



**SOQ 24-011**

**Therapeutic Treatment Services for Jefferson Parish Department of  
Juvenile Services**

**Submission Deadline: May 31, 2024 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](http://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  
Purchasing Specialist II Name:  
Purchasing Specialist II Email:  
Purchasing Specialist II Phone: (504)**

**PUBLIC NOTICE**  
**SOQ NO. 24-011**

**Therapeutic Treatment Services**  
**Jefferson Parish Department of Juvenile Services**

The Parish of Jefferson, authorized by **Resolution No.143956**, is hereby soliciting 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.

**DEADLINE FOR SUBMISSIONS: 3:30 p.m., May 31, 2024**

**General**

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 Reconation 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 Departmental 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. Contracts will be awarded on an as needed basis.

**Evaluation Criteria:**

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.
- 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)

A license in at least one of the below categories is required to perform the aforementioned services:

- Licensed Professional Counselor
- Licensed Marriage and Family Therapist
- Licensed Clinical Social Worker
- Licensed Addiction Counselor
- Licensed Clinical Psychologist or Board-Certified Child Psychiatrist

**Submittal Requirements:****A. Statement of Qualifications - General Professional Services Questionnaire**

1. All firms must submit a Statement of Qualifications - General Professional Services Questionnaire and must identify all sub-consultant individuals/firms (for which they expect to use to provide professional services) on said questionnaire.
2. All firms must also submit a Statement of Qualifications - General Professional Services Questionnaire for each sub-consultant individual/firm (for which they expect to use to provide professional services).  
(Refer to Jefferson Parish Code Ordinance, Section 2-928).

The Statement of Qualifications – General Professional Services Questionnaire can be obtained by contacting the Jefferson Parish Purchasing Department at (504) 364-2678 or via the Jefferson Parish website at [www.jeffparish.net](http://www.jeffparish.net).

**B. License Requirements**

1. All firms must submit license information as indicated above for firm.
2. All firms must submit license information as indicated above for each sub-consultant individual/firm.

**Submissions:**

- The deadline for submittal is **May 31, 2024 at 3:30 P.M.**
- No SOQ submittals will be accepted after the deadline.
- Submissions will only be accepted electronically via the Jefferson Parish's e-Procurement system, Central Bidding. Central Bidding can be accessed by visiting either [www.jeffparishbids.net](http://www.jeffparishbids.net) or [www.centrauctionhouse.com](http://www.centrauctionhouse.com).
- All vendors are required to register with Central Bidding.  
Jefferson Parish vendors are able to register for free by accessing the following link: [www.centrauctionhouse.com/registration.php](http://www.centrauctionhouse.com/registration.php).

SOQ Affidavits are not required to be submitted with the Statement of Qualifications (General Professional Services Questionnaire) but shall be submitted prior to contract approval, including any sub-consultants.

Insurance Certificates are not required to be submitted with the Statement of Qualifications (General Professional Services Questionnaire) but shall be submitted prior to contract approval, including any sub-consultants.

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

**ADV: The New Orleans Advocate: May 1, 8 and 15, 2024**

## **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.**

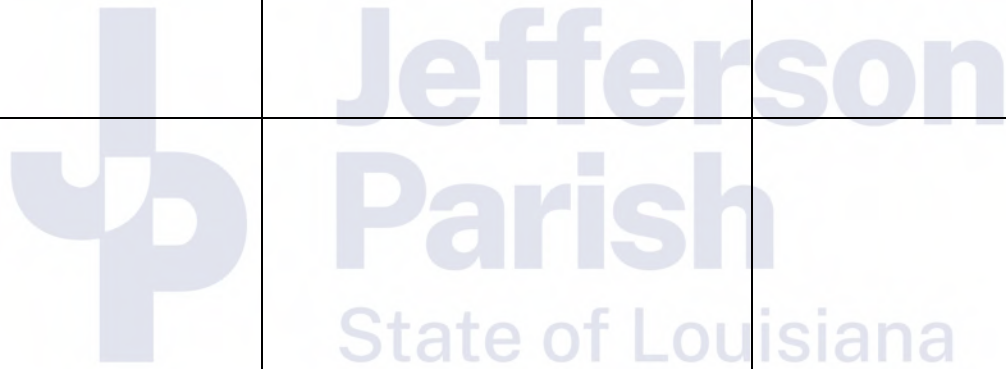
**F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.**

**1.**

**2.**

## General Professional Services Questionnaire

<b>G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____</b> <div style="text-align: center; margin-top: 5px;">N/A</div>		
<b>H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a fully completed copy of this questionnaire</u>, 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.</b>		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
<b>1.</b>  <div style="text-align: center; margin-top: 20px;">N/A</div>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		



## General Professional Services Questionnaire

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b> _____
<b>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.</b>
<b>PROFESSIONAL NO. 1</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

**General Professional Services Questionnaire**

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

**General Professional Services Questionnaire**

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

**General Professional Services Questionnaire**

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

**General Professional Services Questionnaire**

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

## 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**

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

### **PROJECT NO. 2**

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

### General Professional Services Questionnaire

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

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

**General Professional Services Questionnaire**

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

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

**General Professional Services Questionnaire**

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

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

**General Professional Services Questionnaire**

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

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

## General Professional Services Questionnaire

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

<b>Parties:</b>		<b>Status/Result of Case:</b>
<b>Plaintiff:</b>	<b>Defendant:</b>	
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:** \_\_\_\_\_

## **STANDARD INSURANCE REQUIREMENTS FOR BIDDING PURPOSES**

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the **Invitation to Bid**. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-by-case basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

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For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name **the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council** as additional insureds regarding negligence by the contractor for the Commercial General Liability and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

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### **JEFFERSON PARISH REQUIRED STANDARD INSURANCE**

#### **☒ WORKER'S COMPENSATION INSURANCE**

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

**Note: If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being**

rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

☒ **COMMERCIAL GENERAL LIABILITY**

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

☒ **COMPREHENSIVE AUTOMOBILE LIABILITY**

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.  
Property Damage Liability \$1,000,000.00 each occurrence.

**Note: This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.**

**DEDUCTIBLES** - The Parish Attorney with concurrence of the Director of Risk Management have waived the deductible section of the Terms and Conditions for all Invitations to Bid, until further notice.

**UMBRELLA LIABILITY COVERAGE**

An umbrella policy or excess may be used to meet minimum requirements.

**FOR CONSTRUCTION AND RENOVATION PROJECTS:**

The following are required if selected below. Such insurance is due upon contract execution.

☐ **OWNER'S PROTECTIVE LIABILITY**

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

☐ **BUILDER'S RISK INSURANCE**

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.

## **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 \_\_\_\_\_.

## **Statement of Qualifications**

### *Agency Profile*

OPS Family Care, LLC is a private Social Service and Behavioral Health Agency comprised of Licensed Social Workers, Counselors, and professionally trained Direct Service Personnel in the State of Louisiana. Providing services for the Eastbank and Westbank of Jefferson Parish, each member of the OPS Family Care (OPSFC) team believes in the ability of people to change and respects each person's worth and dignity as human beings. We provide services in person, as well as via our HIPAA compliant telehealth platform. This platform can be accessed by our clients through their smartphones even if they are unable to access the Internet. Our commitment to cultural competency is embedded in our agency policy and practice. We believe as we empower families, we empower the community. As the agency mission states, our team is seeking to provide services that are "restoring wholeness to families one outreach at a time." We believe quality, Evidenced Based care is necessary for achieving our mission.

The therapeutic staff includes Masters and Doctorate Level Clinicians with over thirty years of combined experience in providing treatment in the specialty area of Children and Families. Each clinician has a current licensure or certification, with their respective Professional Boards in the State of Louisiana and has maintained impeccable professional histories and reputations. OPSFC professional clinicians training and experience includes, but is not limited, to: Play Therapy, Cognitive Behavioral Therapy (CBT), Positive Behavior Support, Treatment of Sexual Abuse Victims, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Conflict Resolution, Victim Offender Mediation, and Parent Education. (See Attached Resumes)

OPSFC has a long history of providing Trauma Informed Care. From the assessment phase and throughout all interventions, the agency has made every effort to provide services based on the most effective practices in treating traumatic exposure. In addition to trauma informed care, our agency has its focus on ensuring the needs of the whole client are met through effective and consistent care coordination.

*Summary of Target Population and Services to be provided*

The United States has traditionally viewed Juvenile Justice in a unilateral way. Richard Mendel, author of “Less Hype, More Help: Reducing Juvenile Crime, What Works---and What Doesn’t,” feels that America’s idea of “adult time for adult crime” has led to juveniles being exposed to dangerous risk in prison and has not helped to reduce the recidivism rate.<sup>1</sup> Changes in the treatment of juvenile offenders can only occur through changes in legislation as well as a focus on increasing funding for effective evidenced based services statewide. Jefferson Parish has done well with funding Evidenced Based Practices and now can shift it’s focus to ensuring fidelity of treatment services and successful completion of treatment services by juveniles.

In 2019, there were more than 31 million youth under the jurisdiction of Juvenile Court in the United States.<sup>2</sup> 91% were between the ages of 10 and 16 <sup>2</sup>. With approximately 70% reporting for every 100,000 juveniles in Louisiana in 2020, 133 were arrested for assault, 249 for larceny theft, 168 for drug abuse, and 92 for weapons.<sup>3</sup> The Louisiana Legislative Auditor reports that Louisiana pays an average of \$428 a day

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<sup>1</sup> Skancke, Jennifer ed. *Alternatives to Prison*. Detroit, MI, Thomas-Gale, 2005

<sup>2</sup> Hockenberry, Sarah, and Puzzanchera, Charles. 2021. Juvenile Court Statistics 2019. Pittsburgh, PA: National Center for Juvenile Justice.

<sup>3</sup> OJJDP Statistical Briefing Book. Online. Available: <https://ojjdp.ojp.gov/statistical-briefing-book/crime/faqs/qa05103>. Released on 7/8/2022

(\$156,220 per year) to incarcerate children<sup>4</sup>. The National Office of Juvenile Justice and Delinquency Prevention (OJJDP) stated that in 2019, Louisiana fell within the top five states with the most violent crime arrests.<sup>5</sup> 73% of Children in Louisiana's prisons suffer with a Mental Illness. Although direct causation has not been clearly shown in research between Mental illness and juvenile delinquency, research has shown correlation. It is imperative that Community Mental Health providers and the Juvenile Justice System work in partnership to ensure Juvenile Mental Health needs are adequately addressed.

Effectively providing services to youth involved in the justice system in Jefferson Parish requires evaluation and scrutiny of the factors that lead to juvenile offenses. Some Risk Factors that have been documented to contribute to delinquent behavior include: Internal attitudes (lack of guilt or lack of empathy), exposure to trauma and abuse, poor Parent-Child communication, lack of Parental supervision, maltreatment and neglect, and a high turnover of Caregivers. Some Protective Factors include improved Family functioning, improved Parenting skills of caregivers, improved Self Esteem, and development of healthy coping skills.<sup>6</sup> The aforementioned information and factors are the basis for the need for an array of therapeutic and preventative services for juveniles.

Research shows various interventions show promise in their effectiveness on reducing recidivism. In April of 2000, the Office of Juvenile Justice and Delinquency Prevention produced a bulletin, which stated that Individual Counseling, Interpersonal Skills training, and Behavioral programs all showed the strongest and most consistent

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<sup>4</sup> Louisiana Legislative Auditor. OVERSIGHT OF SAFETY IN SECURE CARE FACILITIES OFFICE OF JUVENILE JUSTICE: PERFORMANCE AUDIT SERVICES ISSUED JUNE 6, 2018

<sup>5</sup> Puzzanchera, Charles, Hockenberry, Sarah, and Sickmund, Melissa. 2022. Youth and the Juvenile Justice System: 2022 National Report. Pittsburgh, PA: National Center for Juvenile Justice.

<sup>6</sup> Locher, Rolf, Farrington. David P., Petedhuk, David. *Child Delinquency: Early Intervention and Prevention*. 2003 Office of Juvenile Justice and Delinquency Prevention. Child Delinquency Bulletin

evidence of reducing recidivism amongst non-institutionalized serious offenders.<sup>7</sup>

Trauma informed protocols and treatment modalities have to be a focal point of Juvenile Justice Treatment services. A number of prospective longitudinal studies have now found that history of trauma and violence exposure increases risk for delinquent behavior in both adolescence and adulthood. OPS Family Care, LLC will offer expertise in providing the above-mentioned interventions in a collaborative effort to meet the unique needs of this population.

Agency Goals in working with the Juvenile Justice System:

- 1) Offering comprehensive mental health services to non-institutionalized juvenile offenders,
- 2) Targeting the African American population for treatment with an emphasis on implementation of culturally sensitive practices, advocacy, and Care Coordination
- 3) Offering Evidenced Based Services through highly experienced and credentialed therapists to address parenting education, substance abuse, trauma, abuse, and mental health diagnoses contributing to delinquent behavior.

*Evidenced Based Interventions and Services to be provided:*

- Cognitive Behavioral Therapy-CBT (Individual, Family, and Group Therapy)
- Trauma Focused Cognitive Behavioral Therapy-TFCBT (Individual and Family Components)
- Motivational Enhancement/Cognitive Behavioral Therapy for Adolescent Cannabis Users-MET/CBT (Individual and Group Therapy)
- Active Parenting of Teens (Group Therapy)

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<sup>7</sup>Lipsey, Mark W., Wilson, David B., Cothorn, Lynn. *Effective Intervention for Serious Juvenile Offenders*. 2000 Juvenile Justice Bulletin Office of Juvenile Justice and Delinquency Prevention.

- Restorative Justice Practices: Victim-Offender Mediation
- Youth PTSD Treatment-YPT (Individual therapy)
- Community Based Cognitive Behavioral Treatment-CB-CBT (Individual Counseling)
- Motivational Interviewing (MI)

*Rationale for the use of Evidenced Based Practices:*

The Department of Child and Adolescent Psychiatry at Columbia University reported that research has shown specific modalities are effective in the treatment of childhood mental health issues. Cognitive Behavioral Therapy (CBT) has shown consistent evidence of positive effects in the treatment of substance dependence, trauma, abuse, and symptoms of Posttraumatic Stress Disorder.<sup>8</sup> Family Therapy, Teaching Coping Skills, Problem Solving Skills, and Parent focused treatments have shown consistent evidence of positive effects on the treatment of Conduct Disorders and Attention Deficit Hyperactivity Disorder.<sup>7</sup> CBT interventions have been successfully used to forestall the onset, ameliorate the severity, and divert long-term consequences of problem behaviors among young people. Problem behaviors that have been particularly amenable to change using CBT have been 1) violence and criminality, 2) substance use and abuse, 3) teen pregnancy and risky sexual behaviors, and 4) school failure. Cognitive behavioral treatments for Juvenile offenders are designed to correct dysfunctional thinking, misinterpretation of social cues, and faulty thought processes. All of which lead juvenile offenders to delinquency, crime, and/or violence.

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<sup>8</sup> *Columbia University Guidelines for Child and Adolescent Mental Health Referral*, 2<sup>nd</sup> Edition (2003). Columbia University, Department of Child and Adolescent Psychiatry, New York, NY.

“Restorative justice principles offer more inclusive processes and reorient the goals of justice.”<sup>9</sup> The guiding principles of restorative justice are:

1. Crime is an offense against human relationships.
2. Victims and the community are central to justice processes.
3. The first priority of justice processes is to assist victims.
4. The second priority is to restore the community, to the degree possible.
5. The offender has personal responsibility to victims and to the community for crimes committed.
6. Stakeholders share responsibilities for restorative justice through partnerships for action.
7. The offender will develop improved competency and understanding as a result of the restorative justice experience.

Restorative Justice Practices have shown that they reduce recidivism.

Practitioners have seen a significant reduction of fear in victims, making it an integral part of Victims’ Services. In a study conducted in 1994, 95 percent of mediation sessions resulted in a successful restitution agreement reached. In addition, the study showed that offenders who met their victims were far more likely to successfully complete their restitution.

Restorative Justice allows the Criminal Justice system to focus on the connectedness of the community and deemphasizes the focus on a criminal act in isolation. The potential for the positive effect of these practices goes well beyond the meeting of the victim and offender. It allows for a community to have a voice in its culture, its norms, and to develop what behaviors they deem to be acceptable.

The following are descriptions of each intervention as well as expected program outcomes:

❖ *Youth PTSD Treatment-YPT*

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<sup>9</sup> <https://law.wisc.edu/fjr/rjp/justice.html>

Youth PTSD Treatment (YPT) is a theory-driven, 12-session manualized cognitive-behavioral therapy protocol for individual treatment for 7–18-year-old children and adolescents that involves their caregivers (when possible) in every session. YPT has been used in a randomized controlled trial and shown to be effective.

❖ *Cognitive Behavioral Therapy- Individual and Family Therapy*

The distinctive features of Cognitive Behavioral Therapy are that it is the most evidenced based form of psychotherapy; it is active, problem focused, and goal oriented. Unlike many other forms of therapy, CBT emphasizes the present and what's needed to deal with issues a client is currently facing. Since many of the positive effects are concrete based in behavioral change, outcomes are easily measured. CBT can successfully be applied across settings. Individual, Family, and Group therapy provided will focus on cognitive restructuring, gaining insight in how thoughts and feelings are related to behavior, and behavioral interventions like thought stopping, role-playing, and some elements of Rational Living Therapy. Desired outcomes include a reduction in high-risk behaviors, increase use of problem solving, and a decrease in delinquent behaviors.

❖ *Trauma Focused -Cognitive Behavioral Therapy/TF-CBT*

This is a psychotherapeutic intervention designed help children and youth deal with traumatic life events (i.e., death, community violence, disasters, sexual abuse etc.). It is designed for youth ages 3 to 18 and their parents and is appropriate for an outpatient setting. The program is designed to be completed in a 16 to 22 therapy sessions. Key components to interventions include:

- Parent Child Interactions

- Parent Training

- Skill Development

- Therapy

- Parent Support

Desired outcomes for this modality include: reductions in behaviors related to risk factors like oppositional behaviors and anxiety, improvements in social competence, enhanced parental support.<sup>10</sup> OPSFC has also begun to implement a TFCBT group which research has shown to be an effective adaptation of the Individual TFCBT model.

❖ *Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users- MET/CBT5+7*

This is a five-session treatment in Cognitive Behavior Therapy with an additional seven sessions which address coping skills involved in Motivational Enhancement Therapy. This program is designed for the treatment of adolescents ages 12 to 18 years of age. It is appropriate as an outpatient treatment or in early intervention to address substance use. Critical components of this program include teaching and practicing overt behaviors and utilizing motivational principles to help clients to change their behaviors. Desired outcomes include reductions in marijuana use and related problems.<sup>11</sup>

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<sup>10</sup> Model Programs—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

<sup>11</sup> MET/CBT Treatment Manual, US. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

❖ *Active Parenting of Teens*

This program is an evidenced based parenting curriculum for pre teens and teenagers. Topics addressed include: Styles of Parenting, Active communication, Responsibility and Discipline, Power Struggles, and Drugs, Sexuality, and Violence. The program can be offered in a two to six session series and is suited to accommodate a variety of settings. It has been tested and found effective in various settings (i.e. school, church, community agencies, and outpatient treatment facilities.) OPS Family Care, LLC staff currently integrates the Active Parenting Program into Family therapy and will expand that into parenting groups this contract period.

❖ *Community Based Cognitive Behavioral Treatment-CB-CBT*

*CB-CBT* is a treatment model that structures CBT interventions over a 12-to-24-month period in a Community Based Setting. Sessions occur 2 times per week and are formatted to ensure consistency across settings. CBT interventions are adapted to be implemented effectively in the natural environment of home, school, and community. The treatment modality has the following Key components:

- 2 sessions per week
- 6 months
- Structured Session format
- Model specific documentation
- Action Plans
- Fidelity in implementation
- Staff Training
- Ongoing Supervision

❖ *Restorative Justice Practice: Victim Offender Mediation*<sup>12</sup>

Restorative Justice Practices have three fundamental concepts:

- Crime is Fundamentally a Violation of People and Interpersonal Relationships
- Violations Create Obligations and Liabilities
- Restorative Justice Seeks to Heal and Put Right the Wrongs

Victim-Offender Mediation is one of the many varied interventions utilized in Restorative Justice Practices. This process allows the victim the opportunity to have a safe and structured experience to meet the offender and participate in a mediated discussion of the crime. This meeting is facilitated by a trained mediator and involves developing a restitution plan for the offender. Goals and desired outcomes for the “mediation” or “conference” as it is sometimes called include: support the healing process of victims, by providing a safe and controlled setting for them to meet and speak with the offender on a strictly voluntary basis, allow the offender to learn about the impact of the crime on the victim and to take direct responsibility for their behavior, provide an opportunity for the victim and offender to develop a mutually acceptable plan that addresses the harm caused by the crime.

*Experience and Training in Evidenced Based Practices*

OPS Family Care has a team of trained and highly experienced clinicians who will use several specific Evidenced Based Programs and modalities in delivering treatment services. Formal Training in the programs is documented in the attached appendices. (Clinician resume attached). Those specifically formally trained in a modality will act as lead clinicians in ensuring the fidelity of the programs. In addition,

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<sup>12</sup> <https://law.wisc.edu/fjr/rjp/justice.html>

new and continued formal training will be provided for all new clinical therapists in designated Evidenced Based Programs.

OPS Family Care, LLC currently has several therapists trained in TF-CBT and has a supervisor who is a Nationally Certified Clinician in TFCBT. She is one of only eight in the entire Parish.<sup>13</sup> In addition, formally trained staff have facilitated a 7 hour inter agency training in the modality. This training will serve as a foundation for additional training. OPS Family Care, LLC has over 14 years of experience in offering this form of therapy to the juveniles and families engaged with Jefferson Parish Juvenile Services. During this time, OPSFC Staff has developed unique and innovative ways to implement the modality specifically for the Juvenile Justice population in Jefferson Parish. This advantage will allow the agency to immediately offer the services through the new contract in an efficient and successful manner.

Cognitive Behavioral therapy and its techniques have been the primary modality of choice in providing therapeutic counseling for clients serviced by our agency. OPS Family Care, LLC has made hiring staff with extensive experience in providing clinical therapeutic care to children, adolescents its utmost priority. All therapists have formal training in Cognitive Behavioral therapy and will continue with such training. In addition, the Clinical Director has over sixty hours of training in Cognitive Behavioral Therapy. This includes advanced study in Teaching and Supervising CBT at the highly acclaimed and respected Beck Institute for Cognitive Therapy in Philadelphia, PA. Ms. Cassandra Smith, the Clinical Director/Supervisor, has also presented several formal Cognitive Behavioral Therapy Trainings which were sponsored by the National Association of Social Workers across the State of Louisiana. She is the only clinician in

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<sup>13</sup> [https://tfcbt.org/therapists/?tfcbt\\_n=3&tfcbt\\_s&tfcbt\\_c&tfcbt\\_st=LA&tfcbt\\_z](https://tfcbt.org/therapists/?tfcbt_n=3&tfcbt_s&tfcbt_c&tfcbt_st=LA&tfcbt_z)

the State of Louisiana with advanced training from the Internationally renowned Beck Institute.

All current and new staff will be required to participate in an inter agency training designed to prepare them to effectively provide this intervention.

The agency Clinical Director and Supervisor on staff has received training in Juvenile mediation and is a Qualified Mediator (see resume). In addition, she has also conducted several mediations which include Child in Need of Care Cases and Restorative Justice Mediations through a Jefferson Parish School System Middle School.

### **Measuring Program Outcomes and Data Collection**

Program outcomes will be measured by using the Achenbach Child Behavior Checklist or the Youth Self Report dependent upon the juvenile's age. Both of the Achenbach clinical measures measure aggressive behavior, conduct problems, school behavior, and oppositional behaviors. OPSFC will also implement the use of the McMaster Family Assessment Device (FAD) which measures family functioning. These instruments will be administered quarterly and scored in order to show each juvenile's progress in treatment and the key targeted outcome measures relevant to juvenile court. In addition to the aforementioned clinical measures, client satisfaction surveys will be utilized to gauge client's overall satisfaction with agency services. Weekly Progress Reports (see attachments) will continue to act as a tool to document and communicate progress with Juvenile Services and the client's probation officer. The current Electronic Health Records system utilized by the agency allows the tracking session attendance and documentation of progress made toward therapeutic treatment goals. OPSFC has developed an electronic version of the aforementioned Progress Report that will help to

increase staff efficiency in completing the necessary documentation. In addition, agency staff actively communicates with Department of Juvenile Services Staff via email and telephone, as needed. Agency policy and culture encourages active communication with all systems involved with client cases to promote continuity of care and care coordination.

### **Ensuring and Maintaining Program Fidelity**

Program fidelity in the various programs will be ensured, by providing clinicians with appropriate training directly from program developers and program training curriculums. Standardized and validated Assessment and screening instruments will be utilized to identify the appropriate Evidenced Based Modality. The UCLA PTSD Reaction Index for DSM 5 will be utilized for Trauma Modalities. In addition, Achenbach Youth Self Reports and Child Behavior Checklists are utilized to identify specific symptoms and their severity. Trauma Informed regular supervision will be provided to individual staff regarding clinical issues (see attached supervision log). Supervision will be provided by a Board Approved Clinical Supervisor and an experienced Licensed Clinician. OPSFC Staff will continue to participate in Consultation sessions from qualified Providers and an array of organizations that provide training in Evidenced Based treatment modalities. This will ensure that evidenced based practices are implemented with consistency and fidelity. This supervision will provide the opportunity to solicit technical assistance and input from trainers and program developers. OPSFC staff will continue to participate in outside clinical consultation groups for the TF-CBT treatment modality, as well. This newly developed opportunity will allow staff to continually improve their skills in treating traumatic experiences via

this modality. Program materials and supplements will be obtained directly from the aforementioned organizations. This will also ensure that programs and interventions are implemented with the same consistency and design originally intended for each model. OPSFC also conducts regular staff case consultation. This allows for the opportunity to discuss the clinical progress of a case and allows staff to address administrative issues which affect service delivery and quality assurance. All of these measures should ensure continuity in the fidelity of each program, as well as, the production of expected program outcomes.

## **Budget**

### **Direct Service Costs: (Fee for Service)**

<b><u>Service Categories:</u></b>	<b><u>Fee (per person/hr.)</u></b>
Individual/Family Therapy	\$70/per person/hr.
Group Therapy	\$35/per person/hr.
Parenting Education	\$35/per person/hr.
Victim Offender Mediation	\$70/per case/hr.

(This Victim Offender Mediation fee includes follow-up and monitoring of restitution agreement).

### **Indirect Service Costs**

#### **Continued Staff Training**

Workshop Participation (For continued training of new clinicians in evidenced based programs)

\$1000/clinician  
x 4 Clinicians  
**Total \$4000**

*Program Fidelity Supervision*

\$640/month (4 clinicians x \$40/week x 4weeks)  
 x 12 months  
**Total \$7680**

*Materials**Parent Education Materials*

\$21.95 workbooks  
 x 50 quantity (approx.)

**Total (Approximately) \$ 1,097.50**

***Tentative Program Budget Indirect Service Costs***  
***Total \$12278***

**Budget Justification**

Fees for therapeutic services are based on industry norms for each. These services will be paid on a “fee for service” basis. Clinician training includes training of new clinicians for program models, as well as continued training for those that will act as lead clinicians. In addition, supervision costs are based on current Jefferson Parish Juvenile Services contracted rates. Material prices were determined by the price of manuals across each program.

## **Cassandra D. Smith, LCSW-BACS, C-SSWS**

P.O. Box 1831 Gretna, LA 70054

Phone 504-231-8919

Email [csmithlcswbacs@gmail.com](mailto:csmithlcswbacs@gmail.com)

### **EDUCATION**

Master of Social Work, Tulane University, December 2000

Bachelor of Social Work, Clark Atlanta University, May 1999

Doctorate of Social Work, ABD University of Pennsylvania-graduation May 2024

### **EMPLOYMENT**

#### ***OPS Family Care, LLC, Executive Director -July 2006-Present***

- Oversight of daily Administrative Operations that included oversight of recruiting, hiring, and onboarding activities
- Develop and Implement effective Marketing Plans and Community Outreach
- Operate and Manage program Budget and Fiscal Operations
- Oversee revenue cycle management to include billing and coding operations and policy
- Develop Policy and Monitor effective Policy implementation in preparation for successfully obtaining full National Accreditation
- Program Development, Planning, and Implementation
- Community Engagement via Presentations and Marketing Outreach
- Draft proposals to include successfully obtaining and maintained contracts with the Department of Juvenile Services for 10 years
- Develop successful partnerships with Community Organizations for Business Development and agency census growth
- Act as the agency Spokesperson for Marketing Events, Health Fairs, and Local Media
- Develop relationships with Managed Care Representatives, School Network leadership, the Department of Children and Family Services, Juvenile Justice and various Stakeholders to improve continuity of care and care coordination
- Act as the agency representative for Medicaid Managed Care Policy Development and Planning Meetings

#### ***CDS Healthcare Consulting, Founder and Lead Consultant-January 2018-Present***

- Recruit Clinicians for remote telehealth services
- Remote Hiring, Onboarding and Orientation of telehealth remote clinicians
- Remote Clinical Supervision
- Management of Remote Telehealth Consultants
- 1915 Evaluation/Assessments and Locus/Calocus Level of Care Determinations via telehealth

#### ***Ableto, Clinical Supervisor Oct 2021-March 2022***

- Provided regular clinical supervision to Licensed therapists

- Collaborated with cross functional organizational teams to improve operational workflows, process efficiency, and project completion
- Conducted regular audits of treatment records and provider documentation for quality review and quality assurance
- Utilized data metrics to help a new clinical team to exceed company wide Key Performance Indicators within their first 90 days
- Collaborated with cross functional teams to improve efficiency of operations
- Conducted regular performance evaluation and oversaw budget and allocation of performance bonuses
- Resolved client complaints and provided regular coaching and feedback to therapists to improve efficiency and productivity
- Developed team morale and a culture of support by holding regular team meetings and spotlighting high performance
- Utilized *Looker* and *Salesforce* platforms for Quality Management and performance evaluation

***United Optum Behavioral Healthcare, Care Advocate Nov 2020-Oct 2021***

- Complete Clinical and Utilization Review of Mental Health and Substance Abuse Service Requests and Authorizations for all Levels of Care with Medicaid and Medicare populations
- Complete Clinical Substance Abuse and Mental Health Assessments using Locus/Calocus and the ASAM service level determination tools
- Provided advocacy and recommendations for client treatment needs
- Determine and document provider care recommendations

***OPS Family Care, LLC, Clinical Program Director-July2006-April 2021***

- Supervision of LMSW level clinicians, MSW Interns, and Direct Service Staff in provision of services for Families experiencing Trauma and/or Exposure to Domestic Violence
- Monitor Clinical Utilization of Authorized Managed Care Service Units
- Provide Evidenced Based Therapy to Children, Adolescents, Adults, and Families experiencing Family Violence and/or Trauma
- Provide Case Management, Case Coordination, and connection with Community Resources via Referral for high-risk Families exposed to Trauma and/or Violence
- Completed Managed Care Assessments, Clinical Diagnosis, and Evaluations for Service Authorization
- Coordinate and Facilitate Continuing Education Opportunities and Clinical Training on Evidenced Based Practices
- Mediated CINC cases and Restorative Justice Conferences in Jefferson Parish
- Mediated Restorative Discipline Conferences in Jefferson Parish Schools
- Quality Improvement Monitoring and Implementation
- Staff Training and Orientation

***Southern University of New Orleans, Adjunct Professor-Fall Semester 2015***

- SW Elective-Working with Children
- Developed content for and provided in person classroom lectures
- Developed Curriculum Assignments and Evaluation Instruments
- Mentored and advised Social Work students

***Jefferson Parish School System, Early Intervention Social Worker- Dec. 2002-May 2011***

- Provided Individual as well as Group therapy to at risk students
- Case Management and Referral to Community resources
- Facilitated classroom presentations for students
- Conducted staff professional development
- Created Behavior Modification Plans for individual students
- Consulted with faculty regarding classroom and behavior management
- Conducted parent workshops and provided brief interventions with parents and families
- Facilitated “Save the Children” groups designed to deal with trauma in the aftermath of Hurricane Katrina
- Served as Academic Behavioral Intervention Team (ABIT/SBLC) Chair and member
- Implemented Positive Behavior Interventions
- Provided Crisis Intervention and Assessments
- Collaborated on an Interdisciplinary Medical Team for student treatment planning
- Implemented Evidenced Based Practices in the school setting
- Created, Piloted, and Implemented the *Soar Afterschool Enrichment* program at Kate Middleton Elementary School

***Family Services of Greater New Orleans, Clinical Therapist- Aug. 2006-May 2007***

- Facilitated Substance Abuse Diversionary Groups
- Provided Clinical Individual Therapy to Adults who experienced exposure to Trauma
- Provided Clinical Individual Therapy to Children exposed to Family Violence and Traumatic Events
- Completed psychosocial assessment and diagnosis
- Completed accurate case documentation as well as correspondence with other local agencies (i.e. Department of Children and Family Services, Child Advocacy Centers, Police Departments, Hospitals, etc.)
- Conducted court ordered Custody Evaluations

***Children’s Bureau of Greater New Orleans, Clinical Social Worker- Feb. 2001-Dec. 2002***

- Provided intense client centered therapy to children and families
- Conducted group therapy for adults, adolescents, and children
- Conducted appropriate assessment tools (measuring exposure to trauma, ADHD, emotional functioning and Clinical Depression)
- Completed accurate and timely documentation (i.e. treatment plans case summaries, case notes, and administrative paperwork)
- Child Custody Evaluation
- Conducted Crisis interventions at Orleans Parish schools as needed

- Supervised Social Work Masters Level Interns

## **PROFESSIONAL/COMMUNITY ORGANIZATIONS, & ACTIVITIES**

- Presenter-2011, 2012, 2018 LA State Conference of National Association of Social Workers
- Presenter 2015 NASW-LA CEU Yellow Book -Cognitive Behavioral Therapy
- Presenter 2015-Department of Children and Family Services-Trauma in Children and Adolescents
- Delta Sigma Theta Sorority, Inc.
- Founder/Past President, The Village Foundation
- Dr. Betty Shabazz Academy and GEMS Enrichment Program for At-Risk Girls
- Founder and Organizer- “Raising the Bar” Community Mental Health Forum

## **PROFESSIONAL CONFERENCE AND SYMPOSIUM PRESENTATIONS**

*“Addressing the Needs of Mental Health in the Classroom”*  
*“Cognitive Behavioral Therapy: Creative Implementation for Children and Adolescents”*  
*“Ethical Differential Diagnosis in Children and Adolescents”*  
*“Examining Intergenerational Trauma Exposure”*  
*“Client Conceptualization: The Foundation of Effective CBT”*  
*“Connecting Cognitive Behavioral Therapy and The Bible”*  
*“Identifying Behavioral Health Needs in Students”*  
*“Evidenced Based Response to Intervention (RTI)”*  
*“SAT TEAM and 504”*  
*“Becoming a Board Approved Clinical Supervisor: Understanding and Implementing Effective Supervision”*  
*“Racism, Cultural Competence, and Ethical Social Work”*  
*“Racial Trauma and its Impact on Helping Professionals”*  
*“Ethical Practice in Community Behavioral Healthcare”*  
*“Improving the Quality of Home and Community Based Behavioral Health Services”*  
*“Introduction to CBT and Evidenced Based Practices”*  
*“Self-Care: Maintaining Work Life Balance”*  
*“Community Based Cognitive Behavioral Treatment”*

## **SPECIALIZED TRAINING AND CREDENTIALS**

- Qualified Divorce/Juvenile Mediator- Loyola School of Law (Basic and Advanced (May/June 2006)
- Child in Need of Care (CINC) Mediation Training (October 2006 & Jan 2007)
- Licensed Clinical Social Worker- Louisiana State Board of Social Work Examiners effective-2005
- Board Approved Clinical Supervisor-Louisiana State Board of Social Work Examiners effective-2009
- Nationally Certified Trauma Focused Cognitive Behavioral Therapist (TF-CBT)
- Advanced Training in Cognitive Behavioral Therapy- 60 hrs. Beck Institute in Philadelphia, PA
- Certified ACE evaluator- State of Louisiana MHR programs/Locus and Calocus trained
- Commission on Accreditation of Rehabilitation Facilities (CARF) Surveyor



# LOUISIANA

## STATE BOARD *of* SOCIAL WORK EXAMINERS

The Louisiana State Board of Social Work Examiners reviewed and approved your application for **Board Approved Clinical Supervisor (BACS)** effective today.

To continue the BACS designation in good standing, the social worker must:

1. maintain LCSW;
2. appropriately conduct all supervisory duties explicated in §503. Failure to comply with all regulations may result in the board lifting the BACS designation from the LCSW;
3. complete three clock hours of continuing education in clinical supervision every two years beginning July 1, 2008. These hours must be pre-approved by a LABSWE-designated approval organization.

### LOUISIANA STATE BOARD OF SOCIAL WORK EXAMINERS

18550 Highland Road, Suite B  
Baton Rouge, Louisiana 70809

#### LCSW-BACS

# 6503 | **Exp.** 08/31/2024

*Hub Dora LCSW BACS*

**CHAIRPERSON**

CASSANDRA SMITH

**CARDHOLDER**



## SUPERVISION FORM

DATE \_\_\_\_\_ TIME \_\_\_\_\_

### ATTENDEES

_____	_____
_____	_____
_____	_____

### ISSUES DISCUSSED Administrative or Operational Review items:

_____
_____
_____
_____
_____
_____

### CASES PRESENTED

Client Name/Presenting problem/Diagnosis:

Client Name/Presenting problem/Diagnosis:

Client Name/Presenting problem/Diagnosis:

Client Name/Presenting problem/Diagnosis:

Client Name/Presenting problem/Diagnosis:

Supervisee:

### RECOMMENDATIONS

(Client initials-Recommendations)

_____
_____
_____
_____
_____

Supervisor Necessary Follow Up: (Client initials-Follow Action)

_____
_____



Tulane  
University

SCHOOL OF MEDICINE

# Certificate of Completion

awarded to

for completing Advanced Training in Youth PTSD Treatment

**Issued on**

*Devi M. Murphy*

Devi Miron Murphy, Ph.D.

*Michael Scheeringa*

Michael S. Scheeringa, M.D.



# Certificate of Completion

awarded to

*Cassandra Smith*

for completing Advanced Training in Youth PTSD Treatment

*Devi M. Murphy*

Devi Miron Murphy, Ph.D.

*Michael Scheeringa*

Michael S. Scheeringa, M.D.



# **TF-CBT Certification**

**This Certification is Hereby Awarded  
to:**

**Cassandra Smith**

**For successfully completing the National  
Trauma-Focused Cognitive-Behavioral  
Therapy Therapist Certification Program**

**Presented by Allegheny Health Network  
and the Rowan University CARES Institute**

*AP Mannarino, PhD*

Anthony P. Mannarino, PhD  
Director Center for Traumatic Stress in Children and Adolescents

This certification is effective until  
the date listed below:

**Monday July 27, 2026**





## Continuing Education Certificate

Title: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Participant: Cassandra Smith

Participant Address:

License #: LCSW

Location: New Orleans LA

Date: Oct. 18-19, 2018

Total Training Hours: 14.5 hour(s)

Total CE Clock Hours: 14.5 hour(s)

### Continuing Education Approvals:

- This program was approved for **14.5** clinical contact hour(s) of continuing education credit by the National Association of Social Workers - Louisiana Chapter as authorized by the Louisiana State Board of Social Work Examiners.
- ***Please check with your board for specific approval questions***

Roy VanTassell, MS LPC

Presenter

ID: LA101918 TFCBT

Signature

# OPS Family Care, LLC

## DJS Progress Report

Client Name:

Session Date:

Probation/FINS Officer  
Name:

### Session Type

- ☐ Individual
- ☐ Group
- ☐ Family

Session Length:

### Attendance and Contact Data

- ☐ Attended
- ☐ Cancelled
- ☐ Rescheduled
- ☐ Missed (No Call/NoShow)

Telephone Contact Date:

- ☐ Spoke to Client
- ☐ Left Message

Resolution/Content of  
Contact:

### Therapeutic Progress Update

- ☐ Significant Progress Made
- ☐ Minimal Progress Made
- ☐ No Progress Made

### Prognosis and Summary

- ☐ Good
- ☐ Fair
- ☐ Poor

Session Summary and  
Prognosis Explanation:

Therapist Name:

Therapist Phone Number:

Therapist Email Address:

Date Completed: