

## ADDENDUM #003

**Solicitation Number:** FDC RFP-18-003  
**Solicitation Title:** Outpatient Substance Use Treatment and Aftercare  
**Opening Date/Time:** October 3, 2017 at 2:00 p.m., Eastern Time (ET)  
**Addendum Number:** 003

**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.**

**Please be advised that the changes below are applicable to the original specifications of the above referenced solicitation.** Added or new language to the RFP is highlighted in **yellow**, while deleted language has been struck.

This Addendum includes the Department's answers to written questions received.

This Addendum also includes the following revisions:

**Change No. 1:**

A change to Section 2.9.3 Evidenced-Based Practices to add Section 2.9.3.3.

**2.9.3.3** The Program shall operate using a trauma-informed approach and offer trauma-informed interventions.

**Change No. 2:**

A change to Section 3.6.1.2. to correct the attachment number.

**3.6.1.2.** It is mandatory that the Vendor sign, have notarized, and return **Attachment X** ~~Attachment XI~~, "Certification Attestation Form," and insert it under **Tab A** of the Proposal.

**Change No. 3:**

A change to Section 3.6.2.3. as indicated below:

**3.6.2.3** Proof that the Vendor is licensed to provide Outpatient Substance Use Treatment and Aftercare Services, in accordance with Chapter 65D-30, F.A.C., as evidenced by submission of required license, or, for the purposes of this RFP, the Department will accept a copy of application for licensure with the DCF **or proof of exemption from DCF, in accordance with Section 397.4012, F.S.** or the Vendor's plan to acquire the licensure, with a written understanding and commitment of the Vendor that the required license will be obtained in the required timeframe. The Vendor shall be responsible for all costs associated with licenses required for the Program.

**Change No. 4:**

Attachment XIII – Evaluation Criteria, is replaced in its entirety and attached hereto.

**Responses to Written Inquiries  
FDC RFP-18-003  
Outpatient Substance Use Treatment and Aftercare**

Question Number	Question	Answer
1	Why did the Department decide to reject proposals from the previous RFP for Outpatient Substance Use Treatment and Aftercare Services for Circuits 4, 7, & 8?	During the evaluation process, the Department determined that it was in its best interest to reject all and reevaluate solicitation requirements, and re-solicit the services.
2	What were the number of clients in treatment for each specific location for Circuits 4, 7, & 8 for the last year?	Clients in treatment in Fiscal Year (FY) 2016-2017:  Circuit 4: 1,170 Circuit 7 : 1,401 Circuit 8 : 680
3	What are the number of active clients for each location for Circuits 4, 7, & 8 for the last <u>month</u> of available data?	Clients in treatment as of June 30, 2017:  Circuit 4: 337 Circuit 7: 422 Circuit 8: 216
4	If a provider is exempt from licensure by the Department of Children and Families (DCF) for Substance Abuse, are they able to provide contracted services resultant of this RFP? See attached.	Yes. However, the Vendor will be required to provide proof of the exemption from DCF. Please see Change No. 3 of this Addendum.
5	If treatment is able to be provided by a provider exempt from licensure by DCF; What impact or penalty, if a any, is assessed in the vendor's score under the Evaluation Criteria, Category 3, page 82 of 94?	Please see Change No. 4 of this Addendum which designates scoring criteria for this requirement.
6	Could you provide a copy of the current vendors' last monitoring report for each current vendor in Circuits 4, 7, & 8?	Please see attached Exhibit A of this Addendum.
7	What are the current contracted prices (Screening, Assessment, Individual Counseling, Treatment Plan Review, Aftercare Review, and Group Counseling) for each vendor in Circuits 4, 7, & 8?	Please see attached Exhibit B of this Addendum.

Question Number	Question	Answer
8	On page 42 of 94, 3.6.1.2 The Certification/Attestation Form is Attachment X and not XI, is this an error?	A revision has been made to reflect the correct attachment number. Please see Change No. 2 of this Addendum.
9	Referencing the Table of currently supervised offenders. Question: Approximately what percentage of supervised offenders will be ordered to receive outpatient services?  Section 1.4, Page 9	It is up to the State Courts to determine who will be ordered to receive outpatient services. However, the approximate percentage of supervised offenders as of June 30, 2017 that were required to receive outpatient substance abuse treatment is provided below:  Circuit 4: 14.0% Circuit 5: 15.4% Circuit 7: 18.4% Circuit 8: 16.1% Circuit 14: 20.6% Circuit 15: 10.6% Circuit 17: 16.2%
10	In response to FDC RFP-18-003 LifeStream would like to request a copy of the current contract for Circuit 5, specifically in relation to Lake County.	The current Contract for Lake County in Circuit 5 is C2765 (Western Judicial Services, Inc.). This information can be found on the Florida Department of Financial Services (DFS), Florida Accountability Contract Tracking System (FACTS) Website, at: <a href="https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&amp;ContractId=C2765">https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&amp;ContractId=C2765</a> .

Question Number	Question	Answer
11	<p>The offender's payment status will be indicated on the Community Supervision Program Referral form (DC5-404).</p> <p>Questions:</p> <p>1) What determines the offender payment status?</p> <p>2) Approximately what percentage will be 100% Department Funded/Co-Pay/Self-Pay?</p> <p>3) Is there any legal provision to compel payment from offenders in co-payment/self-payment status?</p> <p>Section 2.7.3.4.1, Page 16,17</p>	<ol style="list-style-type: none"> <li>1. The offender's household income will determine the payment status.</li> <li>2. The approximate current payment status percentages are provided below: <ul style="list-style-type: none"> <li>Circuit 4: FDC Funded 6.8%; Co-Pay 10.4%; Self-Pay 82.8%</li> <li>Circuit 5: FDC Funded 57.4%; Co-Pay 23.7%; Self-Pay 18.9%</li> <li>Circuit 7: FDC Funded 59.2%; Co-Pay 10.4%; Self-Pay 30.3%</li> <li>Circuit 8: FDC Funded 51.9%; Co-Pay 17.1%; Self-Pay 31.0%</li> <li>Circuit 14: FDC Funded 76.8%; Co-Pay 14.6%; Self-Pay 8.6%</li> <li>Circuit 15: FDC Funded 80.0%; Co-Pay 7.3%; Self-Pay 12.7%</li> <li>Circuit 17: FDC Funded 65.8%; Co-Pay 7.5%; Self-Pay 26.7%</li> </ul> </li> <li>3. There are no legal provisions through the Department to compel payment from offenders in Offender Co-Payment Status and Offender Full/Self-Payment Status. The vendor is able to pursue delinquent payments through their normal collections process.</li> </ol>

**REVISED**

**ATTACHMENT XIII - EVALUATION CRITERIA  
FDC RFP-18-003**

\_\_\_\_\_  
Name of Vendor

\_\_\_\_\_  
Evaluator Name

\_\_\_\_\_  
Vendor Location

\_\_\_\_\_  
FDC Circuit No.

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 1 - Business/Corporate Experience and Qualifications (Possible Points 100)</b>				
3.6		1. To what extent does the Vendor's Executive Summary provide a summary of their method of delivering the required services in conjunction with the minimum requirements and scope of services outlined in this RFP? ( <b>Poor – 5; Adequate – 10; Good – 15; Exceptional – 20</b> )	20	
3.6 3.8		2. To what extent does the Vendor's corporate qualifications and experience demonstrate that they have the required two (2) years of business/corporate experience within the last five (5) years relevant to the provision of services as outlined in this RFP? ( <b>Poor – 7.50; Adequate – 15; Good – 22.50; Exceptional – 30</b> )	30	
3.6 3.8		3. To what extent does the Vendor demonstrate experience relevant to the provision of services to offenders as described in this RFP in a community-based criminal justice outpatient substance use treatment setting, including the Vendor's experience in serving this population and the estimated total population served annually and demographics of that population? ( <b>Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25</b> )	25	
3.6 3.8		4. To what extent does the Vendor demonstrate stability in providing contractual services similar to those described in the RFP? ( <b>Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25</b> )	25	
<b>Total Points Awarded – Category 1 – Business/Corporate Experience and Qualifications</b>				_____

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 2 - Project Staff (Possible Points 200)</b>				
3.6.4.1(a)		5. To what extent does the resume for the Chief Executive Officer (or equivalent title) provide information detailing her/his corporate experience in the provision of a community-based criminal justice outpatient substance use treatment program? <b>(Poor – 2.50; Adequate – 5; Good –7.50; Exceptional – 10)</b>	10	
3.6.4.1(b)		6. To what extent does the resume for the Project Manager (or equivalent title) provide information detailing her/his ability to provide corporate responsibility for administration of any Contract for outpatient substance use treatment services as described in this RFP? <b>(Poor – 2.50; Adequate – 5; Good –7.50; Exceptional – 10)</b>	10	
3.6.4.2		7. How detailed is the Vendor’s list of all position titles in the organization that will be providing administrative oversight, support or direct services under any resulting Contract and does the list reflect the number of staff for each position who will be providing services and are these on-site positions or administrative oversight positions? <b>(Poor – 5; Adequate – 10; Good – 15; Exceptional – 20)</b>	20	
2.12.2 3.6.4.2(b)		8. How detailed is the Vendor’s monthly master program schedule and does it reflect all programmatic activities scheduled to occur each week and the time of day the activities are to occur? <b>(Poor – 5; Adequate – 10; Good – 15; Exceptional – 20)</b>	20	
2.12.2 2.12.3 3.6.4.2(c) 3.6.4.2(d)		9. To what extent does the Vendor’s staffing plan demonstrate that they will have sufficient qualified staff available on-site, to ensure proper supervision of programming, including the provision of adequate management staff on site, and written back-up plan for filling staff absences and vacancies from work for the program site? <b>(Poor – 8.75; Adequate – 17.50; Good – 26.25; Exceptional – 35)</b>	35	

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 2 - Project Staff (Possible Points 200)</b>				
3.6.4.2(e)		<b>10.</b> How sufficient is the Vendor’s prior history of staff retention, the incentives and benefits they provide to retain staff? <b>(Poor – 5; Adequate – 10; Good – 15; Exceptional – 20)</b>	20	
3.6.4.2(f)		<b>11.</b> How reasonable and realistic is the Vendor’s plan to recruit, hire, and train staff for this work under this project? <b>(Poor – 5; Adequate – 10; Good – 15; Exceptional – 20)</b>	20	
2.12.1.2 3.6.4.2(b)		<b>12.</b> How flexible are the hours of service delivery for employed offenders? Do they ensure evening and weekend service delivery? <b>(Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25)</b>	25	
1.4 2.11.2		<b>13.</b> Based on the estimated population to be served, how sufficient are the number of counselors providing services under this Contract and how clinically sound is the Vendor’s process for assigning primary counselors for outpatient substance use treatment and aftercare services? <b>(Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25)</b>	25	
3.6.4.3		<b>14.</b> To what extent does the job description submitted for the Qualified Professional clearly demonstrate the required education/ experience and job duties appropriate for the position, and a salary that is competitive for similar employment in the geographical area? <b>(Poor – 3.75; Adequate – 7.50; Good – 11.25; Exceptional – 15)</b>	15	
<b>Total Points Awarded – Category 2 – Project Staff</b>				_____

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
1.3.6 1.3.16 2.5 2.7 3.6.2.3		<p>15. Has the Vendor included the following, with their Proposal:</p> <ul style="list-style-type: none"> <li>• A copy of any interim license issued by DCF as the result of a DCF Audit;</li> <li>• A copy of a reasonable and achievable implementation plan to obtain license(s);</li> <li>• A copy of their submitted application to DCF for licensure;</li> <li>• A copy of their active Outpatient Substance Use Treatment and Aftercare license(s) with the most recent DCF site audit which received a score of 80% or higher; or</li> <li>• Proof of exemption from Section 397.4012, F.S.</li> </ul> <p>(3.75 – Poor (Vendor’s score, if they hold an interim license);            7.50 – Adequate (Vendor’s score, if they are unlicensed with a reasonable and achievable plan to obtain required licenses);            11.25 – Good (Vendor’s score, if a copy of a submitted application for outpatient and aftercare is attached to the Proposal);            15.00 – Exceptional (Vendor’s score, if they have an active license and their most recent DCF audit score is 80% or greater, or proof of exemption is attached)</p>	15	
2.2.3 2.18.2 2.19.4 3.6.2.3		<p>16. How sufficient is the Vendor’s ability/plan to acquire/maintain appropriate Outpatient Substance Use Treatment and Aftercare licensure, and does it comply with the requirements and standards of Chapter 65D-30, F.A.C. (Licensing Standards)? (Poor – 1.25; Adequate – 2.50; Good – 3.75; Exceptional – 5)</p>	5	
2.7.3.1		<p>17. To what extent does the Vendor have an achievable, detailed procedure in place for processing, tracking, and maintaining referrals? Are the procedures reasonable and manageable? Does this procedure include timeframes? (Poor – 1.25; Adequate – 2.5; Good – 3.75; Exceptional – 5)</p>	5	



RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
2.7.3.1.3 2.11.1		18. How comprehensive and detailed is the description of the Vendor's screening process and does the Vendor provide information on the required timeframes, quality/validity of screening tools being utilized, and/or methods utilized to determine appropriateness for admitting or excluding offenders from programs?? How will offenders who do not meet the criteria for outpatient or aftercare services be handled? <b>(Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25)</b>	25	
2.7.3.3 2.18.1.b		19. How comprehensive is the Vendor's detailed written description of their discharge planning process for successful, unsuccessful or administrative discharges. Does it include specific criteria for each type of discharge? Does it include meeting the timeframes for probation officer notification and does it specify what is required in the discharge summary? <b>(Poor – 2.5; Adequate – 5.0; Good – 7.5; Exceptional – 10)</b>	10	
2.7.3.3		20. How comprehensive, reasonable and attainable are the activities the Vendor will provide to offenders to ensure quality programming in order to meet or exceed a successful discharge completion rate of 52% or higher? <b>(Poor – 7.5; Adequate – 15; Good – 22.5; Exceptional – 30)</b>	30	
2.7.3.4 2.11.3		21. How comprehensive is the Vendor's detailed description of their plans for collecting, recording receipts, and maintaining records for offender payments? Does the Vendor include notification to the supervising probation officer of missed payments and do they indicate any consequences for offenders who fail or refuse to pay for services? <b>(Poor – 1.25; Adequate – 2.50; Good – 3.75; Exceptional – 5)</b>	5	

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
2.9 2.9.1 2.9.2 2.9.3		22. How comprehensive is the Vendor's understanding and detailed description of the required program characteristics, i.e., attributes, risk behavioral interventions and evidenced-based practices, to include the use of trauma-informed approach and interventions, and is it clear how the Vendor's substance use treatment and aftercare programs will meet these required program characteristics? (Poor – 6.25; Adequate – 12.5; Good – 18.75; Exceptional – 25)	25	
2.11.1 2.11.8 2.18.3.2 2.18.2		23. How comprehensive is the Vendor's written plan to meet performance measures as they are described in this RFP? (Poor – 2.5; Adequate – 5.0; Good – 7.5; Exceptional – 10)	10	
2.11.3		24. How detailed is the Vendor's written description of the Orientation of offender's process, to include when it occurs and what is included in accordance with the requirements of the RFP? (Poor – 2.5; Adequate – 5.0; Good – 7.5; Exceptional – 10)	10	
2.11.3.e 2.13.4 2.13.5		25. How sufficient are the Vendor's emergency operations procedures, client grievance procedure, and medical emergency procedures? Do they ensure the safety of the client and protect the client rights? (Poor – 1.25; Adequate – 2.5; Good – 3.75; Exceptional – 5)	5	
2.11.4		26. How sufficient is the detailed description of the Vendors psychosocial and medical history assessment process, including areas assessed, narrative summary, diagnosis and timeframes within which the assessment should be completed? Does the psychosocial assessment include the components as prescribed in Chapter 65D-30, F.A.C.)? (Poor – 3.75; Adequate – 7.50; Good – 11.25; Exceptional – 15)	15	

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
2.11.5 2.11.7		27. How sufficient is the Vendor’s overall written description of the treatment planning process, including initial and individualized treatment plans and treatment plan reviews. Does the description specify appropriate cognitive behavioral and risk reduction interventions that will be utilized to meet the individualized goals and objectives? Is the individual treatment plan a part of the treatment process? Are the treatment plan reviews conducted individually and include timeframes for reviews? (Poor – 7.50; Adequate – 15; Good – 22.50; Exceptional – 30)	30	
2.11.6		28. To what extent does the Vendor’s described approach to individual counseling sessions meet the requirements of the RFP and reflect sound clinical practice? (Poor – 3.75; Adequate – 7.50; Good – 11.25; Exceptional – 15)	15	
2.11.7		29. How sufficient is the Vendor’s detailed description of the Treatment Plan Review process; does it include the timeframes, length of time for review, who participates in the review, and the purpose of the treatment plan review? (Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25)	25	
2.11.8		30. How sufficient is the Vendor’s detailed description of the RFP requirement for group counseling services for outpatient substance use service offenders, and does it include their understanding of the types and frequency for groups on an individual basis for a participant, length of group sessions, group size, evidence based curriculum to be utilized, if applicable, and credentials of group facilitators? (Poor – 6.25; Adequate – 12.50; Good – 18.75; Exceptional – 25)	25	

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
2.11.9		31. How sufficient and clinically appropriate is the Vendor's description of how progress notes will be formatted, the content to be provided in the progress note, how often they will be recorded, by whom and where they will be kept? Does the Vendor's description include the importance of the progress notes being individual to each offender, and how the primary counselor will record the offender's progress or lack of progress in the program? <b>(Poor – 3.75; Adequate – 7.5; Good – 11.25; Exceptional – 15)</b>	15	
2.11.10		32. How sufficient is the quality, based on sound clinical practice, use of evidenced- based practices, risk behavior interventions, requirements of the RFP, and applicable research of the Vendors aftercare program, including the development of individualized aftercare plans and regular review of the plans? <b>(Poor – 12.5; Adequate – 25; Good – 37.5; Exceptional – 50)</b>	50	
2.11.10		33. How sufficient is the Vendor's written description of the aftercare group services to be provided to offenders in need of these services, including the group times, size and types of groups that will be provided? <b>(Poor – 3.75; Adequate – 7.5; Good – 11.25; Exceptional – 15)</b>	15	
2.11.11 2.18.1.2 3.6.5		34. If the Vendor chooses to utilize alcohol and drug-screening and testing as a part of their treatment protocol, how detailed is the description of how they will incorporate this process into their program in accordance with this RFP? <b>(Poor – 2.5; Adequate – 5.0; Good – 7.5; Exceptional – 10)</b>	10	
2.11.12		35 How sufficient is the Vendor's written description of the provision of ancillary services to offenders, when applicable, and what services will they provide or refer to other Vendors, and do they include how these services will be described in the Individual Treatment Plan? <b>(Poor – 2.5; Adequate – 5.0; Good – 7.5; Exceptional – 10)</b>	10	

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
2.11.13		36. How comprehensive is the Vendor's written description of their clinical supervision plan for staff involved in the delivery of services as described in this RFP, to include monthly chart review, a plan for delivery of clinical supervision to clinical staff, the number of hours' staff will receive clinical supervision, and how frequently the clinical supervisor will be on-site? <b>(Poor – 5; Adequate – 10; Good – 15; Exceptional – 20)</b>	20	
2.13.1 2.13.2 2.13.3 2.13.4 2.13.5		37. How comprehensive are the Vendor's operational procedures and are they applicable to the services provided? Are the client placement procedures, reasonable and do they comply with the Department's requirements? Are they sufficient for offenders under supervision? <b>(Poor – 1.25; Adequate – 2.5; Good – 3.75; Exceptional – 5)</b>	5	
2.18 2.18.3.1-4 2.18.3.4 2.18.3.5 2.18.3.6 2.18.3.7 2.18.3.8		38. How sufficient is the Vendor's process to ensure they will meet the reporting requirements in this RFP, and does the process include the methodology for complying with each of these requirements? <b>(Poor – 2.5; Adequate – 5.0; Good – 7.5; Exceptional – 10)</b>	10	
2.18.1.8 2.25 3.6.5		39. Based on the overall comprehensiveness of the Vendor's proposal, how sufficient is their ability to start up the program and provide all the services required in the RFP on the date services are required, as per the location they are submitting a Proposal for? <b>(Poor – 7.50; Adequate – 15; Good – 22.50; Exceptional – 30)</b>	30	

RFP Section Reference	Page Number(s) Information is Included (To be Completed by Vendors)	EVALUATION CRITERIA	Total Possible Points	Points Awarded (To be Completed by Evaluators)
<b>Category 3 - Service Delivery Approach (Possible Points 450)</b>				
2.14 3.6.5		<b>40.</b> How beneficial to the program are the value-added services? Are the services or programming, in which the Vendor is offering, in addition to the minimum service requirements and specifications of the RFP? Does the Vendor demonstrate an understanding of the fact that value added service are offered at no cost to the Department? <b>(Poor – 1.25; Adequate – 2.5; Good – 3.75; Exceptional – 5)</b>	5	
2.19 2.21		<b>41.</b> How sufficient is the Vendor’s detailed description as it pertains to their understanding of Financial Consequences, in reference to, not meeting the Performance Measures as described in this RFP? <b>(Poor – 6.25; Adequate – 12.5; Good – 18.75; Exceptional – 25)</b>	25	
<b>Total Points Awarded – Category 3 – Service Delivery Approach</b>				_____

**SUBTOTAL OF TECHNICAL POINTS AWARDED:**

CATEGORY 1 \_\_\_\_\_ CATEGORY 2 \_\_\_\_\_ CATEGORY 3 \_\_\_\_\_

EVALUATOR’S NAME: \_\_\_\_\_

EVALUATOR’S SIGNATURE: \_\_\_\_\_

**COST POINTS WILL BE DETERMINED BY THE OFFICE OF FINANCIAL MANAGEMENT, BUREAU OF PROCUREMENT**

The Cost Information Sheet, with the lowest verified grand total cost points will be awarded 250 points. All other Cost Proposals will receive points according to the following formula:

$$(N / X) \times 250 = Z$$

Where: N = Lowest Grand Total Weighted Price received by any Proposal, per Location  
X = Vendor’s Grand Total Weighted Price  
Z = Cost Points Awarded

The Department may reject any proposal not submitted in the manner specified by the solicitation documents.

**COST POINTS AWARDED:** \_\_\_\_\_

FDC Representative Calculating Cost Points:

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

**FINAL SCORE (Total of Technical & Cost Points):** \_\_\_\_\_

FDC Representative calculating the Final Score:

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

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**EXHIBIT A  
CIRCUIT 4**



**FLORIDA DEPARTMENT OF CORRECTIONS**

**Bureau of Readiness and Community Transition  
Quality Assurance Comprehensive Program Review  
Outpatient Substance Abuse Treatment Program**

**Program Name: Discount Counseling Network Monitoring Site Visit Date: 4-12-17**

**Program Evaluation Period 2016-2017 Monitoring Report Date: 7-10-17**

**Facility: Discount Counseling Network 4424 NW 13<sup>th</sup> St., C-11, Gainesville, FL 32609**

**Bureau Chief: Kim Riley**

**Contract Number: C2823**

**Contractor: Discount Counseling Network**

**Program Director: Roy Duenas**

**Program Reviewer(s) Amy Vanness-Program Manager, Annette Delifus-Assistant Bureau Chief of Readiness and Community Transition, Ken Anguish-Operations Manager Bureau of Contract Management and Monitoring, Deborah Barron-OMC Manager Bureau of Contract Management and Monitoring, and Suzanne Land- OMC Manager Bureau of Contract Management and Monitoring**

**Narrative of Comprehensive Program Review:**

On 4-12-17, Department of Corrections staff from the Bureau of Readiness and Community Transition and Bureau of Contract Management and Monitoring conducted an unannounced visit to Discount Counseling Network's Administrative Office at the following locations: 4424 NW 13<sup>th</sup> St. Suite C-11, Gainesville, FL 32609 and 355 E. Monroe St. Suite 1, Jacksonville, FL 32202. The purpose of the visit was to review files, observe groups, and monitor contract compliance. Thirteen (13) active files were reviewed, [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] Four (4) inactive tiles were reviewed, [REDACTED]  
[REDACTED] The results of our visit revealed the following issues:

- No documentation of value added services
- Progress reports need more detail.
- Progress notes need more substance, they were too generic, need to address individuals' progress.



- Individual treatment plans need more substance and not just a check list.
- [REDACTED] file did not have an individual treatment plan.
- Insufficient staff to cover for counselors when they are out.
- Went to 5:00pm group and Administrative Assistance Krista Iannaccone stated the group was canceled, because the counselor was sick. The 6:15pm group was canceled too because the counselor was sick. No coverage.
- Money was taken from the offenders at the 5:00pm group even though group was canceled (Ms. Iannaccone stated the offenders would get a credit).
- [REDACTED] was recommended for 32-53 sessions but no sound justification as to why.
- No process in place if the offender needs individual counseling. Mr. Duenas stated they do not provide individual counseling.
- Sign-in sheets need group start time and counselor's name.
- The assessments in the files were outside the ten (10) day timeframe [REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED] DC5-404 exceeded the three (3) day time frame (discharged 4-5-17 sent 4-12-17).
- Multiaxial Assessments were not individualized [REDACTED]  
[REDACTED]
- No documentation in the file that the written discharge summary on [REDACTED] was submitted to the probation officer within the required ten (10) day time frame.
- Treatment plan reviews just consisted of receipts. No substance.
- No documentation in the file that the Clinical Summary and initial treatment plan was sent to the probation officer within ten (10) day timeframe [REDACTED]  
[REDACTED]

After reviewing the files, Annette Delifus and Amy Vanness had an exit interview with Mr. Duenas. Issues were clarified regarding the evaluation dates and what documentation is required on the DC5-404 for readmissions. Mr. Duenas stated he does provide value added services but there was no documentation in the files. He stated he would keep documentation from that point on regarding the value added services he provides. It was also explained to Mr. Duenas that his progress notes, progress reports, treatment plans and treatment plan reviews need to be individualized for each offender and have more substance. In addition, Mr. Duenas was told if he had any issues or concerns that he should contact Amy Vanness.

After visiting the Administrative Office in Gainesville, FL, Amy Vanness and Annette Delifus went to 355 E. Monroe St. Suite 1, Jacksonville, FL 32202 to attend the 5:00pm group. Upon arriving at the group location, it was discovered there was no group occurring. Contact was made with Administrative Assistant Kristi Iannaccone. She stated the counselor called in sick so Discount Counseling had to cancel 5:00pm group, but the 6:00pm group is still scheduled. According to the sign-in sheet for the 5:00pm group [REDACTED]  
[REDACTED]  
[REDACTED] all signed in. Each Co-pay offender paid \$10.00 for the 5:00pm canceled group. When questioned why the offenders paid when the 5:00pm group was canceled, Ms. Iannaccone stated the offenders would get a payment credit towards another group. She went on to state since the counselor was sick, she was not sure if the next group would occur on schedule or not. Ms. Delifus attempted to attend the 6:15pm group on this date. Upon her arrival (6:18pm), Ms. Iannaccone was preparing to leave the facility. Ms. Iannaccone stated the 6:15pm group was canceled, and the offenders had already left.

Based on what was presented to Ms. Delifus, [REDACTED] signed in for the 6:15pm group and paid another ten (\$10.00) dollar co-pay. Due to both groups being canceled, there were no groups sessions observed during the site visit. However, when the invoice for April 2017 was received by Department of Corrections Contract Manager Sarah McDonald, it was discovered that the vendor charged for group services on 4-12-17 (5:00pm group) for [REDACTED]. In addition, the Department was charged for the canceled 6:15pm group for the following offenders: [REDACTED]. Contract Manager Sarah McDonald removed these charges from the invoice. There is a discrepancy between the start times of group at the 355 E. Monroe St., Jacksonville, FL 32202 location. Ms. Iannaccone stated group started at 6:00pm but based on an email received from Mr. Duenas on 3-29-17 that group started at 6:15pm.

**Yes Quality Improvement Strategy Required**  
**Quality Improvement Strategy Not Required**  
**8-10-17 Quality Improvement Strategy Due Date**

ENVIRONMENT	COMMENTS
<p>1. Does the Contractor provide outpatient substance abuse treatment and aftercare services in a clean, safe facility that is assessable to offenders and are the services offered at varied times that are convenient to offenders who are employed? Are services being provided during the day, evening and on weekends?</p>	<p><b>No, the 5:00pm and 6:15pm groups were canceled at the 355 E. Monroe Street, Jacksonville, FL. There was no back-up plan to cover for the counselor that called in sick.</b></p>
<p>2. In observing the facility, is there adequate space for program activities including group rooms that can accommodate all group activities (role playing and other group activities), and space for intake, screening, assessment and individual counseling?</p>	<p><b>There is adequate space for group activities. (355 E. Monroe Street, Jacksonville, FL)</b></p>
<p>3. Does the facility appear to be a positive, engaging environment with posters, pictures, etc. on the walls which would encourage offenders to continue working on their issues in order to become positive, law abiding citizens?</p>	<p><b>The location appeared to be a positive environment.</b></p>

4. Is the facility in a location that is accessible, convenient and suitable for the provision of these services to the offender? Is it convenient to local transportation and other resources the offender may require?	<b>The location was accessible and convenient.</b>
5. Is the facility set up to allow offenders to feel that their confidentiality rights are protected, and it is accessible for offenders with disabilities?	<b>Yes. The location is large enough to allow for confidentiality and accessible for offenders with disabilities.</b>
<b>STAFFING</b>	<b>COMMENTS</b>
6. Are staffing schedules flexible and able to meet the programming needs of the offenders and provide services throughout the day, night, and weekends, in order to provide quality programming and oversight of all offenders?	<b>No. The staffing schedule was not provided and there was no back-up plan to cover for the counselor that called in sick on 4-12-17.</b>
7. If the program has several sites, does the staffing schedule have a clear indication of the counselors providing services at each site and the times they are required to be providing these services? Ensure that if a counselor is scheduled to be at one site in the morning and another site in the afternoon, that there is sufficient time for travel in order to arrive in time to provide the services as scheduled.	<b>No. The staffing schedule was not provided and there was no back-up plan to cover for the counselor that called in sick on 4-12-17.</b>
8. The Contractor should have sufficient staff and a quality mechanism in place to ensure that there will be no waiting lists for assessments or treatment services and that there are no services to offenders being canceled, postponed, or rescheduled due to the absence of staff.	<b>No. On 4-12-17 the 5:00pm and 6:15pm groups were canceled because there was no mechanism in place to provide services if the counselor calls in sick.</b>
9. Is there evidence that there is quality supervision being provided by a qualified professional?	<b>Yes, Regis Gates is the qualified professional and he did sign-off on reviewed offenders' files.</b>
10. Are the clinical staff (counselors) and clinical director/supervisor knowledgeable in the provision of outpatient substance abuse treatment and aftercare services? What evidence is there to substantiate this conclusion?	<b>There were no clinical staff observed during the site visit since the groups were canceled. However, the weekly progress notes that were reviewed are the same for each offender and were not individualized.</b>
11. Does the staff appear to have a vested interest in the program and in providing quality services to the offenders? Does the staff's attitude appear positive and do they seem helpful toward the offenders? What are some examples of observations made regarding vested interest, attitude, and helpfulness?	<b>There was no interaction between offenders and staff since the 5:00pm and 6:15pm groups were canceled.</b>
12. Are the counselors providing "real life" situations for discussion and involving all offenders in each group session or are they just baby-sitting clients with movies, and with discussion that have no relationship to quality programming?	<b>There were no groups observed since the 5:00pm and 6:15pm groups were canceled.</b>
13. Does the program have a large turn-over in staff and if so, what quality mechanisms do they have in place to retain staff?	<b>Of the personnel files reviewed, it did not appear there is a high turn-over rate with staff.</b>
<b>ADMINISTRATION</b>	<b>COMMENTS</b>
14. In reviewing discharge summaries and progress notes, do they appear to be individual for each client or are they basically the same for all offenders, i.e., cookie cutter versions?	<b>No. Each of the three (3) files reviewed contained the required discharge summaries.</b>

	<b>However, the progress notes that were provided by Mr. Duenas were the same for each offender and were not individualized.</b>
<b>15.</b> Are unsuccessful discharges showing a trend as to why offenders are being discharged unsuccessfully, i.e., rule violations, using substances, absences, etc? Is the program tracking these discharges and what quality assurance mechanisms do they have in place to handle these trends and to increase successful discharges?	<b>No. On 5-16-17 via email, Mr. Duenas said they do not track discharges because the Florida Department of Corrections does that.</b>
<b>16.</b> Does the grievance log indicate there is a trend as to the type of grievances being written, i.e., grievances regarding program services, staff, or rules? Is the program tracking the types of grievances being submitted and what quality assurance mechanisms to they have in place to handle these trends?	<b>No. According to the email dated 5-16-17, there have been no grievances in the past five (5) years.</b>
<b>17.</b> Is there a mechanism in place to ensure sign-in, collection of fees and other administrative duties are not being conducted during the time allowed for the provision of services?	<b>Ms. Iannaccone was observed conducting administrative duties but group was canceled.</b>
<b>18.</b> Has the Contractor implemented quality mechanisms in the area of staff development, i.e., on-going training, clinical supervision and peer reviews?	<b>No. According to the email dated 5-16-17, there was no documented staff training for the past year. Mr. Duenas stated the only training staff received was from the CEU required to maintain the Clinical Supervisor/Counselor license(s).</b>
<b>PROGRAMMING</b>	<b>COMMENTS</b>
<b>19.</b> Is the Contractor's program designed in such a manner that intake, assessment, individual counseling, group counseling, discharge planning and aftercare services are sensitive to the offender's unique characteristics, issues and needs?	<b>No. The individual treatment plans that were in the files reviewed were generic and consisted of check boxes.</b>
<b>20.</b> Does the Contractor's program assess cultural needs, level of motivation for treatment, stage of change, functional capacity to participate in the program, cognitive abilities, and learning style?	<b>No. The multiaxial assessments and individual treatment plans were generic and consisted of check boxes.</b>
<b>21.</b> Does the design and service delivery plan of the Contractor's program demonstrate sensitivity to the vulnerabilities of offenders who are trauma survivors and does it protect them from experiencing additional trauma?	<b>No. The counselors could not be observed because the groups were canceled. Consequently, it is unknown if the service plan delivery is sensitive to trauma survivors.</b>
<b>22.</b> Has the Contractor implemented individual and group programming that teaches offenders to anticipate and monitor problem behaviors, to plan and rehearse alternatives to problem behaviors, to practice alternatives to problem behaviors, and to practice behaviors in difficult situations or scenarios? Are these activities listed on the offender's individual treatment plan and occurring during the offender's participation in the program?	<b>No. Mr. Duenas stated they do not provide individual counseling sessions. The individual treatment plans in the files reviewed were generic.</b>
<b>23.</b> Is the evidence-based curriculum that the Program is using appropriate for the offender population and is it consistent with the research on effective correctional treatment programs? (See Below)	<b>No. The curriculum provided on 4-12-17 consisted of three (3) pages that discussed the topics</b>

<ul style="list-style-type: none"> <li>• Is it cognitive-behavioral in nature, which includes taking a strengths-based perspective, and using positive reinforcement contingencies for pro-social behavior?</li> <li>• Does it incorporate social-learning practices?</li> <li>• Does it target a wide-range of offender criminogenic attributes?</li> <li>• Does it match key offender characteristics and learning styles with relevant counselor characteristics and program features?</li> <li>• Is it implemented by well-trained, supervised staff who receive performance monitoring and on-going training?</li> <li>• Does it have a strong quality improvement component that ensures fidelity to the treatment model and the chosen curricula?</li> </ul>	<p><b>for each week of the program. The groups were canceled so the counselors were not observed utilizing the curriculum.</b></p>
<p align="center"><b>Screening, Orientation, Initial Treatment Plan</b></p>	<p align="center"><b>COMMENTS</b></p>
<p><b>24.</b> Is the screening for outpatient substance abuse treatment or aftercare services being used to determine the offender’s appropriateness and eligibility for services, the level of services needed and any other disposition?</p>	<p><b>No. The recommendations are generic and consist of check boxes.</b></p>
<p><b>25.</b> Is the Contractor documenting the rationale for their recommendations for the offender? If treatment services are not recommended, is there sufficient documentation as to the reason why treatment was not recommended?</p>	<p><b>No. The recommendation consisted of check boxes and pre-typed form. Some of the assessment recommendations were the same except for the number of groups required. [REDACTED]</b></p>
<p><b>26.</b> Upon determination of an offender’s appropriateness for the program, a primary counselor is assigned to the offender and an orientation is provided. To ensure the integrity of treatment services, is the Contractor’s orientation process supportive of the offender’s right to confidentiality, receipt of a description of the services to be provided, understanding of any applicable fees, information on client rights and the grievance procedures, program rules, and program expectations?</p>	<p><b>Yes. The orientation procedure was appropriate. The grievance procedure, program rules and expectations were explained.</b></p>
<p><b>27.</b> Does the Contractor develop an initial treatment plan for the offender immediately after the orientation in order for a treatment plan to be in place until the Individual Treatment Plan is developed? Is this a generic plan that suits all offenders?</p>	<p><b>No. The files reviewed contained the required initial treatment plan but the plans lacked substance.</b></p>
<p align="center"><b>Individual Counseling, Assessment, Individual Treatment Plan and Aftercare Plan and Treatment Plan Review</b></p>	<p align="center"><b>COMMENTS</b></p>
<p><b>28.</b> Does it appear that the Contractor understands that the purpose of the individual counseling session is to complete the assessment and the individual treatment plan with a minimum of 45 minutes?</p>	<p><b>No. Mr. Duenas stated they do not provide individual sessions. The files reviewed contained the assessment. However, the individual treatment plans were generic and need more substance.</b></p>
<p><b>29.</b> Is the Contractor’s Psychosocial Assessment a series of evaluative measures designed to identify the behavioral and social factors involved in substance abuse and its symptoms, and is it used in the determination of placement and the development of the treatment plan?</p>	<p><b>No. The psychosocial assessments did aid in the development of the treatment plans. However, the treatment plans were not individualized.</b></p>

30. Is the information obtained in the Contractor's Psychosocial Assessment sufficiently detailed in order to determine the DSM-V diagnosis? Does the Contractor provide any quality training to new staff to ensure their understanding and increase their knowledge of counseling skills and completion of required documentation?	<b>No. The files reviewed did contain a diagnosis. According to the email dated 5-16-17 there has been no new training this year.</b>
31. Does the individual treatment plan involve the information derived from the psychosocial assessment and it is individualized?	<b>No. The individualized treatment plans are not customized to the offender. The treatment plans that were reviewed consisted of check boxes.</b>
32. Does the individual treatment plan clearly list agreed upon goals, objectives and identified measures for each individual offender?	<b>No. The individualized treatment plans reviewed were generic and did not contain clear objectives or goals.</b>
33. If the individual treatment plan indicates a frequency of one (1) group per week, has the rationale for only one (1) group been clearly documented in the treatment recommendation?	<b>No. The individualized treatment plans reviewed were check boxes that did not contain rationale for only one (1) group per week.</b>
34. In the individual treatment plans, are criminogenic issues identified and clearly addressed, specific to the individual?	<b>No. The individualized treatment plans reviewed mention criminogenic needs but were not individualized.</b>
35. If there is a need for ancillary services, it is clearly addressed in the Individual Treatment Plan and how are these services being provided?	<b>No. The individualized treatment plans in the files reviewed were not individualized and therefore it is unknown if ancillary services were needed.</b>
36. If aftercare services are indicated, has the aftercare plan been developed which outlines goals to be accomplished to include group sessions and treatment plan reviews every 90 days?	<b>No aftercare services were identified in the discharge summaries that were reviewed.</b>
37. Are the Contractor's written individual treatment plans consistent with best practices used in the substance abuse field?	<b>No. The treatment plans need more substance and individualization.</b>
38. In observing a Treatment Plan Review session, is the counselor reviewing the treatment plan with the offender and discussing their progress or the lack of progress, including updating the individual's treatment plan, if needed?	<b>No, based on to Mr. Duenas statement and documentation of the treatment plan reviews which only consisted of a signed receipt. There needs to be more information regarding the offender's progress in treatment.</b>
<b>Groups</b>	<b>COMMENTS</b>
39. Is the Contractor appear aware of the trends in the substance abuse community in respect to the difference group models and what appears to work best?	<b>No. The documentation in the clinical files reviewed consisted of generic individualized treatment plans, progress reports lacking detail and progress notes that failed to notate what occurred in group with each offender. The</b>

	<b>progress notes just described the lesson for the day.</b>
<b>40.</b> The Contractor should have the ability and be offering various types of group counseling services in order to provide each offender with the clinically appropriate services which is reflected in the individual treatment plan.	<b>No. The individual treatment plans were generic. The groups that were going to be observed were canceled.</b>
<b>41.</b> Are the group counseling sessions for both outpatient substance abuse treatment and aftercare utilized to treat substance abuse related disorders, relapse prevention, and address the criminal thinking behaviors of the offenders?	<b>No. The curriculum sheets provided do indicate various criminal thinking patterns are addressed during groups, including anger, confidence, and maladaptive thoughts. However, the groups on 4-12-17 were canceled. There was no back-up plan to cover for the counselor that called in sick.</b>
<b>42.</b> Does it appear the process group has elements of structure, rational authority and clinical fidelity?	<b>No. The groups that were going to be observed were canceled.</b>
<b>43.</b> When observing a group session does it appear the counselor is facilitator for the group while the offenders are actively engaged in the group process? Do the offenders appear interested in what is going on and are they fully involved and participating? If not, what quality mechanism, training, etc. does the	<b>No. The groups on 4-12-17 were canceled due to the counselor being ill. There was no back-up plan to cover for the counselor that called in sick.</b>
<b>44.</b> In the process group is there a clinical fidelity with regard to the group opening, process topic and closure?	<b>No. The groups on 4-12-17 were canceled due to counselor illness. There was no back-up plan to cover for the counselor that called in sick.</b>
<b>45.</b> Are the groups not exceeding 20 offenders and are they approximately 60 minutes in length?	<b>No. The groups on 4-12-17 were not observed due to the groups being canceled. There was no back-up plan to cover for the counselor that called in sick.</b>
<b>Progress Notes</b>	<b>COMMENTS</b>
<b>46.</b> Are the offender's progress notes being recorded at least weekly and do they document the offender's individualized progress or lack of progress toward meeting their treatment plan goals and objectives? What mechanisms does the Contractor have in place to motivate offenders who do not appear to be involved or participating in the program?	<b>No. The progress notes reviewed consisted of statements describing the topic for group and were not individualized.</b>
<b>OVERALL ASSESSMENT</b>	<b>COMMENTS</b>
<b>47.</b> Based on observations and reviews of the program, do you feel this Outpatient Substance Abuse Treatment Services Program is providing quality programming to the offenders?	<b>No, not at this time. There is documentation regarding treatment but it is very generic and not individualized. There is no mechanism in place to prevent the cancelation of groups when counselor(s) are ill. The vendor billed the Department of Corrections and charged the offenders for groups on 4-12-17 that were canceled.</b>

**Distribution:**

**Contractor**

**Contract Manager**

**Chief, Bureau of Readiness and Community Transition**

**Circuit Administrator**



**CIRCUIT 4**  
**Florida Department of Corrections**  
**Contract Monitoring Tool**

<b>Contractor Name:</b> North South Florida Drug Rehabilitation, Inc.							<b>Contract #:</b> C2827		
<b>Service Description:</b> OPSAP and Aftercare Services							<b>Contract Monitor:</b> Ken Anguish, Suzanne Land and Deborah Barron		
<b>Region/Facility Reviewed:</b> 515 North Washington Street, Jacksonville, FL 32202 / 911 S. 13th St., Fernandina Beach, FL 32034							<b>Date of Review:</b> 04/11/17		
<b>Exit Interview Conducted with Contractor/Representative:</b> Michael Jones							<b>Number of files reviewed:</b> Active 06 - Closed: 02		
CONTRACT REQUIREMENT	CONTRACT REFERENCE	Rating					Rating Determination	REMARKS Briefly explain ratings of 2 or less	
		Explain		Fully Met Requirements 75-89%	Exceed Requirements 90% or better	Not Applicable			
		Unacceptable 59% or Below	Conditionally Acceptable 60-74%						
1	2	3	4	N/A	I = Interview O = Observation D = Documentation				
<b>PROGRAM OPERATIONS</b>									
1	Is the contractor providing services at the Department's approved site(s) for the provision of outpatient substance abuse and treatment and aftercare services in accordance with the terms and conditions of this contract?	II. H. 1., page 5					X	O,D	
2	Does the contractor conduct services at times accessible and convenient to offenders and be reasonably flexible in scheduling assessments, group sessions and individual sessions in order to accommodate offenders' work schedules?	II.H. 4., page 6					X	I,O,D	
3	Does the contractor require each offender to sign an attendance report/sign-in sheet for verification of attendance at each treatment event, and the attendance report/sign-in sheet for each treatment event is maintained on-site and made available to the Contract Manager or designee upon request?  Note: The attendance report/sign-in sheet shall identify the offender's name and DC number, the date, time, duration, place of the treatment event and the treatment counselor facilitating the treatment event.	II. J., page 9	X					D	The attendance sheets reviewed did not identify the time or the treatment counselor.
4	Does the contractor have a written, indexed system of operating procedures that is descriptive of services required, reporting and notifications, and the population served? At a minimum, the operating procedures shall include the following: 1. <u>Program Operating Procedures</u> 2. <u>Quality Assurance Plan</u> 3. <u>Emergency Medical Services Plan</u> 4. <u>Plan for Universal Infection Exposure Control</u> - The plan shall be approved and reviewed annually by a medical director or consulting physician. The plan shall be in compliance with Chapters 381 and 384, F.S., and Rules 64D-2 and 64D-3, F.A.C. The Plan should include the following universal infection control services: a. Risk Assessment and Screening; b. HIV and TB Testing; and c. Reporting of communicable diseases in accordance with Rule 65D-30.004(9)(b)(3). 5. <u>Universal Infection Control and Education Requirements for Employees and Clients</u> 6. <u>Grievance Procedure</u> 7. <u>Emergency Operations Procedure</u>	II. L., 1-7, pages 17-18					X	D	The 2016 Annual Infectious Control Procedure training for staff was not available for review.

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1	2	3	4	N/A	I = Interview O = Observation D = Documentation				
<b>CLINICAL RECORD REVIEW</b>									
1	Does the contractor ensure that prior to entrance into the program, each offender screened for admission to the treatment program has a Community Supervision Program Referral Form (DC5-404) with Section I filled out on his or her behalf by the Department?	II. I. 1., page 6				X		D	
2	Does the contractor ensure that prior to services being rendered, offenders sign appropriate releases, including releases that allow the Department access to all program information and alcohol and drug screening and testing results?	II. I. 1., page 6				X		D	
3	Does the contractor, upon the offender's admission to the program, complete Section II of the DC5-404 form and forward a copy of the form or its electronic equivalent to the Department's designated staff for data entry within three (3) calendar days of the offender's admission to the program?  Note: The original form and a copy will be retained by the contractor.	II. I. 2., page 6				X		D	
4	Does the contractor, upon discharge of the offender from the program, complete Section III of the DC5-404 form and submit the original form or its electronic equivalent to the Department's designated staff within three (3) calendar days of the offender's discharge from the program, and retain a copy for the offender's clinical file?	II. I. 2., page 7	X					D	Section III of DC5-404 reviewed for [REDACTED] were not complete or submitted in the required time frames.
5	Does the contractor prepare a written Discharge Report for each offender discharged from the program, and submit the discharge report to the offender's Probation Officer within ten (10) calendar days of discharge?  Note: This discharge report must specifically state under what status the offender was discharged from the program (successful, unsuccessful, or administrative), must identify any ancillary programs the offender participated in while in the treatment program, and must outline an aftercare plan and/or further treatment recommendations.	II. I. 4., page 7	X					D	Discharge reports for [REDACTED] were not complete or submitted to the Probation Officer in the required time frames.
6	Does the contractor provide a receipt to the offender for each payment?	II. I. 5., page 8				X		D	

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		Unacceptable 59% or Below	Conditionally Acceptable 60-74%						
1	2	3	4	N/A	I = Interview O = Observation D = Documentation				
7	Intake Screening: Does the contractor screen the offender within ten (10) calendar days of receipt of the Department's referral to determine the offender's appropriateness and eligibility for substance abuse treatment services and the level of services needed, or other disposition?	II. J.1., pages 9-10	X					D	Intake screening for [REDACTED] was not completed within the required time frames.
8	Orientation and Initial Treatment Plan: Does the contractor develop an initial treatment plan in accordance with Rule 65D-30, F.A.C. and any revisions/updates thereof?	II. J.2.,page10			X			D	The initial treatment plan for [REDACTED] was not on file. The initial treatment plan for [REDACTED] incorrectly identifies the female offender as a 36 year old male.
9	Does the contractor provide a written narrative summary of the screening and a copy of the Initial Treatment Plan, to the Probation Officer within ten (10) calendar days of the Contractor's first contact with the offender?	II. J.2.,page10		X				D	The required information for [REDACTED] was not submitted in the required time frames.
10	Does the contractor complete the Individual Treatment Plan in accordance with the requirements and timeframes specified in Rule 65D-30, F.A.C.?  Note: The individualized treatment plan should minimally address the offender's substance use, criminal thinking, correctional supervision and financial responsibilities for treatment services.	II. J.4., pages 10-11				X		D	
11	Does the contractor provide one (1) individual counseling session to each offender within the first thirty (30) days of program entry for the purposes of assessment and individualized treatment plan development?  Note: After the first thirty (30) days provision of individual counseling sessions, if deemed clinically necessary, must be approved in advance and in writing by the Contract Manager or designee.	II. J. 6., page 11			X			D	There was no documented individual counseling session on file for [REDACTED]
12	Does the contractor ensure that all substance abuse clinical charts are reviewed, signed, dated and credentialed by the qualified professional in accordance with Rule 65D-30, F.A.C. and Chapter 397, F.S. ?	II. J. 12., page 13				X		D	

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1	2	3	4	N/A	I = Interview O = Observation D = Documentation			
<b>CONTRACTOR 'S SELF-CERTIFICATION OF COMPLIANCE</b>								
1	Does the contractor purchase any articles which are subject of, or required to carry out this contract from PRIDE, identified under Chapter 946, Florida Statutes, in the same manner and under the procedures set forth in Section 946.515(2) and (4), F.S.? <b>Refer to PRIDE's website below: (Click on the link)</b>	VII. B 1., page 31					N/A	D
	<a href="http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/state_contracts_and_agreements/pride/pride">http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/state_contracts_and_agreements/pride/pride</a>							
2	Does the contractor purchase any articles that are subject of, or required to carry out this contract from a nonprofit agency for the blind or for the severely handicapped that is qualified pursuant to Chapter 414, F.S., in the same manner and under the same procedures set forth in Section 413.036(1) and (2), F.S.; and for purposes of this contract the person, firm, or other business entity carrying out the provisions of this contract shall be deemed to be substituted for this agency insofar as dealings with such qualified nonprofit agency are concerned? <b>Refer to the RESPECT of Florida's website below: Click on the link</b>	VII. B 2., page 31					N/A	D
	<a href="http://www.respectofflorida.org">http://www.respectofflorida.org</a>							
3	Does the contractor purchase any products or materials which are the subject of, or are required to carry out this contract procured in accordance with the provisions of Section 403.7065, F.S.?	VII. D., page 31					N/A	

**Florida Department of Corrections  
Contract Monitoring Tool**

<b>Contractor Name:</b> North South Florida Drug Rehabilitation, Inc.							<b>Contract #:</b> C2827	
<b>Service Description:</b> OPSAP and Aftercare Services							<b>Contract Monitor:</b> Ken Anguish, Suzanne Land and Deborah Barron	
<b>Region/Facility Reviewed:</b> 515 North Washington Street, Jacksonville, FL 32202 / 911 S. 13th St., Fernandina Beach, FL 32034							<b>Date of Review:</b> 04/11/17	
<b>Exit Interview Conducted with Contractor/Representative:</b> Michael Jones							<b>Number of files reviewed:</b> Active 06 - Closed: 02	
CONTRACT REQUIREMENT	CONTRACT REFERENCE	Rating					REMARKS Briefly explain ratings of 2 or less	
		Explain		Fully Met Requirements 75-89%	Exceed Requirements 90% or better	Not Applicable		Rating Determination
		Unacceptable 59% or Below	Conditionally Acceptable 60-74%					
1	2	3	4	N/A	I = Interview O = Observation D = Documentation			
<b>ADMINISTRATIVE</b>								
1	Does the contractor submit and maintain the following records and documentation on-site and make available for review as requested by the Department, or as otherwise specified in Section VII., A., 3., Retention of Records: 1. Treatment Reports a. Written Progress Reports b. Written Discharge Reports c. Incident Reports d. Alcohol and Drug Screening and Testing Results Report 2. Summary Invoice and Program Detail and Monthly Performance Report 3. Department of Children and Families (DCF) Licensure and Licensure Inspections <b>Note: In an effort to verify compliance of the reporting requirements, this standard has been included as part of the Programmatic Monitoring Tool. The Contract Manager may make a request to the field monitoring staff to review one of the following above referenced reports as a means of verification/validation of information submitted by the contractor. Guidance will be provided by the Contract Manager when such a request is made.</b>	II. M., 1-3, pages 18-19					X	D
2	Does the contractor comply with the Performance Measure #1 - Licensure? <u>Standard:</u> The Contractor must maintain the appropriate level of Department of Children and Families license(s) for one-hundred percent (100%) of the contracted program(s). <u>Outcome:</u> The Contractor shall maintain the appropriate level of licensure for the contracted program(s) in accordance with F.S. 397 and F.A.C. 65D-30. <u>Measure:</u> Receive written report from the Department of Children and Families and a copy of the appropriate license(s).	II. R.1a., pages 20-21					X	D
3	Does the contractor comply with the Performance Measure #2 - Other Contract Requirements? <u>Standard:</u> The Contractor must meet or exceed a score of 80% compliance on the annual comprehensive contract evaluation. <u>Outcome:</u> The Contractor shall meet 100% of their contractual obligations. <u>Measure:</u> Review the total score of the annual comprehensive contract evaluation conducted by the Department.	II. R.1b., page 21					N/A	



## CIRCUIT 4

### FLORIDA DEPARTMENT OF CORRECTIONS

**Bureau of Readiness and Community Transition  
Quality Assurance Comprehensive Program Review  
Outpatient Substance Abuse Treatment Program**

**Program Name: North South Florida Drug Rehabilitation Monitoring Site Visit Date: 4-11-17 and 4-12-17**

**Program Evaluation Period 2016-2017 Monitoring Report Date: 5-12-17**

**Facility: North South Circuit 4, 515 N. Washington St., Jacksonville, FL 32202 and 911 S 13<sup>th</sup> St. Fernandina Beach, FL Bureau Chief: Kim Riley**

**Contract Number: C2827**

**Contractor: North South Florida Drug Rehabilitation**

**Program Director: Lester Randolph, CEO**

**Program Reviewer(s) Amy Vanness-Program Manager, Annette Delifus-Assistant Bureau Chief of Readiness and Community Transition, Ken Anguish-Operations Manager Bureau of Contract Management and Monitoring, Deborah Barron-OMC Manager Bureau of Contract Management and Monitoring, and Suzanne Land- OMC Manager Bureau of Contract Management and Monitoring**

#### **Narrative of Comprehensive Program Review:**

On 4-11-17 and 4-12-17, Department of Corrections staff from the Bureau of Readiness and Community Transition and Bureau of Contract Management and Monitoring conducted an unannounced site visit to North South Florida Drug Rehabilitation at the following location: 515 N. Washington St., Jacksonville, FL 32202 and to 911 S. 13<sup>th</sup> St., Fernandina Beach, FL. The purpose of the site visit was to review files, observe groups, and monitor contract compliance. Administrative Assistant Shannon Nelson assisted us at the Jacksonville location and Counselor Mike Jones assisted at the Fernandina location. Seven (7) active files were reviewed [REDACTED]

[REDACTED] The results of our visit revealed the following issues:

- No curriculum provided
- No clinical summary on file for [REDACTED] on 4-11-17

- Evaluations were scheduled outside the 10 day timeframe [REDACTED]
- No documentation to verify narrative summary and initial treatment plan was submitted to the probation officer [REDACTED]
- [REDACTED] file was missing a psychosocial, initial treatment plan and clinical impression.
- [REDACTED] was unsuccessfully discharged from the program in January 2017, for failing to attend aftercare. He was then referred back to the program in February 2017, and was recommended to complete aftercare but never re-assessed. According to documentation and clarification from Shannon Nelson, the offender was never re-assessed and the program was using the assessment dated 12-3-15.
- [REDACTED] file contained inaccurate information in the clinical summary. The summary in the file reflected the offender was for a male age 36 and the offender is actually a female age 36
- Of the files reviewed, the initial treatment plans were generic and contained the following wording, "Treat and Educate."
- Of the files, reviewed the clinical summary treatment sections are generic and the wording is almost identical.
- Of the files reviewed, the clinical summary part II are generic and the wording is almost identical.
- No documentation in the files of monthly treatment plan reviews being completed every 30 days with the offender.
- The offender files reviewed are missing progress reports
- No documentation of progress reports being sent to the probation officer by the 10<sup>th</sup> of the month
- The offender files reviewed were missing weekly progress notes. The only progress note in the files was the Orientation Progress Note which was generic.
- No documentation to verify the clinical charts are reviewed by a qualified professional on a monthly basis
- The files were missing written discharge summaries [REDACTED]
- No Documentation to verify a written discharge summary was sent to the probation officer within ten (10) days of discharge [REDACTED]
- No documentation to verify Section III of the DC5-404 was completed and sent to the probation officer within three (3) days [REDACTED]
- Group sign-in sheets failed to identify the time of group and was missing the counselor's name
- The email from Shannon Nelson stated the group 911 S. 13<sup>th</sup> St., Fernandina Beach, FL was from 5:30pm – 6:30pm and according to Mr. Jones the group started at 5:00pm
- The group times were not posted
- No staff schedule available

The above stated issues will need to be addressed in a Quality Improvement Strategies Plan.

### **Group Observation**

We arrived for the 5:30pm group in Fernandina Beach to discover the group started at 5:00pm. The Counselor, Michael Jones stated the groups are 5pm – 6pm and 6pm – 7pm. There were nine (9) offenders in the group and most participated in the group. Mr. Jones seemed to have a vested interest in the offenders and there was good interaction in the

group. The offenders seemed to be paying attention and even mentioned things that were discussed in previous sessions with Mr. Jones that were relevant to the topic. When group ended, this writer spoke with six (6) of the nine offenders. Most of the offenders have been attending group with Mr. Jones for over two (2) months. The offenders consistently complimented Mr. Jones and stating they loved his groups and felt like the groups helped them improve their lives. In addition, the offenders reported Mr. Jones is always available to talk with them and consider him as a great counselor.

**Yes Quality Improvement Strategy Required**  
**Quality Improvement Strategy Not Required**  
**6-14-17 Quality Improvement Strategy Due Date**

ENVIRONMENT	COMMENTS
<b>1.</b> Does the Contractor provide outpatient substance abuse treatment and aftercare services in a clean, safe facility that is assessable to offenders and are the services offered at varied times that are convenient to offenders who are employed? Are services being provided during the day, evening and on weekends?	<b>The location in Fernandina Beach was in a church that was clean and safe but group times provided were not accurate.</b>
<b>2.</b> In observing the facility, is there adequate space for program activities including group rooms that can accommodate all group activities (role playing and other group activities), and space for intake, screening, assessment and individual counseling?	<b>Yes. The facility is large enough to accommodate group activities.</b>
<b>3.</b> Does the facility appear to be a positive, engaging environment with posters, pictures, etc. on the walls which would encourage offenders to continue working on their issues in order to become positive, law abiding citizens?	<b>Yes. There were positive affirmations on the wall at the Jacksonville location. The Fernandina Beach location was at a church and was a positive environment.</b>
<b>4.</b> Is the facility in a location that is accessible, convenient and suitable for the provision of these services to the offender? Is it convenient to local transportation and other resources the offender may require?	<b>Yes. The locations are accessible to offenders.</b>



<p>5. Is the facility set up to allow offenders to feel that their confidentiality rights are protected, and it is accessible for offenders with disabilities?</p>	<p><b>Yes. The Fernandina Beach location is large enough to allow for confidentiality and accessible for offenders with disabilities.</b></p>
<p><b>STAFFING</b></p>	<p><b>COMMENTS</b></p>
<p>6. Are staffing schedules flexible and able to meet the programming needs of the offenders and provide services throughout the day, night, and weekends, in order to provide quality programming and oversight of all offenders?</p>	<p><b>There was no staff schedule available.</b></p>
<p>7. If the program has several sites, does the staffing schedule have a clear indication of the counselors providing services at each site and the times they are required to be providing these services? Ensure that if a counselor is scheduled to be at one site in the morning and another site in the afternoon, that there is sufficient time for travel in order to arrive in time to provide the services as scheduled.</p>	<p><b>No. There was no staff schedule available. Mr. Nelson provided me a group schedule and wrote Michael Jones' name for Fernandina Beach.</b></p>
<p>8. The Contractor should have sufficient staff and a quality mechanism in place to ensure that there will be no waiting lists for assessments or treatment services and that there are no services to offenders being cancelled, postponed, or rescheduled due to the absence of staff.</p>	<p><b>There was no staff schedule provided. There have been no reports from probation officers regarding groups or assessments being cancelled or postponed.</b></p>
<p>9. Is there evidence that there is quality supervision being provided by a qualified professional?</p>	<p><b>Mr. Randolph is a qualified professional but there was no documentation the files were reviewed on a monthly basis.</b></p>
<p>10. Are the clinical staff (counselors) and clinical director/supervisor knowledgeable in the provision of outpatient substance abuse treatment and aftercare services? What evidence is there to substantiate this conclusion?</p>	<p><b>Mr. Jones was the only clinical staff that was observed during the visit. He was organized and during the group discussed what led the offenders to abuse substances. However, the curriculum was not available, missing treatment plan reviews, missing progress notes, missing clinical summaries, inaccurate clinical summaries and overall documentation was insufficient.</b></p>
<p>11. Does the staff appear to have a vested interest in the program and in providing quality services to the offenders? Does the staff's attitude appear positive and do they seem helpful toward the offenders? What are some examples of observations made regarding vested interest, attitude, and helpfulness?</p>	<p><b>Mr. Jones (counselor) was very accommodating. He had no problem addressing our questions and seemed to address the offenders' individual needs and concerns during group. In Jacksonville's main office when the files were being reviewed Mr. Nelson (administrative assistant) seemed overwhelmed by our visit.</b></p>
<p>12. Are the counselors providing "real life" situations for discussion and involving all offenders in each group session or are they just baby-</p>	<p><b>Yes. Mr. Jones used "real life" situations and even the</b></p>

sitting clients with movies, and with discussion that have no relationship to quality programming?	<b>offenders were engaged and used their own “real life” situations during group discussions.</b>
<b>13.</b> Does the program have a large turn-over in staff and if so, what quality mechanisms do they have in place to retain staff?	<b>It did not appear there is a high turn-over rate with staff.</b>
<b>ADMINISTRATION</b>	<b>COMMENTS</b>
<b>14.</b> In reviewing discharge summaries and progress notes, do they appear to be individual for each client or are they basically the same for all offenders, i.e., cookie cutter versions?	<b>The two (2) closed files reviewed, [REDACTED] were missing the discharge summaries.</b>
<b>15.</b> Are unsuccessful discharges showing a trend as to why offenders are being discharged unsuccessfully, i.e., rule violations, using substances, absences, etc? Is the program tracking these discharges and what quality assurance mechanisms do they have in place to handle these trends and to increase successful discharges?	<b>The two (2) closed files reviewed, [REDACTED] were missing the discharge summaries</b>
<b>16.</b> Does the grievance log indicate there is a trend as to the type of grievances being written, i.e., grievances regarding program services, staff, or rules? Is the program tracking the types of grievances being submitted and what quality assurance mechanisms to they have in place to handle these trends?	<b>The grievance log was requested. Mr. Randolph. The grievance log provided stated there were no grievances.</b>
<b>17.</b> Is there a mechanism in place to ensure sign-in, collection of fees and other administrative duties are not being conducted during the time allowed for the provision of services?	<b>Mr. Jones has a receipt book located in Fernandina Beach. Administrative duties were not observed during group time.</b>
<b>18.</b> Has the Contractor implemented quality mechanisms in the area of staff development, i.e., on-going training, clinical supervision and peer reviews?	<b>There is no documentation annual reviews were done prior to 5-1-17. Geno Hampton was reported to be retired however, he signed off on Lester Randolph’s training report on 5-1-17.</b>
<b>PROGRAMMING</b>	<b>COMMENTS</b>
<b>19.</b> Is the Contractor’s program designed in such a manner that intake, assessment, individual counseling, group counseling, discharge planning and aftercare services are sensitive to the offender’s unique characteristics, issues and needs?	<b>The clinical summaries and initial treatment plans are generic and not individualized.</b>
<b>20.</b> Does the Contractor’s program assess cultural needs, level of motivation for treatment, stage of change, functional capacity to participate in the program, cognitive abilities, and learning style?	<b>One file was missing files psychosocial, treatment plans and clinical impressions. The other six (6) files contained clinical summaries that were not individualized to address cultural needs, motivation for treatment and learning style.</b>
<b>21.</b> Does the design and service delivery plan of the Contractor’s program demonstrate sensitivity to the vulnerabilities of offenders who are trauma survivors and does it protect them from experiencing additional trauma?	<b>Mr. Jones(counselor) appeared to be sensitive to each of the offenders’ history.</b>

<p><b>22.</b> Has the Contractor implemented individual and group programming that teaches offenders to anticipate and monitor problem behaviors, to plan and rehearse alternatives to problem behaviors, to practice alternatives to problem behaviors, and to practice behaviors in difficult situations or scenarios? Are these activities listed on the offender's individual treatment plan and occurring during the offender's participation in the program?</p>	<p><b>The individualized treatment plans that were documented were basic and not descriptive. They lacked specificity for the individual offenders.</b></p>
<p><b>23.</b> Is the evidence-based curriculum that the Program is using appropriate for the offender population and is it consistent with the research on effective correctional treatment programs? (See Below)</p> <ul style="list-style-type: none"> <li>• Is it cognitive-behavioral in nature, which includes taking a strengths-based perspective, and using positive reinforcement contingencies for pro-social behavior?</li> <li>• Does it incorporate social-learning practices?</li> <li>• Does it target a wide-range of offender criminogenic attributes?</li> <li>• Does it match key offender characteristics and learning styles with relevant counselor characteristics and program features?</li> <li>• Is it implemented by well-trained, supervised staff who receive performance monitoring and on-going training?</li> <li>• Does it have a strong quality improvement component that ensures fidelity to the treatment model and the chosen curricula?</li> </ul>	<p><b>The curriculum was not available on 4-11-17 and 4-12-17 when requested.</b></p>
<p><b>Screening, Orientation, Initial Treatment Plan</b></p>	<p><b>COMMENTS</b></p>
<p><b>24.</b> Is the screening for outpatient substance abuse treatment or aftercare services being used to determine the offender's appropriateness and eligibility for services, the level of services needed and any other disposition?</p>	<p><b>██████████ was unsuccessfully discharged from the program in January 2017 for failing to attend aftercare. He was then referred back to the program in February 2017 and was recommended to complete aftercare but never re-assessed. According to documentation and clarification from Shannon Nelson, the offender was never re-assessed and the program was using the assessment dated 12-3-15.</b></p>
<p><b>25.</b> Is the Contractor documenting the rationale for their recommendations for the offender? If treatment services are not recommended, is there sufficient documentation as to the reason why treatment was not recommended?</p>	<p><b>The rationale listed in the clinical summaries are not individualized. The same wording is used in ██████████ clinical summary as in ██████████ clinical summary.</b></p>
<p><b>26.</b> Upon determination of an offender's appropriateness for the program, a primary counselor is assigned to the offender and an orientation is provided. To ensure the integrity of treatment services, is the Contractor's orientation process supportive of the offender's right to confidentiality, receipt of a description of the services to be provided,</p>	<p><b>The orientation documentation supports that offenders are informed of the services, rules, fees and offenders' rights.</b></p>

understanding of any applicable fees, information on client rights and the grievance procedures, program rules, and program expectations?	
27. Does the Contractor develop an initial treatment plan for the offender immediately after the orientation in order for a treatment plan to be in place until the Individual Treatment Plan is developed? Is this a generic plan that suits all offenders?	<b>██████████ file was missing an initial treatment plan. The initial treatment plans were check lists with “treat and educate” written in. They were generic.</b>
<b>Individual Counseling, Assessment, Individual Treatment Plan and Aftercare Plan and Treatment Plan Review</b>	<b>COMMENTS</b>
28. Does it appear that the Contractor understands that the purpose of the individual counseling session is to complete the assessment and the individual treatment plan with a minimum of 45 minutes?	<b>Of the files reviewed the assessments are generic and the individual treatment plans that were in the files were not individualized.</b>
29. Is the Contractor’s Psychosocial Assessment a series of evaluative measures designed to identify the behavioral and social factors involved in substance abuse and its symptoms, and is it used in the determination of placement and the development of the treatment plan?	<b>One file was missing the psychosocial assessments ██████████. The files that contained psychosocial assessments still resulted in treatment plans that did not address individual needs.</b>
30. Is the information obtained in the Contractor’s Psychosocial Assessment sufficiently detailed in order to determine the DSM-V diagnosis? Does the Contractor provide any quality training to new staff to ensure their understanding and increase their knowledge of counseling skills and completion of required documentation?	<b>██████████ had incorrect demographic information on the assessment (listed male instead of female). The files contained a diagnosis however the clinical summaries and treatment issues contained basically the same wording.</b>
31. Does the individual treatment plan involve the information derived from the psychosocial assessment and it is individualized?	<b>The individual treatment plans used information from the assessment but they were still not individualized.</b>
32. Does the individual treatment plan clearly list agreed upon goals, objectives and identified measures for each individual offender?	<b>The individualized treatment plans that were in the files were not individualized.</b>
33. If the individual treatment plan indicates a frequency of one (1) group per week, has the rationale for only one (1) group been clearly documented in the treatment recommendation?	<b>The rationale for the amount of groups was not individualized as evidenced by the similarity between the clinical summaries ██████████ ██████████</b>
34. In the individual treatment plans, are criminogenic issues identified and clearly addressed, specific to the individual?	<b>The individual treatment plans discussed criminogenic needs but were not individualized.</b>
35. If there is a need for ancillary services, is it clearly addressed in the Individual Treatment Plan and how are these services being provided?	<b>The individual treatment plans in the files reviewed were not individualized and therefore it is unknown if ancillary services were needed.</b>

<p><b>36.</b> If aftercare services are indicated, has the aftercare plan been developed which outlines goals to be accomplished to include group sessions and treatment plan reviews every 90 days?</p>	<p><b>██████████</b> was unsuccessfully discharged from the program in January 2017 for failing to attend aftercare. He was then referred back to the program in February 2017 and was recommended to complete aftercare but never re-assessed. According to documentation and clarification from Shannon Nelson, the offender was never re-assessed and the program was using the assessment dated 12-3-15.</p>
<p><b>37.</b> Are the Contractor's written individual treatment plans consistent with best practices used in the substance abuse field?</p>	<p><b>They are not individualized. The treatment plans are not individualized and consist of checklist.</b></p>
<p><b>38.</b> In observing a Treatment Plan Review session, is the counselor reviewing the treatment plan with the offender and discussing their progress or the lack of progress, including updating the individual's treatment plan, if needed?</p>	<p><b>There was no documentation in the files to verify the treatment plans are reviewed monthly with the offenders.</b></p>
<p><b>Groups</b></p>	<p><b>COMMENTS</b></p>
<p><b>39.</b> Is the Contractor appear aware of the trends in the substance abuse community in respect to the difference group models and what appears to work best?</p>	<p><b>Mr. Jones seemed familiar with his offenders and their needs. However, the clinical files did not show documentation of any awareness of trends in substance abuse treatment.</b></p>
<p><b>40.</b> The Contractor should have the ability and be offering various types of group counseling services in order to provide each offender with the clinically appropriate services which is reflected in the individual treatment plan.</p>	<p><b>The individualized treatment plans were basic. Therefore, it is unclear what clinical services each offender needs. There are no posted group schedules and no documentation to verify what types of groups are offered.</b></p>
<p><b>41.</b> Are the group counseling sessions for both outpatient substance abuse treatment and aftercare utilized to treat substance abuse related disorders, relapse prevention, and address the criminal thinking behaviors of the offenders?</p>	<p><b>The outpatient substance group observed did appear to address some criminal thinking patterns with the offenders.</b></p>
<p><b>42.</b> Does it appear the process group has elements of structure, rational authority and clinical fidelity?</p>	<p><b>Mr. Jones' (counselor) group was structured.</b></p>
<p><b>43.</b> When observing a group session does it appear the counselor is facilitator for the group while the offenders are actively engaged in the group process? Do the offenders appear interested in what is going on and are they fully involved and participating? If not, what quality mechanism, training, etc. does the</p>	<p><b>The offenders were actively engaged in the group. Most of the offenders had participated in group discussions. Mr. Jones (counselor) facilitated the group.</b></p>
<p><b>44.</b> In the process group is there a clinical fidelity with regard to the group opening, process topic and closure?</p>	<p><b>The group was structured and discussed the topic and had closure at the end of the group.</b></p>
<p><b>45.</b> Are the groups not exceeding 20 offenders and are they approximately 60 minutes in length?</p>	<p><b>There were nine (9) offenders in the group.</b></p>

<b>Progress Notes</b>	<b>COMMENTS</b>
<p><b>46.</b> Are the offender's progress notes being recorded at least weekly and do they document the offender's individualized progress or lack of progress toward meeting their treatment plan goals and objectives? What mechanisms does the Contractor have in place to motivate offenders who do not appear to be involved or participating in the program?</p>	<p><b>The files reviewed were missing weekly progress notes.</b></p>
<b>OVERALL ASSESSMENT</b>	<b>COMMENTS</b>
<p><b>47.</b> Based on observations and reviews of the program, do you feel this Outpatient Substance Abuse Treatment Services Program is providing quality programming to the offenders?</p>	<p><b>No. The assessments, initial treatment plans and individual treatment plans are generic. The documentation used for the treatment plans consisted of check lists. The files were missing weekly progress notes and monthly treatment plan reviews. It appears Mr. Jones' (counselor) is doing a good job facilitating his groups.</b></p>

**Distribution:**

**Contractor  
Contract Manager  
Chief, Bureau of Readiness and Community Transition  
Circuit Administrator**



**CIRCUIT 7**  
**Florida Department of Corrections**  
**Substance Abuse Services**  
**Quality Program Review Report**

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**Program Location: Bunnell, FL**

**Program Type: OPSAP**

**Program Capacity: N/A**

**Contractor: Break the Cycle**

**Date of Site Visit: 2-6-17**

**Visit Duration: 30 minutes**

**Contract Number: PO1278306**

**Type of Program Review:**

**Routine**  **Follow-up**  **Special**  **Other**  : \_\_\_\_\_

**Reviewer(s): Amy Vanness, LQAC**

**Contact with Program Director/Warden: Alexis Lee, Program Director  
Donna Saridis, Office Manager**

**Brief Summary of Findings:**

On 2-6-17, I made an unannounced site visit to Break the Cycle. This visit was to meet with the provider to see if there were any issues or questions since PO1278306 started on December 1, 2016, just over two (2) months ago. I met with Break the Cycle Program Director, Alexis Lee and Office Manager, Donna Saridis at 4721 E. Moody Blvd. Suite #107, Bunnell, FL 32110. During the visit Ms. Lee was asked if there were any issues or problems regarding communication with the probation officers. She stated no. She stated the referrals (dc5-404s) were coming through fine. She said her only complaint would be the number of “no shows”. She stated every program will have “no shows” and she is communicating regularly with probation staff regarding this issue. Both Ms. Lee and Ms. Saridis stated the invoicing process appears to be going ok and they have been in contact with their Local Contract Manager, Yakeesta Mason.

**Administration:**

During the site visit, there was sufficient staff onsite providing services.

**Program Facilities:**

On 2-6-17, the facility was clean and orderly. The large group room was organized and group times were posted.

**Program Staff:**

*(Indicate if program is fully staffed to ensure full delivery of services and compliance with prescribed staff/offender ratios, if applicable)*

During the site visit on 2-6-17, there was adequate staff onsite providing services. Donna Saridis was providing a payment receipt to a client and Ms. Lee was speaking with another client.

**Program Operations:**

Throughout the site visit on 2-6-17, the facility was operating fully and providing contractual treatment services.

**Clinical Record Review:**

There were no clinical records reviewed during this visit.

**OBIS Data Review/Reconciliation:**

There were no OBIS issues discussed during this visit.

**Performance Standards:**

**Performance Measure #1 Licensure**

The Vendor must maintain in good standing the appropriate level of Department of Children and Families (license(s) for one hundred percent (100%) of the Contractual Purchase Order program(s).

The vendor currently has a valid DCF license which expires 6-25-17.

**Performance Measure #2 Successful Discharge of Offenders**

The Vendor must meet or exceed a minimum outcome of fifty-two percent (52%) of successful discharges for offenders admitted to the program. Performance shall be measured on a fiscal-year end basis, beginning July 1<sup>st</sup> and ending June 30<sup>th</sup>, or upon termination of the Contractual Purchase Order.

This will be measured at the end of the fiscal-year.

**Performance Measure #3 Other Contractual Purchase Order Requirements**

The Vendor must meet or exceed a score of eighty percent (80%) compliance on the annual comprehensive Contractual Purchase Order evaluation.

The contractual purchase order began on 12-1-16 and a comprehensive evaluation has not been completed as of this date.

Signature   
Reviewed By:

Date 2-10-17





**CIRCUIT 8**  
**Florida Department of Corrections**  
**Substance Abuse Services**  
**Program Review Report**

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**Program Location:** Gainesville, FL

**Program Type:** Out Patient    **Program Capacity:**

**Contractor:** North/South  
**Contract Number:** C2767

**Date of Site Visit:** 03/03/16    **Visit Duration:** Two Hours

**Type of Program Review:**    **Routine**     **Follow-up**     **Special (X) Other**  : \_\_\_\_\_

**Reviewer(s):** Dan Eberlein CCJAP

**Contact with Program Director/Warden:** Circuit Administrator

**Brief Summary of Findings:**

I arrived at 5:30 PM and observed several people waiting for the program to begin. The two program participants that I visited with indicated that they thought Mr. Randolph was an excellent counselor. Additionally, they stated that they were trying to get through the assigned number of sessions as quickly as possible and one stated that he was attending both the 6:00 and 7:00 sessions to fast track the process. Ms Johnson, the counselor arrived at about 5:45 and opened the door to the treatment area. I introduced myself and requested three treatment files to review and asked permission to attend the session. Ms Johnson stated that Mr. Randolph was ill and she was substituting for him and was going to do the 30 day treatment plan reviews. She also explained that she would be showing the Jack Nicholson movie "Anger Management" to the 22 participants attending the 6:00 and 7:00 PM groups. No urine tests were scheduled and Ms Johnson stated that Mr. Randolph was the one that performed this procedure.

During the first 10 minutes each individual presented several forms to Ms Johnson including a standardized "Progress Note" which they dated and signed. New participants were instructed on the procedure of signing in. As the participants watched the movie Ms Johnson called up each individual and discussed the number of groups they had attended and how many they had left as well as asking if they had any issues. This process took approximately 1 to 2 minutes and all 22 were completed by 6:50 when the group was concluded. The 7:00 participants were let into the group area and the process was repeated while they watched the second half of the movie. Males and females attended both groups and with no issues observed.

Administration:

Program Facilities:

The program space was adequate, comfortable and visually separated from street view with a partition. The clinical files were in compliance with 65D-30 in a locked store room.

Program Staff:

*(Indicate if program is fully staffed to ensure full delivery of services and compliance with prescribed staff/offender ratios, if applicable)*

Ms Johnson substituted for Mr. Randolph

Program Operations:

As a movie was shown no group treatment session was observed.

Clinical Record Review:

Three clinical files were reviewed:

████████████████████  
████████████████████  
████████████████████

The psychosocial assessments appeared to have been filled out by the program participants including the drug history section that were all “No” however the diagnostic impression indicated abuse. The treatment plans, progress notes and thirty day treatment plan reviews appeared to be menu driven forms and not consistently reflecting individualized treatment goals, objectives and progress notation.

████████████████████ appeared to have a positive drug test in December 2015 and an additional eight treatment sessions were assigned and noted in the progress note. It has not been verified at the time of this writing whether Community Corrections was notified by the vendor that ██████████ had a positive test.

OBIS Data Review/Reconciliation:

No OBIS data was reviewed

**Performance Standards:**

Signature     Dan Eberlein    

Date     03/07/16    

Reviewed By: Annette Delifus on behalf of the Bureau Chief.

<b>EXHIBIT B</b>	
<b>Current Prices</b>	
<b>Outpatient Substance Use Treatment and Aftercare</b>	
<b>Circuit 4: Discount Counseling</b>	<b>C2823</b>
Screening (One time for Outpatient Substance Abuse or One time for Aftercare)	No charge to the Department
Individual Counseling-Minimum 45 minutes (Only once without prior authorization)	No charge to the Department
Outpatient Treatment Plan Review -Minimum of 30 minutes (Once every 30 calendar days after development of Aftercare Treatment Plan)	No charge to the Department
Aftercare Treatment Plan Review	No charge to the Department
Group Counseling (60 minutes of group)	\$20.00
<b>Circuit 4: North South Florida Drug Rehabilitation</b>	<b>C2827</b>
Screening (One time for Outpatient Substance Abuse or One time for Aftercare)	No charge to the Department
Individual Counseling-Minimum 45 minutes (Only once without prior authorization)	\$15.00
Outpatient Treatment Plan Review -Minimum of 30 minutes (Once every 30 calendar days after development of Aftercare Treatment Plan)	\$8.00
Aftercare Plan Review -Minimum of 30 minutes (Once every 30 calendar days after development of Aftercare Treatment Plan)	\$8.00
Group Counseling (60 minutes of group)	\$15.00
<b>Circuit 7: Break The Cycle</b>	<b>PO1455829</b>
Intake Screening	\$40.00
Individual Counseling-Minimum 45 minutes (Only once without prior authorization)	\$30.00
Treatment Plan Review-Minimum of 30 minutes (Once every 30 calendar days after development of first Individualized Treatment Plan)	\$25.00
Group Counseling (includes Substance Abuse Education and Life Skills Training Groups, Process Groups and Aftercare Groups) (60 minutes of group).	\$20.00

<b>Circuit 7: The ITM Group</b>	<b>POB16E04</b>
Intake Screening	\$40.00
Individual Counseling-Minimum 45 minutes (Only once without prior authorization)	\$30.00
Treatment Plan Review-Minimum of 30 minutes (Once every 30 calendar days after development of first Individualized Treatment Plan)	\$15.00
Group Counseling (includes Substance Abuse Education and Life Skills Training Groups, Process Groups and Aftercare Groups) (60 minutes of group)	\$15.00
<b>Circuit 7: Oasis Treatment Center, Inc.</b>	<b>POB16DD3</b>
Intake Screening	\$42.00
Individual Counseling-Minimum 45 minutes (Only once without prior authorization)	\$30.00
Treatment Plan Review-Minimum of 30 minutes (Once every 30 calendar days after development of first Individualized Treatment Plan)	\$20.00
Group Counseling (includes Substance Abuse Education and Life Skills Training Groups, Process Groups and Aftercare Groups) (60 minutes of group)	\$20.00
<b>Circuit 8: North South Florida Drug Rehabilitation</b>	<b>C2767</b>
Intake Screening	\$40.00
Individual Counseling-Minimum 45 minutes (Only once without prior authorization)	\$20.00
Treatment Plan Review-Minimum of 30 minutes (Once every 30 calendar days after development of first Individualized Treatment Plan)	\$15.00
Group Counseling (includes Substance Abuse Education and Life Skills Training Groups, Process Groups and Aftercare Groups) (60 minutes of group)	\$18.00
8/28/2017	