

INVITATION TO BID (ITB)

ADDENDUM #2

June 5, 2013

ITB Number: P2140

ITB Services: Mental health and substance abuse counseling, assessment services and trauma services for DJJ clients referred for services in Circuits 3 and 8 (Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor, Alachua, Bradford, Baker, Gilchrist, Levy, and Union Counties)

DMS Class Code: 913-180

Subject: This Addendum modifies language and contains questions submitted by prospective Providers and the Department's answers.

REFERENCE: **Page 34, Attachment II, Section A.1.f., Diagnostic Substance Abuse Clinical Interview/Assessment Report**

UPDATE: 1) The licensed service provider under Chapter 397 or licensed qualified professional shall provide a final diagnostic substance abuse clinical interview/assessment report within 10 business calendar days after completion of the assessment.

REFERENCE: **Page 53, Attachment II, Section III.A.2, Performance Measures and Outcomes**

UPDATE: 2. **GOAL:** 100% of psychological and psycho-educational evaluations shall be forwarded to the assigned JPO within fourteen (14) business days from receipt of referral.
MEASURE: This will be measured by reviewing youth file documentation and interviews with Probation staff.
MINIMUM STANDARD: 95% of youth referred shall receive Department requested evaluation reports within ten (10) ~~fourteen (14)~~ business days from receipt of the request.

Return of this Addendum is not mandatory; however, the Provider is responsible for its contents and is requested to sign and submit this Addendum with its response to the ITN.

SIGNED BY: _____

NAME: _____

COMPANY: _____

TITLE: _____

DATE: _____

ITB #P2140
Provider's Questions and Department's Answers
Questions are reprinted as received from the Provider

The following questions were submitted by The Henry and Rilla White Foundation, Inc.

- 1) Who is currently providing these services?
Answer: Village Counseling Center, of Gainesville, FL is currently providing these services.

- 2) Is there a list of trainers that provide Trauma Focused Cognitive Behavioral Therapy and do we know how often it is available?
Answer: The Department of Juvenile Justice does not have a list, please contact the developer.

- 3) In the overview, the word "and" is used when referring to assessments/evaluations, etc. shouldn't it be "or" since most youth may not need all 3 types of assessments necessarily?
Answer: Correct

- 4) In the overview, it states that the assessments/evaluations can be done at the DJJ office, so is this also true for the counseling or groups? If not, would these services be able to be held at a local community type site or would this contract require an office in each Circuit?
Answer: Yes, the Provider may arrange space with the Department if available and also utilize local community sites. All locations must be approved by the assigned contract manager.

- 5) Can services be provided in home?
Answer: These are outpatient services, and services should be individualized for each client; therefore, services may be recommended by assessments/evaluations, and the treatment plan to be in the home.

- 6) Under B (4) it states report will be returned to JPO within 10 days of the referral...what happens if the family does not set an appointment timely? Return referral and DJJ would re-refer?
Answer: This is a dilemma routinely faced. The Provider shall not return the referral to DJJ, but contact the referring source regarding assistance to get the client services. The Circuit(s) being served will also have procedures to address instances of client non-compliance. In those situations, the Provider shall document attempts to provide the services and not face sanctions for delays.

- 7) Under B (3) it talks about the psychosocial skills training....how will this coincide with the groups DJJ is supposed to now be providing since being trained in LST?
Answer: The Psychosocial Skills Training referenced in Attachment I.B.4., refers to a clinical mental health or substance abuse service provided by clinicians to address the youth's individualized mental health/substance treatment plan whereas the Life Skills Training provided by DJJ is a non-clinical training provided to DJJ youth as a delinquency intervention.

- 8) Under B (7), it states that counseling shall begin within 14 days....so does this mean, we do the assessment/eval and then the department has the "option" to refer back to us and/or another agency?
Answer: No, the Provider will continue providing services to the youth upon completion of the assessment/evaluation report, and individualized treatment plan.

- 9) Can we continue to serve a youth that turns 18 during treatment?
Answer: Yes, through age 18. The length of treatment will be guided by the youth's success of the treatment plan; however, there will be cases wherein judicial custody will end even prior to age 18, then the youth must be discharged.

- 10) Under II, A, 1 it talks about the items to review...will all of that be in the referral packet up front?
Answer: The items, if available, should be in the referral packet. If not, the Provider should contact the referring source to request the documentation, if it exists. If the documentation was omitted in error, then the referral date will change to the date of receipt of the information/documentation.
- 11) Under II, A, 2 it states that the mental health counseling/therapy must be provided by a licensed staff. Can't we use a MS/BS level staff under licensed staff supervision (it states that language later in the document on page 46, 13a)?
Answer: Yes, per ITB page 46..
- 12) Do community based youth have a separate Individual Healthcare Record?
Answer: Youth supervised by DJJ should have an individual healthcare record.
- 13) Under II, A, 4, k it states the JPO shall be notified of any unexcused absences - is this in writing - via email - or by phone? What is acceptable?
Answer: E-mail and phone are acceptable, with youth file documentation. Upon award these items should be discussed with DJJ circuit staff during transition of youth being served.
- 14) On page 31, under the second B (which I think should be C), it states all referrals must come from CPO Neelands or Wells; however, on page 40 and in several other places it says the court can refer? Can referrals come from DJJ or the court?
Answer: Referrals must come from DJJ. The court is at liberty to recommend a service, but not the specific Provider.
- 15) Is the Youth Status report the same as a monthly progress report? If so, where is that report outlined in the Scope of Services as indicated on page 49, item 6?
Answer: Yes, the youth monthly progress report is the same. For example, see page 40 f.3) of the ITB. See below from the ITB:
A written report of the youth's progress in the counseling sessions shall be provided to the Juvenile Probation Officer every 30 days.
- 16) If we don't have to have an office, will the COOP requirement be waived?
Answer: No, the COOP requirements will not be waived.
- 17) On page 52, under A, 1 goal section...it refers to psychological and psycho-educational evals but we would be doing assessments and evals? Also, under the minimum standard it states that all youth referred shall be provided services....this outcome is for the assessments/evals, not the counseling/treatment services? Please clarify.
Answer: Psycho-educational and psychological evaluations fall under evaluations and assessments.
This is correct the ITB, Attachment I at page 52, section III.A.1. (Performance Outcome Measures) includes the term, "psychological and psycho-educational evaluations" whereas the ITB Attachment I, section II.A. (Service Tasks) contains the terms, "Diagnostic Assessments" and section II.B. (Deliverables) contains the term "Diagnostic Assessment/Evaluation Report". Reading section II.A. and section II.B. in conjunction with the Performance Measures, the term "psychological and psycho-educational evaluations" within the context of this ITB is referring to the "Diagnostic Assessments" in section II.A. and "Diagnostic Assessment/Evaluation Report" in section II.B.

- 18) On page 53, under A, 2 goal section...it again refers to psychological and p/e evals.....and states they must be in within 14 days yet on page 31 it talks about assessments and evals and talks about a 10 day timeframe. There are several areas that may have been cut and pasted? Please clarify.
Answer: The Diagnostic Substance Abuse Clinical Interview/Assessment Report and the Performance Measures and Outcomes sections are modified on Page one of the Addendum. (Please see page 1)
- 19) On page 53, 5, goal section....it states that counseling shall begin upon 14 days of referral - what if a family won't engage, will that count against us? Or do we just refer back before the end of the 14 days since we don't get paid unless the service is actually done?
Answer: Please contact the referral source, and document youth file. This will not count as a delay or deficiency.
- 20) Page 53, B, 1, talks about QI inspections...would QI reviews just be done by the monitor?
Answer: Monitoring will be conducted per DJJ policy.
- 21) The census form attached does not appear to be the one that we would use as we are not providing services daily except for maybe case management? Wouldn't we need a form where you could list the service provided? Like an invoice? Also, on the CM, would we have to have a note each time that occurred to get paid? Can you bill for CM and a counseling session on the same day?
Answer: You may create your own census form as long as it contains the Provider name, month and year of services, contract number, youth's name, and DJJ ID number. Most providers use the census form attached, then input either an 'I' for individual therapy, 'G' for group sessions, 'F' for family session, etc., on the date services were provided.
- 22) Can the department provide a Current Rate Sheet template as referenced on Page 14?
Answer: The Prospective Provider submits their Current Rate Sheet, as required in the ITB.

The following question was received from Meridian Behavioral Healthcare, Inc.

Are the forms in the DJJ ITB (Client Reference, Cert of Experience) available in a WORD document? I checked the DJJ forms site, but didn't find them.

Answer: The WORD version of the Client Reference Form and the Certificate of Experience form are attached to this Addendum. (Please page 5)

**ATTACHMENT C
CERTIFICATE OF EXPERIENCE
ITB# P2140**

THIS FORM SHALL BE COMPLETED BY THE BIDDER AND SIGNED BY A PERSON AUTHORIZED TO MAKE STATEMENTS ON BEHALF OF THE BIDDER. RETURN OF THE COMPLETED AND SIGNED FORM TO BE INCLUDED IN THE BIDDER'S BID UNDER TAB 2 IS A MANDATORY REQUIREMENT.

COMPANY NAME: _____

DATE ESTABLISHED: _____

PRIMARY BUSINESS: _____

TOTAL NUMBER OF EMPLOYEES: _____

NUMBER OF EMPLOYEES ENGAGED IN ACTIVITIES RELEVANT TO THIS ITB: _____

NUMBER OF YEARS EXPERIENCE IN PROVIDING MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND TRAUMA SERVICES.

LIST ENTITIES FOR WHO THE COMPANY HAS PROVIDED MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND TRAUMA SERVICES FOR CHILDREN AND/OR ADOLESCENT YOUTH WITHIN THE LAST FIVE YEARS AND THE DATES OF THE PERFORMANCE (BIDDER MUST DEMONSTRATE TWO (2) YEARS EXPERIENCE WITHIN THE LAST FIVE (5) YEARS):

IF SERVICES PROVIDED TO DJJ

A. THIS SECTION IS TO BE COMPLETED BY BIDDERS CURRENTLY PROVIDING MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND TRAUMA SERVICES FOR CHILDREN AND/OR ADOLESCENT YOUTH TO DJJ FOR AT LEAST THE LAST SIX (6) CONSECUTIVE MONTHS:

CURRENT DJJ CONTRACT NUMBER PROVIDING SERVICES: _____

DATE SERVICES BEGAN FOR THE ABOVE CONTRACT: _____

B. THIS SECTION IS TO BE COMPLETED BY BIDDERS WHO PROVIDED MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND TRAUMA SERVICES FOR CHILDREN AND/OR ADOLESCENT YOUTH TO DJJ WITHIN THE LAST TWO (2) YEARS FROM THE DATE OF ITB ISSUANCE:

PREVIOUS DJJ CONTRACT NUMBER THAT PROVIDED SERVICES: _____

DATE SERVICES BEGAN FOR THE ABOVE CONTRACT: _____

DATE SERVICES ENDED FOR THE ABOVE CONTRACT: _____

I, _____, CERTIFY THAT THE BIDDER KNOWN AS _____ HAS AT LEAST _____ YEARS EXPERIENCE WITHIN THE LAST FIVE (5) YEARS RELEVANT TO THE PROVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND TRAUMA SERVICES FOR CHILDREN AND/OR ADOLESCENT YOUTH, AS IDENTIFIED ABOVE.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

**ATTACHMENT D
CLIENT REFERENCE FORM
ITB # P2140**

**(THIS FORM MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE, NOT THE BIDDER
AND MUST BE CERTIFIED BY A NOTARY PUBLIC)**

THIS FORM SHALL BE RETURNED BY THE PERSON COMPLETING IT TO: DEPARTMENT OF JUVENILE JUSTICE, BUREAU OF CONTRACTS, 2737 CENTERVIEW DRIVE, TALLAHASSEE, FLORIDA, 32399-3100, ATTENTION: CHARLOTTE SHORTER-RUMLIN. THE ENVELOPE MUST BE MARKED "ITB: P2140" AND RECEIVED AT THE ABOVE ADDRESS BY JUNE 10, 2013 at 10:00 A.M. OR IT WILL NOT BE ACCEPTED.

THIS REFERENCE IS FOR: _____

NAME OF PERSON PROVIDING REFERENCE: _____

TITLE OF PERSON PROVIDING REFERENCE: _____

FIRM OR BUSINESS NAME: _____

OFFICE TELEPHONE NUMBER: _____ OFFICE E-MAIL _____

ADDRESS _____

1. What type of services did this Provider perform (based on your relationship with the Provider) and over what time period to your knowledge? Please also identify your relationship with the Provider.

2. Did you have any specific concerns about this Provider (from the perspective of your relationship with the Provider)?

3. Did the Provider demonstrate the ability to provide mental health and substance abuse assessment and counseling for children and adolescent youth? If no, please describe any problems.

4. Did the Provider demonstrate the ability to provide individual, group and family mental health and substance abuse counseling services?

5. Did the Provider demonstrate the ability to provide highly qualified licensed staff with experience in mental health counseling and assessments for youth and adolescents?

6. Would you award another Contract to this Provider or would you work cooperatively with the Provider on another project?

7. Please make any additional comments here. _____

PLEASE SIGN BELOW AND HAVE THIS FORM CERTIFIED BY A NOTARY PUBLIC.

Signed by: _____

Being duly sworn deposes and says that the information contained herein is true and accurate.

Subscribed and sworn before me this _____ day of _____ 2013

Notary Public: _____

My Commission Expires: _____

State of Commission: _____