

Date: June 5, 2020

Solicitation #: 10677

Subject: The Department of Juvenile Justice (DJJ) currently contracts for the operation of the Gulf Academy, Lake Academy and Hastings Comprehensive Mental Health Treatment programs, a 170 total bed (fifty (50) girls at Lake Academy, fifty-six (56) boys at Gulf Academy, thirty-four (34) boys at Hastings Comprehensive Mental Health Treatment program and thirty (30) boys at Hastings Substance Abuse) nonsecure program for boys or girls who are committed to the Department and need Intensive Mental Health Services, Comprehensive Mental Health Treatment Services, Substance Abuse Treatment Overlay Services, Intensive Medical Overlay Services, or Borderline Developmental Disability and Developmental Disability. Program services at Gulf Academy and Lake Academy also include Intensive Medical Overlay Services (IMOS) for six youth per program. The programs are currently in a Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145 (Gulf Academy and Hastings Comprehensive Mental Health Treatment program) in the Northeast region and 9504 E. Columbus Drive, Suite 130, Tampa, Florida 33619 (Lake Academy) in the Central region.

The Department is seeking a ninety (90) bed co-located Residential Program, with innovations in delinquency programming and treatment services, for boys ages twelve (12) to nineteen (19) years old appropriate for nonsecure residential placement. The distribution of the beds and services will be flexible and as determined by the needs of the Department. The Department reserves the right to remove the four medically complex beds as conditions warrant. The initial beds and services distribution is as follows.

Gulf Academy: Thirty-three (33) beds for Intensive Mental Health (IMH) services as described in Attachment A-2; twelve (12) beds for Borderline Developmental Disability or Developmental Disability services as described in Attachments A-3 and A-4.

Hastings: Thirty (30) beds for Comprehensive Mental Health Treatment (CMH) services as described in Attachment A-5; fifteen (15) beds for Substance Abuse Treatment Overlay Services (SAOS) as described in Attachment A-6. The program names are currently, Hastings Comprehensive Mental Health Treatment Services Program (CMH) and Hastings Substance Abuse Treatment Overlay Services, respectively.

Of these ninety (90) beds, four beds will be dedicated to Medically Complex Overlay Services as described in Attachment A-7 and distributed as warranted.

Basic Care and Custody of a residential program shall be provided in accordance with Florida Statutes (F.S), Florida Administrative Rules and Department policy to meet the minimum requirements as described in Attachments A-1, A-2, A-3, A-4, A-5, A-6, A-7 and in keeping with A-8, References and Definitions. The programs shall be co-located in a Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145 in DJJ's Northeast region.

This Invitation to Negotiate (ITN) is issued by the State of Florida, Department of Juvenile Justice (Department or DJJ), to select a Respondent to provide the above-referenced services at the specified program. The ITN package consists of this transmittal letter with the following attachments and exhibits (some of which are not included, but are available electronically as noted):

PUR 1000(1)	General Contract Conditions - Incorporated by Reference ¹
PUR 1001(1)	General Instructions to Respondents - Incorporated by Reference ¹
Attachment A	Services Sought
Attachment A-1	Minimum Requirements for Program Operations/Basic Care and Custody Services
Attachment A-2	Intensive Mental Health Treatment Services
Attachment A-3	Borderline Developmental Disability (BDD) Services
Attachment A-4	Developmental Disability (DD) Treatment Services
Attachment A-5	Intensive Mental Health Treatment Services – Comprehensive
Attachment A-6	Substance Abuse Treatment Overlay Services (SAOS)
Attachment A-7	Medically Complex Residential Medical Overlay Services
Attachment A-8	References and Definitions
Attachment B	General Instructions for the Preparation and Submission of Replies
Attachment C	Special Conditions
Attachment D	Past Performance for Residential Commitment Programs Evaluation (MANDATORY)
Attachment E	Reserved
Attachment F	Selection Methodology and Evaluation Criteria
Attachment G	Sample Contract ³
Attachment H	NEW Budget (with Major Maintenance Fund) March 2020 ⁵
Attachment I	Supplier Qualifier Report Request ³
Attachment J	Comparative Analysis Tool ⁵
Attachment K	Drug-Free Workplace Certification ³
Attachment L	Reserved
Attachment M	Reserved
Attachment N	Notice of Intent to Submit a Reply (Non-Mandatory) ⁵
Attachment O	ITN Reply Cross Reference Table
Attachment P	Written Reply Evaluation Questions
Attachment Q	NEW Reply Verification Form ⁵
Exhibit 1	Department-Furnished Property Inventory ⁵
Exhibit 2	Primary Services Form ⁴
Exhibit 3	Delinquency Intervention and Group Sessions Table ⁵
Exhibit 4	Staffing Qualification and Education Description Chart ⁵
Exhibit 5	Pre-Service New Hire Training Requirements Form ⁵
Exhibit 6	In-Service Training Requirement Form ⁵

¹ Available at:

http://dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_resources/purchasingforms

² Available at: <http://www.djj.state.fl.us/partners/procurement-and-contract-administration>

³ Available at: <http://www.djj.state.fl.us/partners/contract-management>

⁴ Available at [http://www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-\(jjsip\)/standardized-program-evaluation-protocol-\(spep\)](http://www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-(jjsip)/standardized-program-evaluation-protocol-(spep))

⁵ Uploaded as a separate document from the ITN and posted on the Vendor Bid System.

Respondents shall comply fully with the instructions on how to respond to the ITN.

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

The definitions found in Rule 60A-1.001, Florida Administrative Code (F.A.C.) shall apply to this ITN and the contract resulting from this ITN. The following additional terms are also defined:

1. "Department" means the Department of Juvenile Justice that has released the solicitation.
2. "Procurement Manager" means the Department's contracting personnel, as identified in the procurement.

3. "Prospective Provider" or "Provider" means the business organization or entity providing the services and commodities specified in the reply to this Invitation to Negotiate ("ITN").
4. "Respondent" means the entity that submits materials to the Department in accordance with these Instructions.
5. "Reply" means the material submitted by the Respondent in answering the solicitation.
6. "Scrutinized Companies List": The Respondent certifies that it is not on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, F.S., or is engaged in a boycott of Israel; or to be engaged in business operations with the government of Venezuela or in any company doing business with the government of Venezuela; or on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, F.S.; or engaged in business operations in Cuba or Syria. The Department may, at its option, terminate the Contract if the Provider is found to have submitted a false certification as provided under subsection 287.135(5), F.S., or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or been engaged in business operations in Cuba or Syria, or to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.
7. "Primary Company" means the Respondent.
8. "Secondary Company" is where one or more principals of the Primary Company have received compensation from this company.
9. "Cause" is defined as breach, misfeasance, malfeasance, or other inappropriate action.
10. "Misfeasance" means someone in authority performs a legal act in an illegal way, often without intending to cause harm to another individual.
11. "Malfeasance" means an act that is illegal and causes physical or financial harm to others by a person in authority.

Termination for Cause Exclusion

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

1. If terminated for cause in the last twelve (12) month period preceding the Date Written Replies Are Due and Opened for this solicitation, the Respondent shall be ruled disqualified and therefore ineligible to submit a response to the solicitation.
2. If terminated for cause in the last twelve (12) month period preceding the Anticipated Date of Contract Award resulting from this solicitation, the Respondent shall be ruled disqualified and therefore ineligible to receive a contract award.
3. The above applies regardless of the business structure (for profit/not for profit) or the dates the Respondent or subsidiary were created.

Per chapter 985.632, F.S., the Department is required to evaluate its' programs annually to ensure program services are performed according to the minimum standards established in the Contract. If a current DJJ Provider fails to provide the contracted services according to the minimum standards established in the Contract, and the Department cancel's or terminates the Contract for this failure, the Respondent's reply to a solicitation for the canceled service will be ruled disqualified. The Department is unable to contract with the Respondent for the canceled service for a period of twelve (12) months from the date of Contract termination. The Department will also rule a previous DJJ Provider ineligible to submit a reply to a solicitation if the twelve (12) month period has not ended.

One Florida Initiative Requirement

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

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

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

Sincerely,

Ashley Bridges
Procurement Manager
Department of Juvenile Justice
Phone: (850) 717-2608
Email: Ashley.Bridges@djj.state.fl.us

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ATTACHMENT A SERVICES SOUGHT

I. INTRODUCTION/BACKGROUND

The Department of Juvenile Justice (DJJ) currently contracts for the operation of the Gulf Academy, Lake Academy and Hastings Comprehensive Mental Health Treatment programs, a 170 total bed (fifty (50) girls at Lake Academy, fifty-six (56) boys at Gulf Academy, thirty-four (34) boys at Hastings Comprehensive Mental Health Treatment program and thirty (30) boys at Hastings Substance Abuse) nonsecure program for boys or girls who are committed to the Department and need Intensive Mental Health Services, Comprehensive Mental Health Treatment Services, Substance Abuse Treatment Overlay Services, Intensive Medical Overlay Services, or Borderline Developmental Disability and Developmental Disability. Program services at Gulf Academy and Lake Academy also include Intensive Medical Overlay Services (IMOS) for six youth per program. The programs are currently in a Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145 (Gulf Academy and Hastings Comprehensive Mental Health Treatment program) in the Northeast region and 9504 E. Columbus Drive, Suite 130, Tampa, Florida 33619 (Lake Academy) in the Central region.

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Hastings: Thirty (30) beds for Comprehensive Mental Health Treatment (CMH) services as described in Attachment A-5; fifteen (15) beds for Substance Abuse Treatment Overlay Services (SAOS) as described in Attachment A-6. The program names are currently, Hastings Comprehensive Mental Health Treatment Services Program (CMH) and Hastings Substance Abuse Treatment Overlay Services, respectively.

Of these ninety (90) beds, four beds will be dedicated to Medically Complex Overlay Services as described in Attachment A-7 and distributed as warranted.

Basic Care and Custody of a residential program shall be provided in accordance with Florida Statutes (F.S), Florida Administrative Rules and Department policy to meet the minimum requirements as described in Attachments A-1, A-2, A-3, A-4, A-5, A-6, A-7 and in keeping with A-8, References and Definitions. The programs shall be co-located in a Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145 in DJJ's Northeast region.

II. OVERVIEW OF SERVICES SOUGHT BY THIS INVITATION TO NEGOTIATE (ITN)

The Respondent shall design, develop, implement, and operate a residential program, as outlined herein for youth who have been committed to the Department and assessed utilizing the Department risk/needs assessment tools, the Community Assessment Tool (CAT) and the Residential Assessment for Youth (RAY), and pre-disposition comprehensive evaluation. Services shall include the provision of custody, treatment, and supervision, twenty-four (24) hours per day, seven days per week utilizing evidence-based and promising practices and treatment and services within a framework based upon Restorative Justice philosophies, principles, and practices.

III. STATEMENT OF PURPOSE

The Department is requesting replies from qualified Respondents who have the qualifications, experience and past performance to provide a program with services clearly linked to the Department's mission, and value, and goals for a nonsecure residential program.

To support the Department's vision for residential programs, operations of the proposed program shall accomplish several major program goals, including but not limited to the following:

- A. Create a trauma responsive environment that promotes a therapeutic environment for youth in the care of DJJ. Activities and expenditures relating to the promotion of a

therapeutic environment are designed to create an environment conducive to the increased efficiency of interventions and services provided in a fully operational facility. Examples of such activities include, but are not limited to, the purchase of home-like furniture or clothing and the implementation of a youth-led advisory council.

- B. Provide comprehensive medical, mental health and substance abuse treatment and parenting skills that meet the individual needs of youth while empowering the youth voice.
- C. Implement evidence-based and promising practices in programs and services that positively mitigate the risk to re-offend.
- D. Integrate community mental health and substance abuse, social services and other agencies early in the treatment process to minimize risk to re-offend and maximize natural supports.
- E. Engage and empower families.

This Invitation to Negotiate (ITN) may not provide a complete understanding of the required service needs and may not contain all matters upon which a Contract resulting from this ITN shall be based. The absence of detailed descriptions in Attachment A, Statement of Services Sought and the accompanying attachments A-1, A-2, A-3, A-4, A-5, A-6, A-7 and A-8, as provided herein as to any details or the omission from that section of a detailed description on any point shall be understood as meaning that the Department will negotiate all services in its best interest and in furtherance of the objectives of this ITN.

The Department intends to award a single contract. The award shall be based upon funding availability and the Department's final determination of service needs.

IV. YOUTH TO BE SERVED

A. Youth Eligibility

1. Gulf Academy: Youth to be served at Gulf Academy shall be boys between the ages of twelve (12) to nineteen (19) years of age who are committed to the Department after being assessed and referred as appropriate for nonsecure placement and who need Intensive Mental Health Services (IMH), Borderline Developmental Disability (BDD) or Developmental Disability (DD) services, or a combination of IMH and BDD or DD youth. Youth who receive these services shall meet the eligibility criteria provided in Attachments A-2, A-3 and/or A-4.
2. Hastings: Youth to be served at Hastings Comprehensive Mental Health Treatment Program or Hastings Substance Abuse Program shall be boys between the ages of thirteen (13) to nineteen (19) years of age who are committed to the Department after being assessed and referred as appropriate for a nonsecure residential placement and who need Comprehensive Mental Health Treatment Services (CMH) or Substance Abuse Treatment Overlay Services (SAOS). Youth who receive these services shall meet the eligibility criteria provided in Attachment A-5 or Attachment A-6.

Of these ninety (90) beds, four beds will be dedicated to Medically Complex Overlay Services as described in Attachment A-7 and distributed as warranted.

B. Limits on Youth to be Served

1. Program services shall be limited to youth referred for program admission from the Department. The Department prohibits the placement in the program of anyone other than youth under the Department's jurisdiction.
2. There shall be no on-site sharing or co-mingling of education, any sports activity, or vehicle transportation with youth committed to the Department and youth who are not under the Department's jurisdiction unless otherwise approved by the Department.

C. Length of Stay

The length of stay depends on the youth's progress in the program by completing their performance plan goals, decreasing their criminogenic risk factors and addressing the youth's individual treatment goals. The Respondent shall describe the unique delinquency interventions and treatment services to be offered for youth who are at a low or moderate risk to re-offend.

V. REPLY

Replies must include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in III. Statement of Purpose, above. The reply must be in keeping with the minimum requirements as outlined in Attachment A, Statement of Services Sought, Attachment A-1, Minimum Requirements for Program Operations/Basic Care and Custody Services, Attachment A-2, Intensive Mental Health Services (IMH), Attachment A-3, Borderline Developmental Disability, Attachment A-4, Developmental Disability, A-5, Comprehensive Mental Health Treatment Services (CMH), Attachment A-6, Substance Abuse Treatment Overlay Services (SAOS), Attachment A-7, Medically Complex Residential Medical Overlay Services and in keeping with A-8, References and Definitions.

A. Innovative Program Services to be Provided

The Respondent shall propose and describe in detail the innovative nature of program services to (minimally) include the following:

1. Delinquency Programming

- a. The Respondent shall propose delinquency programming for youth which utilizes evidence-based or promising practices designed to reduce the influence of specific risk factors related to re-offending behavior.
- b. The Respondent shall match youth to these delinquency interventions based on the result of the CAT/RAY and further assessment of the risk factors identified by the CAT.
- c. Interventions deemed evidence-based or promising by the Department are documented in the Sourcebook of Delinquency Interventions. This and other references are included in Attachment A-8, References and Definitions, Delinquency Interventions.
- d. The Respondent shall complete Exhibit 3, Delinquency Interventions and Treatment Sessions Table provided in this ITN.
- e. Indicated services shall be aligned with varying lengths of stay such that youth will receive targeted dosages and/or receive the services outlined in individual treatment plans, prior to release.
- f. The Respondent must describe how the delinquency interventions will be implemented and what will be done for those youth who are not responsive to the delinquency interventions offered.
- g. The Respondent must indicate which of the delinquency interventions will be designated as a primary service and complete Exhibit 2, Primary Services Designation/Change form.

2. Gender-Specific Services

- a. The Respondent shall propose comprehensive gender-specific services for boys in all of its program components, delinquency interventions and treatment services that systematically addresses the special needs of adolescent boys while empowering the youth voice.
- b. Proposed programming shall foster positive gender identity development, recognize the risk factors and issues most likely to impact boys and the protective factors and skill competencies that can minimize risk factors and enhance treatment services.

3. Restorative Justice Principles, Practices and Restorative Programming

The Respondent shall propose comprehensive programming that reflects restorative justice principles, practices and describe how it will implement restorative programming.

- a. At a minimum, the Respondent shall propose a restorative programming that:
 - 1) Holds offenders accountable for their behavior, including the harm their crimes caused the victim(s) and community;
 - 2) Protects the public;
 - 3) Offers offenders opportunities for competency development in skill areas valued by the community in preparation for reintegration into productive community life;
 - 4) Partners with community stakeholders;
 - 5) Displays an understanding of the principles, practices and vocabulary of restorative justice;
 - 6) Uses restorative questions to support conflict resolution,

- communication, and to ask how others have been affected by conflict;
- 7) Facilitates dialogue with and between the youth that contributes to developing ideas for how to make things right when harm has occurred;
 - 8) Uses restorative justice practices such as Nonviolent Communication (NVC) to contribute to the well-being of the youth.
- b. The Respondent shall describe how it will foster a restorative community within the residential program creating a culture that encourages staff and youth to be actively involved and give input, participate in decision making, practice leadership roles, use restorative conflict resolution strategies, contribute to the community and promotes teaming and bridging the roles of the facility and field staff and community partners.
 - c. All aspects of the program shall reflect the restorative justice philosophy, including case planning processes, competency development, involvement in meaningful community service, restitution, conflict resolution, victim and community involvement. The reply must include a description of how all aspects of its programming will reflect this philosophy.
 - d. Respondents shall state which restorative justice model will be used and describe with specific and concrete details how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the objectives in Attachment A, section V., A., 3. Restorative Justice Principles, Practices and Restorative Programming, a. 5. through a. 8. See Attachment A-8, References and Definitions, Restorative Justice Principles, Practices and Restorative Programming, for resources.
4. Mental Health and Substance Abuse Treatment Services The Respondent shall propose evidence-based and/or promising practices for mental health, substance abuse treatment and services.
- a. Lists of mental health and substance abuse treatments and programs meeting criteria to classify them as evidence-based or promising are available at websites such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Drug Abuse (NIDA) site.
 - b. See Attachment A-1, Minimum Requirements for Program Operations/Basic Care and Custody Services, F., Mental Health and Substance Abuse Services, for information regarding evidence-based and/or promising mental health and substance abuse treatment services.
 - c. The Respondent must provide all the pertinent staffing details for the provision of these services.
 - d. The Respondent must explain how these services will meet the requirements outlined in Rule 63N-1, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components will meet the unique needs of youth.
5. Behavioral Management System
The Respondent shall propose and implement a multi-faceted behavioral management and a positive reinforcement system that fosters accountability.
- a. The Respondent shall describe how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. See Attachment A-8, References and Definitions, Trauma Informed Care for sites to review.
 - b. The Respondent shall describe how it will ensure that all staff and educators will be fully trained in the implementation of the proposed behavioral management system in accordance with Rule 63H, F.A.C. and Rule 63E-7, F.A.C .

- c. The Respondent shall describe how it will ensure that subcontractors and volunteers will be fully trained in the implementation of the proposed behavioral management system.

6. Pre-Vocational and Vocational Services

The Respondent shall describe what additional (beyond what is required of the local school district or its contractor) pre-vocational and vocational services are proposed and include what type of certificate will be awarded upon successful completion of the training.

- a. The Respondent shall clearly articulate what distinguishes and differentiates pre-vocational from vocational services in its definition and the proposed activities.
- b. The Respondent shall describe in detail, how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability.
- c. The Respondent shall describe how its services will give youth an occupational advantage in their own community.
- d. The Respondent shall describe what attempt will be made to access regional workforce board services or funding to enhance vocational training certification of youth while in the program or as part of the transition to the youth's home community. See A-8, References and Definitions, Vocational Educational Plan for a copy of the plan.

7. Recreational Therapy and Leisure Time Activities

The Respondent shall provide daily recreational and leisure time activities in ways that are physically challenging, educational, therapeutic and constructive.

- a. Recreational activities shall be separate and distinct from mental health and substance abuse treatment services, and therefore shall be clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services.
- b. The Respondent shall employ two Recreation Therapists (one at Gulf Academy and one at Hastings Comprehensive Mental Health Treatment and Substance Abuse Programs) to provide therapeutic recreational activities and include in its reply a detailed position description and schedule of activities.
- c. The Respondent shall describe how input from youth will be included in the selection of activities.
- d. The Respondent shall describe how it will assist youth in the identification of recreational opportunities in their home community.

B. Living Environment

The Respondent shall propose a program that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent shall describe how it will ensure that the following components are implemented:

- 1. Input from youth on rules governing community living, program design, implementation, and evaluation;
- 2. Opportunities that promote effective communication and listening techniques;
- 3. Opportunities for youth to develop relationships of trust and interdependence with people already present in their lives (such as friends, relatives, and church members);
- 4. Promotion of cultural diversity and identification;
- 5. Promotion of positive identity, self-esteem, self-respect, and respect for others;
- 6. Opportunities to create positive changes to benefit youth on an individual level, within their relationships, and within the community;
- 7. Reasonable opportunities for visitation, correspondence, and telephone access;
- 8. Use of trained volunteers, mentors, and other members from the community to provide positive modeling and experiences with the youth;

9. Use of appropriate clothing that can easily be transitioned between the program and community activities; and
 10. Maintenance of a clean, safe and humane environment.
- C. Community Involvement Opportunities and Pro-Social Activities
The Respondent shall describe what community involvement opportunities exist, what specific programs and pro-social activities will be implemented and will precisely outline how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.
- D. Discharge Policy and Transition Services
The Respondent shall provide a description of its discharge planning and transition services.
1. The reply shall include a detailed description of how discharge placement planning will begin at program admission.
 2. The Respondent shall employ two Transition Services Managers (one at Gulf Academy and one at Hastings Comprehensive Mental Health Treatment and Substance Abuse Programs) to coordinate these services and include in its reply a detailed position description and schedule of activities.
 3. Transition services shall be provided as set forth in Rule 63T, F.A.C.
 4. Self-sufficiency Planning:
 - a. The Respondent shall describe how it will assess the needs and strengths of the youth regarding independent living arrangements where age and family circumstances indicate that independence and self-sufficiency are more realistic goals than reunification with the family.
 - b. The Respondent shall provide an example of a plan that will be developed and staffed with all parties as early as possible after the youth's admission to the program.
 - c. These services will address, at a minimum, future economic self-sufficiency in both a traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.
- E. Staffing and Personnel
The following must be included with the reply:
1. Staffing Levels
 - a. The Respondent must submit Exhibit 4, Staffing Qualifications and Educational Chart to include position titles, number of positions, duties and responsibilities, proposed working hours and salary for all program staff. The plan must clearly identify the licensure status of all clinical staff.
 - b. State what the living wage is for St. Johns county and surrounding counties, and how that figure has been considered in the proposed staff salaries.
 - c. The required staffing plan must include a detailed plan for the provision of clinical staff and clinical services to include weekends and evenings; for services including but not limited to individual, group, and family therapy.
 - d. The Respondent shall describe how it will ensure the uninterrupted physical sight and sound presence of sufficiently qualified staff to provide program services and proper supervision of youth.
 - e. The Respondent shall describe in detail its plan to provide the following:
 1. Continuous, twenty-four (24) hours awake supervision every day of the year.
 2. Levels of physical sight and sound presence of staff, commensurate with the stated staff to youth ratio, to provide immediate response to emergencies, active supervision of the youth, and suitable and timely response to the everyday needs of youth while maintaining safety and security within the program.
 3. Minimally, a staff to youth ratio of 1:8 awake and 1:10 asleep is required. A staff to youth ratio of 1:5 is required for any approved off-site activities. If any type of tool is used during vocational training, increased staff ratios must be reflected in the staffing plan.

4. Neither supervisors nor facility administration staff will be included in the stated ratios while performing their regularly scheduled activities. Clinical staff will not be included in the stated ratios.
 5. State the proposed relief factor and describe how the relief factor will be implemented for planned and unplanned staff absences and vacancies.
2. Health and Nursing Services
 The Respondent shall describe its proposed health services and explain how these services will meet the requirements outlined in Rule 63M-2, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent must show the following weekly on-site nursing coverage:
- a. A Registered Nurse (RN) Health Services Administrator (HSA) for forty (40) hours. This position will be shared between the co-located programs.
 - b. Onsite nursing coverage will be provided seven days per week for a total of one-hundred and twenty (120) hours at Gulf Academy, Hastings Comprehensive Mental Health Treatment Services Program and Hastings Substance Abuse Program, and twenty-four (24) hours per day, seven days per week for the four medically complex overlay services beds, as stated in Attachment A-7, by Registered Nurses (RNs) licensed in the State of Florida. These positions will be shared between the co-located programs. These hours are in addition to those for the Health Services Administrator.
3. Staff Training
 The Respondent must submit Exhibit 5, Pre-Service New Hire Training Requirements Form and also must submit Exhibit 6, In-Service Training Requirements Form, that is detailed and reflective of the requirement that all full-time and part-time direct care staff be trained in accordance with Rule 63H, F.A.C. Staff shall attend required DJJ instructor led training when it is in the county where the Respondent's staff is delivering services or when it is in any adjacent county. In addition to the Department's Learning Management System Training, direct care staff shall be trained, at a minimum, in the following:
- a. Ethics within the correctional environment, including the proper maintenance of documents and recorded materials relating to security issues;
 - b. Stress management;
 - c. Gender-responsive services for adolescent delinquent youth;
 - d. Behavioral management and modification;
 - e. Positive reinforcement techniques and strategies;
 - f. Emotional and behavioral development of children and adolescents;
 - g. Risk factors for delinquency and their treatment;
 - h. Physical development and common health issues of adolescent youth;
 - i. Restorative justice principles and practices and restorative programming;
 - j. Risk factors and triggers relating to youth with a history of victimization;
 - k. Trauma responsive services for youth who have an increased likelihood to re-offend, to develop a common understanding of trauma and trauma responsive practices;
 - l. Post-traumatic Stress Disorder (PTSD), victimization, exploitation, domestic violence, trauma, and recovery issues;
 - m. First Aid, Cardiopulmonary Resuscitation (CPR), Automated External Defibrillator (AED), and Emergency Epinephrine use;
 - n. Universal precautions and bloodborne pathogens to meet Federal Rule CFR 1910.1030 (OSHA Standard);
 - o. Emergency evacuation procedures for youth with a medical alert system;
 - p. For staff conducting intake, the Facility Entry Physical Health Screening Form and administration of the Massachusetts Youth Screening Instrument-Second Edition (MAYSI-2), the CAT/RAY, and other required intake processes and procedures;
 - q. Risk factors and triggers relating to homicidal risk and homicidal prevention;

- r. Immediate access to emergency medical, mental health, and substance abuse services;
 - s. The program's treatment model;
 - t. Suicide Prevention Processes and Procedures;
 - u. Prison Rape Elimination Act (PREA) to include: training on how to conduct cross-gender pat-down searches and searches of transgender and intersex youth; and, how to communicate effectively and professionally with youth, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming youth;
 - v. Any required recertification; and
 - w. All other proposed training.
- F. Management Capability and Program and Facility Readiness
- 1. Management Capability
 - a. The Respondent shall describe its organizational mission, history, background, experience and structure. The Respondent shall describe its quality assessment and improvement system, its policies, processes and procedures for assessing its management capabilities and specifically illustrate how the need for corrections and improvements are identified and made.
 - b. Describe the human resources development plan.
 - c. Provide an organizational chart with linkage to the program level and one that is consistent with all other exhibits. Describe in detail which positions represent corporate staff and explain their roles and responsibilities including those that are exclusive to the residential program in question.
 - d. Explain how this organization is equipped to provide the unique services outlined in the solicitation's scope of services.
 - 2. Program and Facility Readiness
 - a. The Respondent shall submit a program and facility readiness plan. The plan must clearly convey that thorough consideration has been given to each major component of a residential program such that the services will be available by the projected service date.
 - b. The plan must describe in detail the objectives, activities, responsible party and the time frame for the completion of each objective and all associated activities for each major component.
 - c. The program and facility readiness plan must identify the critical path activities and describe, in detail, an alternate path in the event of delays or failures on the critical path.
- G. Additional Documentation Requirements
- 1. Daily Activity Schedule

The Respondent must submit a comprehensive and detailed daily activity schedule (including weekends and evenings) outlining all program services.

 - a. The schedule must indicate the service type, the day and time of service delivery, its duration and the day of the week of service delivery.
 - b. The schedule must indicate on-site clinical coverage; when licensed mental health staff will be on site; the schedule of all mental health and substance abuse services being provided; individual, group and family therapy and must include the licensure status for each mental health and substance abuse clinical staff personnel who will provide these services.
 - c. The schedule must include educational and vocational activities, sick call and medication administration.
 - d. The schedule details must be consistent with all other sections of the reply and with all attachments and exhibits.
 - 2. Self-sufficiency Plan

The Respondent must submit an example of a self-sufficiency plan that will be developed and staffed with all parties as early as possible after the youth's admission to the program. See Attachment A, section V., D., Discharge and Transition Services for related information.
 - 3. Staffing and Personnel Plan
 - a. The Respondent must submit a detailed staffing plan outlining the staffing patterns for direct care staff.

- b. The plan must include the position titles, number of positions, qualifications, duties and responsibilities, proposed working hours and salary for all program staff.
 - c. The plan must include details for the provision of clinical staff and clinical services (including weekends and evenings) and must clearly identify the licensure status of all clinical staff.
 - d. The plan details must be consistent with all other sections of the reply and with all attachments and exhibits.
 - e. See Attachment A, section V., E., 1. Staffing Levels for related information.
4. Staff Training Plan
The Respondent must submit a detailed training plan reflective of the requirement that all full-time and part-time direct care staff be trained in accordance with Rule 63H, F.A.C. See Attachment A, section V., E., 3. Staff Training for other training requirements.
 5. Organizational Chart
The Response shall include an organizational chart with linkage to the program level and one that is consistent with all other sections of the reply and with all attachments and exhibits. See Attachment A, section V., F., 1. Management Capability for related information.
 6. Human Resource Development Plan
The Respondent must submit its human resources development plan. See Attachment A, section V., F, 1. Management Capability for related information.
 7. Program and Facility Readiness Plan
The Respondent must submit its program and facility readiness plan. See Attachment A, section V., F, 2. Program and Facility Readiness for details.

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**ATTACHMENT A-1
MINIMUM REQUIREMENTS FOR
PROGRAM OPERATIONS/BASIC CARE AND CUSTODY SERVICES**

I. SERVICE TASKS/PROGRAM OPERATIONS/BASIC CARE AND CUSTODY

The following minimum service tasks must be delivered as part of the basic care and custody services required for operation of a Residential Program, and as such minimums are non-negotiable. The Respondent is encouraged to propose services that will be delivered to youth that exceed the minimum requirements stated herein. These requirements will be set forth in the Contract resulting from this ITN.

All service tasks listed below must be performed in accordance with Rule 63E-7, F.A.C., Rule 63H, F.A.C., Rule 65D-30.003(15), F.A.C., Rule 64B9-14, F.A.C. (Delegation to Unlicensed Assistive Personnel), Rule Ch. 64B16-28, subsections 303, 606 and 702, F.A.C. (Modified Class II Institutional Pharmacies), Rule 63M-2, F.A.C., current recommendations by the Centers for Disease Control and Prevention, Occupational Safety and Health Administration (OSHA) Standards, Chapters 287, 394, 397, 458, 459, 464, 466, 468, 985 and section 1003.52, F.S., Rule 63N-1, F.A.C., the U.S. Department of Agriculture's National School Lunch Program, U.S. Department of Justice 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, and all Departmental policies and procedures.

A. Referrals and Admissions

1. Referrals

The decision to place an individual in the program shall be made by the Department through its Regional Commitment Management Offices throughout the state.

- a. The determination made by the Department is final and binding on all parties.
- b. If the Respondent disagrees with the placement of a youth, the admission of the youth shall occur, and the Respondent may contact the assigned Commitment Manager. Exceptions to the age requirement can be made with the approval of the Chief of Commitment.

2. Admissions

The Respondent shall accept new admissions Monday through Friday between 8:00 a.m. and 5:00 p.m. eastern standard time with the flexibility to provide admission services during non-routine hours should the need arise. All admissions will be coordinated in advance with the local Commitment Manager and Department Juvenile Probation Officer (JPO).

B. Screening and Assessment System

1. Program Orientation

The Respondent shall provide an orientation for youth in the program in accordance with Rule 63E-7, F.A.C. The orientation shall include, but not be limited to: the behavior management system, personal property inventory, written rules, regulations, program goals, services available, youth rights, grievance procedure, rules governing conduct, possible disciplinary action, and the youth's length of stay, which is dependent on their progression in treatment while at the program.

2. Care and Custody Services

The Respondent shall provide care and custody and uninterrupted proper supervision of youth during hours of program operation or service, transportation, and orientation of youth. The Respondent shall provide the following:

- a. Continuous, twenty-four (24) hours awake supervision every day of the year;
- b. The Respondent shall ensure that the relief factor employed for Full Time Employee (FTE) count is sufficient to cover staffing requirements. Appropriate levels of physical sight and sound presence of staff described in Attachment A, Statement of Services Sought, V., Reply, E. Staffing and Personnel to provide immediate response to emergencies, active supervision of the youth, and suitable and timely response to the everyday needs of youth while maintaining safety and security within the program;
- c. A daily staffing schedule must be included in the Respondent's reply outlining the staffing patterns for direct care staff;

- d. Nutritious, well-balanced meals and three snacks prepared and served in a manner that ensures the needs of each youth are taken into consideration. The Respondent shall ensure that, upon completion or termination of the Contract, there is a thirty (30) day supply of non-perishable food items and products available at the facility.
- e. Climate-appropriate clothing that fits properly, clean and in good repair. Youth shall be provided with personal hygiene items. Bed linens and towels shall be washed and sanitized.
- f. The Respondent shall comply with standards required by local fire and health authorities. Facilities and grounds shall be maintained in a manner that provides a safe, sanitary, and comfortable environment for youth, visitors, employees, and other individuals on-site.
- g. A daily activity schedule, including weekends and evenings, must be included in the Respondent's reply outlining all program services to include educational and vocational activities, sick call and medication administration as well as individual, group, and family therapy. The recreational activities shall be separate from mental health and substance abuse treatment services and therefore should be clearly identified as having separate designated times on the daily activity schedule. At least 60% of the youth waking hours shall be taken up in some sort of structured activity.
- C. Staffing Qualifications and Key Personnel
1. The Respondent shall comply with applicable rules, statutes, and licensing standards regarding professional qualifications.
 2. The Respondent shall ensure that all staff shall possess adequate training and education to perform the duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines.
 3. Key personnel are considered essential to successfully comply with a contract resulting from this solicitation and will be specified as such. Therefore, no later than forty-eight (48) hours after the removal, substitution, or change in status of any individual listed in the resulting Contract's Key Personnel table (see *Table 1 Key Personnel, example*), the Respondent will be required to submit to the Department's Contract Manager a detailed written explanation for the action, a plan to ensure contractual services are provided and, if appropriate, a timeline by which the position will be permanently filled. The Department will evaluate the impact of the vacancy on the resulting Contract and respond accordingly.

Key Personnel Table	
Program Director	One position utilized between Gulf Academy and Hastings Comprehensive Mental Health Treatment Program
Assistant Program Director	One position at Gulf Academy and one position at Hastings Comprehensive Mental Health Treatment Program
Health Services Administrator (HSA) Registered Nurse	One position utilized between Gulf Academy and Hastings Comprehensive Mental Health Treatment Program
Nursing Staff	Multiple nursing positions utilized between Gulf Academy and Hastings Comprehensive Mental Health Treatment Program (to include nursing staff for IMH, BD, DD, CMH, SAOS and Medically Complex Overlay Services youth)
Designated Health Authority (MD)	
Designated Mental Health Clinician Authority (DMHCA)	

Therapist	
Transition Services Manager	One position at Gulf Academy and one position at Hastings Comprehensive Mental Health Treatment Program
Recreation Therapist	One position at Gulf Academy and one position at Hastings Comprehensive Mental Health Treatment Program
Maintenance Staff	One position at Gulf Academy and one position at Hastings Comprehensive Mental Health Treatment Program
Psychiatrist	

Table 1 Key Personnel, example

D. Case Management Coordination Services

The Respondent shall provide case management coordination services that includes coordination with the Department and agency staff, other agencies, as well as members of the community, in the assessment of the individual needs of youth. Youth shall be matched to specific delinquency interventions based on the highest criminogenic needs indicated by the CAT/RAY and mental health and substance abuse evaluations as set forth in Rule 63N-1, F.A.C. The level of risk and needs of each youth shall govern the nature, intensity, and duration of delinquency interventions.

E. Health Services and Staff

Health services shall be delivered by nursing staff licensed as per Chapter 464, F.S., by physicians licensed as per Chapter 458 or 459, F.S., and by dentists as per Chapter 466, F.S., as appropriate in their respective areas of expertise in the State of Florida.

1. The Respondent shall provide comprehensive on-site medical services designed to provide accountability and rapid response to ensure that the specialized health needs of youth are met as stated above in Attachment A-1., I., Service Tasks/Program Operations/Basic Care and Custody requirements. The Respondent may arrange for the delivery of some or all such services through subcontractors.
2. To ensure the provision of necessary and appropriate healthcare, the Respondent shall maintain the following Staff and Ancillary Service Agreements to deliver the specified services. All staff qualifications and duties shall be as stated above in Attachment A-1, I. Service Tasks/Program Operations/Basic Care and Custody.
 - a. Designated Health Authority
 - 1) The Designated Health Authority must be either Board Certified in Pediatrics, Family Practice or Internal Medicine (with experience in adolescent health) or Board-Eligible and have prior experience in treating the primary health care needs of adolescents.
 - 2) The Designated Health Authority shall be on-call twenty-four (24) hours a day, seven days a week for acute medical concerns, emergency care, and coordination of off-site services.
 - b. Nursing Services

Nursing Coverage shall be provided as outlined in Attachment A, Statement of Services Sought, V., Reply, E. Staffing and Personnel, 2. Nursing Services.
 - c. Health Services Administrator (HSA) – Registered Nurse (RN)
 - 1) This position shall be a full-time Registered Nurse (RN) and have an active and clear Florida license in accordance with chapter 464, F.S.
 - 2) This position shall be responsible for providing on-site nursing services for the program youth, the direct supervision of the clinical functions in the medical clinic and nursing staff.
 - 3) The Health Services Administrator shall work directly with the Program Director/Designee, the Designated Health Authority/Designee, Psychiatrist/Designee, Mental Health staff,

- and the Department staff conducting monitoring and technical assistance regarding the delivery of medical services.
- 4) The Health Services Administrator shall coordinate his/her work schedule to ensure being on-site when the Designated Health Authority/Designee and Psychiatrist/Designee are at the facility.
- d. Additional Health and Well-being Services
Additional, time-limited services required above the level covered by the per diem may be necessary on occasion. The Department reserves the right to add services which, with prior Department approval, will be reimbursed with funding sources outside of a Contract resulting from this solicitation.
 - e. Ancillary Service Agreements
 - 1) Service provision contracts or written agreements with healthcare professionals in the community to provide additional healthcare services as needed.
 - 2) Access to a local hospital, which will receive and stabilize or treat any DJJ youth brought via ambulance or other means of transportation, for services that cannot be addressed on-site through basic minor first aid, or through established sick call procedures.
 - 3) A contract or written agreement with a dentist duly licensed in the State of Florida to provide primary dental care and emergency dental care when needed.
 - 4) A contract or written agreement with an ophthalmologist or optometrist duly licensed in the State of Florida to provide eye care services as needed for consultation and/or treatment.
3. Health Care Service Tasks
The Respondent shall provide necessary and appropriate gender-responsive healthcare services tasks including but not limited to:
 - a. Intake Screening and Evaluation;
 - b. Comprehensive Physical Assessments;
 - c. Sick Call Care - sick call shall be conducted daily. Scheduled sick call times shall be included in the daily activity schedule (see Attachment A, Section V., G. Additional Documentation Requirements, 1. Daily Activity Schedule;
 - d. Episodic Care and Emergency Response Care;
 - e. Treatment and Monitoring of Acute and Chronic Conditions;
 - f. Management of off-site care and follow up;
 - g. Immunizations;
 - h. Transitional Healthcare Planning;
 - i. Infection control measures;
 - j. Diagnostic Services (both on and off-site) e.g. labs, x-rays, ultrasounds, etc.;
 - k. Pharmaceutical Services and Medication Management Services - regularly scheduled medication administration times shall be included in the daily activity schedule and shall not coincide with sick call;
 - l. Upon completion or termination of the Contract, a thirty (30) day supply of prescription medication must be available at the facility;
 - m. Health Services Report; and
 - n. Biohazardous Waste Management .
 4. Modified Class II Institutional Pharmacy Permit
 5. Health Care Staff Training
 6. Health Care Costs
 7. Prior approval for incurring non-routine health care costs is required. Emergency care does not require prior approval before incurring emergency health care costs.
 8. A comprehensive monthly health education program is required.
 9. OSHA Requirements:
 - a. The Respondent shall develop and maintain a comprehensive education and prevention program that meets the OSHA requirements and is updated annually.

- b. The Respondent shall also provide for blood specimen or oral swabs collection for DNA Testing.
- c. The Respondent shall also require imprints of the juvenile's left and right thumbprints which shall be attached to the Florida Department of Law Enforcement (FDLE) request for DNA testing.

F. Mental Health and Substance Abuse Services

The provision of Mental Health and Substance Abuse Treatment and Services are subject to education, licensure, degree requirements, and applicable Florida rule requirements and Rule 63N-1, F.A.C. requirements. The Respondent shall provide or arrange for a broad spectrum of mental health and substance abuse services as set forth in Rule 63N-1, F.A.C. The Respondent shall ensure that the youth in the program have access to necessary and appropriate mental health and substance abuse services (on-site and off-site) performed by qualified mental health and substance abuse professionals or service Respondent(s).

1. Mental Health and Substance Abuse Services shall include:
 - a. Mental health and substance abuse screening upon admission to determine if there are any immediate mental health or substance abuse needs;
 - b. Comprehensive mental health and substance abuse evaluation or updated comprehensive evaluation performed by qualified mental health and substance abuse professionals for those youth identified by screening as in need of further evaluation;
 - c. Psychotherapy or professional counseling (i.e., individual, group, and family therapy);
 - d. Psychopharmacological therapy and follow-up treatment;
 - e. Suicide Prevention Services;
 - f. Suicide risk screening shall be conducted upon a youth's admission to the program and/or when a youth that had been on inactive status re-enters the program. Suicide prevention procedures and interventions shall be employed and documented immediately;
 - g. Crisis Intervention and Emergency mental health or substance abuse care (twenty-four (24) hour response capability with access to acute care settings and mental health and substance abuse emergency management services);
 - h. The Respondent shall provide youth with substance abuse issues the opportunity to participate in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) while in the program.
 - i. The Respondent shall ensure the development of facility operating procedures for implementation of mental health and substance abuse services as set forth in Rule 63N-1, F.A.C.
2. The Respondent shall provide evidence-based and/or promising mental health treatment and substance abuse treatment services for use with adolescents.
3. Evidence-based mental health and substance abuse treatment are those which have been independently evaluated using a sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition and appropriate analysis. Such studies should provide evidence of statistically significant positive effects in mental health treatment or substance abuse treatment of adequate effect size and duration. In addition, there should be evidence that replication by different implementation teams at different sites is possible with the same positive outcomes. Lists of mental health and substance abuse treatments and programs meeting criteria to classify them as evidence-based or promising are available in several publications and websites. See A-8, References and Definitions for links to some of these sites.
4. The Respondent shall take into consideration each youth's cultural and ethnic background and gender in all aspects of mental health and substance abuse screening, assessment and treatment planning. The Respondent shall ensure that treatment is based on these individualized needs.
5. When co-existing mental health and substance-related disorders exist, the Respondent shall provide or arrange for integrated treatment tailored to address co-occurring mental health disorders and substance-related disorders.

6. The Respondent shall designate a single licensed mental health professional as the Designated Mental Health Clinician Authority within the facility/program to be accountable for ensuring appropriate coordination, implementation and oversight of mental health and substance abuse services in the facility. The role and function of the Designated Mental Health Clinician Authority shall be clearly articulated in a written agreement between the Respondent and the Designated Mental Health Clinician Authority. There shall be clear organizational lines of authority and communication between the Designated Mental Health Clinician Authority and the clinical staff who are delivering on-site mental health and substance abuse services in the program. The Respondent shall also develop working relationships with local mental health and substance abuse agencies or individuals to maintain a referral source for the youth returning to those communities.
7. The Respondent shall provide mental health and substance abuse group therapy (including psychosocial skills training) designed for juvenile offenders with a mental disorder and/or substance-related disorder.

G. Mental Health Services Staff

Mental Health Services shall be provided by a licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional. A therapist for mental health services shall meet the qualifications of a Licensed Mental Health Professional or Non-Licensed Mental Health Clinical Staff Person in this section.

1. Licensed Mental Health Professionals

A Licensed Mental Health Professional is a psychiatrist licensed under chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a psychologist licensed under chapter 490, F.S., a mental health counselor, clinical social worker or marriage and family therapy licensed under chapter 491, F.S., or a psychiatric nurse as defined in chapter 394.455(23), F.S.

2. Non-Licensed Mental Health Staff

A mental health clinical staff person, if not otherwise licensed, must have, at a minimum, a bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or a related human services field. Related human services field is a college major which includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy. Examples of a college major in a related human services field include rehabilitation counseling, family studies, developmental psychology, health psychology, and special education.

3. A non-licensed mental health clinical staff person providing mental health services in the program must meet one of the following qualifications:

- a. Hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
- b. Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have two years clinical experience assessing, counseling, and treating youths with serious emotional disturbance or substance abuse problems; or
- c. Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have fifty-two (52) hours of pre-service training prior to working with youths. The fifty-two (52) hours of pre-service training must include a minimum of sixteen (16) hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youths but must be trained for one year by a mental health clinical staff person who holds a master's degree as set forth in Rule 63N-1, F.A.C. Pre-service training must cover, at a minimum: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention

and de-escalation, documentation requirements, normal and abnormal adolescent development, and typical behavior problems.

4. The non-licensed mental health clinical staff person must work under the direct supervision of a licensed mental health professional. Direct supervision means that the licensed mental health professional has at least one hour per week of on-site face-to-face interaction with the non-licensed mental health clinical staff person for overseeing and directing (as permitted by law within his or her State of Florida licensure) the mental health services that the non-licensed mental health clinical staff person is providing in the facility.
5. The licensed mental health professional must assure that mental health clinical staff (whether licensed or non-licensed) working under their direct supervision are performing services that they are qualified to provide based on education, training, and experience.

H. Substance Abuse Services Staff

Substance abuse services shall be provided in accordance with the licensure requirements set forth in chapter 397, F.S. and Rule 65D-30 F.A.C. Rule 65D-30.0037(4) states the following:

“Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances, where substance use services are provided within Juvenile Justice Commitment programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below.

1. *The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.*
2. *The services must be provided by employees of a service Provider licensed under Chapter 397, F.S.*
3. *The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under chapters 458, 459, 490 or 491, F.S.*
4. *The services must be provided by an individual who is an independent contractor who is licensed under chapters 458, 459, 490, or 491, F.S.*

A non-licensed substance abuse clinical staff person may provide substance abuse services in a Department facility or program only as an employee of a service Provider licensed under chapter 397, F.S., or a facility licensed under chapter 397, F.S. The non-licensed substance abuse clinical staff person must hold a bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field and meet the training requirements provided in Rule 65D-30, F.A.C., and work under the direct supervision of a qualified professional under section 397.311, F.S. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.

Within this scope of services, a “therapist” for substance abuse services shall meet the qualifications of a Licensed Qualified Professional or Non-Licensed Substance Abuse Clinical Staff Person in this section.

I. Behavior Analysis Services

When Behavioral Analysis Services are provided in the facility/program:

1. Behavior Analysis Services must be provided by Board Certified Behavior Analyst (BCBA), a Board Certified Assistant Behavior Analyst (BCaBA), or a Licensed Psychologist under chapter 490, F.S., a Licensed Mental Health Counselor, Licensed Clinical Social Worker, or a Licensed Marriage and Family Therapist under chapter 491, F.S. with training and experience in behavioral analysis or behavioral therapy. BCBAs and BCaBAs must have obtained certification by the Behavior Analyst Certification Board Inc.(BACB) pursuant to 393.17, F.S. and Rule 65G-4, F.A.C.
2. BCBAs or BCaBAs who are not a licensed mental health professional must provide behavior analysis services, behavioral therapy or behavioral interventions under the direct supervision of a licensed mental health professional in the DJJ facility/program and must meet all the requirements listed in item G., 3., above for non-licensed clinical staff to function as a non-licensed mental health clinical staff person in a DJJ facility/program.
3. BCaBAs must meet the consultation requirements pursuant to Rule 65G-4, F.A.C.

4. The BACB assumed all credentialing responsibilities for the former certificants of the Florida Behavior Analysis Certification Program. This program has closed and all its certification responsibilities and certificants have been transferred to the BACB. Former Florida program certificants are permitted to continue using only the following designations: Florida Certified Behavior Analyst and FL-CBAs. These certificants have the responsibilities and privileges of the BCBA credential and must adhere to its ethics and maintenance requirements.

J. Behavioral Management System

1. The proposed Behavioral Management System must comply with Departmental Rule 63E-7, F.A.C.
2. The Department does not permit the seclusion of youth from supervision; staff must maintain continuous and uninterrupted visual observation of all youth. Youth shall never be denied regular meals, healthcare, accommodation of religious needs or staff assistance. Disciplinary actions must be detailed in procedures that inform youth of the reasons prior to the disciplinary actions and provide youth an opportunity to explain the behavior leading to the disciplinary action.
3. Upon assuming operation of the program, the Respondent shall ensure that there is a smooth transition for the youth as it relates to the outgoing Respondent's behavior management and positive behavior reinforcement system and the future system.
4. The program will provide ongoing supportive services for youth who may experience relapse and will ensure that positive reinforcement is implemented.
5. Educational staff shall be trained on the program's behavioral management system.

K. Pre-Vocational and Vocational Services

Traditional and non-traditional pre-vocational and vocational services will be provided either directly by the local school district in which the juvenile justice program is located or through a contract between the local school district and its selected provider. Pre-vocational and vocational services proposed by the Respondent or specifically directed by the Department are in addition to this requirement.

L. Academic Services

1. The Respondent shall coordinate academic services through the local school district as required in chapter 1003.52, F.S.
2. The Respondent is expected to comply with the School Board Cooperative Agreement between the Department and the responsible school board.
3. The Respondent shall ensure that direct care staff is assigned to each classroom as mutually agreed upon by the responsible school district and educational personnel.

M. Job Training Placement

The Respondent shall provide job training activities and placement resources for youth in the program to ensure an orderly transition into the workplace and acceptance of work ethic.

N. Religious/Spiritual Opportunities

The Respondent shall provide regular faith-based opportunities and shall make diligent and documented attempts to provide religious services and/or education that encompass all faiths.

O. Transportation Services

1. The Respondent shall be responsible for transporting new admissions from the local detention center to the program and shall provide transportation for youth for reasons including but not limited to:
 - a. Medical/Dental appointments;
 - b. Worksite/Community service projects;
 - c. Counseling appointments with community agencies;
 - d. Emergency transportation;
 - e. Transportation to and from home visits as needed; and
 - f. Releases/Discharges.
2. Commitment programs will transport youth home if their residence is within seventy-five (75) miles of the program. Once youth have completed a commitment program, they should no longer be transported securely.

3. If the youth's residence is between seventy-five (75) – 300 miles from the commitment program, the youth's return is the joint responsibility of the commitment program and the JPO/Contracted Case Manager. An absolute mileage responsibility is not being identified, however, programs need to be flexible and base their "meeting point" on the fact that a JPO needs to be able to complete the round trip and the home drop-off within an eight-hour workday.
4. If the youth's residence is over 300 miles from the commitment program, the residential commitment program will register the youth with the Intrastate Transportation Network for transport.
5. When a youth must appear in court, the Respondent may elect to transport the youth to court, using the appropriate transportation procedures, or transport the youth to the nearest detention center, and the Department will transport the youth to court. The Respondent shall coordinate the transportation of youth with the respective transportation coordinator and detention center prior to the youth's arrival. Upon the youth's return from the court, the Department will notify the Respondent.
6. For facility-to-facility administrative transfers, the Respondent is responsible for transporting the youth to the receiving facility, if the facility is in the same region. If the facility is in a different region the Respondent shall contact the nearest detention center to plan and deliver the youth to that detention center, where the receiving Respondent will then transport the youth to its facility. If the youth is in secure detention pending the transfer, then the Department will transport the youth to the receiving facility regardless of region and location.
7. The Respondent is responsible for all transportation requiring the evacuation of the youth, and shall have an agreement in place that does not include the use of other State Agencies nor Schools. The Respondent shall assist in the transportation for youth that need to be transported outside of the catchment area.

P. JJIS Reporting

The Respondent shall be responsible for the reporting of all admissions and releases in the Juvenile Justice Information System (JJIS) Bed Management System module within twenty-four (24) hours of the admission/release and for updating the projected release dates of youth at a minimum of once per week. Consistent with the requirements set forth by the Department, the Respondent shall report performance data elements with direct entry into the Department's JJIS web site. The Respondent shall comply with current reporting requirements pertaining to performance measures (i.e. reporting to the Central Communications Center (CCC) for youth escapes and youth-on-staff and youth-on-youth batteries).

Q. Trauma Responsive Practices

The program shall conduct an annual self-assessment of trauma responsive practices within the facility. The assessment used shall be the assessment developed by the Department.

II. FACILITY AND PROPERTY REQUIREMENTS

A. Facility Standards

The facility provided for use in connection with any resulting Contract is Department-owned or leased. The Respondent shall comply with standards required by fire and health authorities. The Respondent shall ensure that all buildings and grounds, equipment and furnishings are maintained in a manner that provides a safe, sanitary, and comfortable environment for youth, visitors, and employees. The Respondent shall be responsible for the payment of utility services including, but not limited to, water, sewer, waste disposal, electric, gas and telephone services as well as any deposits required by a utility company related to services under any resulting Contract. Youth files will be securely maintained.

B. Pre-Operational Review

Prior to a Respondent assuming operation of an existing program or opening of a new program, the Department may conduct a pre-operational review. This pre-operational review should take place approximately thirty (30) days prior to the implementation of operations (youth admissions) of the program to ensure the Respondent is ready to begin service delivery and programmatic operations. If the Department determines that the findings of the pre-operational review indicate deficiencies that merit delaying the opening of the program, contract actions may be taken to delay the admissions of youth or delay

payment of operational funds pending corrective action by the Respondent. A copy of a pre-operational review document will be provided to the successful Respondent upon execution of any resulting Contract.

C. Occupancy Clause

The Respondent shall not be entitled to payment for program operations until proof of compliance with the following conditions, if applicable, is submitted to the Department:

1. A current certificate of occupancy for a Respondent-owned or leased facility has been issued by the building authority;
2. All permits and fees have been paid;
3. All safety and security systems and equipment are installed and operational in Respondent-owned or leased facilities; and
4. Proof of required fire and liability insurance coverage is presented to the Department.

D. Department-Furnished Property, Records and Inventory

1. The Respondent shall keep records of all maintenance and repairs on all state-owned or leased facilities and grounds and shall give the Department reasonable opportunity to inspect such records. The Respondent shall deliver the related records to the Department when requested. Record submittal is mandatory upon Contract termination.
2. The Respondent may not place any type of structure on, or make alterations to, Department furnished land or other property, without first having obtained the written approval from the Department's Bureau of General Services, Facility Services representative.
3. Upon possession of Department-furnished property by the Respondent, the Respondent assumes the risk and responsibility for its loss and damage. At the expiration or termination of any resulting Contract, the Respondent shall return the state-owned or leased facility and grounds to the Department in the same condition as on the initial date of any resulting Contract, normal and ordinary wear and tear excluded. Failure to return the property in the condition required by any resulting Contract shall result in the Department withholding payment of invoices in the amount required to reimburse the Department for repair or replacement costs. Notwithstanding any other provision in any resulting Contract to the contrary, the Respondent is liable for all consequential damages resulting from the Respondent's failure to comply with the requirements of any resulting Contract to maintain and repair the facility, grounds, utilities, and equipment furnished by the Department.
4. Title to Department furnished property shall remain with the Department. The Respondent shall use the Department-furnished property only in connection with any resulting Contract.

E. Regular Maintenance and Repair Work

The Respondent shall protect, preserve and maintain (including normal parts replacement), the facilities so as to conform to all applicable health and safety laws, ordinances and codes which are presently in effect and which may subsequently be enacted (to include pest control services, annual a/c and heating maintenance inspections, replacing a/c filters, etc.) and grounds (lawn and grass care, care of all shrubs and landscaping and storm water ponds, etc.) in accordance with industry standards and all applicable building codes and ordinances. This may include but not be limited to all areas of facility operation as listed below. Because of the maintenance, or other incidents, when repairs are needed with a cost per incident of less than \$5,000.00, these costs shall be considered regular repair work.

1. Interior repairs in accordance with generally accepted good practices, including repainting, worn or damaged floor coverings and lighting fixtures, as may be necessary due to normal usage;
2. Repair or replacement of fire and security alarm systems;
3. Replacement of broken windows;
4. Repair or replacement of interior equipment, and appliances as may be necessary due to normal usage;
5. Repair of the parking area;
6. General repair and repair/replacement of parts as required of heating/ventilation and air-conditioning system;

7. Repair of normal exterior structural wear and tear;
8. Inspection and replacement of general electrical repair;
9. Inspection and replacement of general plumbing repair;
10. Hardware repair;
11. Fire Alarm/ Fire Sprinkler repair;
12. Lift Station Repair;
13. Generator Repair;
14. Boiler Repair; and
15. Any other item normally required for the proper operation of the facility.

F. Major Maintenance and Repair Work

1. The Respondent shall utilize the Major Maintenance Fund (MMF) described below only to pay for Major Repair Work on state-owned facilities. Repair work with a per-incident cost of \$5,000.00 or more and as further described below shall be considered Major Repair Work. The Respondent shall not accumulate, or group required repair items in such a way that they exceed the \$5,000 threshold per incident cost. The Respondent shall promptly report to the Department damages requiring major emergency repairs on all state-owned or leased facilities and grounds.
2. On the first day of each month after the effective date of the Contract, the Respondent shall deposit in the major maintenance and repair reserve account, (the amount will be calculated after contract is awarded) per month. This shall be an interest-bearing account created solely to maintain the fund for that program. No costs other than repairs for the facility are allowed, e.g. checks, bank fees, etc.
3. Requests to utilize the fund shall be submitted following the Residential Services work order process for approval by the Department before the repair is made which also includes how emergencies will be processed. The request must describe all required repairs and state the maximum cost and have the appropriate quotes and other documentation attached. The request by the Respondent and approval by the Department must be in writing. Upon receipt of that approval, the Major Repair Work cost shall begin and upon satisfactory completion of the project be paid by the Respondent, from the Fund.
4. Major repair work is for the repair of the following list of systems which includes but are not limited to:
 - a. Heating, ventilation and air conditioning system;
 - b. Electrical system fixtures and equipment;
 - c. Plumbing systems, fixtures and supply, and waste lines;
 - d. Utility conversions;
 - e. Roof;
 - f. Major interior and exterior repainting;
 - g. Wastewater treatment systems;
 - h. Emergency back-up systems repair or replacement;
 - i. Life safety systems, repair or replacement;
 - j. Electronic security systems, repair or replacement;
 - k. Fire Alarm/ Fire Sprinkler repair;
 - l. Lift Station Repair;
 - m. Generator Repair; and
 - n. Boiler Repair.

G. Non-Expendable Tangible Personal Property

1. Title (ownership) to all non-expendable property shall be vested in the Department at the time of the purchase of the property if the property is acquired from:
 - a. Expenditure of funds provided by the Department under a cost-reimbursement contract;
 - b. Expenditure of funds provided by the Department as pre-operational; and/or
 - c. Expenditure of funds provided by the Department as operational expense dollars.
2. All Department-furnished property acquired by the Respondent through funding sources identified above, with a cost of \$1,000 or more and lasting more than one year, and hardback-covered bound books costing \$250 or more and computers, regardless of cost, shall be accounted for in accordance with Rule 69I-72, F.A.C.

All such property, including replacements to Department-furnished property that is lost, destroyed, exhausted or determined surplus under the terms of any resulting Contract, shall be returned to the Department upon Contract termination.

3. Any replacements shall be in equal or greater value when returned to the Department.
4. Upon delivery of Department-furnished property to the Respondent, the Respondent assumes the risk and responsibility for its loss and damage.

III. **DELIVERABLES**

The Respondent shall submit an invoice with sufficient documentation to fully justify payment for services delivered. Failure by the Respondent to promptly report and document deliverables as required may result in a reduction in the respective invoice.

A. **Service Units**

1. **Filled Beds**

- a. A filled bed is defined as a bed that is occupied by a youth. There are some cases where youth are absent from the program, but the Department still considers the bed to be filled. In these cases, the Department will pay the Respondent at the filled bed rate. These cases include:
 - 1) Youth participating in an approved program activity;
 - 2) Youth participating in an approved home or work visits;
 - 3) Youth participating in other approved travel;
 - 4) Youth transported to court appearances; and
 - 5) Youth placed in Detention not to exceed forty-eight (48) hours.
- b. In the case of a youth being placed in an outside medical or mental health facility that is gone less than five days the bed shall be considered filled and the Department will pay the Respondent at the filled bed rate. For medical or mental health placements that exceed five days, the Respondent shall notify the Department's Contract Manager and Commitment Manager Supervisor in the region, who will notify the Regional Director. The Department shall advise the Respondent of the decision whether to consider the bed filled or unfilled.

2. **Unfilled and Available Beds**

- a. An unfilled, available bed is defined as a bed that is not occupied by a youth (youth released from the program) and is not vacant due to the Department's decision to suspend admissions due to safety/security issues or concerns.
- b. The Respondent shall make the contracted number of beds continuously available throughout the term of the Contract. A bed is "available" only if the Respondent could accept a juvenile for admission to the program and the youth could receive all services described in any resulting Contract with forty-eight (48) hours' notice.
- c. It is the responsibility of the Respondent to notify the Department when the Contract beds are not available. It is further the responsibility of the Respondent to reduce the monthly invoice when beds are not available; however, the Department reserves the right to reduce the monthly invoice if the Respondent fails to do so.
- d. The Respondent shall not receive payment for services rendered prior to the execution date or after the termination date of any resulting Contract.
- e. Invoices for amounts due under any resulting Contract shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof.
- f. Medically complex overlay services beds shall be paid whether filled or unfilled.
- g. The Respondent shall deliver all services as outlined above.

IV. **REPORTS**

The Department will require progress or performance reports throughout the term of the Contract. The Respondent shall complete reports as required to become eligible for payment.

A. **Report Receipt and Documentation**

The Respondent shall submit written reports with all required documentation within stated timeframes to the correct individuals to become eligible for payment. Delivery of

deliverables and reports shall not be construed to mean acceptance of those deliverables and reports. The Department reserves the right to reject deliverables and reports as incomplete, inadequate, or unacceptable. The Department's Contract Manager will approve or reject deliverables and reports.

B. Report Examples

1. Invoice
2. Youth Census Report (as applicable to the specific service)
3. Organizational Chart
4. Proof of Insurance
5. Subcontract(s)
6. Residential Staff Vacancy Hire Report
7. Training Plan
8. Florida Minority Business Enterprise (MBE) Utilization Report
9. Information Resource Request (IRR)
10. Continuity of Operations Plan (COOP)
11. Health Services Statistical Report
12. Quarterly Purchase Report
13. Department-Furnished Property Inventory (Exhibit 1)
14. Joint Inventory
15. Office of the Inspector General Background Investigations
16. Substance Abuse Treatment Record
17. Monthly Statistical Report
18. Staff Verification System (SVS)
19. Budget
20. Preventive Maintenance Checklist
21. Vehicle Maintenance Log
22. Delinquency Interventions and Treatment Sessions Table (Exhibit 3)
23. Activity Schedule and Staffing Plan
24. Substance Abuse Treatment Overlay Services (SAOS) Tracking Sheet
25. Entry into JJIS – Evidence-based Services Module

V. **PERFORMANCE OUTCOME MEASURES AND EVALUATION**

Listed below are the Department's performance outcome measures for all Residential contracts. Each measure includes a goal, a standard and the measurement algorithm. The measures, and the minimum attainment requirement, are subject to periodic revision. Respondents will be expected to conform to any revised measures in either (or both) the solicitation process and a resulting contract. Additional performance measures and outcomes may be proposed by the Respondent and negotiated by the Department and may be made part of the final contract(s) resulting from this ITN.

A. Performance Outcome Measures

1. Community Safety

a. Escapes

- 1) Goal: Zero escapes due to a finding of failure to provide supervision or due to a violation of policy or rule contributing to the escape
- 2) Measures: From JJIS, the sum of all escapes due to a finding of failure to provide supervision or due to a violation of policy or rule contributing to the escape
- 3) Standard: Zero escapes due to a finding of failure to provide supervision or due to a violation of policy or rule contributing to the escape

b. Transition Preparation

- 1) Goal: 100% of youth will complete their individual transition plan objectives at least twenty-one (21) days prior to their release.
- 2) Measures: From JJIS and individual transition plans, the number of youth who complete the program and their individual transition plan objectives twenty-one (21) days prior to their release divided by the total number of youth who complete the program
- 3) Standard: 90% of youth will complete their individual transition plan objectives at least twenty-one (21) days prior to their release.

- c. Citizen Participation
 - 1) Goal: Citizens will complete 400 hours of volunteer services.
 - 2) Measures: From the Respondent's named volunteer coordinator's records, the sum of all volunteer service hours completed
 - 3) Standard: Citizens will complete 250 hours of volunteer services.
 - d. Decrease in Risk Factors
 - 1) Goal: 100% of youth will exhibit a decrease in risk factors.
 - 2) Measures: The number of youth who complete the program and exhibit a decrease in risk factors using the initial residential assessment score administered and the exit residential assessment score administered nearest release, divided by the total number of youth who complete the program
 - 3) Standard: 95% of youth will exhibit a decrease in risk factors.
2. Offender Accountability
- a. Community Service
 - 1) Goal: 100% of youth will complete 85% of the first one hundred (100) hours of ordered community service during residential placement.
 - 2) Measures: From JJIS and case files, the sum of youth with a community service order who complete the program and 85% of the first one hundred (100) hours of ordered community service during residential placement divided by the total number of youth who complete the program and who have a community service order
 - 3) Standard: 80% of youth will complete 85% of the first one hundred (100) hours of ordered community service during residential placement.
 - b. Completion of Victim Awareness Education
 - 1) Goal: 100% of youth will complete an approved victim awareness education program during residential placement.
 - 2) Measures: From JJIS and individual treatment plans, the sum of youth who complete the program and an approved victim awareness education program during residential placement divided by the total number of youth who complete the program
 - 3) Standard: 90% of youth will complete an approved victim awareness education program during residential placement.
3. Youth Competency
- a. Increase in Protective Factors
 - 1) Goal: 100% of youth will exhibit an increase in protective factors.
 - 2) Measures: From JJIS and individual treatment plans, the number of youth who complete the program and exhibit an increase in protective factors using the initial residential assessment score administered and the exit residential assessment score administered nearest release, divided by the total number of youth who complete the program
 - 3) Standard: 95% of youth will exhibit an increase in protective factors.
 - b. Increased Competency
 - 1) Goal: 100% of youth will successfully complete their individual performance plan objectives associated with their top three dynamic risk factors.
 - 2) Measures: From JJIS and individual performance plans, the number of youth who complete the program and successfully complete their individual performance plan objectives associated with their top three dynamic risk factors divided by the total number of youth who complete the program.
 - 3) Standard: 90% of youth will successfully complete their individual performance plan objectives associated with their top three dynamic risk factors.
 - c. Intervention/Treatment Dosage

- 1) Goal: 90% of youth will have hours and weeks entered in the Evidence Based Services (EBS) module for an intervention or treatment service matching a need identified by the residential assessment. The hours and weeks shall meet Standardized Program Evaluation Protocol (SPEP) guidelines for at least one identified primary service.
- 2) Measures: From EBS, the number of youth who complete the program and who have intervention or treatment hours and weeks entered matching an identified need as determined by the residential assessment and which meet dosage requirements for the group type intervention for at least one identified primary service as indicated on the SPEP designation form divided by the total number of youth who complete the program.
- 3) Standard: 80% of youth will have hours and weeks entered in the Evidence Based Services (EBS) module for an intervention or treatment service matching a need identified by the residential assessment. The hours and weeks shall meet Standardized Program Evaluation Protocol (SPEP) guidelines for at least one identified primary service.

B. Performance Evaluation

1. The Department will evaluate the Respondent's performance on a regular schedule to be determined at the start of each fiscal year.
2. The Respondent must adhere to the data submission guidelines outlined by the Department.
3. The Respondent must meet the standard, for each performance outcome measure, for each fiscal year. Failure to meet the standard will require corrective action and may result in contract action.
4. The Department shall conduct performance evaluations, recidivism studies, and other program assessments. These evaluations and studies will consider the content of the program, program components, and the duration of the program. The Department may request program and performance data from the Respondent to conduct evaluations, studies, or assessments of programs and program service delivery.
5. The data gathered from performance measure outcomes, recidivism studies, and other program assessments will be used by the Department for long-term program planning, performance-based budgeting, and legislative budget requests. The results may be used in the rating of the program for its future funding.

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**ATTACHMENT A-2
INTENSIVE MENTAL HEALTH TREATMENT SERVICES**

I. INTENSIVE MENTAL HEALTH TREATMENT SERVICES

- A. Intensive Mental Health Treatment Services shall be provided in accordance with this Attachment, DJJ Rule 63N-1, Florida Administrative Code (F.A.C.), applicable provisions of the DJJ Rule 63M-2, F.A.C., and applicable Department rules.
- B. Intensive Mental Health Treatment Services are provided to youth with serious to severe mental disturbance whose level of impairment and maladaptive behavior make them unsuitable for placement in a general offender setting. Programs providing Intensive Mental Health Treatment Services must be staffed by qualified mental health clinical staff that, under the direct supervision of a licensed mental health professional, provides comprehensive mental health evaluations, individualized mental health treatment planning and intensive psychotherapeutic services.
- C. Target Population
1. Youth with a diagnosed DSM-5 (or most recent version of the DSM) mental disorder who demonstrate serious to severe symptoms of mental disorder and impairment in social, emotional and/or adaptive functioning of substantial degree and duration. The functional impairment is expected to continue for at least six months and is not considered a temporary response to a stressful situation. DSM diagnoses include but are not limited to: schizophrenia and other psychotic disorders, depressive disorders, bipolar disorder, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, borderline personality disorder. The youth may have a co-occurring diagnosed substance-related disorder. However, substance abuse is not the youth's primary disorder.
 2. Admission Considerations
 - a. The youth must have a diagnosed DSM mental disorder and serious to severe symptoms of mental disorder or emotional disturbance.
 - b. The youth's functional impairment is documented as set forth in the DSM.
 - c. The youth may have a co-occurring diagnosed substance-related disorder. However, substance use is not the youth's primary disorder.
 - d. The youth is in need of an intensive level of mental health treatment services.
 - e. The youth typically demonstrates at least one of the risk factors below:
 - 1) Suicide ideation or potential suicide risk behaviors; however, youth is not in need of acute care;
 - 2) Aggression or violence toward others;
 - 3) Instability of mood;
 - 4) Diminished impulse control;
 - 5) Diminished emotional coping;
 - 6) Withdrawn/ regressive behavior; and
 - 7) Episodes of severe stress or anxiety.
 - f. Within residential and correctional facilities, substantial impairment may be demonstrated by recent crisis hospitalization/crisis stabilization or need for a protective environment, or by the individual's impaired ability to relate to others, participate in routine educational and program activities, complete daily living activities, cope with daily stressors, and the necessity for ongoing mental health treatment. History of mental health treatment, psychotropic medication, hospitalizations, and maladaptive behavior due to mental illness/emotional disturbance should be considered in assessing the duration and severity of mental disorder. The youth's current functioning must not indicate the need for crisis stabilization, acute inpatient or hospital-level care.
 3. Clinical Staffing (Contracted or Employed)
 - a. Clinical Staff Requirements
 - 1) Designated Mental Health Clinician Authority

The Respondent shall designate a single licensed mental health professional as the Designated Mental Health Clinician Authority within the facility/program to be accountable for ensuring appropriate coordination, implementation and oversight of mental health and substance abuse services in the facility. The role and function of the Designated Mental Health Clinician Authority shall be clearly articulated in a written agreement between the Respondent and the Designated Mental Health Clinician Authority. There must be clear organizational lines of authority and communication between the Designated Mental Health Clinician Authority and the clinical staff who are delivering on-site mental health and substance abuse services in the program.

2) Licensed Mental Health Professional

A full-time licensed mental health professional must be on-site at least five days of the week (including weekends and evenings), forty (40) hours per week, to provide clinical services and direct supervision of non-licensed mental health clinical staff. A licensed mental health professional must provide at least one hour of direct supervision per week for each non-licensed mental health clinical staff person, which is on site face-to-face interaction.

3) Clinical Counselors/Therapists

A counselor/therapist who is a licensed mental health professional or non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional must be on site daily [seven days/week]. Preferably a psychologist licensed under chapter 490, or mental health counselor, clinical social worker or marriage and family therapist licensed under chapter 491, Florida Statutes (F.S.), is responsible for providing and/or supervising counseling/therapy in the program.

a) The counselor's caseload shall not exceed twelve (12) youth.

b) Group counseling/therapy sessions shall not exceed ten (10) participants with mental health diagnoses or exceed fifteen (15) participants with substance abuse diagnoses.

4) Psychiatrist

A licensed psychiatrist (a physician licensed under chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination) must be on site at least weekly to provide psychiatric services, participate in treatment team meetings and family sessions (when possible) and also must be available twenty-four (24)-hours a day, seven days a week for emergency consultation services. Preferably a board-certified child and adolescent psychiatrist is responsible for psychiatric services within the program.

5) Psychologist

A licensed psychologist must be on-site at least weekly to provide psychological evaluations and psychological services within the program, and also must be available for emergency consultation services.

b. Mental Health Clinical Staff Qualifications

1) Licensed Mental Health Professionals

A psychiatrist licensed under chapter 458 or 459, F.S., psychologist licensed under chapter 490, F.S., mental health

counselor, clinical social worker or marriage and family therapy licensed under chapter 491, F.S., or psychiatric nurse as defined in section 394.455(23), F.S. A full-time licensed mental health professional must be on-site at least five days of the week, forty (40) hours per week, including weekends and evenings.

2) Non-Licensed Mental Health Clinical Staff

A mental health clinical staff person, if not otherwise licensed, shall have at a minimum, a Bachelor's Degree from an accredited university or college with a major in psychology, social work, counseling or a related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.

a) A non-licensed mental health clinical staff person providing mental health services in the program must meet one of the following qualifications:

- i. Hold a Master's Degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
- ii. Hold a Bachelor's Degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have two years' clinical experience assessing, counseling and treating youth with serious emotional disturbance or substance abuse problems; or
- iii. Hold a Bachelor's Degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have fifty-two (52) hours of pre-service training prior to working with youth. The fifty-two (52) hours of pre-service training must include a minimum of sixteen (16) hours of documented training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youth, but must be trained for one year by a mental health clinical staff person who holds a master's degree as set forth in Rule 63N-1, F.A.C. Pre-service training must include, but is not limited to: basic counseling skills, basic group skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development and typical behavior problems.

b) The non-licensed mental health clinical staff person must work under the direct supervision of a licensed mental health professional.

c) Direct supervision means that the licensed mental health professional has at least one hour per week of on-site face-to-face interaction with the non-licensed mental health clinical staff person for the purpose of overseeing and directing (as permitted by law within his or her State

- of Florida licensure) the mental health services that the non-licensed mental health clinical staff person is providing in the facility.
- d) The licensed mental health professional must assure that mental health clinical staff (whether licensed or non-licensed) working under their direct supervision is performing services that they are qualified to provide based on education, training and experience.
 - e) A mental health clinical staff person must be on site seven days of the week, including evenings.
- c. Substance Abuse Clinical Staff Qualifications
- 1) Substance abuse services for youth with co-occurring substance-related disorders must be provided in accordance with Rule 65D-30.0037(4) F.A.C., which states the following:
“Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances where substance use services are provided within Juvenile Justice Commitment programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below.
 - a) *The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.*
 - b) *The services must be provided by employees of a service Provider licensed under chapter 397.*
 - c) *The services must be provided by employees of the commitment program or detention facility that are qualified professionals licensed under chapters 458, 459, 490 or 491, FS.*
 - d) *The services must be provided by an individual who is an independent contractor who is licensed under chapters 458, 459, 490, or 491, F.S.”*
 - 2) A non-licensed substance abuse clinical staff person may provide substance abuse services in a Department facility or program only as an employee of a service provider licensed under Chapter 397, F.S., or a facility licensed under chapter 397, F.S. The non-licensed substance abuse clinical staff person must hold a bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field and meet the training requirements provided in Rule 65D-30, F.A.C., and work under the direct supervision of a qualified professional under, section 397.311, F.S. Direct supervision means that the qualified professional as defined in Section 397.311 F.S., has at least one hour per week of on-site face-to-face interaction with the non-licensed substance abuse clinical staff person for the purpose of overseeing and directing the substance abuse services that the non-licensed substance abuse clinical staff person is providing in the facility.
- d. Behavior Analyst or Behavioral Therapist
- 1) Behavioral Analysis Services must be provided by a Certified Behavior Analyst or Board Certified Behavior Analyst or Licensed Psychologist under chapter 490, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist under chapter 491, F.S., with training and experience in behavioral analysis or behavioral therapy. A Certified Behavior Analyst or Board-Certified Behavior Analyst is a person certified by the State of Florida as a Certified Behavior Analyst pursuant to section 393.17, F.S., and Rule 65G-4, F.A.C.,

- or a person who has obtained certification as a “Board Certified Behavior Analyst” by the Behavior Analyst Certification Board, Inc.
- 2) A Board-Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must provide behavior analysis services, behavioral therapy or behavioral interventions under the direct supervision of a Licensed Mental Health Professional in the DJJ facility/program.
 - 3) A Board-Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must meet all of the requirements listed above for Non-Licensed Clinical Staff to function as a non-licensed mental health clinical staff person in a DJJ facility/program.
4. Clinical Services
- a. Intensive Mental Health Services must include the following components:
 - 1) Comprehensive mental health evaluations or updated comprehensive evaluations.
 - 2) Group therapy (group therapy shall not exceed ten (10) participants with mental health diagnoses and not exceed fifteen (15) youth with substance abuse diagnoses. Counseling/Therapy must be provided five days per week.
 - 3) Individual and family therapy (availability for weekly individual and/or family therapy sessions), availability includes evenings and weekends
 - 4) Daily [seven days a week] therapeutic activities (psychosocial skills training, psycho-education, supportive counseling) provided by mental health clinical staff.
 - 5) Psychopharmacological therapy.
 - 6) Psychiatric services (including psychiatric evaluation, medication management and involvement in treatment planning) provided on-site at least weekly.
 - 7) Individualized behavior modification and behavior analysis or behavioral therapy for youth exhibiting self-destructive or violent behavior such as self-mutilation or explosive rage provided by a Certified Behavior Analyst, Board Certified Behavior Analyst, licensed psychologist under chapter 490, F.S., or licensed mental health counselor, licensed clinical social worker or licensed marriage and family therapist under chapter 491, F.S. with documented training and experience in behavior analysis or behavior therapy.
 - 8) Crisis intervention therapy and services.
 - 9) Suicide Prevention Services.
 - 10) Individualized mental health treatment planning.
 - 11) Individualized transition planning.
 - 12) Twenty-four (24)-hour response capability with access to acute care setting and mental health and substance abuse emergency management services.
 - 13) Individualized substance abuse services and treatment planning for youth with co-occurring substance-related disorder.
 - b. Documentation of services
 - 1) Assessments/Evaluations which include the youth’s DSM diagnosis, risks and functional status, completed and/or reviewed and signed as reviewer by a licensed mental health professional.
 - 2) Individualized mental health/substance abuse treatment plans that include the signature of youth and the parent or legal guardian, as allowed.
 - 3) Summary of treatment team meetings and reviews.

- 4) Daily or weekly progress notes summarizing mental health (treatment/interventions delivered, youth response to interventions, significant events occurring during the week.
- 5) Documentation of medication management and review.
- 6) Documentation of crisis intervention/emergency services.
- 7) Documentation of substance abuse services provided to youth with co-occurring substance-related disorder.

D. General Considerations

1. The Respondent must demonstrate the administrative capability to effectively operate a juvenile justice residential commitment program for juvenile offenders with serious to severe emotional disturbance or mental illness.
2. The Respondent must have the capacity to provide on-site professional staff and services as follows:
 - a. Psychiatric assessment and treatment by a psychiatrist (preferably a board-certified child and adolescent psychiatrist).
 - b. Psychological evaluations and consultations by a licensed psychologist.
 - c. Professional counseling provided by, or under the direct supervision of, a licensed mental health professional.
 - d. Professional nursing provided by registered nurses (preferably bachelor's level).
 - e. Substance abuse treatment provided by qualified substance abuse professionals for youths with mental disorder and co-occurring substance abuse in accordance with Rule 65D-30.0037(4) F.A.C.
3. The Respondent must demonstrate the capacity to provide on-going staff training on juvenile justice and mental health processes necessary to ensure a safe and effective treatment program and therapeutic correctional environment.
4. The Respondent must demonstrate the capability of providing a facility environment that is conducive to the delivery of delinquency programming and intensive mental health services (e.g., adequate space/design for individual, group and family counseling activities, living and common areas which permit clear lines of sight and intensive supervision of youth, adequate infirmary space, and secure clinical records area).
5. The Respondent must be capable of providing a multidisciplinary treatment team and individualized mental health treatment planning which includes the youth and youth's family (when possible).
6. The Respondent must demonstrate the capacity to provide treatment of mental disorder and co-occurring substance-related disorder. Substance abuse treatment services must be provided in accordance with chapter 65D-30, F.A.C.

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**ATTACHMENT A-3
BORDERLINE DEVELOPMENTAL DISABILITY (BDD) SERVICES**

I. BORDERLINE DEVELOPMENTAL DISABILITY SERVICES

Developmental Services shall be provided for Department of Juvenile Justice (DJJ) youth with borderline developmental disability [IQ seventy (70) - seventy-five (75)] whose level of cognitive impairment and related functional limitations make them unsuitable for a general offender program. BDD Services shall be delivered in accordance with DJJ Rule 63N-1, F.A.C., and applicable sections of f DJJ Rule 63M-2, F.A.C.

A. Programs providing BDD Services for youth with borderline developmental disability shall be staffed by qualified developmental and behavioral specialists who are responsible for individualized treatment planning and developmental services. Programs providing Developmental Services shall have the capacity to provide both delinquency programming and individualized treatment services designed specifically for the delinquent youth with borderline developmental disability. The Respondent shall have the capacity to provide mental health and substance abuse treatment services for youth with co-occurring mental disorder and/or substance-related disorder as set forth in Rule 63N-1, F.A.C.

B. Target Population

Youth with an intelligence quotient (IQ) between seventy (70) and seventy-five (75) who's level of cognitive impairment and related functional limitations (i.e., deficits in adaptive behavior) make them unsuitable for a general offender program. The youth's IQ and functional limitations shall be documented by a formal psychological evaluation completed within twelve (12) months of the youth's admission to the program. The psychological evaluation shall be conducted and signed by a psychologist licensed under chapter 490, F.S., or Department of Education employed/certified school psychologist, utilizing the most recent edition of the Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS) or Stanford-Binet Intelligence Scale (SB) and also a standardized adaptive behavior measure such as the Vineland Adaptive Behavior Scale, Adaptive Behavior Assessment System or Comprehensive Test of Adaptive Behavior.

An exception is provided in the circumstance where a licensed psychologist determines that administration of the current edition of the WISC, WAIS or Stanford-Binet Intelligence Scale (SB) is not appropriate due to a youth's condition or impairment. An alternative comparable standardized intelligence test may be used. The alternative comparable standardized intelligence test report must document justification for use of the alternative comparable intelligent test for the youth and must be approved by the Department. Examples of alternative comparable standardized intelligence tests include the Leiter International Performance Scale and Comprehensive Test of Non-Verbal Intelligence. If an alternative comparable standardized intelligence test is utilized, an adaptive behavior functioning test must also be administered as set forth above.

If, during the twelve (12) months prior to the youth's recommended placement the youth has received an intelligence test (i.e., Wechsler Intelligence Scale for Children, Wechsler Adult Intelligence Scale or Stanford-Binet Intelligence Scale) and an adaptive behavior measure conducted and/or signed by a licensed psychologist or has multiple documented intelligence tests (most current WISC, WAIS or SB) where borderline developmental disability has been found in some tests but the tests are not unanimous that the youth has borderline developmental disability (IQ 70-75), the youth cannot be rejected on the basis that borderline developmental disability does not exist unless DJJ concurs after a review of the youth's entire record including school testing and educational placement history.

II. CLINICAL STAFFING (CONTRACTED OR EMPLOYED)

A. Clinical Staff Requirements

1. Designated Mental Health Clinician Authority (DMHCA)

The Respondent shall designate a single licensed mental health professional as the Designated Mental Health Clinician Authority within the facility/program to be accountable for ensuring appropriate coordination, implementation and oversight of mental health and substance abuse services in the facility. The role and function of the Designated Mental Health Clinician Authority shall be clearly articulated in a

written agreement between the Respondent and the Designated Mental Health Clinician Authority. There shall be clear organizational lines of authority and communication between the Designated Mental Health Clinician Authority and the clinical staff who are delivering on-site mental health and substance abuse services in the program.

2. **Licensed Mental Health Professional**
A full-time licensed mental health professional shall be on-site at least five days of the week for forty (40) hours each week to provide clinical services and direct supervision of non-licensed mental health staff. The licensed mental health professional shall provide at least one hour of on-site direct supervision each week for each non-licensed mental health clinical staff person.
3. **Behavioral Analysis and Behavioral Therapy: A Certified Behavior Analyst, Board Certified Behavior Analyst, licensed Psychologist under chapter 490, F.S., or a licensed Mental Health Counselor, licensed Clinical Social Worker or licensed Marriage and Family Therapist under chapter 491, F.S., with documented training and experience in behavioral analysis or behavioral therapy must be on-site weekly to provide behavioral analysis and/or behavioral therapy.**
4. **Clinical Counselors/Therapist**
A licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional shall be on site daily [seven days of the week] to provide counseling and psychosocial treatments, as needed [counselor caseload shall not exceed one counselor for every ten (10) youth.]
5. **Psychologist**
A psychologist license under chapter 490, F.S., shall be on site weekly to provide psychological evaluations and psychological services within the program.
6. **Psychiatrist**
A licensed psychiatrist (a Physician licensed under chapter 458 or 459, F. S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination), shall be available for consultation and psychiatric services, as needed. A psychiatrist shall be on-site at least bi-weekly, at a minimum, to provide psychiatric services which include psychiatric evaluation, medication management and involvement in treatment planning.

B. Clinical Staff Qualifications

1. **Behavior Analyst or Behavioral Therapist**
Behavioral Analysis Services must be provided by a Certified Behavior Analyst or Board Certified Behavior Analyst or Licensed Psychologist under chapter 490, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist under chapter 491, F.S., with training and experience in behavioral analysis or behavioral therapy. A Certified Behavior Analyst or Board-Certified Behavior Analyst is a person certified by the State of Florida as a Certified Behavior Analyst pursuant to section 393.17, F.S., and Rule 65G-4, F.A.C., or a person who has obtained certification as a "Board Certified Behavior Analyst" by the Behavior Analyst Certification Board, Inc.
 - a. A Board-Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must provide behavior analysis services, behavioral therapy or behavioral interventions under the direct supervision of a Licensed Mental Health Professional in the DJJ facility/program.
 - b. A Board-Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must meet the requirements in item three, below, in order to function as a non-licensed mental health clinical staff person.
2. **Licensed Mental Health Professional**
A psychiatrist licensed under chapter 458 or 459, F.S., psychologist licensed under

chapter 490, F.S., Mental Health Counselor, Clinical Social Worker or Marriage and Family Therapist licensed under chapter 491, F.S., or psychiatric nurse as defined in subsection 394.455(23), F.S.

3. Non-Licensed Mental Health Clinical Staff
 - a. A mental health clinical staff person, if not otherwise licensed, shall have at a minimum, a Bachelor's degree from an accredited university or college with a major in Psychology, Social Work, Counseling or a related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
 - b. A non-licensed mental health clinical staff person providing mental health services in the program shall meet one of the following qualifications:
 - 1) Hold a Master's degree from an accredited university or college in the field of Counseling, Social Work, Psychology, or related human services field; or
 - 2) Hold a Bachelor's degree from an accredited university or college in the field of Counseling, Social Work, Psychology or related human services field and have two years clinical experience assessing, counseling, and treating youth with serious emotional disturbance or substance abuse problems; or
 - 3) Hold a Bachelor's degree from an accredited university or college in the field of Counseling, Social Work, Psychology or related human services field and have fifty-two (52) hours of pre-service training prior to working with youth. The fifty-two (52) hours of pre-service training shall include a minimum of sixteen (16) hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youth, but shall be trained for one year by a mental health staff person who holds a master's degree as set forth in Rule 63N-1, F.A.C. Pre-service training shall include, but is not limited to: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development and typical behavior problems.
 - c. The non-licensed mental health clinical staff person shall work under the direct supervision of a licensed mental health professional. Direct supervision means that the licensed mental health professional has at least one hour per week of on-site face-to-face interaction with the non-licensed individual for the purpose of overseeing and directing the mental health services provided by the non-licensed mental health clinical staff person.
 - d. Direct supervision shall be documented in a format which provides a summary of the directions, instructions and recommendations made by the licensed professional regarding the services provided by the non-licensed clinical staff person.
 - e. The licensed mental health professional shall assure that mental health clinical staff (whether licensed or non-licensed) working under their supervision is performing services that they are qualified to provide based on education, training and experience.
4. Substance Abuse Clinical Staff
 - a. Substance abuse services shall be provided in accordance with Rule 65D-30.0037(4), F.A.C., which states the following:
"Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances where substance use services are provided within Juvenile Justice Commitment programs and detention

facilities, such services may be provided in accordance with any one of the four conditions described below.

- 1) *The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.*
 - 2) *The services must be provided by employees of a service provider licensed under chapter 397, F.S.*
 - 3) *The services must be provided by employees of the commitment program or detention facility that are qualified professionals licensed under chapter 458, 459, 490 or 491, F.S.*
 - 4) *The services must be provided by an individual who is an independent contractor who is licensed under chapter 458, 459, 490, or 491, F.S.”*
- b. A non-licensed substance abuse clinical staff person may provide substance abuse services in a DJJ facility or program only as an employee of a service provider licensed under chapter 397, F.S., or a facility licensed under chapter 397, F.S. The non-licensed substance abuse clinical staff person shall hold, at a minimum, a Bachelor’s degree from an accredited university or college with a major in Psychology, Social Work, Counseling or related human services field and meet the training requirements provided in Rule 65D-30, F.A.C., and work under the direct supervision of a “qualified professional” as defined in Section 397.311, F.S.
- c. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
- d. Direct supervision means that the “qualified professional” as defined in Section 397.311 F.S., has at least one hour per week of on-site face-to-face interaction with the non-licensed substance abuse clinical staff person for the purpose of overseeing and directing the substance abuse services that the non-licensed substance abuse clinical staff person is providing in the facility.

III. CLINICAL SERVICES

- A. The Respondent shall offer the following services:
1. Developmental assessments/evaluations;
 2. Individualized treatment planning;
 3. Daily developmental and psychosocial treatment and interventions [seven days a week] conducted by mental health clinical staff;
 4. Individualized behavior analysis or behavior therapy provided by a certified behavior analyst or board-certified behavior analyst or licensed psychologist under chapter 490, F.S. or licensed Mental Health Counselor, licensed Clinical Social Worker or licensed Marriage and Family Therapist licensed under chapter 491, F.S.;
 5. Individualized treatment services designed specifically for delinquent youth with borderline developmental disability provided by a licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional;
 6. Suicide Prevention Services;
 7. Crisis intervention services;
 8. Psychological services;
 9. Psychiatric services, as needed and as required with youth receiving psychotropic medication; and,
 10. Twenty-four (24)-hour response capability with access to acute care setting and mental health and substance abuse emergency management services.
- B. The Respondent shall have the capability to provide:
1. Comprehensive mental health and substance abuse evaluations;
 2. Mental health services for youth with co-occurring mental health disorder; and,

3. Substance abuse services for youth with co-occurring substance-related disorder.

IV. GENERAL CONSIDERATIONS

- A. The Respondent shall have the administrative capability to effectively operate a juvenile justice residential commitment program for juvenile offenders with borderline developmental disability.
- B. The Respondent shall have the capacity to provide the staffing patterns and staff-to-youth ratios necessary to maintain an intensive level of direct care staff supervision of youth.
- C. The Respondent shall demonstrate twenty-four (24)-hour response capability with access to an acute care setting and emergency management services.
- D. The Respondent shall demonstrate the capability to provide a facility environment that is conducive to the delivery of delinquency programming, borderline developmental disability treatment services (e.g., adequate space/design for individual and group activities, living and common areas which permit clear lines of sight and intensive staff supervision, adequate infirmary space, secure clinical records area), mental health treatment services and/or substance abuse treatment services for youth with mental and/or substance abuse service treatment needs
- E. The Respondent shall provide a multidisciplinary treatment team and individualized treatment planning which includes the youth and youth's family (when possible). The Respondent shall have the capacity to provide treatment of co-occurring mental disorder and/or substance abuse. Substance abuse services shall be provided in accordance with Rule 63N-1 and Rule 65D-30, F.A.C.
- F. The Respondent shall ensure that behavior analysis and behavior therapy are provided by appropriately licensed and/or certified individuals and utilize positive reinforcement and other non-aversive procedures and the least restrictive methods available in accordance with prevailing professional standards.

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**ATTACHMENT A-4
DEVELOPMENTAL DISABILITY (DD) TREATMENT SERVICES**

I. DEVELOPMENTAL DISABILITY TREATMENT SERVICES

A. Overview

Developmental Disability Treatment Services programs are provided for youth with an IQ less than seventy (70) (typically between 40-69) whose level of cognitive impairment and related functional limitations impede their ability to function in a general offender program. Programs providing Developmental Disability Treatment Services must have the capacity to provide mental health services and/or substance abuse services for youths with co-occurring mental health disorder and/or substance-related disorder as set forth in Rule 63N-1 and applicable sections of Rule 63M-2, FA.C

B. General Service Requirements

Programs providing Developmental Disability Treatment Services for youths with developmental disability must be staffed by qualified developmental and behavioral specialists who are responsible for individualized treatment planning and developmental services. Programs providing Developmental Disability Treatment Services must have the capacity to provide both delinquency programming and individualized Developmental Disability Clinical Treatment Services as defined in Rule 63N-1.002(24) which are designed specifically for the delinquent youth with developmental disability. The Respondent must also be capable of providing mental health and substance abuse treatment services for youths with co-occurring mental disorder and/or substance-related disorder.

All programs serving individuals with developmental disabilities must assure the rights of persons with developmental disabilities as set forth in Section 393.13(3) F.S. and 42 USC 15009 SEC. 109 are respected and protected.

C. Target Population

Youth with an intelligence quotient (IQ) less than seventy (70) who's level of cognitive impairment and related functional limitations (i.e., deficits in adaptive behavior) make them unsuitable for a general offender program. The youth's IQ and functional limitations must be documented by a formal psychological evaluation completed within twelve (12) months of the youth's admission to the program. The psychological evaluation must be conducted by a psychologist licensed under chapter 490, F.S., or Department of Education employed/certified school psychologist, utilizing the most recent edition of the Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS) or Stanford-Binet Intelligence Scale (SB) and also a standardized adaptive behavior measure such as the Vineland Adaptive Behavior Scale, Adaptive Behavior Assessment System or Comprehensive Test of Adaptive Behavior.

An exception is provided in the circumstance where a licensed psychologist determines that administration of the current edition of the WISC, WAIS or Stanford-Binet Intelligence Scale (SB) is not appropriate due to a youth's condition or impairment. An alternative comparable standardized intelligence test may be used. The alternative comparable standardized intelligence test report must document justification for use of the alternative comparable intelligent test for the youth, and must be approved by the Department. Examples of alternative comparable standardized intelligence tests include the Leiter International Performance Scale and Comprehensive Test of Non-Verbal Intelligence. If an alternative comparable standardized intelligence test is utilized, an adaptive behavior functioning test must also be administered as set forth above.

If, during the twelve (12) months prior to the youth's recommended placement the youth has received an intelligence test (i.e., Wechsler Intelligence Scale for Children, Wechsler Adult Intelligence Scale or Stanford-Binet Intelligence Scale) and an adaptive behavior measure conducted and/or signed by a licensed mental health professional or has multiple documented intelligence tests (most current WISC, WAIS or SB) where developmental disability has been found in some tests but the tests are not unanimous that the youth has developmental disability (IQ < 70), the youth cannot be rejected on the basis that developmental disability does not exist unless DJJ concurs after a review of the youth's entire record including school testing and educational placement history.

II. CLINICAL STAFFING (CONTRACTED OR EMPLOYED)

A. Clinical Staff Requirements

1. Designated Mental Health Clinician Authority: The Respondent shall designate a single licensed mental health professional as the Designated Mental Health Clinician Authority within a facility/program. The role and function of the Designated Mental Health Clinician Authority shall be clearly articulated in a written agreement between the Respondent and the Designated Mental Health Clinician Authority. There must be clear organizational lines of authority and communication between the Designated Mental Health Clinician Authority and the clinical staff who are delivering on-site mental health and substance abuse services in the program.
2. Licensed Mental Health Professional: A full-time licensed mental health professional must be on-site at least five days of the week for forty (40) hours each week to provide clinical services and direct supervision of non-licensed mental health clinical staff. The licensed mental health professional must provide at least one hour of on-site direct supervision per week for each non-licensed mental health clinical staff person.
3. Behavioral Analysis and Behavioral Therapy: A Certified Behavior Analyst, Board Certified Behavior Analyst, licensed psychologist or licensed mental health counselor, licensed clinical social worker or licensed marriage and family therapist under chapter 491 with documented training and experience in behavioral analysis or behavioral therapy must be on-site weekly to provide behavioral analysis and behavioral therapy.
4. Clinical Counselors/Therapists: A licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional must be on site daily [seven days of the week] to provide counseling and psychosocial treatments, as needed (counselor caseload shall not exceed one counselor per ten (10) youths.)
5. Psychologist: A psychologist licensed under chapter 490 must be on site weekly to provide psychological evaluations and psychological services within the program.
6. Psychiatrist: A licensed psychiatrist (a physician licensed under chapter 458 or 459; F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination), must be available for emergency consultation twenty-four (24) hours per day/seven days per week. A psychiatrist shall be on-site bi-weekly, at a minimum, to provide psychiatric services which include psychiatric evaluation, medication management and involvement in treatment planning.

B. Clinical Staff Qualifications

1. Behavior Analyst or Behavioral Therapist
Behavioral Analysis services must be provided by a Certified Behavior Analyst or Board Certified Behavior Analyst or Licensed Psychologist under chapter 490, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist under chapter 491, F.S., with training and experience in behavioral analysis or behavioral therapy.
A Certified Behavior Analyst or Board-Certified Behavior Analyst is a person certified as a behavioral analyst in accordance with section 393.17, F.S., and chapter 65G-4, F.A.C., or a person who has obtained certification as a "Board Certified Behavior Analyst" by the Behavior Analyst Certification Board, Inc.
 - a. A Board-Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must provide behavior analysis services, behavioral therapy or behavioral interventions under the direct supervision of a Licensed Mental Health Professional in the DJJ facility/program.
 - b. A Board Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must meet the requirements

set forth in Rule 63N-1.0031(1)(b) and item three., below in order to function as a non-licensed mental health clinical staff person.

2. Licensed Mental Health Professional

A psychiatrist licensed under chapter 458 or 459, psychologist licensed under chapter 490, mental health counselor, clinical social worker or marriage and family therapy licensed under chapter 491, or psychiatric nurse as defined in chapter 394.455(23), F.S.
3. Non-Licensed Mental Health Clinical Staff
 - a. A mental health clinical staff person, if not otherwise licensed, must have at a minimum, a Bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or a related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
 - b. A non-licensed mental health clinical staff person providing mental health services in the program must meet one of the following qualifications:
 - 1) Hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
 - 2) Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have two years' clinical experience assessing, counseling and treating youth with serious emotional disturbance or substance abuse problems; or
 - 3) Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have fifty-two (52) hours of pre-service training prior to working with youths. The fifty-two (52) hours of pre-service training must include a minimum of sixteen (16) hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youths but must be trained for one year by a mental health staff person who holds a master's degree as set forth in Rule 63N-1, F.A.C. Pre-service training must include, but is not limited to: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development and typical behavior problems.
 - c. The non-licensed mental health clinical staff person must work under the direct supervision of a licensed mental health professional. Direct supervision means that the licensed mental health professional has at least one hour per week of on-site face-to-face interaction with the non-licensed individual for the purpose of overseeing and directing the mental health services provided by the non-licensed mental health clinical staff person.
 - d. Direct supervision must be documented in a format which provides a summary of the directions, instructions and recommendations made by the licensed professional regarding the services provided by the non-licensed clinical staff person.
 - e. The licensed mental health professional must assure that mental health clinical staff (whether licensed or non-licensed) working under their supervision is performing services that they are qualified to provide based on education, training and experience.
4. Substance Abuse Clinical Staff

- a. Substance abuse services shall be provided in accordance with 65D-30.0037(4) F.A.C., which states the following:
"Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances where substance use services are provided within Juvenile Justice Commitment programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below.
- 1) *The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.*
 - 2) *The services must be provided by employees of a service Provider licensed under chapter 397.*
 - 3) *The services must be provided by employees of the commitment program or detention facility that are qualified professionals licensed under chapters 458, 459, 490 or 491, F.S.*
 - 4) *The services must be provided by an individual who is an independent contractor who is licensed under chapters 458, 459, 490, or 491, F.S."*
- b. A non-licensed substance abuse clinical staff person may provide substance abuse services in a DJJ facility or program only as an employee of a service provider licensed under chapter 397, F.S., or a facility licensed under chapter 397. The non-licensed substance abuse clinical staff person must hold, at a minimum, a bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or related human services field and meet the training requirements provided in chapter 65D-30, F.A.C., and work under the direct supervision of a "qualified professional" as defined in Section 397.311 F.S.
- c. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
- d. Direct supervision means that the "qualified professional" as defined in Section 397.311 F.S., has at least one hour per week of on-site face-to-face interaction with the non-licensed substance abuse clinical staff person for the purpose of overseeing and directing the substance abuse services that the non-licensed substance abuse clinical staff person is providing in the facility.

III. CLINICAL SERVICES

- A. The Respondent must offer the following services:
1. Developmental assessments/evaluations;
 2. Individualized treatment planning and transition planning which includes coordination of services with the Florida Department of Children and Families (DCF) or the Florida Agency for Persons with Disabilities (APD) for youths jointly served by DJJ, and DCF or APD;
 3. Daily developmental and psychosocial treatment and interventions [seven days of the week] conducted by mental health clinical staff;
 4. Individualized behavioral analysis or behavioral therapy provided by a certified behavior analyst or board-certified behavior analyst or licensed psychologist under chapter 490, F.S., or licensed mental health counselor, licensed clinical social worker or licensed marriage and family therapist licensed under chapter 491 F.S.;
 5. Individualized treatment services designed specifically for delinquent youths with developmental disability provided by a licensed mental health professional or non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional;
 6. Suicide Prevention Services;
 7. Crisis intervention services;
 8. Psychological services;

9. Psychiatric services, as needed and is required with youths receiving psychotropic medication (psychiatric services shall be provided on-site at least bi-weekly and the psychiatrist must be available for emergency consultation twenty-four (24) hours per day/seven days per week);
10. Twenty-four (24)-hour response capability with access to acute care setting and mental health and substance abuse emergency management services; and
11. The Respondent must demonstrate the capability to provide
 - a. Comprehensive mental health and substance abuse evaluations;
 - b. Mental health services for youths with co-occurring mental health disorder; and
 - c. Substance abuse services for youths with co-occurring substance-related disorder.

IV. GENERAL CONSIDERATIONS

- A. The Respondent shall have the administrative capability to effectively operate a juvenile justice residential commitment program for juvenile offenders with developmental disability.
- B. The Respondent shall have the capacity to provide the staffing patterns and staff-to-youth ratios necessary to maintain an intensive level of direct care staff supervision of youth.
- C. The Respondent shall demonstrate twenty-four (24)-hour response capability with access to an acute care setting and emergency management services.
- D. The Respondent shall demonstrate the capability to provide a facility environment that is conducive to the delivery of delinquency programming, developmental disability treatment services (e.g., adequate space/design for individual and group activities, living and common areas which permit clear lines of sight and intensive staff supervision, adequate infirmary space, secure clinical records area), and mental health treatment services and/or substance abuse treatment services for youth with mental and/or substance abuse service treatment needs
- E. The Respondent shall provide a multidisciplinary treatment team and individualized treatment planning which includes the youth and youth's family (when possible). The Respondent shall have the capacity to provide treatment of co-occurring mental disorder and/or substance abuse. Substance abuse services shall be provided in accordance with Rule 63N-1 and Rule 65D-30.003 F.A.C.

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**ATTACHMENT A-5
INTENSIVE MENTAL HEALTH TREATMENT SERVICES - COMPREHENSIVE**

I. INTENSIVE MENTAL HEALTH TREATMENT SERVICES – COMPREHENSIVE

- A. Intensive Mental Health Treatment Services – Comprehensive shall be provided in accordance with this Attachment, DJJ Rule 63N-1, Florida Administrative Code (F.A.C.), applicable provisions of the DJJ Rule 63M-2, F.A.C., and applicable Department rules. These services are provided to youth with very serious to severe mental disturbance and very high intensity clinical needs whose level of impairment and maladaptive behavior make them unsuitable for placement in a general offender setting. Programs providing Intensive Mental Health Treatment Services shall be staffed by qualified mental health clinical staff who, under the direct supervision of a licensed mental health professional, provide comprehensive mental health evaluations, individualized mental health treatment planning and intensive psychotherapeutic services.
- B. Target Population
1. Youths with a diagnosed DSM-5 (or most recent version of the DSM) mental disorder who demonstrate very serious to severe symptoms of mental disorder and impairment in social, emotional and/or adaptive functioning of substantial degree and duration. The functional impairment is expected to continue for at least six months and is not considered a temporary response to a stressful situation. DSM diagnoses include but are not limited to: schizophrenia and other psychotic disorders, depressive disorders, bipolar disorder, generalized anxiety disorder, panic disorder, Reactive Attachment Disorder, obsessive compulsive disorder, Post Traumatic Stress Disorder. The youth may have a co-occurring diagnosed substance-related disorder. However, substance abuse is not the youth's primary disorder. The youth's functional impairment is documented as set forth in the DSM.
 2. Within residential and correctional facilities, substantial impairment may be demonstrated by recent crisis hospitalization/crisis stabilization or need for a protective environment, or by the individual's impaired ability to relate to others, participate in routine educational and program activities, complete daily living activities, cope with daily stressors, and the necessity for ongoing mental health treatment. History of mental health treatment, psychotropic medication, hospitalizations, and maladaptive behavior due to mental illness/emotional disturbance should be considered in assessing the duration and severity of mental disorder. The youth's current functioning must not indicate the need for crisis stabilization, acute inpatient or hospital-level care.

II. CLINICAL STAFFING (CONTRACTED OR EMPLOYED)

- A. Clinical Staff Requirements
1. Designated Mental Health Clinician Authority
The Respondent shall designate a single licensed mental health professional as the Designated Mental Health Clinician Authority within the facility/program to be accountable for ensuring appropriate coordination, implementation and oversight of mental health and substance abuse services in the facility. The role and function of the Designated Mental Health Clinician Authority shall be clearly articulated in a written agreement between the Respondent and the Designated Mental Health Clinician Authority. There shall be clear organizational lines of authority and communication between the Designated Mental Health Clinician Authority and the clinical staff who are delivering on-site mental health and substance abuse services in the program.
 2. Licensed Mental Health Professional
A full-time licensed mental health professional shall be on-site at least five days of the week, forty (40) hours per week to provide clinical services and direct supervision of non-licensed mental health clinical staff. The licensed mental health professional shall provide at least one (hour of face-to-face interaction and direct supervision per week for each non-licensed mental health clinical staff person.

3. **Clinical Counselors/Therapists**
A full-time counselor/therapist who is a licensed mental health professional or non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional shall be on site daily [seven days of the week], forty (40) hours per week. Preferably a psychologist licensed under chapter 490, or mental health counselor, clinical social worker or marriage and family therapist licensed under chapter 491, F.S., is responsible for providing and/or supervising counseling/therapy in the program.
 - a. The counselor's caseload shall not exceed twelve (12) youths.
 - b. Group counseling/therapy sessions shall not exceed ten (10) participants with mental health diagnoses or exceed fifteen (15) participants with substance abuse diagnoses.
 - c. The focus of the clinical counselor/therapist is delivery of therapy and treatment services. The clinical counselor/therapist may assist in clinical case management but shall not function as a case manager in the program.
4. **Psychiatrist**
A licensed psychiatrist (a physician licensed under chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology) shall be on site at least forty (40) hours per week to provide psychiatric services, participate in treatment team meetings and family sessions (when possible), and also shall be available twenty-four (24) hours a day/seven days a week for emergency consultation services. Preferably a board-certified child and adolescent psychiatrist is responsible for psychiatric services within the program.
5. **Psychologist**
A licensed psychologist shall be on-site at least forty (40) hours per week to provide psychological evaluations and psychological services within the program, and also shall be available for emergency consultation services.
6. **Professional Nurses**
A registered nurse shall be on-site daily [seven days of the week], and preferably on-site during each work shift to ensure appropriate administration of medication (if required), and to provide nursing observations and assessments, as needed.

B. Mental Health Clinical Staff Qualifications

1. **Licensed Mental Health Professionals**
A psychiatrist licensed under chapter 458 or 459, psychologist licensed under chapter 490, mental health counselor, clinical social worker or marriage and family therapy licensed under chapter 491, or psychiatric nurse as defined in section 394.455(23), F.S. A licensed mental health professional shall be on-site at least five days of the week.
2. **Non-Licensed Mental Health Clinical Staff**
A mental health clinical staff person, if not otherwise licensed, shall have, at a minimum, a Master's degree from an accredited university or college with a major in psychology, social work, counseling or a related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
3. The non-licensed mental health clinical staff person shall work under the direct supervision of a licensed mental health professional. Direct supervision means that the licensed mental health professional has at least one hour per week of on-site face-to-face interaction with the non-licensed individual for the purpose of overseeing and directing the mental health services provided by the non-licensed mental health clinical staff person.
4. Direct supervision shall be documented in a format which provides a summary of the directions, instructions and recommendations made by the licensed professional regarding the services provided by the non-licensed clinical staff person.

5. The licensed mental health professional shall assure that mental health clinical staff (whether licensed or non-licensed) working under their supervision is performing services that they are qualified to provide based on education, training and experience.
 6. A mental health clinical staff person shall be on site seven days of the week.
- C. Substance Abuse Clinical Staff Qualifications
1. Substance abuse services for youths with substance-related disorders shall be provided in accordance with Rule 65D-30.0037(4), F.A.C., which states the following:

“Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances where substance use services are provided within Juvenile Justice Commitment programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below.

 - a. *The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.*
 - b. *The services must be provided by employees of a service Provider licensed under chapter 397.*
 - c. *The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under chapters 458, 459, 490 or 491, F.S.*
 - d. *The services must be provided by an individual who is an independent contractor who is licensed under chapters 458, 459, 490, or 491, F.S.”*
 2. A non-licensed substance abuse clinical staff person may provide substance abuse services in a Department facility or program only as an employee of a service provider licensed under chapter 397, F.S., or a facility licensed under chapter 397. The non-licensed substance abuse clinical staff person shall hold, at a minimum, a Bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field and meet the training requirements provided in Rule 65D-30, F.A.C., and work under the direct supervision of a “qualified professional” as defined in section 397.311 F.S.

Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.

Direct supervision means that the “qualified professional” as defined in section 397.311 F.S., has at least one hour per week of on-site face-to-face interaction with the non-licensed substance abuse clinical staff person for the purpose of overseeing and directing the substance abuse services that the non-licensed substance abuse clinical staff person is providing in the facility.
- D. Behavior Analyst or Behavioral Therapist Qualifications
1. Behavioral Analysis Services must be provided by a Certified Behavior Analyst or Board Certified Behavior Analyst or Licensed Psychologist under chapter 490, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist under chapter 491, F.S., with training and experience in behavioral analysis or behavioral therapy. A Certified Behavior Analyst, Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst (BCaBA) is a person certified by the Behavior Analyst Certification Board, Inc.
 2. A Board Certified Behavior Analyst, Certified Behavior Analyst or Board Certified Assistant Behavior Analyst (BCaBA) who is not a Licensed Mental Health Professional must provide behavior analysis services, behavioral therapy or behavioral interventions under the direct supervision of a Licensed Mental Health Professional in the DJJ facility/program.
 3. A Board Certified Behavior Analyst, Certified Behavior Analyst or Board Certified Assistant Behavior Analyst (BCaBA) who is not a Licensed Mental Health Professional must meet all of the requirements listed above for Non-Licensed

Clinical Staff to function as a non-licensed mental health clinical staff person in a DJJ facility/program.

E. Clinical Services

1. Intensive Mental Health Services shall include the following components:
 - a. Comprehensive mental health evaluation or updated comprehensive evaluation;
 - b. Group therapy [Group therapy shall not exceed ten (10) participants with mental health diagnoses and not exceed fifteen (15) youths with substance abuse diagnoses. Counseling/Therapy shall be provided five days per week];
 - c. Individual and family therapy (weekly individual and/or family therapy sessions);
 - d. Daily [seven days a week] therapeutic activities (psychosocial skills training, psycho-education, supportive counseling) shall be provided by clinical staff;
 - e. Psychopharmacological therapy;
 - f. Psychiatric services (including psychiatric evaluation, medication management, and involvement in treatment planning) provided on-site at least forty (40) hours per week;
 - g. Individualized Behavior Modification and Behavior Analysis or Behavior Therapy for youth exhibiting self-destructive or violent behavior such as self-mutilation or explosive rage, provided by a Certified Behavior Analyst, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst (BCaBA), licensed psychologist under chapter 490 or licensed mental health counselor, licensed clinical social worker or licensed marriage and family therapist under chapter 491 with documented training and experience in behavior analysis or behavior therapy;
 - h. Crisis intervention therapy and services;
 - i. Suicide Prevention Services;
 - j. Individualized mental health treatment planning;
 - k. Individualized transition planning;
 - l. Twenty-four (24)-hour response capability with access to an acute care setting and mental health and substance abuse emergency management services; and
 - m. Individualized substance abuse services and treatment planning for youths with co-occurring substance-related disorder.
2. Documentation of services shall include:
 - a. Assessments/Evaluations which include the youth's DSM diagnosis, risks and functional status, completed and/or signed by a licensed mental health professional;
 - b. Individualized mental health/substance abuse treatment plans which include the signature of youth and the parent or legal guardian, as allowed;
 - c. Summary of treatment team meetings and reviews;
 - d. Daily or weekly progress notes summarizing mental health and/or substance abuse treatment/interventions delivered, youth response to interventions, significant events occurring during the week;
 - e. Documentation of medication management and review;
 - f. Documentation of crisis intervention/emergency services; and
 - g. Documentation of substance abuse services provided to youths with co-occurring substance-related disorder.

F. General Considerations

1. The Respondent shall maintain the administrative capability to effectively operate a juvenile justice residential commitment program for juvenile offenders with serious to severe emotional disturbance or mental illness.
2. The Respondent shall provide on-site professional staff and services as follows:
 - a. Psychiatric assessment and treatment by a board certified/board eligible child and adolescent psychiatrist;

- b. Psychological evaluations and consultations by a licensed psychologist;
 - c. Professional counseling provided by or under the direct supervision of a licensed mental health professional;
 - d. Professional nursing provided by registered nurses (preferably Bachelors level). Substance abuse treatment provided by qualified substance abuse professionals for youths with a mental disorder and co-occurring substance abuse in accordance with Rule 65D-30.0037(4), F.A.C.
- 3. The Respondent shall provide on-going staff training on juvenile justice and mental health processes necessary to ensure a safe and effective treatment program and therapeutic environment.
 - 4. The Respondent shall provide a facility environment that is conducive to the delivery of delinquency programming and intensive mental health treatment services (e.g., adequate space/design for individual, group and family activities, living and common areas which permit clear lines of sight and intensive supervision of youth, adequate infirmary space and secure clinical records area).
 - 5. The Respondent shall provide a multidisciplinary treatment team and individualized mental health treatment planning which includes the youth and youth's family (when possible).
 - 6. The Respondent shall provide treatment of mental disorder and co-occurring substance-related disorder. Substance abuse treatment services shall be provided in accordance with Rule 65D-30, F.A.C.

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**ATTACHMENT A-6
SUBSTANCE ABUSE TREATMENT OVERLAY SERVICES (SAOS)**

Substance Abuse Treatment Overlay Services shall be provided in accordance with this attachment and the "Services to Be Provided" in Attachment 1, the DJJ Rule 63N-1, F.A.C. applicable provisions of the DJJ Rule 63M-2, F.A.C. and applicable Department rules and Quality Improvement Standards.

I. SUBSTANCE ABUSE TREATMENT OVERLAY SERVICES

- A. Substance Abuse Treatment Overlay Services are provided for youth with a diagnosed substance-related disorder and associated functional impairment. The youth may also have a co-occurring mental disorder. However, substance abuse must be the primary disorder. Within this Attachment, the primary disorder is the condition chiefly responsible for the youth's functional impairment and is the focus of the overlay treatment. Substance abuse services in DJJ facilities must be provided in accordance with Rule 65D-30.0037(4), F.A.C. which states the following:
- "Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances where substance use services are provided within Juvenile Justice Commitment programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below.*
1. *The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.*
 2. *The services must be provided by employees of a service Provider licensed under chapter 397.*
 3. *The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under chapters 458, 459, 490 or 491, F.S.*
 4. *The services must be provided by an individual who is an independent contractor who is licensed under chapters 458, 459, 490, or 491, F.S."*
- B. Target Population: Youth with a diagnosed DSM-5 (or most recent version of the DSM) substance-related disorder who demonstrate impairment in social, emotional or adaptive functioning related to substance abuse. Youths' primary DSM diagnoses include but are not limited to Substance Use Disorder(s) of any type and severity. Youth may also be diagnosed with a co-occurring mental disorder (e.g., Depressive Disorders, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, and Posttraumatic Stress Disorder).
- C. Admission Considerations:
1. The youth must have a diagnosed substance-related disorder to be eligible for Substance Abuse Treatment Overlay Services.
 2. The youth's functional impairment is documented as set forth in the DSM-5.
 3. The youth may have a co-occurring mental disorder. However, the primary disorder must be substance-related. Within this Attachment, the primary disorder is the condition chiefly responsible for the youth's functional impairment and is the focus of the overlay treatment.
 4. The youth is not in need of a more intensive level of treatment at this time.
 5. The youth typically demonstrates one of the risk factors listed below:
 - a. Important social, educational, recreational activities given up or reduced because of drug use.
 - b. Continued substance use despite recurrent social, personal, family, educational problems associated with substance use.
 - c. Substance use in situations which could be physically hazardous (driving car, operating machinery).
 - d. Impairment in social, emotional, behavioral or adaptive functioning related to substance abuse.

II. CLINICAL STAFFING (CONTRACTED OR EMPLOYED)

- A. Clinical Staff Requirements
1. Designated Mental Health Clinician Authority: The Respondent shall designate a single licensed mental health professional as the Designated Mental Health

Clinician Authority within the facility/program to be accountable for ensuring appropriate coordination, implementation and oversight of mental health and substance abuse services in the facility. The role and function of the Designated Mental Health Clinician Authority shall be clearly articulated in a written agreement between the Respondent and the Designated Mental Health Clinician Authority. There must be clear organizational lines of authority and communication between the Designated Mental Health Clinician Authority and the clinical staff who are delivering on-site mental health and substance abuse services in the program.

2. **Qualified Professionals:** A person who is a “qualified professional” as defined in section 397.311 F.S., must be on-site at least five days of the week in facilities wherein services are provided under chapter 397 licensure [as specified in Rule 65D-30.0037(4) condition (a) or condition (b)], to provide substance abuse services and direct supervision of non-licensed substance abuse clinical staff.
3. **Substance Abuse Clinical Staff:** A substance abuse clinical staff person must be on-site seven days of the week in facilities wherein services are provided under chapter 397 licensure [as specified in Rule 65D-30.0037(4) condition (a) or condition (b)]. A substance abuse clinical staff must be on-site each day Substance Abuse Treatment Overlay Services are provided.
4. **Licensed Qualified Professional:** A qualified professional licensed under chapter 458, 459, 490 or 491, F.S., [as specified in Rule 65D-30.0037(4) condition (c) or condition (d)] must be on-site daily [seven days of the week] in DJJ facilities that are not licensed under chapter 397, F.S., or wherein services are not provided by a service Provider licensed under chapter 397, F.S. The licensed qualified professional must be on-site and provide a substance abuse service each day Substance Abuse Treatment Overlay Services are provided.
5. **Psychiatrist:** A licensed psychiatrist (a physician licensed under chapter 458 or 459, F.S.) who is board certified in child and adolescent psychiatry or psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination and must be on-site bi-weekly (at a minimum) for consultation, medication management and to participate in treatment planning for youth receiving psychotropic medication and also must be available twenty-four (24) hours a day, seven days a week for consultation.

B. Clinical Staff Qualifications

1. **Qualified Professional:** A physician or a physician assistant licensed under chapter 458 or 459; a professional licensed under chapter 490 or 491; an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of chapter 464 F.S.; or a person who is certified through a Department of Children and Families (DCF) recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor’s degree (see section 397.311 F.S.)
2. **Licensed Qualified Professional.** A “licensed qualified professional” is a person who is a physician licensed under chapter 458 or 459, F.S., a psychologist licensed under chapter 490; or a mental health counselor, clinical social worker or marriage and family therapist licensed under chapter 491, F.S. (see Rule 65D-30.0037(4) F.A.C.)
3. **Certified Addiction Professional:** A person who is certified through a DCF recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor’s degree. A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed service provider in this state must meet the requirements set forth in section 397.311, F.S.
4. **Substance Abuse Clinical Staff:** A non-licensed substance abuse clinical staff person may provide substance abuse services in a DJJ residential commitment program only as an employee of a service provider licensed under chapter 397 or in facility licensed under chapter 397, F.S. [as specified in condition (a) or condition (b) of Rule 65D-30.0037(4) F.A.C.] The non-licensed substance abuse clinical

staff person must hold a bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or "related human services field". "Related human services field" is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy. The non-licensed substance abuse clinical staff person must also meet the training requirements provided in Rule 65D-30, F.A.C., and work under the direct supervision of a qualified professional as defined in section 397.311 F.S. Direct supervision means that the "qualified professional" as defined in section 397.311 F.S., has at least one hour per week of on-site face-to-face interaction with the non-licensed substance abuse clinical staff person for the purpose of overseeing and directing the substance abuse services that the non-licensed substance abuse clinical staff person is providing in the facility.

5. Licensed Mental Health Professional: A psychiatrist licensed under chapter 458 or 459, F.S., who is board certified in child and adolescent psychiatry or psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination; a psychologist licensed under chapter 490, F.S.; a mental health counselor, clinical social worker or marriage and family therapy licensed under chapter 491, F.S.; or a psychiatric nurse as defined in chapter 394.455(23), F.S.
6. Mental Health Clinical Staff Person: A mental health clinical staff person, if not otherwise licensed, must have, at a minimum, a bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or a related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.
7. A non-licensed mental health clinical staff person providing mental health services in the program must meet one of the following qualifications:
 - a. Hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
 - b. Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have two years' clinical experience assessing, counseling and treating youth with serious emotional disturbance or substance abuse problems; or
 - c. Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have fifty-two (52) hours of pre-service training prior to working with youths. The fifty-two (52) hours of pre-service training must include a minimum of sixteen (16) hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youth, but must be trained for one year by a mental health clinical staff person who holds a master's degree as set forth in Rule 63N-1, F.A.C. Pre-service training must cover, at a minimum: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development and typical behavior problems.
8. The non-licensed mental health clinical staff person must work under the direct supervision of a licensed mental health professional.
9. Direct supervision means that the licensed mental health professional has at least one hour per week of on-site face-to-face interaction with the non-licensed mental health clinical staff person for the purpose of overseeing and directing (as permitted by law within his or her State of Florida licensure) the mental health

services that the non-licensed mental health clinical staff person is providing in the facility.

10. The licensed mental health professional must assure that mental health clinical staff (whether licensed or non-licensed) working under their direct supervision are performing services that they are qualified to provide based on education, training and experience.

C. Clinical Services

1. Comprehensive substance abuse evaluations or updated evaluations;
2. Individualized substance abuse treatment planning;
3. Individual, group and family substance abuse counseling (substance abuse counseling/therapy provided to each youth at least five days of the week);
 - a. Substance abuse counselor caseload shall not exceed sixteen (16) youths.
 - b. Group counseling shall not exceed fifteen (15) participants with substance abuse diagnoses.
4. Crisis Intervention therapy and crisis management;
5. Suicide Prevention services;
6. Comprehensive mental health evaluation and treatment for youths with co-occurring mental disorder (Mental health services must be provided by, or under the direct supervision of, a licensed mental health professional);
7. Twenty-four (24)-hour response capability with access to acute care settings and mental health and substance abuse emergency management services;
8. Routine admission/readmission as well as random urinalysis drug screening and positive screenings followed by appropriate clinical intervention and treatment planning. (These screenings may be performed by non-licensed staff). All drug testing must follow Clinical Laboratory Improvement Amendments, (CLIA) Waiver regulations if performed on site or collected by licensed staff to be sent to a laboratory and may have no disciplinary or sanction component;
9. The Respondent must have the capability to provide:
 - a. Availability for psychopharmacological therapy; and
 - b. Availability for psychiatric and psychological consultation and services.

D. Required Components

1. Substance abuse screening at the time of admission:
 - a. Comprehensive substance abuse evaluation or updated evaluation;
 - b. Substance abuse treatment planning, updating and review;
 - c. Daily substance abuse services for each youth; [seven days of the week, including evenings and weekends] provided on-site by a substance abuse clinical staff in accordance with Rule 65D-30.0037(4) F.A.C.;
 - d. Psychiatric services as needed and is required for youths receiving psychotropic medication. A psychiatrist must be on-site bi-weekly, at a minimum, to provide psychiatric evaluations, medication management and participate in treatment planning for youths receiving psychotropic medication, and also must be available twenty-four (24) hours a day, seven days a week for consultation;
 - e. Mental health evaluation and treatment for youths with co-occurring mental disorder;
 - f. Routine and random urinalysis drug testing with positive tests followed by appropriate clinical intervention and sanctions (including drug screening upon the youth's initial intake into the program);
 - g. Crisis Intervention and Suicide Prevention services;
 - h. Twenty-four (24)-hour response capability;
 - i. Substance abuse services are: substance abuse assessments; substance abuse education; substance abuse treatment activities such as substance abuse counseling, skills training (e.g., substance refusal skills, coping skills, interpersonal problem-solving skills) and relapse prevention. The substance abuse services must be provided by a qualified professional licensed under chapter 458, 459, 490 or 491, F.S., or substance abuse

clinical staff who are employees of a licensed service provider in accordance with Rule 65D-30.0037(4) F.A.C. and must be documented in the youth's clinical record. Mental health services must be provided by, or under the supervision of, a licensed mental health professional in accordance with the DJJ Rule 63N-1, F.A.C., DJJ policies, and QI standards.

j. Documentation of Services:

- 1) Assessments/evaluations which include the youth's DSM-5 (or most recent edition of the DSM) diagnosis, risks and functional status, completed and/or reviewed and signed by a qualified professional licensed under chapter 458, 459, 490 or 491, F.S.;
- 2) Summary of treatment team meetings and reviews;
- 3) Documentation of daily substance abuse therapeutic services provided by substance abuse clinical staff;
- 4) Weekly progress notes summarizing substance abuse and mental health treatment delivered, youth response to interventions, significant events occurring during the week;
- 5) Documentation of medication management and review;
- 6) Documentation of crisis intervention and emergency services;
- 7) Documentation of substance abuse treatment/intervention services;
- 8) Documentation of mental health treatment/interventions; and
- 9) Documentation of routine and random drug screening.

E. General Considerations

1. Substance abuse treatment requires a therapeutic structure and clinical activities that promote long-term abstinence from drug use, and which address the full complexity of each youth's substance use. Treatment is targeted at preparing youth for return to their community's drug-free and with the skills necessary to avoid relapse and maintain progress in all areas of their lives.
2. The Respondent must demonstrate the capability of providing a facility environment that is conducive to the delivery of delinquency programming and substance abuse services (e.g., adequate space/design for therapy and individual and group activities, secure clinical records area, and appropriate area(s) for assessment). The Respondent must also demonstrate the capability of providing mental health services for youth diagnosed with a co-occurring mental disorder.
3. Substance abuse services must be provided by a substance abuse service provider licensed under chapter 397, F.S., or a qualified professional licensed under chapter 458, 459, 490 or 491, F.S., in accordance with the licensure requirements set forth in Rule 65D-30.003(15) F.A.C.
4. The licensed service provider licensed under chapter 397, F.S., or qualified professional licensed under chapter 458, 459, 490 or 491, F.S., shall provide on-site substance abuse services seven days each week (including evenings and weekends). Substance abuse treatment must be provided at least five days per week and substance abuse education activities/services may be provided on the weekend. A substance abuse clinical staff person must be on-site and provide a substance abuse service for each day Substance Abuse Treatment Overlay Services (SAOS) are provided in facilities providing services as specified in Rule 65D-30.0037(4) F.A.C., condition (a) or condition (b). A qualified professional licensed under chapters 458, 459, 490 or 491, F.S.; must be on-site and provide a substance abuse service each day Substance Abuse Treatment Overlay Services (SAOS) are provided in facilities providing services as specified in Rule 65D-30.003(15) F.A.C.; condition (c) or condition (d).
5. Substance abuse treatment shall be individualized and designed to meet the substance abuse treatment needs of each youth participating in the residential substance abuse treatment overlay services program. Substance abuse education shall be delivered on-site by a substance abuse clinical staff person who have been trained by the service provider to deliver substance abuse education

activities/services. The service provider shall be responsible for providing a substance abuse education curriculum, substance abuse education lesson plans and/or substance abuse education activities developed specifically for juvenile offenders. Substance abuse services, including substance abuse education, must be provided by a qualified professional licensed under chapter 458, 459, 490 or 491, F.S., or substance abuse clinical staff who are employees of a licensed service provider in accordance with Rule 65D-30.0037(4) F.A.C. Mental health services must be provided by, or under the direct supervision of a licensed mental health professional in accordance with the DJJ Rule 63N-1, F.A.C., applicable provisions of the DJJ Rule 63M-2, F.A.C. and applicable DJJ rules and quality improvement standards.

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**ATTACHMENT A-7
MEDICALLY COMPLEX RESIDENTIAL MEDICAL OVERLAY SERVICES**

I. OVERVIEW

The Florida Department of Juvenile Justice (DJJ) requires a four-slot low/moderate risk Medically Complex Residential Medical Overlay Services program.

- A. The Respondent shall deliver comprehensive on-site medical services to four low/moderate risk medically complex youth who require increased or 24-hour nursing and medical services. This service shall be operated as a separate overlay service within the identified program.
1. The program shall accept youth who require a higher level of medical care than can be provided in a typical residential program. This includes youth who require medical management of single or multiple complex medical conditions examples include but are not limited to: insulin dependent diabetes, renal disease, sickle cell anemia, HIV/AIDS, or cardiac issues. Youth will be placed in this program only upon prior approval by the Department of Juvenile Justice's Office of Health Services, in conjunction with the Residential Services commitment staff. The described medical services shall include primary and preventative care; sick call and episodic care; acute and chronic medical treatment with follow-up which may require additional off-site specialty care visits; and medication management. In addition, the medical services shall include, but not be limited to, the following:
 - a. Frequent (up to every two hours) skilled observation and treatment by nursing staff, including the monitoring of vital signs, dressing changes, ostomy care, blood sugar monitoring and medication administration and management which may include short-term administration of parenteral medications (e.g. antibiotics).
 2. The severity of a youth's condition cannot exceed the capacity of services described above. Examples of the type of care that would surpass this type of program include, but are not limited to, the following:
 - a. Intravenous therapy, including continuous intravenous fluid administration and intravenous medication administration, with the exception of single dose IV medications;
 - b. Gastric tube maintenance, including tube feedings;
 - c. Skilled observation and treatments required more frequently than every two hours;
 - d. Stage III and Stage IV open wounds; and
 - e. Infectious or contagious diseases care which would rise to the level of hospitalization.
 3. Medical conditions that are determined by to be emergent or acute in nature that are above the scope and knowledge of the medical staff shall be treated as emergencies and the youth will be transported for emergency care with notification to the Designated Health Authority (DHA)/Practitioner.
 4. These services shall be designed to provide accountability and rapid response to ensure that the specialized health needs of adolescent youth are met in accordance with the Department's current Health Services Rule 63M-2. F.A.C.
- B. The Respondent shall insure that all staff are specifically trained in the areas of pediatric and adolescent healthcare and suicide prevention in the residential program setting and that their staff has been provided with, reviewed and understands the Medical and Mental Health Rules 63M-2 and 63N-1 F.A.C. requirements prior to the start of service provision.
- C. All professionals contracted by the Respondent to render services shall be continuously licensed, certified or registered, as required by law, rule, policy and the Department of Health, in their respective areas of expertise, pursuant to applicable law, in the State of Florida.
- D. Copies of the applicable licenses and certifications shall be provided to the Department Contract Manager prior to the delivery of services.

- E. The Respondent shall have policies and procedures in place in the case of a medical emergency within the facility. All staff that has direct contact with youth are to be trained to respond to medical emergencies and understand that they are to immediately call 9-1-1 in a medical emergency that poses the need for urgent medical attention (for example, a youth unresponsive/unconscious, bleeding profusely, acutely ill).

II. STAFF POSITIONS AND QUALIFICATIONS

In order to ensure the provision of necessary and appropriate healthcare, the Respondent shall maintain the following medical staffing:

- A. Designated Health Authority (DHA)
The Designated Health Authority shall be a Board-Certified and Florida licensed physician (MD or DO), with a specialty in pediatrics, family practice or internal medicine. He/she shall have an active and clear Florida license in accordance with chapters 458 and/or 459, F.S.
1. The Respondent's contracted physician will remain the DHA of record. The clinical or the administrative responsibilities shall not be delegated to other health care providers such as a Registered Nurse (RN).
 2. The DHA shall work on-site as specified in Section III., Staff Responsibilities, for the purpose of administrative and clinical responsibilities.
 3. The DHA shall be available twenty-four (24) hours per day, seven days per week, by telephone or in person for consultation and advice.
- B. Registered Nurse (RN)
RNs shall have an active and clear Florida license in accordance with chapter 464, F.S.
- C. The Respondent shall notify the Contract Manager if there are changes in personnel. The Respondent shall report vacancies lasting more than 30 days to the Contract Manager.
- D. The Respondent shall provide licenses to the Contract Manager for any newly hired licensed personnel prior to staff employment at the facility and cleared by OHS.
- E. A background screening will be completed on all newly hired staff and provided to the Contract Manager prior to staff employment at the facility.
- F. Special alerts identified on staff licensures shall be communicated immediately in writing to the Contract Manager.

III. STAFF RESPONSIBILITIES

- A. The DHA shall be on-site daily Monday through Friday for a minimum of five hours per week at frequencies to meet the needs of the population or more as the clinical needs of the population dictate. Specific times for the described physician services shall be coordinated with and agreed to in writing, by the Program Director to allow for flexibility in meeting the youth's needs. In certain instances, this may include weekend hours if the medical needs of the population so dictate.
- B. DHA responsibilities shall include, but not be limited to:
1. Providing oversight and supervision of all health and medical services including the general supervision of all medical personnel.
 - a. The DHA shall be responsible for the overall clinical direction, policies, and protocols for the medical services provided.
 - b. Final clinical judgments shall rest with the DHA.
 2. Providing direct on-site clinical supervision and services.
 3. Performing comprehensive physical assessments (CPA), initial and then annual, if they become due within the timeframe as stated 63M-2. F.A.C.
 - a. A CPA shall be completed within seven working days of the youth's admission.
 - b. Classifying youth based on the Department's medical classification system.
 4. Screenings for all youth within twenty-four (24) hours of admission unless otherwise specified below:
 - a. A thorough assessment of all body systems and an assessment of nutritional status, growth and development, to include vision screening.
 - b. Hearing as clinically indicated.

- c. Tuberculosis (Mantoux skin test) on admission as clinically indicated with timely scheduled follow-up care with the local Department of Health (DOH) for all positive tests and active cases of tuberculosis; however, treatment should not be delayed where indicated awaiting on scheduled appointment with DOH.
 - d. Screening and treatment for sexually transmitted diseases for every sexually active youth.
 - e. Serologic hepatitis screening panel such as HbsAG, anti-HBs, anti-HBc, (IgM, IgG), if warranted, based on clinical indications.
 - f. HIV screening, education, pre-and post-test counseling and testing for all youth.
 - 1) This shall be performed either by the Respondent's nurses trained specifically on HIV testing or through coordination with the County Health Department.
 - 2) The Respondent shall arrange the referrals to a specialist for youth requiring HIV treatment or medication.
5. Testing
- a. Laboratory test(s) as clinically indicated upon admission or during the course of a youth's stay at the facility.
 - b. EKG testing and associated services for those selected youth when clinically indicated.
 - c. Serum drug level testing for youth verified to be receiving selected medications (Lithium, Depakote, Theophylline, etc.). This testing requirement shall apply both to youth receiving medications upon arrival at the program or commencing these types of medications while at the Program.
 - d. Urine testing by dipsticks to screen for glucose, protein, leukocytes or pyuria.
6. Evaluating acute and chronic illnesses.
7. Reviewing and issuing prescriptive medication(s). This shall not include the issuing or renewal of psychotropic medications, unless it is in the temporary absence of the Facility's licensed Psychiatrist, or Psychiatric ARNP. In this case, the physician shall temporarily coordinate services that oversee the treatment needs and medication monitoring for youth who are on psychotropic medications and OHS shall be made aware.
8. Availability (or an equal level substitute) by pager for telephonic consultation twenty-four (24) hours per day, seven days per week, for acute medical concerns, emergency care, coordination of off-site services and other responsibilities.
9. Assisting in the development of the health care standards section of the Facility Operating Procedures.
10. Developing and granting final authorization to all facility specific protocols, policies, and procedures for medical and dental episodic (non-emergent illnesses and injuries) and emergency care for both medical and non-medical staff.
11. Providing annual review/revision of the above episodic and emergency protocols, policies and procedures.
12. Coordinating specialty and off-site medical services for youth requiring such care.
13. Ensuring all medical staff shall possess current CPR, and Automated External Defibrillator (AED) training and certificates. This information shall be made available to the Contract Manager prior to any health care staff member commencing employment at the program.
14. Managing and coordinating youth health care needs resulting from epidemic or emergency communicable disease outbreaks.
15. Ensuring that there is an open line of communication between the facility medical/nursing staff and the youth's primary care provider or specialist to facilitate continuity of health care while at the facility and upon the youth's transfer to another Department facility or discharge to the community.

- a. The primary care providers and/or specialists are to be as closely involved in the youth's care as deemed necessary.
 - b. The DHA is the physician of record while the youth remains in the facility and shall act accordingly.
16. Ensuring medical/nursing staff assists the facility in obtaining and filing a current Authority for Evaluation and Treatment forms from parents/guardians for the appropriate consent.
 17. Ensuring medical/nursing staff verifies eligibility and documents in the youth's Individual Health Care Record any information about the youth's third-party insurance, particularly for pre-existing conditions, and then providing any available third-party insurance information to the facility's contracted psychiatric, mental health, pharmacy, and off-site medical providers.
 18. Ensuring that all medical and treatment services specified in this Contract are fully implemented.
 19. Communicating with the Program Director on all matters relative to the medical needs of the youth in the Center.
 20. Reviewing and reporting all medical neglect or facility/youth specific medical allegations as requested by the Department regional or headquarters staff.
- C. Nursing Services on-site as follows:
1. There shall be one RN who shall function as the Nurse/Clinic Manager for the program. The Nurse/Clinic Manager shall work forty (40) hours per week on-site, Monday-Friday during the daytime hours and be responsible for direct patient care, and nursing administrative and supervisory duties, which shall include, but not be limited to:
 - a. Scheduling, assignments;
 - b. Direct communication with the DHA or other health care providers;
 - c. Nursing staff education; and
 - d. The DHA is the one that can be on call twenty-four (24) hours, seven days a week per Rule.
 2. On duty on-site, Registered Nursing services shall be provided twenty (24) hours a day, seven days a week at all times. This shall be staffed based on the number of medically complex youth at the program.
 3. There shall be one part-time Medical Records Clerk (1/2 Full Time Equivalent (FTE)) twenty (20) hours per week and one employee for transportation services.
- D. Nursing responsibilities shall include, but not be limited to:
1. Reviewing and/or performing the Department's standardized intake screening (Facility Entry Health Screening Form, HS 010), provided by the facility intake staff during the admission process for all youth.
 2. Communicating by telephone regarding all identified acute and chronic medical concerns identified on the form and during the interview and assessment of the youth to the DHA and scheduling youth for the next on-site physician sick call, or if appropriate, arranging immediate emergency services.
 3. Conducting, reviewing and/or updating the departments current Health Related History on each youth (Form HS 014) within seventy-two (72) hours of the youth's admission. The nurse will complete the departments current Suicide Risk Screening Instrument within twenty-four (24) hours of a youth's intake, unless the mental health clinical staff person has already completed the instrument.
 4. Communicating upon admission to the facility and throughout the youth's stay, with any pre-existing medical providers (particularly specialists) to provide consistent and continuous healthcare.
 - a. These providers are to be as closely involved in the youth's care as deemed necessary.
 - b. The nurses shall:
 - 1) Document in the Individual Healthcare Record any contacts (and attempts) made with the youth's pre-existing provider;
 - 2) Document all information obtained from these contacts;

- 3) Verify with the pre-existing provider the youth's medications to ensure continuous provision of all needed medications;
 - 4) Coordinate and continue the appropriate medical treatment care plan with short- and long-term goals;
 - 5) Coordinate continuity of care and needed follow up care, appointments and specialized procedures through discharge instructions provided to the receiving facility or to the parent/guardian; and
 - 6) Documentation of these instructions shall be maintained within the youth's Individual Healthcare Record with copies of instructions given to the parent/guardian of the youth who is discharged from the facility.
5. Assisting the facility with obtaining and filing any current Authority for Evaluation and Treatment forms (Form HS 002)) from parents/guardians for the appropriate consent.
 - a. All efforts to do so shall be noted in the Individual Healthcare Record.
 - b. The inability to obtain consent shall then be immediately conveyed by the nursing staff to the Juvenile Probation Officer (JPO) to obtain a court order authorizing treatment.
 6. Contacting the parent/guardian when any medication is prescribed or changed. Such attempts/conversations shall be documented in the youth's Individual Health Care Record (IHCR) and on the departments current form; Parental Notification of Health-Related Care: Medications (HS 021, 0).
 7. Assisting the psychiatric staff by completing and mailing page 3 of the Department's current Clinical Psychotropic Progress Note (CPPN) ((HS 006) and the Department's current Acknowledgement of Receipt of CPPN (HS 001,) within twenty-four (24) to forty-eight (48) hours to the parents/guardian at the address on record. Only mailings will be at the expense of the Department. If the parent refuses to sign the form or is unavailable, then a court order must be pursued. For youth in the custody of DCF, a court order shall be obtained and may require the use of DCF form 5339.
 8. Providing tuberculosis screening and testing upon intake following Departmental procedures and protocols established by the DHA.
 9. Ascertaining immunization status (through a thorough review of immunization and school records) and administering needed immunizations (including first HBV, if applicable), per written order of the DHA and guidelines of the Center for Disease Control. Immunizations shall be up to date.
 10. Developing a written treatment plan for all medically complex youth. This shall include scheduled dates for follow-up, consultation, medical alerts, etc. Any youth with special needs such as speech, mobility or hearing disabilities, shall have this addressed in their treatment plan as well.
 11. Conducting daily sick call according to 63M-2 F.A.C.
 12. Providing Department required health education to youth on an individual and/or group basis.
 13. Providing basic prenatal care and health education to pregnant youth.
 14. Arranging for care of any emergency dental needs through the facility-designated Dentist.
 - a. Ensuring that referrals for emergency dental care are accomplished in an effective and timely manner.
 - b. Utilizing on-site protocols for dental emergencies while awaiting transfer to an emergency dentist.
 15. Providing one-to-one health education on specific medications and chronic and acute health conditions to youth as well as monthly general Health education.
 16. Arranging for appropriate follow-up care of health conditions identified during the youth's admission and during the youth's stay at the facility. This shall include communication with the youth's parent/guardian or the residential facility to which the youth is transferred.

17. Verification and procurement of all currently prescribed medications at the time of admission.
 18. Administering all medications and treatments.
 19. Monitoring Medication Administration Records (MARs) weekly for accuracy and completion.
 20. Documenting and communicating medication omissions and errors to the Program Director and DHA and the Central Communication Center (CCC) in accordance with 63F-11 F.A.C.
 21. Monitoring medication side effects daily and for every dose of the medication administered.
 22. Ensuring that required laboratory values are documented for those medications that require such monitoring.
 23. Requesting and processing all orders for medical supplies to maintain the inventory.
 24. Performing daily shift-to-shift controlled substance counts.
 25. Keeping an inventory of needles and sharps at intervals determined by Department policy or rule.
 26. Performing additional services as required within the scope of this agreement by the Department and approved by the Designated Health Authority.
- E. Medical Records Clerk duties and responsibilities shall include:
1. Answer phones in the medical clinic area.
 2. Print Departmental forms for new medical records and as needed.
 3. Construct charts on new admissions.
 4. Daily filing of medical and mental health records/forms into youth's Individual Healthcare Record.
 5. Pull, combine medical and mental health records, and file upon youth's release.
 6. Check population list daily against actual records on file.
 7. Scan and/or copy records requested by JPOs as needed.
 8. Disassemble records of youth after discharge, for return to the department's responsible party.
 9. Contact (email) JPOs with request for assistance in obtaining signed AET (when necessary), immunization records and most recent Comprehensive Physical Assessment.
 10. Phone calls to assist nursing staff as needed.
 11. Check refrigerator temperature and document on thermometer log twice daily.
 12. Print daily alert lists (if not done by nursing) and distribute.
 13. Compile and print DHA/practitioners list of youth to be seen.
 14. Other duties as assigned by the Clinic Manager/designee.

IV. STAFF DOCUMENTATION

- A. The Respondent shall maintain the daily medical logs of all youth seen in the clinic as required by 63M-2 F.A.C.
- B. The Respondent shall maintain aggregate logs (sick call, episodic/emergency care, etc.) and make notations in the youth's Individual Healthcare Record of all medical/nursing encounters and activities to include documentation of parent/guardian communication.
- C. The Respondent shall ensure notations and entries in the Individual Healthcare Record shall be in accordance with 63M-2 F.A.C and 63N-1 F.A.C.
- D. The Respondent shall ensure that the original, cumulative Individual Healthcare Record is transferred to the receiving residential facility/program with those youth who are transferred, and that any other health-related documentation, which arrives after transfer is forwarded to that facility/program. They shall then ensure that all youth with any chronic or outstanding medical or mental health conditions and all youth who are prescribed medications at the time of any release will have a documented review of their Individual Healthcare Record to ascertain the need for follow-up and to ensure that appropriate referrals and communications were made.

- E. The Respondent shall ensure, for youth who are discharged to the community, that the original Individual Healthcare Record is maintained in accordance with 63M-2 F.A.C. in such a manner that it can be re-activated if the youth re-enters the system.
- F. The Respondent shall ensure, for youth who are placed in a day treatment program, that the program receives the original Individual Healthcare Record is maintained in accordance with 63M-2 F.A.C.
- G. The Respondent's staff shall ensure that the youth's Juvenile Probation Officer receives a healthcare update upon release.
- H. The Respondent shall ensure that off-site health care providers are provided the Summary of Off-Site Care Consultation Report (HS 033,) for recording off-site care. The Respondent staff shall ensure all records related to the off-site care are obtained and reviewed by the DHA/Practitioner.

V. STAFF COVERAGE AND SIGN-IN REQUIREMENTS

- A. The DHA nursing staff and the medical records clerk are required to sign in and out on the control log located at the entrance to the facility to verify hours worked. Failure to sign in and/or out may result in loss of compensation for those hours not reported in the log.
- B. There shall be uninterrupted coverage of physician and nursing services. In the event of a scheduled or unscheduled DHA, RN, or LPN absence, the Respondent shall ensure uninterrupted equal or higher contracted coverage of this person at no additional cost to the Department.
- C. The Respondent shall ensure that there is basic medical staff coverage to provide all medical care needs in the case of natural disasters such as hurricanes, included in the main Contract.
- D. The Respondent shall maintain staffing levels that, at a minimum, conform to those positions listed in Section III, Staff Responsibilities. In the event a position listed in Section III, Staff Responsibilities, becomes vacant, the Respondent shall have thirty (30) calendar days to fill the vacant position.
- E. It is understood and agreed that from time to time a vacancy may occur in staff positions set forth in the staffing plans; however, the Respondent shall employ sufficient relief staff to ensure that the operations of the service are covered.
- F. A position shall not be deemed vacant when an employee is temporarily absent due to paid vacation, paid sick leave, management and professional conferences, in-service training, or other temporary leave condition. Further, a position shall be deemed not to be vacant if filled using overtime, contract services, or cleared and trained temporary employees.
- G. Beginning one month after program operation, the Respondent's monthly invoice shall be reduced by an amount equal to a vacant position's daily rate of pay, plus 27.37% for benefits, times the number of working days such position remains vacant beyond thirty (30) calendar days. For example, if a position becomes vacant on June 1st and remains vacant throughout the months of June and July, the monthly payment for the month of July will be reduced by an amount equal to the position's daily rate times the number of working days a person in the vacant position would have been scheduled to work in the month of July, plus 27.37% for benefits.
- H. The Respondent shall submit, as required, the Staff Vacancy Report each month to DJJ. This report may require modification to tracks all positions shown on the Intensive Medical Staffing Plans that are vacant by more than thirty (30) calendar days by position number, position title, number of vacant working days (beyond thirty (30) calendar days), daily rate of pay, and vacancy deduction calculation (as described above at G.).
- I. It is understood and agreed that a vacant position cannot be filled by transferring a person already employed by the Respondent in the same position to the vacant position without a plan to fill the vacated position. A vacant position can, however, be filled through the promotion. The transfer of an existing employee from one position to another with an appropriate plan to fill the vacated position, as necessary.

VI. TRANSITIONAL SERVICES

- A. Transitional services shall apply to youth who are:
 1. Released or discharged to the community;

2. Placed on conditional release;
 3. Transferred to a Department secure detention center;
 4. Transferred to another residential commitment program, adult jail, or prison.
- B. Transitional Services shall consist of:
1. The Respondent's nursing staff contacting an agency or clinic designated by the facility, and the parent/guardian and/or JPO.
 2. The Respondent shall ensure that all youth with any chronic or outstanding medical or mental health condition and all youth who are prescribed medication at the time of any release, transfer, or discharge will have a documented review of his/her Individual Healthcare Record to ascertain the need for follow-up and to ensure that appropriate, effective, timely referrals and other necessary communications were made and conveyed in writing to the parent/guardian.

VII. MEDICATION MANAGEMENT SERVICES

- A. The Respondent shall provide the following pharmaceutical services:
1. All existing or new prescription medications including but not limited to psychotropic medications, antibiotics-controlled substances, as well as over-the-counter medications, as they relate to on-site medical care shall be the responsibility of the Respondent. A licensed healthcare provider must write the prescriptions specifically for a given youth unless covered under the Modified Class IIB permit which allows for limited stock medications. The Respondent shall ensure that all prescription medications are filled immediately or no more than twelve (12) hours after originally written. In the case of psychotropic medications, the prescriptions must be filled within twelve (12) hours of receiving parental consent or the court order. Any delays must be reported to the Prescriber.
 2. The Respondent's medical/nursing staff shall document all efforts to consult any pre-existing provider(s).
 3. Storage of prescription and over-the-counter medications shall be in accordance with pharmacy rules and regulations.

VIII. PHARMACY SERVICES

- A. The Respondent must ensure that all orders are placed on a timely basis and that inventories are maintained and reported timely and accurately.
- B. The Respondent shall develop procedures for storage, delivery, administration and disposing of pharmaceuticals. The subjects that these procedures shall encompass shall include:
1. Verification of prescriptions;
 2. Confirmation of contents of the medication container;
 3. Coordination with the DHA/designee, psychiatrist/designee or the original prescribing physician;
 4. Compliance with informed consent requirements with respect to medications;
 5. Safe and secure storage of prescribed and over-the-counter medications;
 6. Accounting and inventory procedures for medications and over-the-counter medications, including needles, sharps, etc.;
 7. Maintenance of a working inventory of prescribed medications, controlled substances and over-the-counter medications, ensuring supplies are routinely inventoried and supplies are returned or disposed of accordingly;
 8. Safe and effective administration of parenteral (subcutaneous, intradermal or intramuscular, & limited Intravenous) medications only by licensed healthcare professionals who are qualified to administer such medications;
 9. Effective on-going clinical monitoring for drug side effects and for appropriate drug levels for those classifications of medications for which monitoring is required, at intervals clinically indicated;
 10. Implementation of a system of placing facility staff on alert when a youth is receiving one of the specified categories of medication, which frequently have side effects and/or interactions;

11. Addressing medication omission, errors and unaccounted medication supplies with a root cause analysis;
12. Implementation of a system that requires all non-emergent new prescriptions to be sent to the pharmacy within twelve (12) hours. In the case where a youth has medications from home, the parent/guardian has twenty-four (24) hours to deliver the medications to the facility. If the facility has not received these medications within twenty-four (24) hours, the facility DHA shall be notified to provide the prescription. If any delays occur, then the prescribing physician shall be notified immediately.
13. Implementation of a system that states that emergency prescriptions (prescribed by the hospital emergency room or Crisis Stabilization Units) shall be filled within twenty-four (24) hours.
14. The Respondent shall supply all medical equipment, products, supplies, or materials necessary to perform this Contract, unless otherwise specified herein.

VIII. LABORATORY, X-RAY AND DIAGNOSTIC SERVICES

- A. The Respondent shall be responsible for all lab and diagnostic services (this includes but is not limited to blood work, x-rays, EKGs, and ultrasounds), with timely follow-up of results and interpretations.
- B. The Respondent shall develop a procedure for the immediate forwarding of abnormal lab results to the ordering physician. In the case of critical lab results that may affect a youth's condition or care, the procedure shall address how the nursing staff shall notify the physician. It shall also include provisions as to what shall be done in cases when a timely response is not received from the physician regarding these results. The youth's Individual Healthcare Record shall be clearly documented with all actions taken.

IX. INFECTION/EXPOSURE CONTROL PLAN

- A. The Respondent shall:
 1. Develop procedures for special services, including bio-hazard services/removal, disposal of biohazard waste materials, including needles and sharps, in accordance with OSHA guidelines and community standards, documented records of waste removal, and development and implementation of infection control measures.
 2. Assume all financial responsibility for bio-hazard waste service, removal and Personal Protection Equipment (PPE).

X. OFF-SITE HEALTH CARE NEEDS

- A. The Respondent shall:
 1. Ensure that off-site healthcare providers are provided the Department's current Summary of Off-Site Care Consultation Report (HS 033) for recording off-site care;
 2. Arrange for any emergency care;
 3. Develop on-site protocols for dental emergencies for use while awaiting transfer to an emergency dentist; and
 4. Ensure a signed copy of the Department's current Authority for Evaluation and Treatment form (Form HS 002) and third-party insurance information is available to be taken with the youth for any off-site treatment.

XI. INFORMED CONSENT PROCEDURES

- A. The Respondent shall provide and document informed consent for medical treatment in accordance with 63M-2.F.A.C. and 63N-1 F.A.C.
- B. The Respondent's nursing staff shall contact the parent/guardian when any medication is prescribed or changed. Such attempts/conversations shall be documented according to 63M-2 & 63N-1 F.A.C.
- C. The Respondent's nursing staff shall complete the form Parental Notification of the Department's current Health Related Care: General (HS 020) within twenty-four (24) – forty-eight (48) hours.

1. In applicable circumstances, the Respondent's nursing staff shall coordinate with the psychiatric provider in order to complete the Parental Notification of Health Related Care form and mail this along with page 3 of the Department's current Clinical Psychotropic Progress Note (CPPN) (HS 006) and the Department's current Acknowledgement of Receipt of CPPN (HS 001) within twenty-four (24) to forty-eight (48) hours by certified mail (with return receipt) to the parents/guardian to the address on record.
2. If the parent refuses or is unavailable then a court order must be pursued. This does not necessarily apply to medications that are viewed as lifesaving (e.g. antibiotics).

XIII. **COMMUNICATION**

- A. The Respondent will ensure that the nursing staff holds a mini-treatment team meeting with the appropriate mental health, psychiatric and residential operational staff, each week for integrating medical, mental health and substance abuse treatment. The psychiatrist shall either participate in the facility's mini-treatment team or shall on a regular basis brief the treatment team on the status of each youth receiving psychiatric services or psychotropic medications.
- B. The Program Director and/or their designee shall meet with the medical staff weekly concerning medical/health needs of youth in the facility, staffing concerns, training issues, coordination with other providers and any other dialogue needed to ensure open lines of communication are maintained and services are delivered as required.

XIV. **MEDICAL STAFF TRAINING**

- A. The Respondent shall ensure that all program healthcare and non-healthcare staff are trained yearly on the following topics which include, but are not limited to:
 1. Infectious diseases;
 2. Blood-borne pathogen, Occupational Safety and Health Administration (OSHA) regulations and exposure control plan;
 3. Quarterly Emergency (including CPR) drills for first each shift;
 4. Pharmacology/dispensing of medication for every staff who has the responsibility of medication administration;
 5. Revised and updated health issues and concerns for quality improvement and risk management; and
 6. Other topics as determined by the Program Director.
- B. Ensure that the RN and LPN are specifically trained in the following areas and receive a general overview of the youth justice system in Florida prior to beginning services. The training and overview shall include:
 1. Conducting adolescent and pediatric youth-nursing screenings;
 2. Conducting sick call, to include basic information on commonly encountered sick call problems;
 3. Conducting the clinical nursing evaluation of acute health problems;
 4. Reviewing suicide prevention protocol in the residential program setting;
 5. Reviewing all Department policies, procedures and Rules;
 6. Coordinating the administration and the actual administration of all medication; and
 7. Maintaining documentation of care and services provided to youth as required by the Department.
- C. The Respondent will provide the Contract Monitor with an annual roster of training provided, date, number of hours of training, topics covered, employee's name and employee's social security number.
- D. The Respondent shall ensure that all medical and nursing staff is oriented to facility operational policy and procedures (to include safety, security, facility key controls, confidentiality of healthcare information and youth information, medical policy and procedures and key administrative staff).
- E. The Respondent shall provide documentation of completed orientation to the Contract Manager within ten days of the medical/nursing staff's employment at the facility.

**ATTACHMENT A-8
REFERENCES AND DEFINITIONS**

I. REFERENCES

- A. Delinquency Interventions
Lists of delinquency interventions and programs are available in several publications. While these lists may be helpful, the Respondent shall be responsible for ensuring the Department has deemed the delinquency intervention chosen as evidence-based or a promising practice.
1. The first resource is Youth Violence: A Report of the Surgeon General, available on the Web at: www.surgeongeneral.gov/library/youthviolence/default.htm
 2. Other useful sites are outlined below:
 - a. The University of Colorado Center for the Study and Prevention of Violence, known as the Blueprints for Health Youth Development, on the Web at: www.colorado.edu/cspv/blueprints/
 - b. The Washington State Institute for Public Policy (WSIPP). The WSIPP site contains several reports on the results of evaluation of evidence-based programming on the Web at: www.wsipp.wa.gov.
 - c. Another site that is useful is www.CrimeSolutions.gov. Other Web sites list research-based interventions, but the Respondent shall be responsible to document the status of the interventions chosen as evidence-based or arrange for rigorous evaluation of "promising" or experimental interventions. Information on evidence-based programming, definitions and examples are available, but not limited to the DJJ Sourcebook of Delinquency Interventions, available at: www.djj.state.fl.us/partners/programming-and-technical-assistance-unit.
 3. The Department's Sourcebook of Delinquency Interventions is available on the Web at: www.djj.state.fl.us/partners/programming-and-technical-assistance-unit.
- B. Continuity of Operations Plan (COOP)
The Department approved plan format can be found at: www.djj.state.fl.us/partners/contract-management.
- C. Trauma Informed Care
Site to review include:
www.oregon.gov/oha/amh/trauma-policy/trauma-its.pdf,
www.theannainstitute.org/MDT.pdf, and www.nasmhpd.org/nasmhppublisher.
- D. Vocational Educational Plan
www.fldoe.org/core/fileparse.php/7567/urlt/0064535-careeredplan07.pdf
- E. Evidence-based mental health and substance abuse
Some of these sites, including the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Drug Abuse (NIDA) sites, offer free curricula that are evidence-based treatments:
nrepp.samhsa.gov, www.nattc.org/index.html and www.nida.nih.gov/researchers.html.
- F. Preventative Maintenance
The preventative maintenance checklist can be found at:
www.djj.state.fl.us/partners/contracting
- G. Primary Services
The Primary Services Designation/Change form can be found at:
[www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-\(jjsip\)/standardized-program-evaluation-protocol-\(spep\)](http://www.djj.state.fl.us/research/latest-initiatives/juvenile-justice-system-improvement-project-(jjsip)/standardized-program-evaluation-protocol-(spep))
- H. Vendor Ombudsman
The vendor Ombudsman can be contacted at (850) 413-5516
- I. Restorative Justice Principles, Practices and Restorative Programming Resources
1. Principles and vocabulary: www.restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice.
 2. Restorative questions to support conflict resolution: www.iirp.edu/news-from-iirp/time-to-think-using-restorative-questions

3. Facilitate dialogue: cultureofempathy.com/References/Experts/Dominic-Barter.htm
4. Restorative practices: pdfs.semanticscholar.org/1c0f/96ff1d02e87b555a2e1e3fa9aaca334eb0f8.pdf
5. Model: www.ncjrs.gov/pdffiles1/ojjdp/184738.pdf
6. Book: The Little Book of Restorative Justice and Changing Lenses; A New Focus for Crime and Justice by Howard Zehr are two books that may be used to craft program objectives.

II. **DEFINITIONS**

The following terms used in this Invitation to Negotiate (ITN), unless the context otherwise clearly requires a different construction and interpretation, have the following meanings:

- A. Comprehensive Evaluation - The gathering of information addressing physical health, mental health, substance abuse, academic, educational, or vocational problems of a youth for whom a residential commitment disposition is anticipated, which is summarized in the youth's predisposition report.
- B. Criminogenic Needs - Critical factors identified during the assessment process that have been statistically proven to predict future criminal behavior.
- C. Delinquency Intervention Services - Those services implemented or delivered by program staff to address youths' performance plan goals. The intent of delinquency intervention services is to make communities safer by re-socializing youth and increasing their accountability through opportunities to learn prosocial norms and develop cognitive reasoning and other competencies that enable youth to make prosocial choices and live responsibly in the community.
- D. Evidence-based Delinquency Interventions - Interventions and practices which have been independently evaluated and found to reduce the likelihood of recidivism, or at least two criminogenic needs within a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups or matched comparison groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.
- E. Gender-Specific Services - Services to address the unique needs of both boys and girls. This includes gender identity development, identification of risk and protective factors that hinder pro-social and responsible decision-making, and skills competencies that promote responsible male/female behavior. Gender-specific services may include parenting; gender identity issues and safety, health and/or sexual education classes; and communication techniques utilizing evidence-based approach specific to boys/girls.
- F. Individualized Services - Services delivered in accordance with strengths and needs identified, both by the youth and through valid professional assessments, and guided by an individualized performance plan and individualized treatment plan. The service needed should be provided at the specific level, intensity and duration needed by the individual youth and family.
- G. Juvenile Justice Information System (JJIS) - The Department's electronic information system, which is used to gather and store information on youth having contact with the department.
- H. Memorandum of Negotiation (MON) - In a negotiated procurement process, a summary of the negotiated specifications, terms and conditions for the resultant contract released by the Department with a request for revised replies and pricing submitted by Respondents based on the outcome of the negotiations conducted.
- I. Minority Services - Services designed and delivered to address the unique needs of minority youth in a manner that recognizes the factors associated with disproportionate minority contact with the juvenile justice system.
- J. Outcome - A measure of the quantified result, impact, or benefit of program tasks on the clients, customers, or users of the services.

- K. Qualified Nonprofit Organization - An organization registered with the Florida Department of State, Division of Corporations as a nonprofit corporation and is certified as tax exempt under section 501(c)(3) of the Internal Revenue Code.
- L. Community Assessment Tool (CAT) - The primary assessment instrument used by the JPO to determine the youth's risk to re-offend and identify criminogenic needs that require intervention. The pre-screen is completed and maintained for all youth who are referred to the Department. The full assessment is completed and maintained for all youth who have been placed under the jurisdiction of the Department by the court and have been identified as appropriate for nonsecure, high or maximum risk to re-offend by the pre-screen.
- M. Primary Services – Interventions that have been designated for evaluation using the SPEP.
- N. Promising Practices - Manualized curricula that have been evaluated and found to reduce the likelihood of recidivism or at least one criminogenic need with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment or quasi-experimental design, use of control or comparison groups, valid and reliable measures, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.
- O. Practices with Demonstrated Effectiveness - Practices based on general principles, strategies, and modalities reported in criminological, psychological, or other social science research as being effective with a juvenile population. These practices should be outlined in a format that ensures consistent delivery by the facilitator across multiple groups.
- P. Prison Rape Elimination Act (PREA) - The purpose of the act is to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.”
- Q. Response/Reply/Reply - A document submitted in reply to an Invitation to Negotiate (ITN) procurement document to be considered for contract award as a lead agency for the Department.
- R. Residential Commitment Program - Consistent with s. 985.03(44), F.S., the Department's residential commitment programs are grouped into custody classifications based on the assessed risk to public safety. The restrictiveness levels of placement represent increasing restriction on youths' movement and freedom. The least restrictive, or minimum-risk level, is non-residential and falls under the jurisdiction of Probation and Community Control rather than Residential Services. Placing youth into these programs protects the public and holds youth accountable while offering a chance for rehabilitation. Unlike the adult correctional system, youths in residential commitment programs must receive educational and vocational services. Juveniles are committed to these programs for an indeterminate length of time. They must complete an individualized performance plan based on their rehabilitative needs as one of the requirements for release as set forth in Rule 63E-7 F.A.C.
- S. Restorative Justice Approach - A philosophy that focuses repairing harm caused to people and relationships by the criminal/delinquent act(s). Service(s) are delivered in a manner that holds youth accountable for their behavior and fosters a restorative community and culture where staff and youth are encouraged to participate in decision-making, conflict resolution, and community service and awareness activities that build leadership skills.
- T. Standardized Program Evaluation Protocol (SPEP) - The Standardized Program Evaluation Protocol (SPEP) is an assessment tool derived from meta-analytic research on the effectiveness of juvenile justice interventions. The tool is designed to compare existing intervention services, as implemented in the field, to the characteristics of the most effective intervention services found in the research. The SPEP scoring system allows service Respondents to identify specific areas in which program improvements can be made to their existing identified Primary Services.
- U. State Fiscal Year - The period from July 1st through June 30th.
- V. Supplemental Replies – In a negotiated procurement process supplemental replies are additional information/documentation that may be requested by the Procurement Manager from a Respondent with whom the Department is conducting negotiations to revise, clarify

- or fully explain the delivery of services or assist in the negotiation process. One or more supplemental replies may be requested during the procurement process.
- W. System of Care - A comprehensive continuum of delinquency and related services provided in a specific geographic area that incorporates the local community's priorities.
 - X. Trauma-Informed Care - Trauma is the experience of violence and victimization often leading to mental health and other types of co-occurring disorders. This may result from sexual abuse; physical abuse; severe neglect; loss; domestic violence, and/or the witnessing of violence; terrorism; or disaster(s). Trauma-Informed Care services are designed to determine the root cause of delinquency, and mental health/co-occurring disorders, and is based on the premise many youth in the juvenile justice system have experienced trauma(s) associated with abuse, violence, and/or fear.
 - Y. Treatment Plan - A written guide that structures the focus of a youth's short-term or ongoing treatment services in the areas of mental health, substance abuse, developmental disability or physical health services.
 - Z. Treatment Services - Services delivered by clinicians in accordance with a mental health, substance abuse, physical health, or developmental disability treatment plan and as set forth in Rule 63M-2, F.A.C. and Rule 63N-1, F.A. C. This includes implementation of evidence-based and promising practices specifically designed to be delivered by clinicians.

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

- I. **SOLICITATION NUMBER** ITN #10677
- II. **SOLICITATION TYPE** Invitation to Negotiate:
 The Department of Juvenile Justice (DJJ) currently contracts for the operation of the Gulf Academy, Lake Academy and Hastings Comprehensive Mental Health Treatment programs, a 170 total bed (fifty (50) girls at Lake Academy, fifty-six (56) boys at Gulf Academy, thirty-four (34) boys at Hastings Comprehensive Mental Health Treatment program and thirty (30) boys at Hastings Substance Abuse) nonsecure program for boys or girls who are committed to the Department and need Intensive Mental Health Services, Comprehensive Mental Health Treatment Services, Substance Abuse Treatment Overlay Services, Intensive Medical Overlay Services, or Borderline Developmental Disability and Developmental Disability. Program services at Gulf Academy and Lake Academy also include Intensive Medical Overlay Services (IMOS) for six youth per program. The programs are currently in a Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145 (Gulf Academy and Hastings Comprehensive Mental Health Treatment program) in the Northeast region and 9504 E. Columbus Drive, Suite 130, Tampa, Florida 33619 (Lake Academy) in the Central region.
- The Department is seeking a ninety (90) bed co-located Residential Program, with innovations in delinquency programming and treatment services, for boys ages twelve (12) to nineteen (19) years old appropriate for nonsecure residential placement. The distribution of the beds and services will be flexible and as determined by the needs of the Department. The Department reserves the right to remove the four medically complex beds as conditions warrant. The initial beds and services distribution is as follows.
- Gulf Academy: Thirty-three (33) beds for Intensive Mental Health (IMH) services as described in Attachment A-2; twelve (12) beds for Borderline Developmental Disability or Developmental Disability services as described in Attachments A-3 and A-4.
- Hastings: Thirty (30) beds for Comprehensive Mental Health Treatment (CMH) services as described in Attachment A-5; fifteen (15) beds for Substance Abuse Treatment Overlay Services (SAOS) as described in Attachment A-6. The program names are currently, Hastings Comprehensive Mental Health Treatment Services Program (CMH) and Hastings Substance Abuse Treatment Overlay Services, respectively.
- Of these ninety (90) beds, four beds will be dedicated to Medically Complex Overlay Services as described in Attachment A-7 and distributed as warranted.
- Basic Care and Custody of a residential program shall be provided in accordance with Florida Statutes (F.S), Florida Administrative Rules and Department policy to meet the minimum requirements

as described in Attachments A-1, A-2, A-3, A-4, A-5, A-6, A-7 and in keeping with A-8, References and Definitions. The programs shall be co-located in a Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145 in DJJ's Northeast region.

This Invitation to Negotiate (ITN) is issued by the State of Florida, Department of Juvenile Justice (Department or DJJ), to select a Respondent to provide the above-referenced services at the specified program. The ITN package consists of this transmittal letter with the following attachments and exhibits (some of which are not included, but are available electronically as noted):

III. PROCUREMENT OFFICE

Ashley Bridges, Procurement Manager
 Bureau of Procurement & Contract Administration
 Florida Department of Juvenile Justice
 The Knight Building, Suite 1100
 2737 Centerview Drive
 Tallahassee, Florida 32399-3100
 Telephone #: (850) 717-2608
 Fax #: (850) 414-1625
 E-Mail Address: Ashley.Bridges@djj.state.fl.us

IV. GENERAL INFORMATION

A. Summary of ITN Process

The evaluation and negotiation phases of the Department's ITN process will consist of two components.

1. Written Reply Evaluations: All Respondents meeting Mandatory requirements shall have their Written Reply and Past Performance data evaluated and scored.
2. Negotiations: Based on the ranking of the Written Replies and Past Performance, one (1) or more Respondents shall be required to negotiate with the Department. Respondents will be selected to move forward in ranking order, but may not be scheduled to negotiate in ranking order. Additional negotiations may be held if determined necessary by the Department.

B. Calendar of Events

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

DATE	TIME	ACTION	WHERE
June 5, 2020	COB	Release of solicitation	My Florida.com web site http://www.myflorida.com/apps/vbs/vbs_www_main_menu
June 24, 2020	2:00 PM EDT	REQUIRED Site Visit (for state-owned / leased facilities only)	Pre-registration is required. See Section IV.D., 1., below, for site visit information.
July 1, 2020	COB	Solicitation Question Deadline – this is the last date and time	Send to Ashley.Bridges@djj.state.fl.us

		written questions will be accepted Deadline for Submission of Intent to Respond (Attachment N)	
August 11, 2020	COB	Anticipated date that answers to written questions will be posted on the web site	MyFlorida.com web site http://www.myflorida.com/apps/vbs/vbs_www_main_menu under the solicitation # 10677.
September 2, 2020	2:00 PM EDT	Written Replies Due and Opened	Via the DJJ Bid Library
September 14, 2020	2:30 PM EDT	Evaluator Briefing <i>(public meeting / recorded)</i>	Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed. A recording of the Conference Call will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls within forty-eight (48) hours of briefing excluding weekends and holidays.
October 13, 2020	3:00 PM EDT	Debriefing #1 Meeting to Record Scores of Written Narrative Reply Evaluations <i>(public meeting / recorded)</i>	Via Telephone 1-888-585-9008 and Code 901-262-928# when directed. A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls Within forty-eight (48) hours of the debriefing excluding weekends and holidays.
October 22, 2020	2:00 PM EDT	Debriefing #2 Meeting of the Evaluation Team to determine number of Respondents to move forward to Negotiations <i>(public meeting / recorded)</i>	Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed. A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls within forty-eight (48) hours of the debriefing excluding weekends and holidays.
December 1, 2020	TBD	Negotiations Final dates and times to be communicated to Respondent(s)	Procurement Manager will provide the Conference Call and/or GoToMeeting information

		<p>selected for negotiations</p> <p><i>(not open to the public but recorded)</i></p>	
December 10, 2020	2:00 PM EST	<p>Debriefing #3</p> <p>Meeting of Negotiation Team to determine the Respondents to move forward to round 2 of negotiations or to be part of the Comparative Analysis</p> <p><i>(public meeting / recorded)</i></p>	<p>Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed. A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls within forty-eight (48) hours of the debriefing excluding weekends and holidays.</p>
December 15, 2020	TBD	<p>Negotiations – Round Two (optional)</p> <p><i>(not open to the public but recorded)</i></p>	<p>Procurement Manager will provide the Conference Call and/or GoToMeeting information.</p>
December 23, 2020	2:00 PM EST	<p>Debriefing #4</p> <p>Meeting of Negotiation Team to determine Respondent(s) that will move forward to round 3 negotiations, or to be part of the Comparative Analysis Tool (if applicable)</p> <p><i>(public meeting / recorded)</i></p>	<p>Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed. A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls within forty-eight (48) hours of the debriefing excluding weekends and holidays.</p>

January 12, 2021	2:00 PM EST	<p>Debriefing #5</p> <p>Meeting of Negotiation Team to determine Respondent(s) that will move forward and be part of the Comparative Analysis Tool (if applicable)</p> <p><i>(public meeting / recorded)</i></p>	<p>Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed.</p> <p>A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls Within forty-eight (48) hours of the debriefing excluding weekends and holidays.</p>
January 19, 2021	2:00 PM EST	<p>Debriefing #6</p> <p>Meeting of Negotiation Team to complete Comparative Analysis Tool to determine which Respondent moves to Memorandum of Negotiation (MON)</p> <p><i>(public meeting / recorded)</i></p>	<p>Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed.</p> <p>A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls within forty-eight (48) hours of the debriefing excluding weekends and holidays.</p>
February 16, 2021	2:00 PM EST	<p>Debriefing #7</p> <p>Meeting of Negotiation Team to Recommend Contract Award</p> <p><i>(public meeting / recorded)</i></p>	<p>Via Telephone 1-888-585-9008 and enter Code 901-262-928# when directed.</p> <p>A recording of the debriefing will be available at http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls within forty-eight (48) hours of the debriefing excluding weekends and holidays.</p>
April 14, 2021	COB	<p>Notice of Intended Award Decision (Anticipated Date of Contract Award)</p>	<p>MyFlorida.com web site http://www.myflorida.com/apps/vbs/vbs_main_menu</p>
May 30, 2021		<p>Anticipated Contract Execution Date</p>	
June 1, 2021		<p>Anticipated Contract Start Date</p>	

- C. Time, Date and Place Replies are Due
Replies must be received NO LATER than the date and time specified in the Calendar of Events (Section IV., B.), and submitted electronically as outlined in Section VI., B., of this Attachment.
Caution: A reply received after the exact time specified will not be considered, as specified in Attachment B.
- D. Site Visit(s)/Inspections
1. Department-Owned Building Site Visit: The Respondent must propose services at the Department-owned building located at 765 East St. Johns Avenue, St. Johns, Florida 32145, the Respondent is **REQUIRED** to attend the Department site visit for that facility. The site visit will be held at the Department facility(s) online at the date and time specified in the Calendar of Events (Section IV., B.). The Respondent must register for this meeting forty-eight (48) hours before the start of the meeting. Contact the Procurement Manager for registration details.
- E. Evaluator Briefing Meeting
The Department will hold an Evaluator Briefing at the time and date specified in the Calendar of Events. The purpose of the Evaluator's Briefing is to ensure that evaluators have received all materials necessary for evaluation and fully understand the solicitation requirements and the evaluation and scoring process. This meeting is open for public attendance. A recording of the meeting will be available at: <http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls> within forty-eight (48) hours of the end of the Briefing excluding weekends and holidays.
- F. Debriefing Meetings
The Department will hold Evaluator/Negotiator Debriefing Sessions in accordance with the Calendar of Events. These meetings are open for public attendance. A recording of the meeting will be available on the Department's website at: <http://www.djj.state.fl.us/partners/procurement-and-contract-administration/conference-calls> within forty-eight (48) hours of the end of the Debriefing Meeting(s) excluding weekends and holidays. Debriefing meetings will be held as follows:
1. There will be an Evaluation Team meeting (Debriefing #1) of the written replies to allow evaluators an opportunity to identify the page number(s) in the replies where information relied on for assessing a score was found and to record the scores assessed for the written replies. Discussions, strengths, weaknesses or other comments on replies will not be made by evaluators. Additional information on the evaluation process is contained in Attachment F of the ITN.
 2. There will be an Evaluation Team meeting (Debriefing #2) to determine the number of Respondents, selected in ranking order, that will move forward for Negotiations as stated in subsection G below.
 3. The Negotiation Team will meet (Debriefing #3, through the number necessary to complete all applicable actions below) to decide on any of the following possible courses of action as appropriate to the solicitation process:
 - a. The number of Respondents to move to another round of negotiation;
 - b. If the team is ready to complete the Comparative Analysis Tool (Attachment J), if applicable (see #5 below);
 - c. To complete the Comparative Analysis Tool (Attachment J);
 - d. If the team is ready to complete the Memorandum of Negotiation;
 - e. To review the completed Memorandum of Negotiation which documents the terms and conditions negotiated with the Respondent who was recommended for award as a result of a previous Debriefing; or,
 - f. To recommend award of the resulting Contract.
 4. The team can continue with multiple rounds of negotiations until it reaches a point where no further negotiations are necessary to make a decision.
 5. For more information about the Comparative Analysis Tool, see Attachment F., section E. 1.
 6. Additional information on the negotiation process is contained in Attachment F of the ITN.

G. Negotiations

1. The Department shall require one or more ranking Respondents (who are moved forward in ranking order) to provide a presentation at the beginning of Round One Negotiations. The presentation is to be provided at the beginning of the Negotiation session. The contents and structure of the Presentation are outlined in Section XX., E., of Attachment B.
2. If the team determines another round of negotiations is necessary, the Negotiation team will determine which of the Respondents will move forward to negotiations. Respondents are no longer moved forward in ranking order after round one negotiation are completed.
3. Prior to any negotiations, the Department may request supplemental documentation / information from Respondents to assist with negotiations.

H. Posting of Notice of Intended Award Decision

On or about the date(s) specified in the Calendar of Events (Section IV. B.), the Department will post on the “MyFlorida” website at: http://myflorida.com/apps/vbs/vbs_main_menu the Notice of Intended Award Decision. Click on “Search Advertisements,” and use the drop-down list to select the Department of Juvenile Justice. Click “Initiate Search,” select the ITN and double click on the ITN number. Call the Department’s Procurement Manager at the telephone number listed in Attachment B, Section III., if there are any questions regarding accessing the website.

V. **MANDATORY REQUIREMENTS**

The following requirements must be met by the Respondent to be considered responsive to this ITN. Although there are other criteria set forth in this ITN, these are the only requirements deemed by the Department to be mandatory.

Failure to meet these requirements may result in a reply not being evaluated and rejected as non-responsive.

- A. It is **MANDATORY** that the Respondent submit its reply within the time frame specified in the Calendar of Events (Attachment B, Section IV., B.). A reply is considered complete if it contains all of the required documents listed in Attachment B, Section XX.
- B. It is **MANDATORY** that the Respondent submit a completed Attachment D – Past Performance for Residential Commitment Programs Evaluation to demonstrate the Respondent’s knowledge and experience in operating similar programs by providing information requested on Attachment D, Part II and III (Attachment B, Section XX., G., 1.).

VI. **SOLICITATION INFORMATION**

- A. The term “Respondent” refers to:
 1. For purposes of Attachment D, “Respondent” is defined to also include: any and all subsidiaries of the Respondent where the Respondent owns eighty percent (80%) or more of the common stock of the subsidiary; the parent corporation of the Respondent where the parent owns eighty percent (80%) or more of the common stock of the Respondent; and any and all subsidiaries of the parent corporation of the Respondent where the parent owns eighty percent (80%) of the common stock of the Respondent and the parent’s subsidiaries.
 2. For the purposes of the Dun & Bradstreet Supplier Qualifier Report (SQR): the proposing entity (“Respondent”) named in the Transmittal Letter and the DUNS number listed there must match the company name and DUNS number listed on the D & B SQR.
 3. For all other purposes, the definition shall be as specified on the introductory page of this ITN.
- B. Respondents shall submit replies in the following format:
 1. Electronic Upload of the Reply

- a. The Department prefers Respondents to upload complete electronic reply via the DJJ Bid Library, a private and secure online portal for solicitation documents, in SharePoint;
 - b. Respondents shall register for a DJJ Bid Library account by contacting the Procurement Manager for this ITN: Ashley Bridges, via e-mail at: Ashley.Bridges@djj.state.fl.us , or Phone: 850-717-2608;
 - c. Respondents are required to register their email address for access to the DJJ Bid Library using a **Microsoft** account.
 - 1) If the Respondent's organization already uses a Microsoft account, that email address should be utilized in the registration request.
 - 2) If the Respondent's organization does not use a Microsoft account, a free account can be created through Microsoft at <https://www.office.com>. This step must be completed first, prior to submitting the DJJ Bid Library registration request. The email address used to create the Microsoft account should be utilized in the registration request to your Procurement Manager.
 - 3) Access to the DJJ Bid Library is granted by each user's specific Microsoft account. The Respondent's organization may elect to register a single or general Microsoft account for all submissions. This allows multiple users, with the Microsoft account log-in information, to view each other's uploads to the DJJ Bid Library. It also allows other users to edit and delete each other's uploads. This is the method recommended by the Department.
 - 4) If the Respondent's organization elects to register multiple users with individual Microsoft accounts, each user will not be able to view, edit, or delete each other's submissions. If two users with individual accounts upload the same document, the Department will use the most current version of the document (by the established deadline for replies), even if there are multiple uploaded versions of the same document.
 - 5) Once registered, the access link to the DJJ Bid Library will be emailed (sent from no-reply@sharepointonline.com. Check Spam, Clutter, or Junk folders).
 - d. The complete electronic reply shall be uploaded to the DJJ Bid Library no later than the deadline specified in the calendar of events for this ITN. Any and all documents uploaded, edited, or modified in any way after this date and time will be deemed non-responsive;
 - e. The complete reply contains **all** documents as required per Attachment B, section XX., General Instructions for Preparation of the Reply. Volumes 1, 2, and 3 shall be saved in Microsoft Word and/or Excel. The signed transmittal letter (Volume 1, Tab 1), the financial viability documentation (Volume 2, Tab 2) and Attachment D, Part II signed Attestation (Volume 3) are the only documents which can be saved in a PDF format. The Attachment H – Budget March 2020 (Volume 2, Tab 1) must be submitted in Excel, at a minimum.
 - f. In the event the Provider needs technical assistance, the DJJ Bid Library Technical Assistant is Bryant Wombles, who can be reached via e-mail at: William.Wombles@djj.state.fl.us or Phone: (850) 717-2606.
 - g. If the requirement for electronic submission through the DJJ Bid Library would cause the Respondent undue hardship, the Respondent shall contact the Procurement Manager (Attachment B, VI., B., 1., b.) for this solicitation.
2. **Submission Alternative**
 The Procurement Manager will provide instructions for an alternative method of submitting the reply only if submission via the DJJ Bid Library causes a hardship to the Respondent. The reply must be prepared in accordance with Attachment B,

section XX. General Instruction for Preparation of the Reply and submitted by the due date as indicated in the Calendar of Events (Attachment B., IV., B.).

3. Additional instructions concerning reply submission:
 - a. E-mail submissions are not permissible.
 - b. See instructions for reply preparation in Attachment B, Section XX.
 - c. Evaluation and review of the reply will be based solely on information and documents submitted in the copies of Volumes 1, 2 and 3.
- C. All dates in this procurement, and other ITN requirements, are subject to change. Modifications of the schedule or changes to the ITN shall be provided through an Addendum or Informational Notice, and posted on the MyFlorida.com website at: http://www.myflorida.com/apps/vbs/vbs_main_menu. Respondents are responsible for checking the website for any changes.

VII. RESPONDENTS QUESTIONS

All inquiries shall be in writing and be sent to the Procurement Manager via e-mail at Ashley.Bridges@dji.state.fl.us, by mail or by facsimile and shall be received by the date specified in the Calendar of Events (Section IV., B.) The Respondent is responsible for ensuring that the Procurement Manager received the inquiry. The Department will not take any further questions for this ITN document after close of business that day. The Department's responses to questions will be posted at: http://myflorida.com/apps/vbs/vbs_main_menu as an addendum to this ITN on or about the date specified in the Calendar of Events (Section IV., B.) Any information communicated through oral communication shall not be binding on the Department and shall not be relied upon by any Respondent. Respondents to this solicitation or persons acting on their behalf may not contact, between the release of this solicitation and the end of the seventy-two (72) hour period following the agency posting the Notice of Intended Award, excluding Saturdays, Sundays, and state holidays, any employee or manager of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Manager or as provided in the procurement documents. Violation of this provision may be grounds for rejecting a reply.

VIII. NUMBER OF AWARDS

The Department anticipates the issuance of one Contract as a result of this solicitation. The award shall be made to a responsive and responsible Respondent.

IX. FAILURE TO EXECUTE CONTRACT

In the event no protest is filed within the prescribed timeframe, the Department will commence discussions to finalize the resulting Contract with the intended Respondent. If, for any reason, the Department and the intended Respondent fail to enter into the Contract, or if the Department determines that the Respondent is ineligible to participate due to its being convicted of a Public Entity Crime, debarred, suspended or otherwise prohibited from receiving federal or state funds, the Department may (1) attempt to contract with the Respondent who had been moved forward to the most recent round of negotiations, without posting of an additional Notice of Intended Award or Addendum; (2) reject all replies and re-advertise the ITN; or (3) reject all replies. If the Department and the next Respondent fail to execute a Contract, the Department may (1) attempt to contract with a previous Respondent(s) until a Respondent willing to execute a Contract is found without posting of an additional Notice of Intended Award or Addendum; (2) reject all replies and re-advertise the ITN; or (3) reject all replies.

X. VENDOR REGISTRATION

Prior to entering into a Contract with the Department, the selected Respondent(s) must be registered with the Florida Department of Management Services (DMS) MyFloridaMarketPlace (MFMP) System. To access online registration, click on the DMS website at https://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace/mfm_p_vendors, and click on the Registration Requirements link. In order to register, the following information is necessary:

- A. Company name

- B. Tax ID type and number – Social Security Number (SSN) or Federal Employer Identification Number (FEIN)
- C. Tax filing information, including the business name on the 1099 or other tax form (where applicable)
- D. Location information
 - 1. A business name for each company location (if different from the company name)
 - 2. A complete address for each location (including details for sending purchase orders, payments, and bills to each location)
 - 3. A contact person for each of the locations
- E. Commodity codes that describe the products and/or services the company provides
- F. CMBE information, if applicable; and,
- G. Complete the Substitute Form W-9 Process.

XI. CONTRACT PERIOD AND RENEWAL

The resulting Contract is expected to begin on **June 1, 2021**, and shall end at **11:59 p.m.** on **May 31, 2026**. This Contract may be renewed. The Department may renew the Contract upon the same terms and conditions, the duration(s) of which may not exceed the term of the original Contract, or three years, whichever is longer, and in accordance with 60A-1.048, F.A.C.

XII. TYPE OF CONTRACT CONTEMPLATED

A fixed price contract is anticipated for program operation. A copy of a sample contract containing all required terms and conditions is included as Attachment G.

XIII. DESIGNATION OF CONTRACT UNDER THE FLORIDA SINGLE AUDIT ACT

- A. All contracts with the Department are classified as either Recipient/Sub-Recipient, FSAA Exempt or Vendor contracts. The Department determines the program's classification using the Florida Single Audit Act (FSAA) Checklist for Non-State Organizations. It is the Department's determination that the Contract resulting from this solicitation is a Vendor contract, pursuant to paragraph 215.97(2)(q), Florida Statutes.
- B. Statutory and rule requirements for the Respondent for both types of contract are specified in Attachment G, Section VI. FINANCIAL AND AUDIT REQUIREMENTS.

XIV. FUNDING AMOUNT

- A. The maximum filled bed per diem amount a Respondent can propose for this ITN is \$223.00 for Mental Health or Substance Abuse, \$215.00 for medically complex and \$287.00 for Intensive Mental Health and Comprehensive Mental Health.
- B. The Department reserves the right to negotiate a Contract (including the per diem rates for bed, slots, and services) based on the services to be provided. The final funding available for contracted services is determined by the Department at its sole discretion.
- C. The Department is requiring a bundled rate for this ITN. A bundled rate is a per diem that is inclusive of all the costs necessary to provide all the proposed services required in the ITN. The per diem rate will be paid for all filled beds, whether or not an overlay service is provided. Because this bundled rate covers all program costs, no additional payment will be made for the provision of overlay services.

XV. FINANCIAL CONSEQUENCES

- A. Financial consequences shall be assessed for Contract non-compliance or non-performance in accordance with the FDJJ Policy 2000 (Revised 01/31/19) for the following:
 - 1. Failure to submit an Outcome Based Corrective Action Plan (OBCAP) within thirty (30) calendar days of the finalized monitoring summary. This requires an acceptable OBCAP that clearly identified the root cause of the problem and outlines the process measures and outcomes that can be used to track the program's success at correcting the issues. This time frame may exceed thirty (30) calendar days if agreed to and approved in advance by the Regional Director or designee. The number of deficiencies or the complexity of the OBCAP will determine this approval;

2. Failure to implement the OBCAP for identified deficiencies within the specified time frame(s); or
 3. Further failure to make acceptable progress in correcting deficiencies as outlined in the OBCAP within specified time frames.
- B. The Department's Contract Manager or Regional Program Monitor conducts verification within ten (10) business days of date identified by the Respondent on the OBCAP in the Department's Program Monitoring and Management (PMM) system of when the deficiency would be corrected.
 - C. The Department shall assess a financial consequence for noncompliance on the Respondent for each uncorrected deficiency identified in the OBCAP. After a failed second verification, the financial consequence(s) shall be assessed for each day the Provider has not complied retroactive to the date of the Department's second verification site visit and shall continue to be imposed daily until each identified deficiency is remedied to full compliance with the OBCAP. Financial consequences for noncompliance can only be made as long as the language and calculations for financial consequences is in the original contract or amendment(s).
 - D. The Respondent expressly agrees to the imposition of financial consequences as outlined below, in addition to all other remedies available to the Department by law.
 1. Total contracted beds and/or slots X filled bed/slot per diem rate X 5.0% = Financial Consequence. Imposition of consequences shall be per deficiency per day.
 - E. Written notification to the Respondent, including the deficiency(ies), the conditions (including time frames) that must be in place to satisfy the deficiency(ies) or the Department's concerns, the amount of the financial consequence and the month the deduction shall be made on the invoice, will be drafted by the Department's Contract Manager. The Department's Contract Manager shall deduct the approved amount from the Respondent's next monthly invoice as specified in the written notification.
 - F. If the Respondent has a grievance concerning the imposition of financial consequences for noncompliance, the Respondent shall follow the dispute process outlined in the resulting Contract, describing any extenuating circumstances that prevented them from correcting the deficiency(ies).
 - G. If the Respondent fails to address the Department's concerns after second verification and after the imposition of financial consequences, absent documentation of extenuating circumstances, the Department may move to the cure process, demand corrective action, and advise the Respondent that failure to do so will result in suspension of services or contract termination.

XVI. RESERVED

XVII. SUBCONTRACTING

- A. The Respondent shall not subcontract, assign, or transfer any of the services sought under this ITN, without the prior written consent of the Department.
- B. The Department supports diversity in its procurement program and requests that Respondents use all subcontracting opportunities afforded by this solicitation to embrace diversity. The award of subcontracts by Respondents should reflect the full diversity of the citizens of the State of Florida. The Office of Supplier Diversity (OSD) website <http://osd.dms.state.fl.us/> includes a list of Certified Minority Business Enterprises (CMBEs) that could be offered subcontracting opportunities.

XVIII. FAITH-BASED NON-DISCRIMINATION CLAUSE

Pursuant to paragraph 985.404(3)(b) and (c), F.S., the Department intends that, whenever possible and reasonable, it will make every effort to consider qualified faith-based organizations on an equal basis with other private organizations when selecting Respondents of services to juveniles.

XIX. ELABORATE REPLIES

It is not necessary to prepare replies using elaborate brochures and artwork, expensive paper and bindings, or other expensive visual presentation aids. Replies should be prepared in accordance with the instructions herein. The Department is not responsible for and, therefore, shall not

reimburse any costs incurred in the preparation or submission of the reply submitted in response to this ITN. The Department shall be liable for payment only as provided in a fully executed Contract.

XX. GENERAL INSTRUCTIONS FOR PREPARATION OF THE REPLY

The instructions for this ITN have been designed to help ensure that all replies are reviewed in a consistent manner, as well as to minimize costs and response time. **INFORMATION SUBMITTED IN VARIANCE WITH THESE INSTRUCTIONS MAY NOT BE REVIEWED.**

All replies must contain the services that will be delivered, the expected results and the recommended performance measures and contain the sections outlined below. Those sections are called “Tabs.” A “Tab”, as used here, is a section separator, offset and labeled, (Example: “Tab 1, Transmittal Letter”), so that the Department can easily turn to “Tabbed” sections during the review process. Failure to have all copies properly “tabbed” makes it difficult for the Department to review the reply.

Replies shall be submitted in black and white only, as documents throughout the reply may be used to draft the resulting Contract(s) which cannot contain color for scanning purposes. Additionally, please limit the use of Respondent logos and labels to the Transmittal Letter and first page of the Technical Response.

Attachment C, VI., Department Reserved Rights. The Department reserves the right to provide a waiver of minor irregularities of the requirements in the electronic submission of either Volume 1, 2, or 3, except those areas explicitly noted.

Prior to submitting the reply, the Respondent shall complete, sign, and submit the Attachment Q – “**Reply Verification Form**” (**NEW**) to ensure that the reply is in compliance with the instructions listed below. This form shall be placed in Volume 1, Tab 1, **before** the Transmittal Letter.

The Reply shall consist of the following sections:

A. Transmittal Letter – Volume 1, Tab 1

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

1. Submitted on the Respondent’s letterhead;
2. Signed by an individual who has the authority to bind the Respondent;
3. Contain the Respondent’s official name (the company name), address, telephone number, and email address;
4. Contain the name and title of the Respondent official who will sign any contract (this individual shall have the authority to bind the Respondent and shall be available to be contacted by telephone, email or attend meetings, as may be appropriate regarding the solicitation);
5. Contain the Respondent’s Federal Employee Identification Number (including the State of Florida Vendor Sequence Number, if available). If not available, please make that statement, and the Department will collect the information prior to posting the Notice of Intended Award;
6. Contain the Respondent’s DUNS Number, if applicable. If not applicable, please make that statement;
7. If the proposing entity is a “DBA” or “Doing Business As”, the Respondent shall state the reason for it;
8. The Transmittal Letter must contain this exact statement: “On behalf of (insert Respondent’s name), this letter certifies that (insert Respondent’s name) agrees to all terms and conditions contained in the Invitation to Negotiation for which this reply is submitted”;
9. The Transmittal Letter must contain this exact statement: “On behalf of (insert Respondent’s name), this letter certifies that (insert Respondent’s name) has met all conditions and requirements of Attachment C, including that neither it nor its principals are presently debarred, suspended, or proposed for debarment, or have been declared ineligible or voluntarily excluded from participation in this Procurement/contract by any federal department or agency.” If the Respondent is

unable to certify to any part of this statement, such Respondent shall include an explanation in the Transmittal Letter.

10. The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that neither (insert Respondent's name) nor anyone acting on its behalf have contacted anyone, between the release of the solicitation and the end of the seventy-two (72) hour period following the agency posting the Notice of Intended Award, excluding Saturday, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Manager or as provided in the solicitation documents"; and,
11. The Transmittal Letter must contain this exact statement: "On behalf of (*insert Respondent's name*), this letter certifies that (*insert Respondent's name*) agrees to be responsible for the reporting of all admissions and releases in the Juvenile Justice Information System (JJIS) within twenty-four (24) hours of the admission/release dates and for updating the projected release dates of youth at a minimum of once per week if required by this ITN"
12. The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that (insert Respondent's name) is not listed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel; is not listed on the Scrutinized Companies with Activities in Sudan List; is not listed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not engaged in business operations in Cuba or Syria; and, is not engaged in business operations with the government of Venezuela or in any company doing business with the government of Venezuela. (pursuant to F.S. 215.472, 215.4725, 215.473, and 287.135)".
13. The Transmittal Letter must contain this exact statement: "On behalf of (insert Respondent's name), this letter certifies that the Attachment H – Budget March 2020 submitted is complete, reflects reasonable costs for the service being proposed, and all costs are necessary to provide the proposed services".
14. The Respondent must state if they are proposing to use the Department's / State Owned / Leased Facility as stated in the ITN (clearly identify by address the DJJ facility proposed for use and address any relevant issues regarding services in that specific DJJ-owned facility. This information is submitted with the Transmittal Letter and identified as Respondent-Identified State-Owned Site Issues.) It is required that the Respondent attends the Department site visit at the Department/State owned leased facility site if the Respondent is proposing use of that facility (Attachment B, Section IV. D.)

B. Cross Reference Table - Volume 1, Tab 1

In order to assist the Respondent in its development of a responsive submittal (i.e. reply, proposal), the Respondent shall provide a table that cross-references the contents of its reply with the contents of the ITN (see Attachment O to this ITN for the cross-reference table.) This is a requirement. The Respondent shall insert the cross-reference table in Volume 1, Tab 1, just after the Transmittal Letter. Respondents are advised that the Department's ability to conduct a thorough review of replies is dependent on the Respondents ability and willingness to submit replies which are well ordered, detailed, comprehensive, and readable. Clarity of language and adequate, accessible documentation is essential, and is the responsibility of the Respondent. The Respondent shall ensure the reply's sections are properly and completely identified by citing all the applicable page numbers correlating to the requested documentation in Attachment O.

C. Certificate of a Drug-Free Workplace – Volume 1, Tab 1

The reply may contain the certification of a drug-free workplace in accordance with section 287.087, Florida Statutes, if desired by the Respondent; for preference in the event of a tie in the scoring of a competitive solicitation. This is not a mandatory requirement. The certification form (Attachment K) is available at: <http://www.djj.state.fl.us/partners/procurement-and-contract-administration>.

D. Technical Reply - Volume 1, Tab 2

The Technical Reply shall contain the following sections in the following sequence, and Respondents must provide thorough and specific replies in the narrative for how they propose to address each of the requirements as specified in Paragraph one (1) below. Respondent's replies must follow the format described in this section. **THIS SECTION IS SCORED AND ANY ERRORS OR OMISSIONS CANNOT BE WAIVED.**

1. Written Narrative Reply on Vendor Eligibility and Qualifications

The written narrative portion of the reply must be typed, on letter-sized (8-1/2" x 11") paper, using 12-point type, TIMES NEW ROMAN font, single-spaced, and 1-inch margins (top, bottom and sides). Pages must be numbered in a logical, consistent fashion and must not exceed seventy (70) pages including attachments and exhibits (excluding Department-required Attachments, e.g. Organizational Chart, Activity Schedule, etc.) Any floorplans, exhibits, attachments, charts, tables, photos, maps, diagrams, or other resource materials that support the information provided in the written reply shall be referenced within the written reply narrative and shall be numbered for reference and presented at the end of the written reply. Illegible replies will not be evaluated, and pages submitted in excess of the specified limit will be removed prior to evaluation and will not be evaluated.

a. Innovative Program Services to be Provided

Replies must include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose. The Respondent shall propose and describe in detail the innovative nature of program services to (minimally) include 1. Delinquency Programming, 2. Gender-specific Services, 3. Restorative Justice Principles and Programming, 4. Mental Health and Substance Abuse Treatment Services, 5. Behavioral Management System, 6. Pre-vocational and Vocational Services, 7. Recreational Therapy and Leisure Time Activities.

b. Delinquency Programming

The Respondent shall propose delinquency programming for youth which utilizes evidence-based or promising practices designed to reduce the influence of specific risk factors and to increase specific protective factors related to re-offending behavior. The Respondent shall match youth to these delinquency interventions based on the results of a risk and needs assessment. The Respondent must complete the Delinquency Interventions and Treatment Services table provided in the solicitation document.

c. Gender-specific Services

The Respondent shall propose comprehensive gender-specific services in all its program components, delinquency interventions and treatment services. For each program component, delinquency intervention and treatment service, the proposed gender-specific services will systematically address the special needs of adolescents while empowering the youth voice. Proposed programming shall foster positive gender identity development, recognize the risk factors and issues most likely to impact adolescents and the protective factors and skill competencies that can minimize risk factors and enhance treatment services

d. Restorative Justice Principles and Programming

The Respondent shall propose comprehensive programming that reflects Restorative Justice principles and describe how it will implement restorative justice practices. The Respondent will describe how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such

as nonviolent communication to contribute to the wellbeing of youth. The Respondent shall describe how it will foster a restorative community within the residential program. The Respondent shall state which Restorative Justice model will be used and describe with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.

- e. Mental Health and Substance Abuse Treatment Services
The Respondent shall describe its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent must provide all the pertinent staffing details for the provision of these services. The Respondent must explain how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.
- f. Behavioral Management System
The Respondent shall propose a behavioral management and a positive reinforcement system that fosters accountability. The Respondent shall describe how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent shall describe how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.
- g. Pre-vocational and Vocational Services
The Respondent shall describe what additional (beyond what is required) pre-vocational and vocational services are proposed. The Respondent shall clearly articulate what distinguishes and differentiates these two types of services in its definition and the proposed services. The Respondent shall describe in detail how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent shall describe how its services will give youth an occupational advantage in their own community.
- h. Recreational Therapy and Leisure Time Activities
The Respondent shall provide daily recreational and leisure time activities in ways that are physically challenging, educational, therapeutic and constructive. Recreational activities shall be separate and distinct from mental health and substance abuse treatment services, and therefore shall be clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent shall employ the stated number of Recreation Therapist(s) who possess the stated qualifications and required experience.
- i. Living Environment
The Respondent shall propose a program that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent shall describe how it will ensure that the following components (described briefly here) are implemented: input from youth on rules governing community living, the promotion of effective communication, relationship development, cultural diversity, the development of positive identity and respect for self and others, visitation and access to modes of communication, community interactions, appropriate clothing.
- j. Community Involvement Opportunities and Pro-Social Activities

The Respondent shall describe what community involvement opportunities exist, what specific programs and activities will be implemented and will precisely outline how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.

k. Discharge Planning and Transition Services

The Respondent shall provide a description of its discharge planning and transition services. The reply shall include a detailed description of how discharge placement planning will begin at program admission. The Respondent shall employ a Transition Services Manager to coordinate these services and include in its reply a detailed position description and schedule. The Transition Services Manager must possess the stated qualifications and experience. The reply shall include example of a self-sufficiency assessment, plan and a description of the services to be provided at a minimum to include future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.

l. Staffing and Personnel

The Respondent shall describe how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks). The Respondent will affirm its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.

m. Staffing Levels

The Respondent must provide a detailed staffing plan to include position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent must state the living wage of the county where staff will work and the specified surrounding counties and how it was calculated. The plan must include licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details must be consistent with all other documents and exhibits in the reply. The Respondent shall describe in detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.

n. Health and Nursing Services

The Respondent shall describe its proposed health and nursing services and explain how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent must explain how it will meet the requirements for the Health Services Administrator (HSA), the nursing services to be given on-site by Registered Nurses (RNs) licensed in the State of Florida and for the required number of hours.

o. Staff Training

The Respondent shall provide a detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, direct care staff shall be trained in the solicitation's stated minimal requirements: ethics, stress management, gender-responsive

services, behavioral management and modification, positive reinforcement strategies and techniques, emotional and behavioral development of children and adolescents, risk factors for delinquency, triggers and treatment, Physical development and common health issues, restorative justice philosophy and practices, trauma responsive services, Post-traumatic Stress Disorder (PTSD), victimization, exploitation, domestic violence, trauma, and recovery issues, CPR and AED, universal precautions and bloodborne pathogens, emergency evacuation procedures for youth with a medical alert system, for intake staff: Facility Entry Physical Health Screening Form and administration of the Massachusetts Youth Screening Instrument-Second Edition (MAYSI-2), CAT/RAY and other required intake processes and procedures, risk factors and triggers relating to homicidal risk and prevention, immediate access to emergency medical, mental health, and substance abuse services, the program's treatment model, suicide prevention processes and procedures, Prison Rape Elimination Act. The Respondent shall articulate what additional training will be given and which staff will receive that training.

p. Management Capabilities

Describe the Respondent's organizational mission, history, background, experience and structure. Using concrete details, describe its quality assessment and improvement system. Describe its human resources development plan with specific examples. Describe the policies, processes and procedures for assessing its management capabilities and specifically how the need for corrections and improvements are identified and made. Explain how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. Provide an organizational chart with linkage to the program level and one that is consistent with all other exhibits. Describe in detail which positions represent corporate staff and explain their roles and responsibilities including those that are exclusive to the residential program in question.

q. Program and Facility Readiness Plan

The Respondent shall include a program and facility readiness plan. The plan must clearly convey that thorough consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan must describe in detail the objectives, activities, responsible party and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan must identify the critical path activities and describe, in detail, an alternate path in the event of delays or failures on the critical path.

E. Presentation (included with Negotiations)

1. The Presentation must be presented at the beginning of round one Negotiations and submitted as a PowerPoint file to the Procurement Manager via the Bid Library by the close of business on the second business day prior to Negotiations. The Presentation should address the components listed below, at a minimum. Additional information about the Negotiation process is found in Attachment F, Section D.
 - a. A presentation tool (e.g. PowerPoint) of the Respondent's choosing may be used at the demonstration.
 - b. The purpose of the presentation is for Respondents to expand upon the technical reply, help the team visualize the proposed program and understand the Respondent's historical perspective and exemplify how each program component will:
 - 1) Specifically address the Department's mission and how it will help to meet the Department's goals;
 - 2) Provide trauma-informed programming in a physically and emotionally safe and caring environment;

- 3) Empower the youth and family voice;
 - 4) Engage and empower families;
 - 5) Support youth in the community via its proposed transition activities and vocational offerings; and
 - 6) Support staff.
- c. The Respondent shall also address how it will match a youth's identified needs to appropriate services.
 - d. This is an opportunity for Respondents to use a personal setting to illustrate its reply; therefore, a mere repetition of the written reply is strongly discouraged.
- F. Financial Reply (Volume 2)
1. Budget– Volume 2, Tab 1
 - a. It is **REQUIRED** that the Respondent complete and submit in Tab 1 of Volume 2 a signed Attachment H - Budget (with Major Maintenance Fund) March 2020. The Department will negotiate a fixed price Contract with the successful Respondent, ensuring that all budgeted costs are reasonable, allowable and necessary for program operations. **Please ensure that all costs are covered, all titles/positions (including # or how many) match as outlined in the reply and specific line item detail is included. Please include a predicate for expenses and/or copies of any contracts for outside services (i.e. food service).**
 2. Financial Viability Documentation – Volume 2, Tab 2
 - a. It is **REQUIRED** that the Respondent provide in Volume 2, under Tab 2, financial documentation, for either **Option #1 or Option #2** below sufficient to demonstrate its financial viability to perform the Contract resulting from this ITN (see Attachment F., A., 4., Financial Viability Criteria Mandatory Evaluation Criteria). Documentation is reviewed on a pass/fail basis. If the Respondent fails to pass the option they selected, the reply shall be rejected as non-responsive and not evaluated further. Failure to provide either option will result in disqualification of the reply.
 - 1) Option #1: D & B Supplier Qualifier Report
If selecting this option, the Respondent shall submit a copy of the Dun & Bradstreet Supplier Qualifier Report reflecting a Supplier Evaluation Risk (SER) rating dated within sixty (60) days of the release of this ITN. The Respondent's company name and DUNS Number must match the company name and DUNS number on the SQR. The Respondent may request the report from D&B by clicking the website noted for Attachment I (Supplier Qualifier Report Request) and follow the directions in the Attachment. The Respondent shall pay D&B to send the Supplier Qualifier Report (SQR) to the Respondent and the Department through electronic means. The cost of the preparation of the D&B report shall be the responsibility of the Respondent. In addition, it is the duty of the Respondent to ensure the timely submission of a D&B report that accurately reflects the proposing entity. If the Department cannot determine on the face of the documents that the SQR report is that of the proposing entity, then the Department may disqualify the submission. Respondents are advised to allow sufficient time before the reply due date for the D&B processing.
 - OR**
 - 2) Option #2: Financial Audits
If selecting this option, the Respondent shall submit the most recent available and applicable financial documentation that shall include the most recently issued audited financial statement (or if unaudited, reviewed financial statements, in accordance with "Statements on Standards for Accounting and Review Services" issued by the American Institute of Certified Public Accountants

(SSARS). If the balance sheet date of the most recent, available audited or reviewed financial statements are earlier than sixteen (16) months from the issue date of the ITN, the Respondent must provide compiled financial statements in accordance with SSARS, with a balance sheet date no earlier than six months from the date of the ITN, along with the most recently issued or reviewed financial statements, with a balance sheet date no earlier than twenty-four (24) months of the issue date of the ITN. The Department shall use its discretion in utilizing one or both financial statements to determine the given ratios and other financial information. The financial statements shall include the following:

- a) The accountant's reports on the financial statements;
- b) Balance sheet;
- c) Statement of income or activities;
- d) Statement of retained earnings (except for non-profit organizations);
- e) Statement of cash flows;
- f) Notes to financial statements;
- g) Any written management letter issued by the auditor to the Respondent's management, its board of directors or the audit committee; and
- h) If the Respondent is subject to the Federal Single Audit Act (for programs operating in the State of Florida) or the Florida Single Audit Act, include a copy of the most recently issued: Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards; and Report on Compliance with Requirements Applicable to Each Major Program and State Project and on Internal Control over Compliance in Accordance with OMB Circular A-133 and Florida Single Audit Act;
OR
- i) If the Respondent is a sole proprietor or non-corporate entity, the Respondent shall provide financial documentation that is sufficient for DJJ staff to determine the financial ratios, revenues, and equity indicated in Option 2 criteria including applicable financial statements, income tax returns and other documents.
- j) Failure to provide any of the aforementioned financial information may result in reply disqualification.
- k) The Department acknowledges that privately held corporations and other business entities are not required by law to have audited financial statements. In the event the Respondent is a privately held corporation or other business entity whose financial statements are audited, such audited statements shall be provided.
- l) The Department also acknowledges that a Respondent may be a wholly-owned subsidiary of another corporation or exist in other business relationships where financial data is consolidated. Financial documentation is requested to assist the Department in determining whether the Respondent has the financial capability of performing the contract to be issued pursuant to this ITN. The Respondent MUST provide financial documentation sufficient to demonstrate such capability including wherever possible, financial information specific to the

Respondent itself. At the Department's discretion, the consolidated financial information from a parent company that was submitted in lieu of the Respondent's financial information may be utilized.

- m) If a Respondent submits a financial audit which is determined to have passed the financial viability criteria, the Department's Bureau of Procurement and Contract Administration will provide a letter to the Respondent that can be submitted in lieu of resubmitting financial audits/financial documentation in a future procurement, as long as the future ITNs reply due date is within twelve (12) months of the Respondent's last audited financial statement. The period of time for which the letter is valid will be based off the date the Respondent's audit was completed.

3. Certified Minority Business Enterprise (CMBE) Utilization Plan – Volume 2, Tab 3
The Respondent shall describe its plan and/or methods to encourage diversity and utilize minority businesses in the performance of the services described in this solicitation. The information provided in this section shall address the plan described in the CMBE Utilization Plan (available at <http://www.djj.state.fl.us/partners/procurement-and-contract-administration>) of the ITN. The Respondent shall also include documentation supporting the CMBE Utilization Plan, for each Florida CMBE listed that the Respondent intends to utilize in the program procured. Florida CMBEs must meet all CMBE eligibility criteria and be certified as a CMBE by the Office of Supplier Diversity (OSD) of the Florida Department of Management Services. The documentation shall be a one (1) page letter supplied by the CMBE on its letterhead stationery, stating the intent of the CMBE to participate in the program and clearly identifying the Department Solicitation Number. No points will be awarded for the CMBE Utilization Plan.

G. Past Performance – Volume 3

1. Evaluation of Past Performance for Residential Commitment Programs (Volume 3, Tab 1)
- a. The purpose of this section is for the Respondent to demonstrate its knowledge and experience in operating similar programs by providing information requested on Attachment D, Part II and III.
- b. Respondent demonstrating Past Performance in and outside of Florida shall include the information requested on Attachment D, Part II and III and all required supporting documentation.
- 1) Respondents shall provide, if applicable, the information requested on Attachment D, Part II and III, Past Performance in the United States outside of the State of Florida (Part II); and information regarding programs operated by the Respondents that have attained professional accreditation (Part III).
 - 2) Respondents shall attach dated supporting documentation for Part II and III, if applicable.
 - 3) Failure to provide the information requested in Attachment D, Part II and III for this ITN or supporting documentation, if applicable, shall result in a zero (0) score for that Part.
 - 4) All documentation provided for Parts II or III of Attachment D must include the start and end dates, be current dated and valid at least through the start date of the Contract that results from this ITN. The documentation must state that the program is a residential commitment program and that it is run by the Respondent. The Department is not responsible for research to clarify the Respondent's documentation.
 - 5) Respondents shall include the information requested in Attachment D, Part II and III for this ITN and the required

supporting documents in Volume III. Further instructions on how to complete this section may be found in Attachment D.

- H. Additional Requirements to be Included with the Respondent's Reply (Volume 3, Tab 2)
1. School Board Letter
The Respondent shall include a letter from the Superintendent of Schools in the district where the offered facility is located, stating that the school district is aware of the Reply and understands that if awarded, a DJJ school will be opening in their district.
 2. Outside Party Agreements and Letters of Support
 - a. The Respondent shall include letters of support and agreements with outside parties providing mental health and substance abuse services.
 - b. Such letter and agreements must include a description of the services to be provided.
 - c. All Respondent agreements with outside parties shall include within the agreement, evidence of compliance with all applicable rules (e.g. Rule 63N F.A.C., 63M F.A.C., and all related sections of those rules.

XXI. ADDITIONAL REQUIREMENTS FOR RESPONDENTS SELECTED FOR CONTRACT AWARD

Respondents selected for Contract award must submit the following information and/or document prior to Contract execution.

- A. Answers to One Florida Initiative Questions (page 3 of ITN);
- B. Respondent's State of Florida Vendor Sequence Number; and
- C. The name, title, address, telephone number, and e-mail address of the prospective Respondent's Contract Manager. Note: this is not DJJ's assigned contract manager.

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**ATTACHMENT C
SPECIAL CONDITIONS**

I. SPECIAL CONDITIONS

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

II. PUR 1000(1)

This form contains the General Contract Conditions - Incorporated by Reference and available at: http://dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_re_sources/purchasingforms.

III. PUR 1001(1)

This form contains the General Instructions to Respondents - Incorporated by Reference and available at: http://dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_re_sources/purchasingforms.

IV. SUBMISSION OF REPLIES

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

V. LIMITATION ON CONTACT OF DEPARTMENT PERSONNEL

A. Contact Other than During the Negotiations Phase

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

B. Contact During the Negotiations Phase

During the negotiations phase of this ITN:

1. Any contact and communication between the members of the negotiations team for the prospective Respondent(s) with whom the Department is negotiating and the negotiation team for the Department is permissible, but only "on the record" (as required by s. 286.0113(2), Florida Statutes (F.S.)) during the negotiations meetings; and
2. Communication between the lead negotiator for the Respondent with whom the Department is negotiating and the lead negotiator for the Department outside of the negotiations meetings is permissible as long as it is in writing.

C. Violation of Contact Limitations

Violation of the above provisions of this ITN will be grounds for rejecting a reply, if determined by the Department to be material in nature. Violation is material in nature if the contact (oral, electronic, or written):

1. Is heard or read by a person, prior to the completion of that person's final duties under this ITN, which person is responsible for reviewing, evaluating, scoring, ranking, and/or selecting vendors under this ITN, or for advising any such person;
 - a. Advocates for the selection of the prospective Respondent, the disqualification of any other Respondent, or the rejection of all bids;
 - b. Comments on the qualifications of any bidder or the responsiveness of any bid;
 - c. Presents additional information favorable to the Respondent or adverse to another Respondent; or,
 - d. Otherwise seeks to influence the outcome of this ITN;

2. May not be waived as a minor irregularity by virtue of the nature, intent, and extent of the information conveyed.

The foregoing does not preclude a determination by the Department that other forms of contact are material violations of the provisions of this ITN.

VI. DEPARTMENT RESERVED RIGHTS

- A. **Waiver of Minor Irregularities**
The Department reserves the right to waive minor irregularities when to do so would be in the best interest of the State of Florida. A minor irregularity is a variation from the terms and conditions of this ITN which does not affect the price of the reply or give the Respondent a substantial advantage over other Respondents and thereby restrict or stifle competition and does not adversely impact the interest of the Department. At its option, the Department may correct minor irregularities but is under no obligation to do so. In doing so the Department may request a Respondent to provide, and at the request of the Department the Respondent may provide to the Department, clarifying information or additional materials to correct the irregularity. However, the Department will not request, and a Respondent may not provide the Department with additional materials that affect the price of the reply, or give the Respondent an advantage or benefit not enjoyed by other Respondents.
- B. The Department reserves the right to modify non-material terms of the ITN prior to execution of the Contract resulting from this ITN, when such modification is determined to be in the best interest of the State of Florida. Before award, the Department reserves the right to seek clarifications or request any information deemed necessary for proper evaluation of submissions from all Respondents deemed eligible for Contract award. Failure to provide the requested information may result in rejection of the reply.
- C. **Right to Inspect, Investigate and Rely on Information**
In ranking replies for negotiation and in making a final selection, the Department reserves the right to inspect a prospective Respondent's facilities and operations, to investigate any Respondent representations and to rely on information about a Respondent in the Department's records or known to its personnel.
- D. **Reserved Rights After Notice of Intended Award**
 1. The Department reserves the right to schedule additional negotiation sessions with Respondents identified in the posting of a Notice of Intended Award in order to establish final terms and conditions for contracts with those Respondents.
 2. The Department reserves the right, after posting notice thereof, to withdraw (cancel) or amend its Notice of Intended Award and reopen negotiations with any Respondent at any time prior to execution of a contract.
- E. The Department reserves the right to withdraw (cancel) the ITN at any time, including after an award is made, when to do so would be in the best interest of the State of Florida and by doing so assumes no liability to any vendor.
- F. The Department reserves all rights described elsewhere in this ITN.

VII. FIRM REPLIES

The Department may make an award within one hundred twenty (120) days after the date of the opening, during which period replies shall remain firm and shall not be withdrawn (cancelled). If an award is not made within one hundred twenty (120) days, the reply shall remain firm until either the Department awards the Contract or the Department receives written notice from the Respondent that the reply is withdrawn (cancelled).

VIII. TERMS AND CONDITIONS

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

- A. Technical Specifications
- B. Special Conditions
- C. General Instructions for the Preparation and Submission of Replies (Attachment B)
- D. Instructions to Respondents (PUR 1001[1])
- E. General Conditions (PUR 1000[1])

F. **Introductory Materials**

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

IX. CONFLICT OF INTEREST

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

X. CONFIDENTIAL, PROPRIETARY, OR TRADE SECRET MATERIAL

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

The Respondent shall be responsible for defending its determination that the redacted portions of its reply are confidential, trade secret or otherwise not subject to disclosure. Further, the Respondent shall protect, defend, and indemnify the Department for any and all claims arising from or relating to the Respondent's determination that the redacted portions of its reply are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the Respondent fails to submit a Redacted Copy with its reply, the Department is authorized to produce the entire documents, data or records submitted by the Respondent in answer to a public records request for these records.

XI. PROTESTS

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

- A. Paragraph 120.57(3)(b), F.S., and Rule 28-110.003, F.A.C., require that a notice of protest of the solicitation documents shall be made within seventy-two (72) hours after the posting of the solicitation.
- B. Paragraph 120.57(3)(a), F.S., requires the following statement to be included in the solicitation: "Failure to file a protest within the time prescribed in section 120.57(3), F.S., 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, F.S."
- C. Rule 28-110.005, F.A.C. requires the following statement to be included in the solicitation: "Failure to file a protest within the time prescribed in Section 120.57(3), F. S., 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, F. S."

XII. CAPTIONS AND NUMBERING

The captions, section numbers, article numbers, title and headings appearing in this Invitation to Negotiate are inserted only as a matter of convenience and in no way define, limit, construe or

describe the scope or intent of such articles or sections of this solicitation, nor in any way effect this solicitation and shall not be construed to create a conflict with the provisions of this solicitation.

XIII. COOPERATION WITH INSPECTOR GENERAL

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

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**ATTACHMENT D
PAST PERFORMANCE FOR RESIDENTIAL COMMITMENT PROGRAMS EVALUATION
DESCRIPTION**

This attachment describes the past performance assessment methodology for entities (Respondent) replying to a solicitation for residential commitment services published by the Florida Department of Juvenile Justice. Specific and detailed instructions are found in Attachment D, Instructions.

Respondents who operate, or have operated, a juvenile justice residential commitment program in the state of Florida within the past two years from the date of solicitation posting, shall have its past performance scored on the basis of Parts I, II and III of Attachment D.

Respondents who do not operate, or have not operated, a juvenile justice residential commitment program in the state of Florida within the past two years from the date of solicitation posting, shall have its past performance scored on the basis of Parts II and III of Attachment D.

The Department will complete Part I of Attachment D for those Respondents subject to in-state evaluation using data from the past two years (past two fiscal years for Physical Interventions).

The Respondent must submit all required information for the complete Part II and Part III of Attachment D. All supporting documentation must be included to receive these points. Disclosure of any unfavorable program performance (as described in Part II of Attachment D, Instructions) is mandatory.

The Department will verify that all submitted information is considered; however, the Department is not responsible for conducting additional research for information not submitted and documented by the Respondent.

Respondents shall submit the required information and documents for this solicitation in the hard copy or electronic submittal of Volume 3. The Respondent must ensure the document submission contains the required information and does not exceed the solicitation requirement for total number of pages submitted. Documents submitted in other sections of the response or those that exceed the total number of pages allowed shall be considered non-responsive.

PART I	Maximum Points	Description
Verified Child Abuse/Neglect Incidents	Unlimited	Points will be deducted as follows:
		- 8 points for each verified incident of child abuse or neglect
Failure to Report Reportable Incidents	Unlimited	Points will be determined as follows:
		+ 25 points for a rate within 2 standard deviations below the mean
		+ 15 points for a rate within 1 standard deviation below mean
		+ 5 points for a rate within 1 standard deviation above the mean
- 10 points for a rate within 2 standard deviations above the mean		
- 20 points for a rate within 3 standard deviations above the mean		
Escapes	Unlimited	Points will be deducted as follows:
		- 10 points per incident, per escape due to a finding of failure to provide supervision or violation of policy or rule contributing to the escape for each nonsecure program
		- 25 points per incident, per escape due to a finding of failure to provide supervision or violation of policy or rule contributing to the escape for each secure program

Substantiated Excessive/Unnecessary Force	Unlimited	Points will be determined as follows:
		+ 25 points for a rate within 2 standard deviations below the mean + 15 points for a rate within 1 standard deviation below mean + 5 points for a rate within 1 standard deviation above the mean - 10 points for a rate within 2 standard deviations above the mean - 20 points for a rate within 3 standard deviations above the mean
Physical Interventions	Unlimited	Points will be determined as follows (per fiscal year):
		+ 10 points for a rate within 2 standard deviations below the mean + 5 points for a rate within 1 standard deviation below mean + 5 points for a rate within 1 standard deviation above the mean - 5 points for a rate within 2 standard deviations above the mean - 10 points for a rate within 3 standard deviations above the mean
Cure Notices	Unlimited	Points will be deducted as follows:
		- 15 points per notice
Major/Critical Deficiencies	Unlimited	Points will be determined as follows:
		+ 25 points for a rate 2 standard deviations below the mean + 15 points for a rate 1 standard deviation below mean + 5 points for a rate 1 standard deviations above the mean - 10 points for a rate 2 standard deviations above the mean - 20 points for a rate 3 standard deviations above the mean
	Unlimited	Total possible points for Part I
PART II		
Critical Performance Indicators		Points will be deducted as follows:
		-25 points for a "Yes" response to Critical Performance Indicators, 2.a. -15 points for a "Yes" response to Critical Performance Indicators, 2.b.
	- 40	Total possible points for Part II
PART III		
Certifications	+ 15	Points will be determined as follows:
		+ 5 points each for up to 3 (three) accredited programs
	15 points	Total possible points for Part III

**ATTACHMENT D
PAST PERFORMANCE FOR RESIDENTIAL COMMITMENT PROGRAMS EVALUATION
INSTRUCTIONS**

PART I: Performance in the State of Florida

Instructions: The Department will complete this section using data from the past two years preceding the posting date of the solicitation. Data from the last two full fiscal years will be used for the Physical Interventions calculations.

PART II: Critical Performance Indicators

Instructions: The submission of the information and the attestation of its precision and accuracy is a mandatory requirement. It is imperative to read the footnotes to ensure correct responses. A full account of all contracts, regardless of where the contracted services are (or were) provided and as further described in question 1., is required. If in doubt about the need to include certain details, the rule of thumb is “include it.”

- List each juvenile residential commitment contract the Respondent has, or has had, with a governmental entity, in the United States, within the three-year range¹. The contract list shall include all juvenile residential commitment contracts held by the Respondent’s primary company and all juvenile residential commitment contracts held by the Respondent’s secondary company².

The list is not to be constrained by the size of *Table 1*. Use additional pages as necessary to accommodate all the required information.

Contract List							
Company Name	Contract Number ³	Program Name ⁴	Governing Entity	State of Program Operation	Contract Start Date	Contract End Date	If the contract has ended, explain why.

Table 2 Contract List

- The following questions relate to each contract on the contract list and as described in question #1. Answer each question with “Yes” or “No” and affirm with “Yes”, that each stated answer reflects consideration of each contract on the contract list.

Critical Performance Indicator Questions		
Questions	Answer	Affirmation
a. Has a contracted program been closed, or a contract terminated related to safety, security, health or service delivery issues?		
b. Has a primary or secondary company’s eligibility to provide juvenile residential commitment services been suspended, revoked, not renewed or otherwise lost for cause? ⁵		

Table 3 Critical Indicators

- Complete the attestation.

¹ The three-year range begins three years previous to the posting date of this solicitation.

² The Respondent is the primary company. A secondary company is one where one or more principals of the primary company have received compensation from this company.

³ In the absence of a contract number, an identifier recognizable by the contracting entity must be submitted.

⁴ In the absence of a program name, a description recognizable by the contracting entity must be submitted.

⁵ Cause is defined as breach, misfeasance, malfeasance, or other inappropriate action.

I, _____, hereby confirm that I have completed the list of all contracted residential commitment programs (question #1) and have answered the critical performance indicator questions and affirmation.

I have comprehensively listed the residential contracts as instructed and have answered the questions accurately and completely.

I attest that the above statement is true, complete and valid.

Signature

Date

PART III: Evaluation Questionnaire for Accreditation in the United States

Instructions:

The Respondent must submit all of the required documentation for each entity submitted for consideration for points in this section. Failure to submit all of the required documentation will result in zero (0) points being awarded for that particular entity. It is incumbent upon the Respondent to clearly articulate its responses. The Department will not conduct research to clarify the Respondent’s submission; however, the Department takes very seriously any information it receives that contradicts the Respondent’s submission and will require an explanation of the Respondent should that occur.

Questions:

1. Does the Respondent currently operate a residential commitment juvenile justice program (“accredited entity”) in the United States which is being offered as part of its solicitation response and is that accredited entity in good standing without restrictions by an accrediting organization listed in Table 3? Enter either Yes or No? [Click or tap here to enter text.](#)
2. The term “accredited entity” refers to the accredited juvenile justice organization, program, facility or service.

Respondent:	Replace this text with the Respondent’s organization.
Accredited Entity #1:	Replace this text with the name of accredited entity #1
Accredited Entity #2:	Replace this text with the name of accredited entity #2
Accredited Entity #3	Replace this text with the name of accredited entity #3

3. Information and documentation to be submitted:
 - a. Must provide the name of the prospective Respondent’s organization.
 - b. Must provide the name of the accredited entity.
 - c. If the accredited entity name is different than the name on the Respondent’s reply, must provide documentation attesting that both entities are part of the same organizational structure. (If not applicable, just state “not applicable.”)
 - d. Must provide evidence the accreditation award for each accredited entity. The following are acceptable forms of documentation:
 - i. An official letter of the accreditation status;
 - ii. An official accreditation report; or
 - iii. A copy of the original accreditation certificate
 - e. Must provide documentation that establishes the accredited entity as a residential commitment juvenile justice program.

- f. Must provide documentation that establishes the residential commitment juvenile justice program as an included component of its accreditation award.
- g. Must provide documentation that establishes the accredited entity is physically located in the United States.
- h. Must provide documentation that establishes that the Respondent operated the accredited entity when the accreditation certification was awarded.
- i. Must provide documentation that establishes that the accreditation period is valid at least through the estimated start date of the contract that results from this solicitation.
- j. Must provide documentation that establishes that the accreditation certificate is in good standing and without restrictions.

<u>Accrediting Organizations</u>	
1.	American Correctional Association (ACA)
	<p>Accredits correctional agencies/facilities that hold at least one of the following: 1) pretrial or pre-sentence adults or juveniles; convicted adults or juveniles adjudicated delinquent; and/or adult or juvenile offenders sentenced to community supervision.</p> <p>The accreditation certificate states the Facility (Organization Name) and does not list the programs within that facility. The accreditation certificate will identify the type of facility/program for which it is being accredited (i.e., Juvenile Correction Facility, Juvenile Community Residential Facility). There are some accreditation certificates that are awarded specifically to programs found within facilities. The only applicable example for the Department of a program that is eligible for individual program accreditation is Therapeutic Communities.</p> <p>Defines a “program” as the plan or system through which a correction agency works to meet its goals; <i>often this program requires a distinct physical setting</i> such as a correction institution, community residential facility, group home or foster home. On the ACA Compliance Report, it states “Facility/Program.”</p> <p>Evidence of Accreditation: Accreditation certificate.</p>
2.	Commission on Accreditation of Rehabilitation Facilities (CARF)
	<p>Accredits human service respondents and networks (respondent organizations) for their specific programs and services. The organization is provided a main accreditation certificate (organization’s name, which is the main physical site name) and it will list all programs/services accredited at all locations. When certificates are requested for additional physical sites, the certificates will list the organization’s name (the main physical site name), the additional physical site name, and the programs for that site location only.</p> <p>Defines a “program” as a system of activities performed for the benefit of persons served; a subunit of the Customer Service categories.</p> <p>Evidence of Accreditation: An official notification letter and an accreditation certificate.</p>
3.	Council on Accreditation (COA)
	<p>Accredits child- and family-service and behavioral healthcare organizations. Originally known as an accrediting body for family and children’s agencies, COA currently accredits 38 different service areas and over 60 types of programs. Among the service areas are substance abuse treatment, adult day care, services for the homeless, foster care, and inter-country adoption. Organizations are eligible for COA accreditation if they provide human services. An organization that does not provide human services, but where its consumers (communities, stakeholders, members, other organizations, or agencies) provide human services may also be eligible for accreditation.</p> <p>COA accredits organizations and services, not specific programs. COA accreditation applies to the entire organization and the services that it provides. An organization’s accreditation includes all of its programs that fall under the service areas listed in the COA letter. COA does not separately accredit services provided in residential and non-residential settings, nor does it separately accredit services provided to adults or juveniles.</p>

Defines a “program” as a system of services offered by an organization. For example, an organization providing a mental health service may offer several mental health programs to different populations, e.g., a mental health program for adolescent teens. The word "program" can be used interchangeably with the word "service" or to describe specific programs.

Evidence of Accreditation: An email communication stating that the organization has achieved accreditation (sent within 7 days of the decision being made); a formal notification letter (sent within 2 weeks); a plaque; and a Final Accreditation Report (FAR), which provides a complete set of ratings for all applicable standards, as well as a list of the organization’s strengths and areas for improvement (45 days after receiving the formal notification letter).

4. Joint Commission (formerly JCAHO)

Evaluates and accredits healthcare organizations and programs.

An organization will receive an accreditation certificate with the organization’s name and the program or service that was accredited. The organization receives a stand-alone certificate for each of its individual programs/services that were accredited.

If you visit the Joint Commission’s “Quality Check” website, it will tell you: 1) if an organization is accredited or not, and for which programs/services; 2) detailed information about the individual program/service area that was accredited; and 3) list an organization’s physical site locations and the accredited programs/services areas per location.

Defines a “program” in terms of health care settings.

Evidence of Accreditation: An official accreditation report and an official accreditation decision.

Table 4 Accrediting Organizations

**ATTACHMENT F
SELECTION METHODOLOGY AND EVALUATION CRITERIA**

A. APPLICATION OF MANDATORY REQUIREMENTS

A Respondent must comply with all Mandatory Requirements in order to be considered for selection under this ITN. The mandatory requirements for this ITN are set forth in Attachment B, Section V., of this ITN. If the Department determines that a Respondent has failed to meet any of the Mandatory Requirements, unless waived, that Respondent's reply will not be evaluated.

1. The Procurement Manager will examine each reply to determine whether the reply meets the Mandatory Requirements specified in Attachment B, Section V., of this ITN.
2. A reply that fails to meet the Mandatory Requirements will be deemed nonresponsive and will not be evaluated.
3. All Respondents whose reply meets the Mandatory criteria as outlined in Attachment B, will have their written reply and in-state and out-of-state past performance scored. The in-state and out-of-state scored past performance components will be completed and assessed in accordance with Attachment D.
4. Meeting the Mandatory Requirements alone will not impact any ranking in the evaluation process.
5. Financial Viability Mandatory Evaluation Criteria.
 - a. It is **REQUIRED** that the Respondent submits financial documentation, as described in Attachment B, Section XX, F., 2. of this ITN, that is sufficient to demonstrate its financial viability to perform the Contract resulting from this ITN. Documentation is reviewed on a **PASS/FAIL** basis. If the Respondent fails to pass the option they selected, the reply shall be rejected as non-responsive and not evaluated further.
 - b. The Department will utilize one of the following criteria to determine financial viability to perform a Contract resulting from this ITN.
 - 1) Option #1 D & B Supplier Evaluation Risk (SER) Evaluation Criteria
Dunn & Bradstreet Supplier Evaluation Risk (SER) score must be ≤ 5 (on a scale of 1-10). The SER score is provided by D & B on the Supplier Qualifier Report (SQR) which must be requested by the Respondent.
 - 2) Option #2 Financial Audit Documentation Criteria
A Certified Public Accountant (CPA) employed by DJJ will review the Respondent's financial documentation and assess all of the following criteria. At least two (2) of the following four (4) minimum acceptable standards shall be met, one of which must be item c) or d) below:
 - a) Current ratio: $\geq 1.0:1$ or (1.0)
Computation: Total current assets \div total current liabilities
 - b) Debt to tangible net worth: $\leq 6:1$
Computation: Total liabilities \div tangible net worth (net worth minus intangible assets)
 - c) Minimum existing sales: \geq the maximum annual contract dollar amount for services proposed under this ITN.
 - d) Total equity: $\geq 10\%$ of minimum sales or revenue as determined in c. above.

B. EVALUATION CRITERIA AND TOTAL POSSIBLE POINTS

1. The criteria and total possible points for evaluating the Written Narrative Reply is identified in the chart below.
2. Past Performance: Criteria for the scoring of Past Performance are explained in Attachment D.
3. Definitions for above terms:
 - a. Respondent Written Narrative Score = Score of a specific Respondents Written Narrative
 - b. Maximum Written Narrative Score = 327 points

	MAXIMUM POINTS PER SECTION	
	<i>Prospective Respondents who operate DJJ contracted residential programs in Florida</i>	<i>Prospective Respondents who do NOT operate DJJ contracted residential programs in Florida</i>
WRITTEN REPLY EVALUATION CRITERIA		
1. <u>Transmittal Letter (MANDATORY REQUIREMENT)</u>	0	0
2. <u>Written Narrative Reply – Respondent Eligibility and Qualifications</u>		
A. Innovative Program Services to be Provided	45	45
A.1. Delinquency Programming	45	45
A.2. Gender-specific Services	15	15
A.3. Restorative Justice Philosophy and Restorative Programming	15	15
A.4. Mental Health and Substance Abuse Treatment Services	15	15
A.5. Behavioral Management System	30	30
A.6. Pre-vocational and Vocational Services	15	15
A.7. Recreational Therapy and Leisure Time Activities	15	15
B. Living Environment	15	15
C. Community Involvement Opportunities and Pro-Social Activities	15	15
D. Discharge Planning and Transition Services	15	15
E. Staffing and Personnel	21	21
E.1. Staffing Levels	15	15
E.2. Health and Nursing Services	15	15
E.3. Staff Training	15	15
F.1. Management Capability	12	12
F.2. Program and Facility Readiness Plan	9	9
<u>Maximum Subtotal Written Narrative</u>	327	327

Section	Sub-section	Criteria	Highest raw score possible	Weight	Maximum weighted score
Attachment B., XX.,D.,1	A.	Innovative Program Services to be Provided	3	X 15	45
Attachment B., XX.,D.,1	A.1.	Delinquency Programming	3	X 15	45
Attachment B., XX.,D.,1	A.2.	Gender-specific Services	3	X 5	15
Attachment B., XX.,D.,1	A.3.	Restorative Justice Philosophy and Restorative Programming	3	X 5	15
Attachment B., XX.,D.,1	A.4.	Mental Health and Substance Abuse Treatment Services	3	X 5	15
Attachment B., XX.,D.,1	A.5.	Behavioral Management System	3	X 10	30
Attachment B., XX.,D.,1	A.6.	Pre-vocational and Vocational Services	3	X 5	15
Attachment B., XX.,D.,1	A.7.	Recreational Therapy and Leisure Time Activities	3	X 5	15
Attachment B., XX.,D.,1	B.	Living Environment	3	X 5	15
Attachment B., XX.,D.,1	C.	Community Involvement Opportunities and Pro-Social Activities	3	X 5	15
Attachment B., XX.,D.,1	D.	Discharge Planning and Transition Services	3	X 5	15
Attachment B., XX.,D.,1	E.	Staffing and Personnel	3	X 7	21
Attachment B., XX.,D.,1	E.1.	Staffing Levels	3	X 5	15
Attachment B., XX.,D.,1	E.2.	Health and Nursing Services	3	X 5	15
Attachment B., XX.,D.,1	E.3.	Staff Training	3	X 5	15
Attachment B., XX.,D.,1	F.1.	Management Capability	3	X 4	12
Attachment B., XX.,D.,1	F.2.	Program and Facility Readiness Plan	3	X 3	9
Total maximum points possible					327

C. EVALUATION METHODOLOGY**Evaluation of Written Replies**

All replies that meet the Mandatory Requirements and are determined to be otherwise responsive will be evaluated using the following process:

1. The Department's evaluators will evaluate and score each written narrative reply based on the information requested in Attachment B, Section XX., D., 1., and in accordance with the methodology and evaluation criteria provided in Attachment F, and Attachment P, Evaluation Criteria/Score Sheets, of this ITN.
2. A debriefing meeting of the evaluators will be held in accordance with the Attachment B, Section IV., F., to review the results of the evaluation of the written replies.
3. The Procurement Manager will total each category score (i.e., Category A above = 45 points) for the Written Narrative and then average each category score by the number of evaluators (category total will not exceed the maximum number of available points per category). The averaged total for the Written Narrative will be added to the Past Performance score, for a cumulative total score.
4. Based on the total maximum points scored for the Written Narrative and Past Performance, the Procurement Manager will determine a ranking of Respondents, with the Respondent scoring the highest cumulative points receiving a ranking of "1", the second highest a ranking of "2", etc. This ranking will be posted on the Vendor Bid System.
5. Using the rankings from the written evaluations and past performance, the Evaluation team will determine the number of Respondents to move forward for Negotiations.
6. Notification will be provided electronically to the Respondents selected for Negotiations via e-mail from the Procurement Manager.

D. NEGOTIATION PROCESS

1. Public Meetings
 - a. Negotiation meetings between the Department and Respondents are not open to the public, as per the exemption provided by 286.0113(2)(a), F.S., unless otherwise stated in the Calendar of Events (Attachment B, Section IV.)
 - b. Negotiation strategy meetings of the Department's Negotiation team are exempted by 286.0113(2)(a), F.S.
 - c. The Department will record all meetings of the Department's evaluation/negotiation team.
2. History of Performance
 - a. For Respondents selected to move forward to Negotiations and in addition to information gathered and assessed for the scoring of past performance the Negotiation team will:
 - i. Be provided with past and/or current information regarding the Respondent's performance;
 - ii. The Negotiation team may choose to discuss the DJJ contract performance or the programs outside of Florida with the Respondent at negotiations. The Respondent should be prepared to review its history of performance and any subsequent corrective action(s) with the Negotiation team, demonstrating how issues were corrected, how improvements were sustained, and how similar issues would be mitigated in the future in the new program being proposed for this ITN;
 - iii. The Negotiation team will use the Respondent's information or discussion during negotiation(s) to complete the Comparative Analysis Tool (Attachment J), which is used to determine which Respondent moves forward to the Memorandum of Negotiation.
3. Supplemental Request(s)
Additional documentation may be requested from Respondents prior to Negotiations.
4. First Round of Negotiations
The first round of Negotiations will begin with a presentation from the Respondent. The presentation will address the components listed in Attachment B, Section XX., E., at a minimum.
 - a. Presentations are not scored.
 - b. The Department will be utilizing the Conference Call and/or the GoTo Meeting App for the Negotiation sessions.
The Respondent(s) will be required to participate in the Presentation/Round One Negotiation. The Department will notify and provide the necessary information for the GotoMeeting to the selected Respondent(s) for Negotiations."

- Note:** If more than one Respondent is moved to Negotiations, a difference GoToMeeting will be set up for each one, individually.
- c. Failure of a Respondent to participate in the Negotiation session on their assigned date/time without providing prior communication to the procurement manager will result in the reply being considered incomplete and not considered in the process for further consideration.
 - d. The Department reserves the right to expand the Negotiations to include additional ranked Respondents or change the method of negotiation [e.g., concurrent versus by order of ranking], if it determines that to do either would be in the best interest of the State.
5. Second Round of Negotiations
 - a. If the Negotiation Team determines a second round of negotiations is necessary, the team will determine which Respondent(s) will move forward to the second round.
 - b. A presentation is not required for a second round of negotiations.
 6. Negotiation Guidelines
 - a. During the negotiation meeting with each Respondent, the negotiating team will establish rules and procedures for the negotiation sessions and accomplish other administrative tasks pertaining to the negotiations, as needed.
 - b. The team must reach consensus (general agreement) during meetings where decisions are made; however, in the event consensus is lacking the decision can be made using a majority-rules approach.
 - c. The Department reserves the right to require Respondents to submit a supplemental reply, make presentations, or other submission during the negotiation period.
 - d. The negotiation process is intended to enable the Department to determine whether and with whom it will contract and to establish the principle terms and conditions of such contract. There will be additional negotiations to finalize all terms and conditions of the contract after a Notice of Intended Award is posted.
 - e. Additional negotiation meetings may be scheduled in order to further discuss, define, or document desired services, price, terms, and conditions. Supplemental replies may be requested.
 - f. In its sole discretion, the Department shall determine whether to hold additional negotiation sessions and with which Respondent(s) it will negotiate.

E. FINAL SELECTION AND NOTICE OF INTENT TO AWARD CONTRACT

1. Comparative Analysis Tool
The Negotiation Team will use the Comparative Analysis Tool (included with this ITN as Attachment J) to document its recommendation/best value determination. This tool is only used if the team has moved two or more Respondent's forward during the appropriate Debriefing session (see Attachment B., section IV., F.)
2. Score Calculation for Team Recommendation for Award
The Department will weigh the total scores as follows for each category: Comparative Analysis Tool score weighted at 50%, Past Performance weighted at 25%, and Written Reply score weighted at 25%. The Respondent's scores for each of these three categories will be divided by the maximum possible points for each category, to arrive at the percentage of possible points per category. Then, the percentage of possible points per category will be multiplied by the appropriate weighted category percentage as stated above.
3. Department's Negotiation Team Recommendation
The Department's Negotiation Team will develop a recommendation as to the Contract award that will provide the best value to the State. In so doing, the Negotiation Team is not required to award to the highest ranking Respondent(s) for negotiations, but will base its award recommendation on the Respondent with the highest weighted score (see section E., 2., above). The recommendation / best value determination of the Negotiation team shall serve as a recommendation only.
4. Current Major and/or Critical Deficiencies review by the Department's Bureau of Monitoring and Quality Improvement (MQI)
After the Negotiation team has made their award recommendation, the Department's MQI will review the potential Provider with the highest score for any current and open major and critical deficiencies. If a potential Provider is found to have any current, open major and/or critical deficiencies, they may be considered ineligible for consideration of an award. The period under

review for major/critical deficiencies for all of the potential Provider's contracts with the Department is from the date responses are received to the date the Secretary receives all the information/documentation to approve or deny the award recommendation (see the Calendar of Events, Attachment B, section IV., B.).

5. Department's Right to Rely on Submitted Information
The Department reserves the right to review and rely on relevant information contained in the replies received pursuant to Attachment B, section XX., and relevant portions of the evaluations and negotiations conducted pursuant to Attachment F.
6. Secretary's Approval
The Secretary, or his or her designee, will approve an award that will provide the best value to the State, taking into consideration the respondent's performance and the recommended award by the Negotiation Team.
7. Intended Award Selection
The Department will select for award of the Contract the responsive and responsible Respondent as determined by the Secretary, or his or her designee, to provide the best value to the State.
8. Secretary's Disapproval
In the event the Secretary, or his or her designee, does not approve the team's recommended award, the disapproval will be documented in writing. The Department may then take the appropriate action including, but not limited to:
 - a. attempt to contract with the next Respondent without posting of an additional Notice of Intended Award Decision or Addendum;
 - 1) If the Department and a previous Respondent fail to execute a Contract, the Department may (1) attempt to contract with another previous Respondent sequentially until a Respondent willing to execute a Contract is found without posting of an additional Notice of Intended Award Decision or Addendum; (2) reject all replies and re-advertise the ITN; (3) reject all replies; or (4) withdraw (cancel) the ITN.
 - b. reject all replies and re-advertise the ITN;
 - c. reject all replies; or,
 - d. withdraw (cancel) the ITN for any reason the Department deems appropriate.
9. Posting Notice of Intended Award
On or about the date specified in the Calendar of Events (section IV. B.), the Department's Notice of Intended Award Decision will be posted on the "MyFlorida" website http://www.myflorida.com/apps/vbs/vbs_main_menu. Click on "Search Advertisements," and use the drop down list to select the Department of Juvenile Justice. Click "Initiate Search," select the ITN and double click on the ITN number. Call the Department's Procurement Manager at the telephone number listed in Attachment B, section III, if you have any questions regarding accessing the website. Respondents are advised to review the web site for any schedule changes.
10. Negotiations After Notice of Intended Award
 - a. The Department reserves the right to schedule additional contract finalization / negotiation sessions with the Respondent(s) identified in the posting of a Notice of Intended Award in order to establish final terms and conditions for the Contract with the Respondent(s).
 - b. The Department reserves the right to reopen negotiations with the other Respondent(s) if the Department is unable to reach an agreement with the awarded Respondent(s), without having to post another Notice of Intended Award.
11. Timeliness of Contract Execution
Once the Department has provided a Contract to the awarded Respondent for signature, the awarded Respondent must return the signed Contract, and all applicable attachments, within fifteen (15) days or the Department reserves the right to withdraw the Contract award and begin steps as outlined in section 7., above. The Department may waive this requirement if it is in the best interest of the State.
12. Re-Open Solicitation due to Unsuccessful Contract Performance
The Department may re-open a solicitation if the awarded Respondent who executed a contract with the Department fails to successfully perform the required services within the first twelve (12) months of the contract. The Department will contact the Respondent(s) who last participated in

negotiations (and who is not the awarded Respondent who failed to perform) and determine if they are able/agreeable to re-opening negotiations with the Department for the desired services.

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**ATTACHMENT G
SAMPLE CONTRACT**

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

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

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**ATTACHMENT O
CROSS REFERENCE TABLE**

ITN DOCUMENTATION (TO BE COMPLETED BY DEPARTMENT)		LOCATION IN REPLY (TO BE COMPLETED IN ITS ENTIRETY BY RESPONDENT)	
SECTION/PART	SUBJECT	PAGE NUMBERS	SECTIONS/PARTS
	GENERAL REPLY MANDATORY		
Attachment B Section XX., G., 1.	Attachment D – Past Performance for Residential Commitment Programs Evaluation		
	GENERAL REPLY REQUIREMENTS		
Attachment B Section XX	Attachment Q - Reply Verification Form		
Attachment B Section XX., A.	Transmittal Letter containing all information		
Attachment B Section XX., B.	Attachment O – Cross Reference Table		
Attachment B Section XX., C.	Attachment K –Drug-Free Workplace Certification		
Attachment B, Section XX., F. 1.	Attachment H – Budget (with Major Maintenance Fund) March 2020		
Attachment B, Section XX., F., 2.	Financial Viability Documentation: D&B Supplier Qualifier Report or Financial Audits to determine financial viability		
Attachment B Section XX., F., 3.	Certified Minority Business Enterprise (CMBE) Utilization Plan		
Attachment B, Section XX., H., 1.	School Board Letter		
Attachment B, Section XX., H., 2.	Outside Party Agreements and Letter of Support		

Attachment A., V., G.	Daily Activity Schedule		
Attachment A., V., G.	Self-Sufficient Plan		
Attachment A., V., G.	Staffing and Personnel Plan		
Attachment A., V., G.	Staff Training Plan		
Attachment A., V., G.	Organizational Chart		
Attachment A., V., G.	Human Resource Development Plan		
Attachment A., V., G.	Program and Facility Readiness Plan		
Attachment A., V., 1., d.	Exhibit 3: Delinquency Interventions and Treatment Services Table		
Attachment A., V., 1., g.	Exhibit 2: Primary Services Form		
TECHNICAL REPLY			
<p>*PLEASE NOTE: The Respondent is requested to provide evidence of existing documentation (plans, resumes, charts, etc.) as requested in this cross reference table and addressed below. If evidentiary documentation is not currently available, provide evidence of intent or plan to implement and identify as such. This will include proposed plans, schedules, proposed staff contracts, job description etc. Include all relevant information that will assist DJJ in evaluating your technical reply. Failure to provide information as requested may result in 0 points being assessed for that portion of the technical reply evaluation. If the Respondent is selected for Contract award, the proposed service and all elements thereof will be incorporated by reference into the resulting Contract, unless they do not otherwise meet the terms and conditions of this ITN.</p>			
a. INNOVATIVE PROGRAM SERVICES TO BE PROVIDED			
Attachment B Section XX., D., 1., a.	<p>Replies must include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose. The Respondent shall propose and describe in detail the innovative nature of program services to (minimally) include 1. Delinquency Programming, 2. Gender-specific Services, 3. Restorative Justice Principles and Programming, 4. Mental Health and Substance Abuse Treatment Services, 5.</p>		

	Behavioral Management System, 6. Pre-vocational and Vocational Services, 7. Recreational Therapy and Leisure Time Activities.		
	b. DELINQUENCY PROGRAMMING		
Attachment B Section XX., D., 1., b.	The Respondent shall propose delinquency programming for youth which utilizes evidence-based or promising practices designed to reduce the influence of specific risk factors and to increase specific protective factors related to re-offending behavior. The Respondent shall match youth to these delinquency interventions based on the results of a risk and needs assessment. The Respondent must complete the Delinquency Interventions and Treatment Services table provided in the solicitation document.		
	c. GENDER SPECIFIC SERVICES		
Attachment B Section XX., D., 1., c.	The Respondent shall propose comprehensive gender-specific services in all its program components, delinquency interventions and treatment services. For each program component, delinquency intervention and treatment service, the proposed gender-specific services will systematically address the special needs of adolescents while empowering the youth voice. Proposed programming shall foster positive gender identity development, recognize the risk factors and issues most likely to impact adolescents and the protective factors and skill competencies that can minimize risk factors and enhance treatment services		
	d. RESTORATIVE JUSTICE PHILOSOPHY AND RESTORATIVE PROGRAMMING		
Attachment B Section XX., D., 1., d.	The Respondent shall propose comprehensive programming that reflects Restorative Justice principles and describe how it will implement restorative justice practices. The Respondent will describe how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent shall describe how it will foster a restorative community within the residential program. The Respondent shall state which Restorative Justice model will be used and describe with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.		

	e. MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES		
Attachment B Section XX., D., 1., e.	The Respondent shall describe its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent must provide all the pertinent staffing details for the provision of these services. The Respondent must explain how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.		
	f. MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES		
Attachment B Section XX., D., 1., f.	The Respondent shall propose a behavioral management and a positive reinforcement system that fosters accountability. The Respondent shall describe how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent shall describe how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.		
	g. MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES		
Attachment B Section XX., D., 1., g.	The Respondent shall describe what additional (beyond what is required) pre-vocational and vocational services are proposed. The Respondent shall clearly articulate what distinguishes and differentiates these two types of services in its definition and the proposed services. The Respondent shall describe in detail how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent shall describe how its services will give youth an occupational advantage in their own community.		
	h. MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES		
Attachment B Section XX., D., 1., h.	The Respondent shall provide daily recreational and leisure time activities in ways that are physically challenging, educational, therapeutic and constructive. Recreational activities shall be separate and distinct from mental health and substance abuse treatment services, and therefore shall be clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The		

	Respondent shall employ the stated number of Recreation Therapist(s) who possess the stated qualifications and required experience.		
	i. LIVING ENVIRONMENT		
Attachment B Section XX., D., 1., i.	The Respondent shall propose a program that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent shall describe how it will ensure that the following components (described briefly here) are implemented: input from youth on rules governing community living, the promotion of effective communication, relationship development, cultural diversity, the development of positive identify and respect for self and others, visitation and access to modes of communication, community interactions, appropriate clothing.		
	j. COMMUNITY INVOLVEMENT OPPORTUNITIES AND PRO-SOCIAL ACTIVITIES		
Attachment B Section XX., D., 1., j.	The Respondent shall describe what community involvement opportunities exist, what specific programs and activities will be implemented and will precisely outline how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.		
	k. DISCHARGE PLANNING AND TRANSITION SERVICES		
Attachment B Section XX., D., 1., k.	The Respondent shall provide a description of its discharge planning and transition services. The reply shall include a detailed description of how discharge placement planning will begin at program admission. The Respondent shall employ a Transition Services Manager to coordinate these services and include in its reply a detailed position description and schedule. The Transition Services Manager must possess the stated qualifications and experience. The reply shall include example of a self-sufficiency assessment, plan and a description of the services to be provided at a minimum to include future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.		
	I. STAFFING AND PERSONNEL		

Attachment B Section XX., D., 1., l.	The Respondent shall describe how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks). The Respondent will affirm its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.		
m. STAFFING LEVELS			
Attachment B Section XX., D., 1., m.	The Respondent must provide a detailed staffing plan to include position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent must state the living wage of the county where staff will work and the specified surrounding counties and how it was calculated. The plan must include licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details must be consistent with all other documents and exhibits in the reply. The Respondent shall describe in detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.		
n. HEALTH AND NURSING SERVICES			
Attachment B Section XX., D., 1., n.	The Respondent shall describe its proposed health and nursing services and explain how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent must explain how it will meet the requirements for the Health Services Administrator (HSA), the nursing services to be given on-site by Registered Nurses (RNs) licensed in the State of Florida and for the required number of hours.		
o. STAFF TRAINING			
Attachment B Section XX., D., 1., o.	The Respondent shall provide a detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, direct care staff shall be trained in the solicitation's stated minimal		

	requirements: ethics, stress management, gender-responsive services, behavioral management and modification, positive reinforcement strategies and techniques, emotional and behavioral development of children and adolescents, risk factors for delinquency, triggers and treatment, Physical development and common health issues, restorative justice philosophy and practices, trauma responsive services, Post-traumatic Stress Disorder (PTSD), victimization, exploitation, domestic violence, trauma, and recovery issues, CPR and AED, universal precautions and bloodborne pathogens, emergency evacuation procedures for youth with a medical alert system, for intake staff: Facility Entry Physical Health Screening Form and administration of the Massachusetts Youth Screening Instrument-Second Edition (MAYSI-2), CAT/RAY and other required intake processes and procedures, risk factors and triggers relating to homicidal risk and prevention, immediate access to emergency medical, mental health, and substance abuse services, the program's treatment model, suicide prevention processes and procedures, Prison Rape Elimination Act. The Respondent shall articulate what additional training will be given and which staff will receive that training.		
	p. MANAGEMENT CAPABILITY		
Attachment B Section XX., D., 1., p.	Describe the Respondent's organizational mission, history, background, experience and structure. Using concrete details, describe its quality assessment and improvement system. Describe its human resources development plan with specific examples. Describe the policies, processes and procedures for assessing its management capabilities and specifically how the need for corrections and improvements are identified and made. Explain how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. Provide an organizational chart with linkage to the program level and one that is consistent with all other exhibits. Describe in detail which positions represent corporate staff and explain their roles and responsibilities including those that are exclusive to the residential program in question.		
	q. PROGRAM AND FACILITY READINESS PLAN		
Attachment B Section XX., D., 1., q.	The Respondent shall include a program and facility readiness plan. The plan must clearly convey that thorough consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan must describe in detail the objectives, activities, responsible party		

	and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan must identify the critical path activities and describe, in detail, an alternate path in the event of delays or failures on the critical path.		
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**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A. Reply and the Innovative Program Services to be Provided		
<p>Replies must include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department’s vision and major goals as outlined in the solicitation’s Statement of Purpose. The Respondent shall propose and describe in detail the innovative nature of program services to (minimally) include 1. Delinquency Programming, 2. Gender-specific Services, 3. Restorative Justice Principles and Programming, 4. Mental Health and Substance Abuse Treatment Services, 5. Behavioral Management System, 6. Pre-vocational and Vocational Services, 7. Recreational Therapy and Leisure Time Activities.</p>		
RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Reply includes a thorough description of the services to be provided with an explanation of how the proposed services will specifically advance the Department’s vision and major goals as outlined in the solicitation’s Statement of Purpose. The Respondent has proposed and described, in detail, with clarity, using concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that exceed the minimum requirements and are clearly aligned with the Department’s mission and major goals.</p>	3 Points	
<p>The Reply includes an adequate description of the services to be provided with an adequate explanation of how the proposed services will specifically advance the Department’s vision and major goals as outlined in the solicitation’s Statement of Purpose. The Respondent has proposed and described, with adequate detail and clarity, using a sufficient number of concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that meet the minimum requirements and are adequately aligned with the Department’s mission and major goals.</p>	2 Points	
<p>The Reply includes a mediocre description of the services to be provided with a mediocre explanation of how the proposed services will specifically advance the Department’s vision and major goals as outlined in the solicitation’s Statement of Purpose. The Respondent has proposed and described, with a modicum of detail and clarity, using a modicum of concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that do not consistently meet all the minimum requirements and do not consistently align with the Department’s mission and major goals.</p>	1 Point	
<p>The Reply does not include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department’s vision and major goals as outlined in the solicitation’s Statement of Purpose or, such a description is included but it is a poor response. The Respondent has not proposed and described, with enough detail and clarity, or a sufficient number of concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that do not meet all the minimum requirements and do not align with the Department’s mission and major goals</p>	0 Points	
<p>FINAL SCORE: _____ (0-3)</p>		<p>INITIALS & DATE: _____</p>

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.1. Delinquency Programming		
The Respondent shall propose delinquency programming for youth which utilizes evidence-based or promising practices designed to reduce the influence of specific risk factors and to increase specific protective factors related to re-offending behavior. The Respondent shall match youth to these delinquency interventions based on the results of a risk and needs assessment. The Respondent must complete the Delinquency Interventions and Treatment Services table provided in the solicitation document.		
RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Reply includes a thorough description of the services to be provided with an explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose. The Respondent has proposed and described, in detail, with clarity, using concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that exceed the minimum requirements and are clearly aligned with the Department's mission and major goals.	3 Points	
The Reply includes an adequate description of the services to be provided with an adequate explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose. The Respondent has proposed and described, with adequate detail and clarity, using a sufficient number of concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that meet the minimum requirements and are adequately aligned with the Department's mission and major goals.	2 Points	
The Reply includes a mediocre description of the services to be provided with a mediocre explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose. The Respondent has proposed and described, with a modicum of detail and clarity, using a modicum of concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that do not consistently meet all the minimum requirements and do not consistently align with the Department's mission and major goals.	1 Point	
The Reply does not include a description of the services to be provided with an explanation of how the proposed services will specifically advance the Department's vision and major goals as outlined in the solicitation's Statement of Purpose or, such a description is included but it is a poor response. The Respondent has not proposed and described, with enough detail and clarity, or a sufficient number of concrete and specific examples, the innovative nature of the program services. The Respondent has proposed services that do not meet all the minimum requirements and do not align with the Department's mission and major goals	0 Points	
FINAL SCORE: _____ (0-3)		INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.2. Gender-specific Services

The Respondent shall propose comprehensive gender-specific services in all its program components, delinquency interventions and treatment services. For each program component, delinquency intervention and treatment service, the proposed gender-specific services will systematically address the special needs of adolescents while empowering the youth voice. Proposed programming shall foster positive gender identity development, recognize the risk factors and issues most likely to impact adolescents and the protective factors and skill competencies that can minimize risk factors and enhance treatment services.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has clearly described its proposed comprehensive gender-specific services for all its program components, delinquency interventions and treatment services. The reply clearly articulates how the special needs of adolescents will systematically be addressed while empowering the youth voice. The proposed programming details and gives specific examples how it will foster positive gender identity development, how it will recognize risk factors and issues most likely to impact adolescents and how it will identify and enhance the protective factors and skill competencies that can minimize risk factors and enhance treatment services.</p>	<p>3 Points</p>	
<p>The Respondent has adequately described proposed comprehensive gender-specific services for all its program components, delinquency interventions and treatment services. The reply adequately articulates how the special needs of adolescents will systematically be addressed while empowering the youth voice. The proposed programming is somewhat detailed and gives some examples of how it will foster positive gender identity development, how it will recognize risk factors and issues most likely to impact adolescents and how it will identify and enhance the protective factors and skill competencies that can minimize risk factors and enhance treatment services.</p>	<p>2 Points</p>	
<p>The Respondent has not adequately described its proposed comprehensive gender-specific services for all its program components, delinquency interventions and treatment services. The reply does not adequately articulate how the special needs of adolescents will systematically be addressed while empowering the youth voice. The proposed programming is not sufficiently detailed and doesn't give many examples of how it will foster positive gender identity development, how it will recognize risk factors and issues most likely to impact adolescents and how it will identify and enhance the protective factors and skill competencies that can minimize risk factors and enhance treatment services.</p>	<p>1 Point</p>	

<p>The Respondent has failed to describe its proposed comprehensive gender-specific services for all its program components, delinquency interventions and treatment services. The reply does not articulate how the special needs of adolescents will systematically be addressed while empowering the youth voice. The proposed programming is not detailed and doesn't give examples of how it will foster positive gender identity development, how it will recognize risk factors and issues most likely to impact adolescents and how it will identify and enhance the protective factors and skill competencies that can minimize risk factors and enhance treatment services.</p>	<p>0 Points</p>	
<p>FINAL SCORE: _____ (0-3) INITIALS & DATE: _____</p>		

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.3. Restorative Justice Principles and Programming		
<p>The Respondent shall propose comprehensive programming that reflects Restorative Justice principles and describe how it will implement restorative justice practices. The Respondent will describe how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent shall describe how it will foster a restorative community within the residential program. The Respondent shall state which Restorative Justice model will be used and describe with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.</p>		
RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has clearly described its proposed comprehensive programming that reflects Restorative Justice principles and described how it will implement restorative justice practices. The Respondent has clearly described how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent has clearly described how it will foster a restorative community within the residential program. The Respondent has stated which Restorative Justice model will be used and clearly described with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.</p>	3 Points	
<p>The Respondent has adequately described its proposed comprehensive programming that reflects Restorative Justice principles and described how it will implement restorative justice practices. The Respondent has adequately described how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent has adequately described how it will foster a restorative community within the residential program. The Respondent has stated which Restorative Justice model will be used and adequately described with a modicum of specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.</p>	2 Points	

<p>The Respondent has not adequately described its proposed comprehensive programming that reflects Restorative Justice principles and described how it will implement restorative justice practices. The Respondent has not adequately described how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent has not adequately described how it will foster a restorative community within the residential program. The Respondent has not stated which Restorative Justice model will be used and not adequately described with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.</p>	<p>1 point</p>	
<p>The Respondent has failed to describe its proposed comprehensive programming that reflects Restorative Justice principles and failed to describe how it will implement restorative justice practices. The Respondent has failed to describe how it will protect the public, hold offenders accountable, offer opportunities for competency development, demonstrate an understanding of restorative justice principles and the vocabulary of restorative practices, use restorative language, facilitate dialogue that promotes ideas for making things right when harm has occurred and use restorative practices such as nonviolent communication to contribute to the wellbeing of youth. The Respondent has failed to describe how it will foster a restorative community within the residential program. The Respondent has not stated which Restorative Justice model will be used and has failed to describe with specific and concrete details of how the model will be implemented on a day-to-day basis, what training the staff will complete and how they will show comprehension and use of the stated objectives.</p>	<p>0 points</p>	
<p>FINAL SCORE: _____ (0-3)</p>		<p>INITIALS & DATE: _____</p>

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.4. Mental Health and Substance Abuse Treatment Services

The Respondent shall describe its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent must provide all the pertinent staffing details for the provision of these services. The Respondent must explain how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent has clearly described its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent has given pertinent staffing details for the provision of these services. The Respondent has explained how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services includes specific details and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.	3 Points	
The Respondent has adequately described its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent has given some pertinent staffing details for the provision of these services. The Respondent has adequately explained how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services includes adequate detail and some concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.	2 Points	
The Respondent has not adequately described its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent has not given pertinent staffing details for the provision of these services. The Respondent has not adequately explained how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services does not include adequate detail and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.	1 Point	
The Respondent has failed described its proposed evidence-based or promising practices for mental health and substance abuse treatment services. The Respondent has failed to give pertinent staffing details for the provision of these services. The Respondent has failed to explain how these services will meet the requirements outlined in rule 63N-1, F.A.C. The description of the proposed services does not include detail and concrete examples of how the service components (e.g. curricula, activities, schedule) will meet the unique needs of the youth.	0 Points	

FINAL SCORE: _____ **(0-3)**

INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.5. Behavioral Management System

The Respondent shall propose a behavioral management and a positive reinforcement system that fosters accountability. The Respondent shall describe how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent shall describe how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent has thoroughly articulated a reply for a behavioral management and a positive reinforcement system that fosters accountability and has described, in detail and with clarity, how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent has described, in detail and with clarity, how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.	3 Points	
The Respondent has adequately articulated a reply for a behavioral management and a positive reinforcement system that fosters accountability and has described, with adequate detail and with clarity, how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent has described, with adequate detail and with clarity, how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.	2 Points	
The Respondent has minimally articulated a reply for a behavioral management and a positive reinforcement system that fosters accountability and has described, with minimal detail and with clarity, how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent has described, with minimal detail and with clarity, how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.	1 Point	
The Respondent has failed to articulate a reply for a behavioral management and a positive reinforcement system that fosters accountability and has failed to describe, with detail and with clarity, how it will incorporate principles and practices related to trauma-informed care into the behavioral management system. The Respondent has failed to describe, with detail and with clarity, how it will ensure that all staff, including subcontractors, educators and volunteers, will be fully trained in the implementation of the proposed behavioral management system.	0 Points	

FINAL SCORE: _____ **(0-3)**

INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.6. Pre-vocational and Vocational Services

The Respondent shall describe what additional (beyond what is required) pre-vocational and vocational services are proposed. The Respondent shall clearly articulate what distinguishes and differentiates these two types of services in its definition and the proposed services. The Respondent shall describe in detail how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent shall describe how its services will give youth an occupational advantage in their own community.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent has proposed additional pre-vocational and vocational services and has clearly articulated what distinguishes and differentiates these two types of services in its definition and the proposed services. The Respondent has described in detail how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent has described, with clarity and with detail, how its services will give youth an occupational advantage in their own community.	3 Points	
The Respondent has proposed additional pre-vocational and vocational services and has articulated, with some clarity, what distinguishes and differentiates these two types of services, in its definition and the proposed services. The Respondent has described, with some detail, how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent has described, with some clarity and with some detail, how its services will give youth an occupational advantage in their own community.	2 Points	
The Respondent has proposed additional pre-vocational and vocational services and has articulated, with little clarity, what distinguishes and differentiates these two types of services, in its definition and the proposed services. The Respondent has described, with little detail, how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent has described, with little clarity and with little detail, how its services will give youth an occupational advantage in their own community.	1 Point	
The Respondent has not proposed pre-vocational and vocational services and has not articulated, with clarity, what distinguishes and differentiates these two types of services, in its definition and the proposed services. The Respondent has not described in detail, how the unique interests, aptitudes, and skills of the youth will be developed while building upon their existing strengths and in a manner supportive of their employability. The Respondent has not described, with clarity and with detail, how its services will give youth an occupational advantage in their own community.	0 Points	

FINAL SCORE: _____ **(0-3)** **INITIALS & DATE:** _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

A.7. Recreational Therapy and Leisure Time Activities

The Respondent shall provide daily recreational and leisure time activities in ways that are physically challenging, educational, therapeutic and constructive. Recreational activities shall be separate and distinct from mental health and substance abuse treatment services, and therefore shall be clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent shall employ the stated number of Recreation Therapist(s) who possess the stated qualifications and required experience.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has proposed daily recreational and leisure time activities that are physically challenging, educational, therapeutic and constructive. Recreational activities are shown to be separate and distinct from mental health and substance abuse treatment services and are clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent has proposed to employ the stated number of recreation therapist(s) who exceed the stated qualifications and required experience.</p>	<p>3 Points</p>	
<p>The Respondent has proposed daily recreational and leisure time activities that are physically challenging, educational, therapeutic and constructive. Recreational activities are shown to be separate and distinct from mental health and substance abuse treatment services and are clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent has proposed to employ the stated number of recreation therapist(s) who meet the stated qualifications and required experience.</p>	<p>2 Points</p>	
<p>The Respondent has proposed daily recreational and leisure time activities that are physically challenging, educational, therapeutic and constructive. Recreational activities are shown to be separate and distinct from mental health and substance abuse treatment services and are clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent has proposed to employ fewer than the stated number of recreation therapist(s) who do not fully meet the stated qualifications and required experience.</p>	<p>1 Point</p>	
<p>The Respondent has not proposed daily recreational and leisure time activities that are physically challenging, educational, therapeutic and constructive. Recreational activities have not been shown to be separate and distinct from mental health and substance abuse treatment services and are clearly identified as having separate designated times on the daily activity schedule from mental health and substance abuse treatment services. The Respondent has not proposed to employ the stated number of recreation therapist(s) or those proposed do not meet the stated qualifications and required experience.</p>	<p>0 Points</p>	

FINAL SCORE: _____ (0-3)

INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

B. Living Environment

The Respondent shall propose a program that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent shall describe how it will ensure that the following components (described briefly here) are implemented: input from youth on rules governing community living, the promotion of effective communication, relationship development, cultural diversity, the development of positive identify and respect for self and others, visitation and access to modes of communication, community interactions, appropriate clothing.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent has proposed and clearly articulated its plans for the creation and maintenance of a living environment that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent has thoroughly, clearly and in detail, described how it will ensure that the components (briefly described above) will be implemented.	3 Points	
The Respondent has proposed and sufficiently articulated its plans for the creation and maintenance of a living environment that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent has adequately described how it will ensure that the components (briefly described above) will be implemented.	2 Points	
The Respondent has proposed and minimally articulated its plans for the creation and maintenance of a living environment that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent has minimally described how it will ensure that the components (briefly described above) will be implemented.	1 Point	
The Respondent has failed to adequately articulate its plans for the creation and maintenance of a living environment that promotes mentoring, positive role modeling and positive one-on-one and small group interactions and interventions while maintaining an environment that promotes a therapeutic environment for the youth. The Respondent has not adequately described how it will ensure that the components (briefly described above) will be implemented.	0 Points	
FINAL SCORE: _____ (0-3)		INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

C. Community Involvement Opportunities and Pro-Social Activities

The Respondent shall describe what community involvement opportunities exist, what specific programs and activities will be implemented and will precisely outline how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent has described, clearly and with explicit details, what community involvement opportunities exist, which specific programs and activities will be implemented and has precisely outlined how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.	3 Points	
The Respondent has described, with adequate clarity and detail, what community involvement opportunities exist, which specific programs and activities will be implemented and has adequately described how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.	2 Points	
The Respondent has described, with a modicum of clarity and detail, what community involvement opportunities exist, which specific programs and activities will be implemented and has minimally described how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.	1 Point	
The Respondent has not described, with clarity and detail, what community involvement opportunities exist, which specific programs and activities will be implemented and has not described how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.	0 Points	

FINAL SCORE: _____ (0-3)	INITIALS & DATE: _____
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**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

D. Discharge Planning and Transition Services

The Respondent shall provide a description of its discharge planning and transition services. The reply shall include a detailed description of how discharge placement planning will begin at program admission. The Respondent shall employ a Transition Services Manager to coordinate these services and include in its reply a detailed position description and schedule. The Transition Services Manager must possess the stated qualifications and experience. The reply shall include example of a self-sufficiency assessment, plan and a description of the services to be provided at a minimum to include future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has provided, with clarity and precision, a description of its discharge planning and transition services. The reply includes a detailed description of how discharge placement planning will begin at program admission. The Respondent has stated that it will employ a Transition Services Manager to coordinate these services and has included in its reply a detailed position description and schedule. The reply states that the Transition Services Manager will exceed the stated qualifications and required experience. The reply includes a detailed example of a self-sufficiency assessment, plan and a description of the services to be provided which exceed the minimum requirements: future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.</p>	<p>3 Points</p>	
<p>The Respondent has provided, with some clarity and precision, a description of its discharge planning and transition services. The reply includes a somewhat detailed description of how discharge placement planning will begin at program admission. The Respondent has stated that it will employ a Transition Services Manager to coordinate these services and has included in its reply a detailed position description and schedule. The reply states that the Transition Services Manager will possess the stated qualifications and required experience. The reply includes an example, with some detail, of a self-sufficiency assessment, plan and a description of the services to be provided which include the minimum requirements: future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.</p>	<p>2 Points</p>	

<p>The Respondent has provided, with a modicum of clarity and precision, a description of its discharge planning and transition services. The reply includes a modicum of detail describing how discharge placement planning will begin at program admission. The Respondent has stated that it will employ a Transition Services Manager to coordinate these services and has included in its reply a position description and schedule with a modicum of detail. The reply states that the Transition Services Manager will possess the stated qualifications and required experience. The reply includes an example, with a modicum of detail, a self-sufficiency assessment, plan and a description of the services to be provided which include the minimum requirements: future economic self-sufficiency in both traditional and non-traditional setting, safe and affordable housing, conditional release, job training and retention, placement and child care, where appropriate.</p>	<p>1 Point</p>	
<p>The Respondent has not described, with clarity and detail, what community involvement opportunities exist, which specific programs and activities will be implemented and has not described how else it will engage with the community to provide youth with off-campus activities (as permitted and as set forth in Rule 63E-7, F.A.C.) and pursuits that support transition back into the community.</p>	<p>0 Points</p>	
<p>FINAL SCORE: _____ (0-3)</p>		<p>INITIALS & DATE: _____</p>

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

E. Staffing and Personnel

The Respondent shall describe how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks). The Respondent will affirm its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has clearly described how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks) with specific examples. The Respondent has clearly affirmed its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.</p>	<p>3 Points</p>	
<p>The Respondent has adequately described how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks) with adequate examples. The Respondent has adequately affirmed its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.</p>	<p>2 Points</p>	
<p>The Respondent has not adequately described how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks) with mediocre examples. The Respondent has not adequately affirmed its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.</p>	<p>1 Point</p>	
<p>The Respondent has not described how it will ensure that sufficiently qualified staff are available to provide program services and proper supervision of youth at all times including how it will cover any staff shortages of any duration (including breaks) without examples. The Respondent has not affirmed its understanding that neither supervisors nor facility administration staff will be included in the stated minimum staff to youth ratios while performing their regularly scheduled activities and that clinical staff will not be included in the stated minimal staff to youth ratios.</p>	<p>0 Points</p>	

FINAL SCORE: _____ (0-3)

INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

E.1. Staffing Levels

The Respondent must provide a detailed staffing plan to include position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent must state the living wage of the county where staff will work and the specified surrounding counties and how it was calculated. The plan must include licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details must be consistent with all other documents and exhibits in the reply. The Respondent shall describe in detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has provided a detailed staffing plan which includes position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent has stated the living wage of the county where staff will work and the specified surrounding counties and explained how it was calculated, with accuracy. The plan includes the licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details are consistent with all other documents and exhibits in the reply. The Respondent has described in detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.</p>	<p>3 Points</p>	
<p>The Respondent has provided a somewhat detailed staffing plan which includes most of the following: position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent has stated the living wage of the county where staff will work and the specified surrounding counties and explained how it was calculated, with some accuracy. The plan includes the licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details are mostly consistent with all other documents and exhibits in the reply. The Respondent has described with some detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.</p>	<p>2 Points</p>	

<p>The Respondent has provided an inadequately detailed staffing plan which does not include most of the following: position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent has the stated the living wage of the county where staff will work and the specified surrounding counties and explained how it was calculated, with little accuracy. The plan includes the licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details are not consistent with all other documents and exhibits in the reply. The Respondent has described with little detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.</p>	<p>1 Point</p>	
<p>The Respondent has provided an inadequately detailed staffing plan which does not include most of the following: position titles, number of positions, qualifications, proposed working hours, duties/responsibilities and proposed salaries of all program staff. The Respondent has the stated the living wage of the county where staff will work and the specified surrounding counties and explained how it was calculated, with little accuracy. The plan includes the licensure status of all proposed clinical staff and the details for the provision of clinical staff and clinical services to include weekends and evenings. The plan's details are not consistent with all other documents and exhibits in the reply. The Respondent has described with little detail how it will provide uninterrupted physical sight and sound presence and supervision of youth, twenty-four (24) hours per day, every day of the year with no less than the minimally acceptable ratio of staff to youth.</p>	<p>0 Points</p>	
<p>FINAL SCORE: _____ (0-3) INITIALS & DATE: _____</p>		

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

E.2. Health and Nursing Services

The Respondent shall describe its proposed health and nursing services and explain how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services must include specific details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent must explain how it will meet the requirements for the Health Services Administrator (HSA), the nursing services to be given on-site by Registered Nurses (RNs) licensed in the State of Florida and for the required number of hours.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has clearly and completely described its proposed health and nursing services and has explained how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services includes specific details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent has clearly explained how it will meet the requirements for the HSA, the on-site nursing services by RNs licensed in the State of Florida and for the required number of hours.</p>	<p>3 Points</p>	
<p>The Respondent has sufficiently described its proposed health and nursing services and has explained how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services includes some detail and some concrete examples of how the service components will meet the unique needs of the youth. The Respondent has adequately explained how it will meet the requirements for the HSA, the on-site nursing services by RNs licensed in the State of Florida and for the required number of hours.</p>	<p>2 Points</p>	
<p>The Respondent has not adequately described its proposed health and nursing services and has explained how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services does not include sufficient detail and sufficient concrete examples of how the service components will meet the unique needs of the youth. The Respondent has not adequately explained how it will meet the requirements for the HSA, the on-site nursing services by RNs licensed in the State of Florida and for the required number of hours.</p>	<p>1 Point</p>	
<p>The Respondent has failed to describe its proposed health and nursing services and has explained how these services will meet the requirements outlined in rule 63M-2, F.A.C. The description of the proposed services does not include details and concrete examples of how the service components will meet the unique needs of the youth. The Respondent has not explained how it will meet the requirements for the HSA, the on-site nursing services by RNs licensed in the State of Florida and for the required number of hours.</p>	<p>0 Points</p>	

FINAL SCORE: _____ **(0-3)**

INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

E.3. Staff Training

The Respondent shall provide a detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, direct care staff shall be trained in the solicitation's stated minimal requirements: ethics, stress management, gender-responsive services, behavioral management and modification, positive reinforcement strategies and techniques, emotional and behavioral development of children and adolescents, risk factors for delinquency, triggers and treatment, Physical development and common health issues, restorative justice philosophy and practices, trauma responsive services, Post-traumatic Stress Disorder (PTSD), victimization, exploitation, domestic violence, trauma, and recovery issues, CPR and AED, universal precautions and bloodborne pathogens, emergency evacuation procedures for youth with a medical alert system, for intake staff: Facility Entry Physical Health Screening Form and administration of the Massachusetts Youth Screening Instrument-Second Edition (MAYSI-2), CAT/RAY and other required intake processes and procedures, risk factors and triggers relating to homicidal risk and prevention, immediate access to emergency medical, mental health, and substance abuse services, the program's treatment model, suicide prevention processes and procedures, Prison Rape Elimination Act. The Respondent shall articulate what additional training will be given and which staff will receive that training.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent provided a detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, clearly shown how direct care staff shall be trained in the solicitation's stated minimal requirements (see bold text above). The Respondent has articulated what additional training will be given and which staff will receive that training.	3 Points	
The Respondent provided an adequately detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, adequately shown how direct care staff shall be trained in the solicitation's stated minimal requirements (see bold text above). The Respondent has adequately articulated what additional training will be given and which staff will receive that training.	2 Points	
The Respondent provided a vague training plan showing with little detail that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, shown with little clarity how direct care staff shall be trained in the solicitation's stated minimal requirements (see bold text above). The Respondent has vaguely articulated what additional training will be given and which staff will receive that training.	1 Point	
The Respondent not provided a detailed training plan showing that all full-time and part-time direct care staff shall be trained in accordance with Rule 63H, F.A.C. and in addition to the Department's learning management system training, failed to show how direct care staff shall be trained in the solicitation's stated minimal requirements (see bold text above). The Respondent has not articulated what additional training will be given and which staff will receive that training.	0 Points	

FINAL SCORE: _____ (0-3)

INITIALS & DATE: _____

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

F. 1. Management Capabilities

Describe the Respondent's organizational mission, history, background, experience and structure. Using concrete details, describe its quality assessment and improvement system. Describe its human resources development plan with specific examples. Describe the policies, processes and procedures for assessing its management capabilities and specifically how the need for corrections and improvements are identified and made. Explain how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. Provide an organizational chart with linkage to the program level and one that is consistent with all other exhibits. Describe in detail which positions represent corporate staff and explain their roles and responsibilities including those that are exclusive to the residential program in question.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
<p>The Respondent has clearly described its organizational mission, history, background, experience and structure. The Respondent has provided concrete details to describe its quality assessment and improvement system. The Respondent has described its human resources development plan with specific examples. The Respondent has described the policies, processes and procedures for assessing its management capabilities and specifically articulated how the need for corrections and improvements are identified and made. The Respondent has clearly explained how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. The Respondent has provided an organizational chart with linkage to the program level and that is consistent with all other exhibits. The Respondent has described in detail which positions represent corporate staff and has explained their roles and responsibilities including those that are exclusive to the residential program in question.</p>	3 Points	
<p>The Respondent has adequately described its organizational mission, history, background, experience and structure. The Respondent has provided adequate detail to describe its quality assessment and improvement system. The Respondent has described its human resources development plan with some specific examples. The Respondent has adequately described the policies, processes and procedures for assessing its management capabilities and adequately articulated how the need for corrections and improvements are identified and made. The Respondent has adequately explained how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. The Respondent has provided an organizational chart with linkage to the program level that is adequately consistent with all other exhibits. The Respondent has adequately described which positions represent corporate staff and has explained their roles and responsibilities including those that are exclusive to the residential program in question.</p>	2 Points	

<p>The Respondent has minimally described its organizational mission, history, background, experience and structure. The Respondent has provided minimal detail to describe its quality assessment and improvement system. The Respondent has minimally described its human resources development plan with minimal examples. The Respondent has minimally described the policies, processes and procedures for assessing its management capabilities and minimally articulated how the need for corrections and improvements are identified and made. The Respondent has not adequately explained how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. The Respondent has provided an organizational chart with linkage to the program level that is not consistent with all other exhibits. The Respondent has not adequately described which positions represent corporate staff and has explained their roles and responsibilities including those that are exclusive to the residential program in question.</p>	<p>1 Point</p>	
<p>The Respondent has not described its organizational mission, history, background, experience and structure. The Respondent has failed to give concrete details to describe its quality assessment and improvement system. The Respondent has failed to describe its human resources development plan with specific examples. The Respondent has failed to describe the policies, processes and procedures for assessing its management capabilities and failed to articulate how the need for corrections and improvements are identified and made. The Respondent has failed to explain how this organization is equipped to provide the unique services outlined in the solicitation's scope of services. The Respondent has not provided an organizational chart with linkage to the program level that is consistent with all other exhibits. The Respondent has failed to describe which positions represent corporate staff and has not explained their roles and responsibilities including those that are exclusive to the residential program in question.</p>	<p>0 Points</p>	
<p>FINAL SCORE: _____ (0-3) INITIALS & DATE: _____</p>		

**ATTACHMENT P
WRITTEN REPLY EVALUATION QUESTIONS**

F.2. Program and Facility Readiness Plan

The Respondent shall include a program and facility readiness plan. The plan must clearly convey that thorough consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan must describe in detail the objectives, activities, responsible party and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan must identify the critical path activities and describe, in detail, an alternate path in the event of delays or failures on the critical path.

RATING CRITERIA EXPLANATION	MAX POINTS	PAGE/NOTE/COMMENTS
The Respondent has included a program and facility readiness plan. The plan clearly conveys that thorough consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan describes in detail the objectives, activities, responsible party and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan identify the critical path activities and describes, in detail, an alternate path should there be failures on the critical path.	3 Points	
The Respondent has included a program and facility readiness plan. The plan adequately conveys that consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan describes with adequate detail the objectives, activities, responsible party and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan identify the critical path activities and adequately describes an alternate path should there be failures on the critical path.	2 Points	
The Respondent has included a program and facility readiness plan. The plan does not adequately convey that consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan does not adequately describe with sufficient detail the objectives, activities, responsible party and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan do not adequately identify the critical path activities and does not adequately describe an alternate path should there be failures on the critical path.	1 Point	
The Respondent has not included a program and facility readiness plan. The plan fails convey that consideration has been given to each major component of a residential program such that the services will be available by the projected service date. The plan fails to describe with sufficient detail the objectives, activities, responsible party and the timeframe for the completion of each objective and all associated activities for each major component. The program and facility readiness plan fail to identify the critical path activities and fails to describe an alternate path should there be failures on the critical path.	0 Points	

FINAL SCORE: _____ (0-3)

INITIALS & DATE: _____