



**SOQ 24-011 Therapeutic Treatment Services for the Jefferson Parish
Department of Juvenile Services**
Jefferson Parish Government

Project documents obtained from www.CentralBidding.com
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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

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|---|
| A. Project Name and Advertisement Resolution Number: Therapeutic Treatment Services for the Jefferson Parish Department of Juvenile Services SOQ No. 24-011 |
| B. Firm Name & Address: Respiro Therapy Services, LLC 4919 Canal Street, Suite 201 New Orleans, LA 70119 |
| 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: Ryan Durand, LCSW Licensed Clinical Social Worker Business Owner and Service Provider Phone: 504-439-1010 Email: ryandurandlcsw@gmail.com |
| D. Address of principal office where Project work will be performed: 4919 Canal Street, Suite 201 New Orleans, LA 70119 |
| E. Is this submittal by a JOINT-VENTURE? Please check: <div style="text-align: right;">YES _____ NO <input checked="" type="checkbox"/></div> 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. N/A |
| 2. N/A |

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. N/A | N/A | N/A |
| 2. N/A | N/A | N/A |
| 3. N/A | N/A | N/A |
| 4. N/A | N/A | N/A |
| 5. N/A | N/A | N/A |

General Professional Services Questionnaire

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|---|
| I. Please specify the total number of support personnel that may assist in the completion of this Project: _____1_____ |
| 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: |
| Ryan Durand, LCSW Business Owner and Service Provider |
| Name of Firm with which associated: |
| Respiro Therapy Services, LLC |
| Description of job responsibilities: |
| <ul style="list-style-type: none">- Provide culturally relevant evidence-based trauma-informed mental health treatment to individuals weekly for approximately 60-90 minutes depending on type of intervention.- Facilitate assessment of mental health symptoms using culturally relevant evidence-based tools.- Complete intakes and collect necessary documentation.- Manage data, reporting to funders, submit invoices for services completed. |
| Years' experience with this Firm: |
| 3 years experience with Respiro Therapy Services, LLC |
| Education: Degree(s)/Year/Specialization: |
| <ul style="list-style-type: none">- Master of Social Work (MSW) / 2016 / Specialization in Global Social Work- Bachelor of Arts (BA) in International Studies / 2014 / Latin American Studies |
| Other experience and qualifications relevant to the proposed Project: |
| <p>- 4 years experience providing trauma-focused therapy to youth ages 6 - 24 in a nonprofit agency from 2017 - 2021. Populations of focus included: Spanish-speaking youth and families, youth involved in the juvenile justice system, and transitional youth (ages 18-24). This also included 4 years of experience reporting to different grants and other funders.</p> <p>- 3 years experience working with Jefferson Parish Public Schools as the bilingual (Spanish-English) social worker for several high schools and middle schools across Jefferson Parish from 2020-2023.</p> |

General Professional Services Questionnaire

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

General Professional Services Questionnaire

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

General Professional Services Questionnaire

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

General Professional Services Questionnaire

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

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: |
|---|--|
| <p>Trauma Recovery Demonstration Grant Louisiana Department of Education Stephen Guccio Project Administrator Stephen.Guccione@la.gov</p> <p>Participation from Respiro Therapy Services, LLC facilitated by Ryan Durand, LCSW at 4919 Canal St, Suite 201, New Orleans, LA 70119</p> | <p>The Louisiana Department of Education, with federal funds granted to them, created the Trauma Recovery Demonstration Grant in 2019 and contracted with several providers in the state of Louisiana who provide trauma services to public school-enrolled youth. Through my contract with the TRDG grant, I provided trauma-focused therapy services to school-enrolled youth in Jefferson and Orleans Parish from June 2020 until now. The program is set to end in September 2024 with no expected plan for renewal.</p> |
| Length of Services Provided: | Cost of Services Provided: |
| 4 years | <p>The reimbursement rate for the TRDG contract is \$100 for every 1-hour therapy session provided. Respiro Therapy Services, LLC invoices the grant monthly.</p> |

PROJECT NO. 2

| Project Name, Location and Owner's contact information: | Description of Services Provided: |
|---|-----------------------------------|
| N/A | N/A |
| Length of Services Provided: | Cost of Services Provided: |
| N/A | N/A |

General Professional Services Questionnaire

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

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

General Professional Services Questionnaire

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

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

General Professional Services Questionnaire

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

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

General Professional Services Questionnaire

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

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

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. N/A | | |
| 2. | | |
| 3. | | |
| 4. | | |

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

Ryan Durand, LCSW is a bilingual Spanish-English therapist with over 7 years of experience providing trauma-focused mental health treatment to children and adolescents in Orleans and Jefferson Parishes. Durand has 4 years experience working in non-profit agencies, including Children's Bureau of New Orleans and Catholic Charities Immigrant and Refugee Services. In that time, Durand provided trauma services to youth involved in Jefferson Parish Juvenile Court, across all programs, including probation, drug court and juvenile diversion. Durand also has 3 years experience working in the Jefferson Parish Public Schools System where he worked as the bilingual social worker for West Jefferson High School, Bonabel High School, Grace King High School, and East Jefferson High School, providing counseling services to English Language Learners at all 4 high schools.

In addition to relevant work experience, Durand is also trained in a multitude of evidence-based trauma treatment modalities, including Eye Movement Desensitization and Reprocessing Therapy (EMDR), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Internal Family Systems Therapy (IFS). Durand is also trained in techniques using Art Therapy and Play Therapy.

Durand is also experienced in managing client data and submitting reports on client outcomes to funders.

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

Signature:  Print Name: Ryan Durand, LCSW

Title: Business Owner and Service Provider Date: 05/30/2024