.
- 2) A certified addiction professional must be an employee of a service provider licensed under chapter 397, F.S., and shall have received certification from the Certification Board for Addiction Professionals of Florida.
- 3) A non-licensed substance abuse clinical staff person shall have, at a minimum, a Bachelor's Degree from an accredited university or college with a major in psychology, social work, counseling or a related human services field. A "related human services field" is defined as one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
- 4) Direct supervision means that the "qualified professional" as defined in section 397.311, F.S., has at least one hour per week of face-to-face interaction with the non-licensed substance abuse clinical staff person who is an employee of the service provider licensed under chapter 397, F.S., for the purpose of overseeing and directing the substance abuse services that are being provided.

3. Staff Background Checks

- a. The Respondent shall comply with the Department's Statewide Procedure on Background Screening for Employees, Vendors, and Volunteers that is available on the Department's website. The Respondent shall comply with the requirements for background screening pursuant to chapters 39, 435, 984 and 985, F.S., and the Department's background screening policy. Failure to comply with the Department's background screening requirements may result in termination of the resulting rate agreement.
- b. A background screening shall be completed in accordance with the Department's Background Screening Policy and Procedures on all newly hired staff and provided to the Department's Contract Manager prior to the initiation of employment to provide services under the resulting rate agreement.
- c. The Respondent shall ensure staff obtains the required five-year background re-screening every five years from the date of their approval to work at the facility in accordance with the Department's statewide procedure. Five-year re-screenings shall not be completed more than twelve (12) months prior to the original screening approval date. Results of re-screenings shall be provided to the Department's Contract Manager.
- d. The Respondent shall notify the Background Screening Unit when their employee (Respondent staff) is no longer providing services under the resulting rate agreement.

4. Staffing Changes

Changes to the minimum number of staff and qualifications required in the resulting rate agreement are not authorized. Staff changes shall be approved in writing by the Department's Contract Manager and CPO/designee.

D. Service Locations and Times

1. Service Locations

The Respondent shall make its principal or qualified employees available to provide therapy and assess youth in locations convenient to the youth and family,

including but not limited to the Respondent's office(s), the youth's home/school, juvenile detention centers, hospitals, juvenile probation offices, juvenile assessment centers or community centers. In addition, the Respondent shall have a Respondent-owned or leased facility in the proposed Circuit where youth files shall be securely maintained.

2. Specify Times  
Services shall be provided to youth during traditional and non-traditional business hours, including weekends. The Respondent shall maintain an administrative office to receive Department referrals between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding State holidays.
3. Changes in Service Times/Locations  
Any changes to service delivery locations must be approved in advance by the Department's Contract Manager and CPO in the circuit where services are provided.

E. Property  
No property furnished or purchased with Rate Agreement funds is required for the delivery of services defined under the terms of the resulting rate agreement.

**IV. DELIVERABLES**

- A. Service Units/Deliverables  
The service units to be delivered under the resulting rate agreement are as follows:
1. Youth Diagnostic Evaluation, one per youth;
  2. Individualized Treatment Plan, one per youth;
  3. Individualized Treatment Plan Review, one per youth, every thirty (30) days;
  4. Discharge Plan, one per youth;
  5. Mental Health Individual Therapy, per sixty (60) minute session (one session);
  6. Mental Health Family Therapy, per sixty (60) minute session (one session);
  7. Mental Health Group Therapy, per sixty (60) minute session (not to exceed ten youth per group);
  8. Substance Abuse Individual Therapy, per sixty (60) minute session (one session);
  9. Substance Abuse Family Therapy, per sixty (60) minute session (one session);
  10. Substance Abuse Group Therapy, per sixty (60) minutes (not to exceed fifteen (15) youths per group);
  11. Integrated Mental Health and Substance Abuse Individual Therapy, per sixty (60) minute session (one session);
  12. Youth Monthly Progress Report (one per youth every thirty (30) days) for youth referred to the Respondent by the Department. The Department will only pay for the completion of the deliverable as evidenced by submission of youth census, sign-in sheets, and youth and family progress reports; and
  13. Clinical Case Management.

**V. REPORTS**

- A. The Department will require progress or performance reports throughout the term of the resulting rate agreement. The Respondent shall complete reports as required to become eligible for payment. (The type, frequency, content, format of reports required and the party to receive the report; deadline for report submission, number of copies to be delivered, delivery method; and the Department representative to receive.)
- B. Following are the Contract Managers for the respective parties. All matters shall be directed to the Contract Managers for action or disposition. Any and all notices shall be delivered to the parties at the following addresses:

Provider	Department

After execution of the resulting rate agreement, any changes in the information contained in this section will be provided to the other party in writing, shall be sent by United States Postal Service or other delivery service with proof of delivery, and a copy of the written notification shall be maintained in the official Rate Agreement record. All notices required by the resulting rate agreement or other communication regarding the resulting rate agreement shall be sent by United States Postal Service or other delivery service with proof of delivery.

1. Invoice

A properly prepared invoice shall be submitted directly to the Department's Contract Manager within ten business days following the end of the month for which services were rendered. Payment of the invoice shall be pursuant to section 215.422, F.S., and any interest due shall be paid pursuant to section 55.03(1), F.S. A Vendor Ombudsman, established within the Department of Financial Services, may be contacted if a Respondent is experiencing problems in obtaining timely payment(s) from a State of Florida agency. The Vendor Ombudsman may be contacted at 850-413-5516.

a. Documentation of Counseling Sessions: For group sessions, sign-in sheets shall be submitted for all individuals, group, and family therapy sessions that shall include the names of the person/persons who attended the session, the date, time of the session, the type of session, and signature(s) of the person/persons that attended each session.

b. The Respondent shall submit a monthly invoice with sufficient documentation to fully justify payment for the service units delivered the previous month. The Respondent shall report, in accordance with Department policy, all youth admissions/acceptances and releases/discharges. Failure by the Respondent to promptly report as required may result in a reduction in the monthly invoice.

c. If the Department determines referral to the Respondent and/or services shall be suspended due to safety, security, staffing or other programming concerns, the Department will notify the Respondent, in writing.

2. Youth Census Report

A complete list of youth who were provided services required under the terms and conditions of the resulting rate agreement during the service period detailed on the invoice shall be furnished to the Department's Contract Manager within ten business days following the end of the month for which services were rendered. At a minimum, the Youth Census Report shall include the youth's last name and initial of first name, Juvenile Justice Identification Number (JJIS ID), date(s) of service, and the service provided.

3. Proof of Insurance

A Certificate of Insurance shall be provided to the Department's Contract Manager prior to the delivery of service, and prior to expiration. Certificates of Insurance shall reflect appropriate coverage(s) based on the recommendation of a licensed insurance agent, and the minimums listed in the resulting rate agreement.

4. Subcontract(s)

A copy of all subcontracted agreements entered into by the Respondent and a subcontractor for services required of the Respondent via the resulting rate agreement, shall be submitted to the Department in advance for review. A signed copy of the subcontract reviewed by the Department shall be provided to the Department's Contract Manager prior to the delivery of service to Department youth and payment to the subcontractor.

5. Organizational Chart

The Respondent's organizational chart shall be provided to the Department's Contract Manager upon execution of the resulting rate agreement, annually, and upon changes. The organizational chart shall include the programmatic and administrative structure of the Respondent's organization.

6. Florida Minority Business Enterprise (MBE) Utilization Report

The Provider shall submit to the Department's Contract Manager, along with each monthly invoice, available at:



<http://www.djj.state.fl.us/providers/contracts/index.html>, listing all payments made for supplies and services to Minority Business Enterprises (MBEs) during the invoice period. The listing shall identify the MBE code for each payment.

7. Youth Monthly Progress Report

The Respondent shall submit monthly progress reports concerning youth receiving Mental Health and/or Substance Abuse Treatment/Therapy services to the assigned JPO, and maintain documentation of progress in the youth's confidential file. Progress notes documentation shall reflect all monthly activities. This Youth Monthly Progress Report is due for each youth referred for services every four weeks from the first week of services or more frequently if indicated by extenuating circumstances. The report will include the:

- a. Youth name and JJIS ID;
- b. Number of individual, family and/or group sessions;
- c. Dates of services and any missed services;
- d. A description of treatment plan goals and objectives achieved and treatment/therapy progress; and
- e. A summary of the youth progress or non-compliance since the last report.

8. Youth Status Report

The Respondent shall furnish a written status report for each youth to the JPO or Department approved referral source assigned to the case, within ten business days following the end of the month for which services were rendered, so the JPO or the Department designated referral source can ensure documentation of mental health and substance abuse services is permanently filed in each youth's Department Individual Healthcare Record (mental health section). The Provider shall include in the report any referrals for other services or any additional relevant information.

REPORT LIST	FREQUENCY	DUE DATES	DUE TO DEPARTMENT
Invoice	Monthly	10 <sup>th</sup> business day of the following reporting month	Contract Manager
Youth Census Report	Monthly	10 <sup>th</sup> business day of the following reporting month	Contract Manager
Proof of Insurance Coverage	Annually	Prior to the delivery of services and prior to expiration of insurance	Contract Manager
Subcontract(s)	In advance for review and prior to the delivery of services	In advance for review and prior to the delivery of services	Contract Manager
Organizational Chart	Upon Rate Agreement execution; annually; and upon changes	Prior to the delivery of services and July 1	Contract Manager
Florida MBE Utilization Report	Monthly	10 <sup>th</sup> business day of the following reporting month	Contract Manager
Youth Monthly Progress Report	Every four weeks from the first week of services	10 <sup>th</sup> business day of the following reporting month	Youth's JPO
Youth Status Report	Monthly	10 <sup>th</sup> business day of the following reporting month	Youth's JPO

C. Report Receipt and Documentation

The Respondent shall submit written reports with all required documentation within the timeframes listed above to the correct individuals to become eligible for payment. Delivery of deliverables and reports shall not be construed to mean acceptance of those deliverables and reports. The Department reserves the right to reject deliverables and reports as incomplete, inadequate, or unacceptable. The Department's Contract Manager will approve or reject deliverables and reports.

## VI. PERFORMANCE MEASURES

### A. Performance Measures

Listed below are the key Performance Measures with minimum standards of performance, deemed most crucial to the success of the overall desired service delivery. The Respondent shall ensure that the stated performance measures and standards (level of performance) are met. Performance shall be measured, beginning the second month after which service has been fully implemented.

**GOAL:** 100% of services shall be provided by, or under the direct supervision of, a clinician currently and appropriately licensed through the State of Florida whose licenses and credentials are pre-approved by the Department, prior to service provision.

**MEASURE:** This percentage shall be calculated by dividing the number of clinicians delivering services by the number of clinicians whose licenses and credentials are pre-approved by the Department's Office of Health Services prior to service provision.

**MINIMUM STANDARD:** 100% of services shall be provided by, or under the direct supervision of, a clinician currently and appropriately licensed through the State of Florida whose licenses and credentials are pre-approved by the Department. NOTE: Failure to comply may result in non-payment of services.

### B. Performance Evaluation

1. The Respondent, throughout the term of the resulting Rate Agreement, shall document compliance with required service tasks, performance and provide documentation of such services for inspection upon request. The Respondent shall permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, goods and services of the Respondent which are relevant to this Rate Agreement, and interview any clients and employees of the Respondent under such conditions as the Department deems appropriate.
2. The Department will conduct outcome evaluations and recidivism studies concentrating on the re-offending and re-adjudication of juveniles who complete the services.
3. These evaluations and studies will consider the content components and duration of the services. The results may be used in the rating of the resulting rate agreement for its future funding and service evaluation process.

**EXHIBIT 2  
 DETAILS OF PROPOSED CURRICULUM(S)  
 FOR MENTAL HEALTH SERVICES OR SUBSTANCE ABUSE SERVICES OR BOTH SERVICES**

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
<b>Name of Proposed Curriculum(s) to be used for MH OR SA</b>	<b>Publisher or developer name or copyright or trademark name of curriculum.</b>	<b>Specific risk factors or needs addressed with the curriculum</b>	<b>Age(s) of youth proposed curriculum is appropriate for</b>	<b>Minimum specific training required to provide curriculum</b>	<b>Frequency of curriculum delivery</b>	<b>Enter the required length of a single session based on the curriculum</b>	<b>Enter the duration of the curriculum</b>	<b>Session type (individual/family/group)  if group, is it open/closed?</b>	<b>Indicate if Evidence-Based or Promising Practice Use EB or PP to indicate</b>
<i>(e.g. Seeking Safety)</i>	<i>Lisa M. Najavits</i>	<i>PTSD and Substance Abuse</i>	<i>13-18 years old</i>	<i>Substance abuse clinical staff person will be trained in the curriculum</i>	<i>Varied pacing- once or twice per week</i>	<i>Varied sessions- 50-90 minutes</i>	<i>25 sessions</i>	<i>Group therapy (open or closed) or Individual therapy</i>	<i>EB</i>

Instructions:

- Column 1 - Enter all the curriculums by name that your company will provide to DJJ youth.
- Column 2 – Enter the publisher, developer, trademark, or copyright name of curriculum.
- Column 3 – Enter the specific risk factors or needs of the youth that the curriculum will address.
- Column 4 – Enter the age(s) of youth the proposed curriculum is appropriate for.
- Column 5 – Enter the minimum specific training required to provide the curriculum (i.e. Bachelor’s Degree, Master’s Degree, Developer required training).
- Column 6 – Enter the frequency of Curriculum delivery (How many times a week/month?)
- Column 7 - Enter the required length of a single session based on the curriculum.
- Column 8 – Enter the duration of the curriculum (How many days/weeks should it take to complete?)
- Column 9 – Enter the Session type – Individual/Family/Group. For Group, indicate if it is a closed or open group.
- Column 10 – Enter either EB or PP for the Curriculum. Is it Evidenced Based (EB) or Promising Practice (PP)?