



SOQ No. 22-023

**Evidence-Based Treatment Services to
At-Risk Youth and/or their Families**

Submission Deadline: June 10, 2022 at 3:30 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submissions must be received on the Purchasing Department's e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline date and time. Late submissions will not be accepted.

**Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053
Buyer Name: Melissa Ovalle
Buyer Email: MOvalle@jeffparish.net
Buyer Phone: 504-364-2687**

**PUBLIC NOTICE
SOQ NO. 22-023**

Evidence-Based Treatment Services to At-Risk Youth and/or their Families

Deadline for Submissions: June 10, 2022 at 3:30 p.m.

Jefferson Parish Department of Juvenile Services, authorized by **Resolution No. 139528**, hereby solicits Statements of Qualifications (General Professional Services Questionnaire) from individuals and/or agencies interested in providing gender and culturally sensitive evidence-based treatment services to at-risk youth and/or their families who need and/or have been ordered to receive such services by the Juvenile Court. Contracts will be awarded on an as needed basis. As a minimum, the scope of services will include one or more of the following:

- 1) Motivational Interviewing/Motivational Enhancement
- 2) Cognitive-Behavioral Therapy
- 3) Functional Family Therapy
- 4) Ecological-Based Family Therapy
- 5) Moral Reconciliation Therapy
- 6) Aggression Replacement Training
- 7) Positive Parenting Program
- 8) Trauma-Focused Therapy
- 9) Restorative Justice Practices
- 10) Sexual Perpetration Therapy
- 11) Dialectical Behavior Therapy
- 12) Evidence-based fatherhood program (approved by the Department)
- 13) Any of the above for Hispanic/Latino families
- 14) Other services approved by the Department based on needs of youth and/or their families

The scope of services includes receiving referrals from the department Evaluation/Treatment Supervisor, initiating contact with clients, providing weekly progress notes to probation staff, holding weekly fidelity supervision, obtaining on-going training, collecting output and outcome data and reporting client outcomes, or lack thereof, to the Department. Outcomes to be collected include recidivism, school performance, family functioning, aggressive incidents, and other measures of functioning.

Interested individuals and/or firms should document in their responses, in addition to the below qualifications, formal training in the designated program and/or service or plans to receive formal training prior to contract execution, supervision in the administration of the program and/or service, and the ability to maintain program fidelity throughout the course of service provision.

The following criteria will be used to measure proposal qualifications:

1. Demonstrated ability to provide evidence-based programs, which includes completion of training, certification, and adherence to program fidelity of evidence-based programs targeted to the specific needs of at-risk youth and/or their families. (40 points)
2. Rationale for using evidence-based practice(s) and target population. Individuals/Firms shall be evaluated on ability to identify target population(s) for proposed program(s), ability to identify and address criminogenic risk/protective factors in proposed program(s), programs/modalities to be used (including certifications achieved and training completed), ability to identify and provide standardized, validated and reliable screening/assessment tools, and plans to maintain program fidelity. (20 points)
3. Demonstrated ability to collect, measure, and provide outcomes on a quarterly basis. Programs will be evaluated on their ability to measure the desired outputs and outcomes. (20 points)
4. Professional experience of management staff and agency in providing similar services. (20 points)

Requirements necessary to perform the aforementioned services include licensure as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Addiction Counselor, Licensed Clinical Psychologist, or Board Certified Child Psychiatrist. For further information, contact Roy L. Juncker, Jr., Department Director, or John S. Ryals, Jr., Ph.D., Evaluation/Treatment Supervisor, Department of Juvenile Services, (504) 364-3750, extension 87438.

A General Professional Services Questionnaire, including professional license information, must accompany statements of qualifications. Please obtain the latest questionnaire form by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at www.jeffparish.net. The submitting individual(s) or firms must identify all subcontractors who would assist in providing professional services for the project. Each subcontractor shall submit all documents and information included in the questionnaire. (Refer to Jefferson Parish Code Ordinance, Section 2-928).

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Submissions shall be submitted electronically only through Jefferson Parish's e-Procurement site, Central Bidding, at www.jeffparishbids.net or www.centralauctionhouse.com. Registration is required and free for Jefferson Parish vendors at www.centralauctionhouse.com/registration.php.

No SOQ submittals will be accepted after the deadline of **June 10, 2022 at 3:30 p.m.**

Affidavits are not required to be submitted with the Statement of Qualifications (General Professional Services Questionnaire) but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial Court.

ADV: The New Orleans Advocate: May 18, 2022

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

B. Firm Name & Address:

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

D. Address of principal office where Project work will be performed:

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO _____

If marked “No” skip to Section H. If marked “Yes” complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

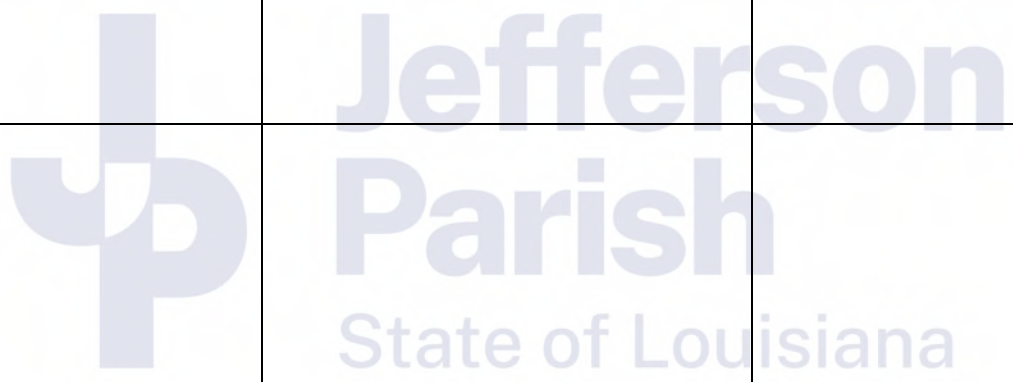
2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.		
2.		
3.		
4.		
5.		



General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Name of Firm with which associated:

Description of job responsibilities:

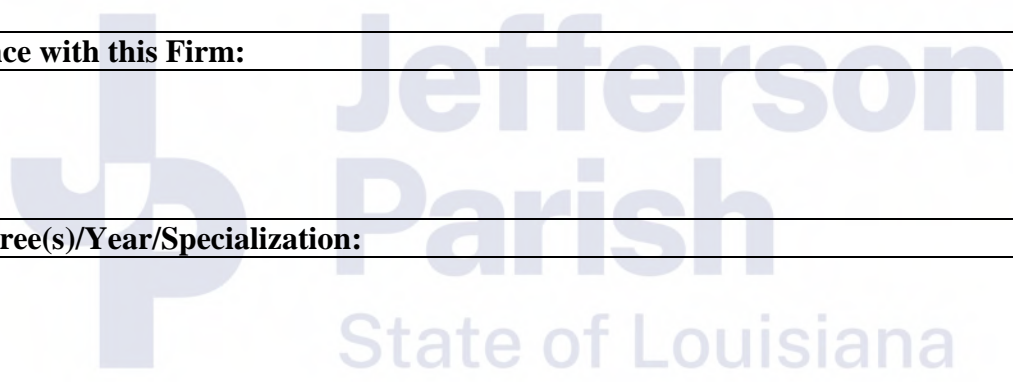
Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

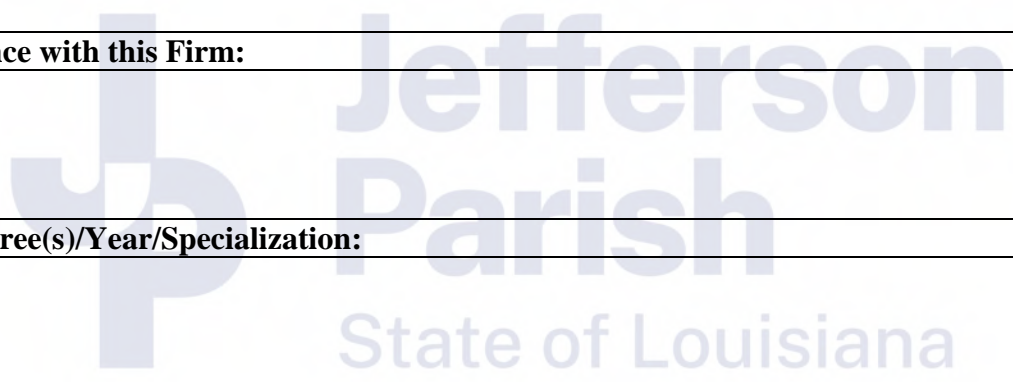
General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



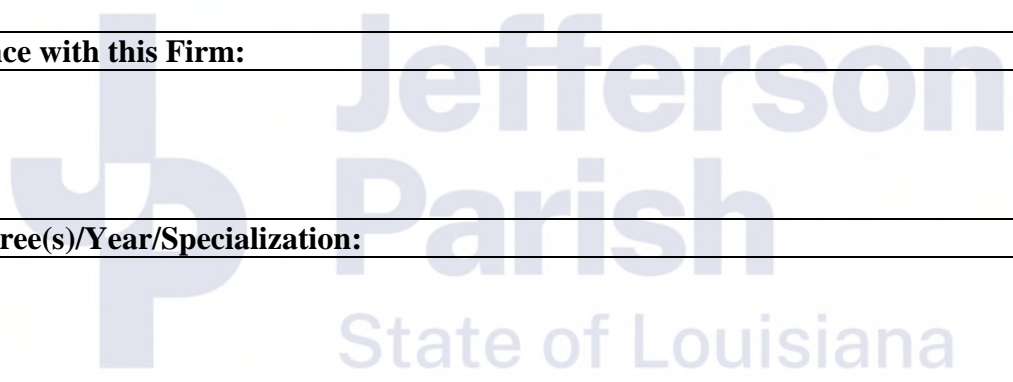
General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



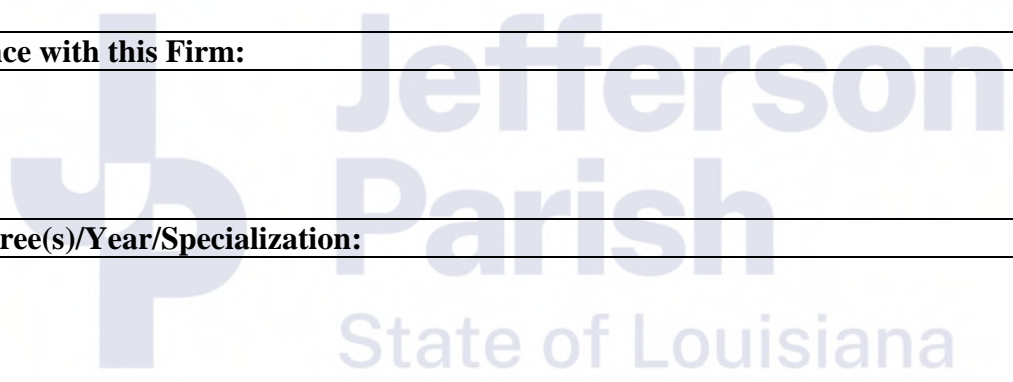
General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

Statement of Qualifications Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit

Statement of Qualifications

AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared: _____
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized _____ of _____ (Entity),
the party who submitted a Statement of Qualifications (SOQ) to _____
_____ (Briefly describe the services the SOQ
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B _____ there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B _____ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B _____ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Signature of Affiant

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE _____ DAY OF _____, 20____.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____.