



CENTRALBIDDING
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**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

A. Project Name and Advertisement Resolution Number:

SOQ 24-011 Therapeutic Treatment Services for the Jefferson Parish Department of Juvenile Services
Resolution Number: 143956

B. Firm Name & Address:

Essential Intentions Counseling, LLC
PO Box 445
Belle Chasse, LA 70037

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:

Kourtnie Baham
Licensed Professional Counselor, National Certified Counselor
kbaham@eicnola.com
(504) 912-7705

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

Rivarde Juvenile Detention Home
1550 Gretna Blvd
Harvey, LA 70058

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 <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.		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Kourtne Baham, LPC, NCC	Motivational Interviewing Cognitive Behavioral Therapy Trauma Focused Therapy Dialectical Behavior Therapy	Yes
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: 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: Kournie Baham, LPC, NCC
Name of Firm with which associated: Essential Intentions Counseling, LLC
Description of job responsibilities: Intake and assessment. • Use Diagnostic and Statistical Manual (DSM) of Mental Disorders in formulation of treatment goals and application of appropriate clinical interventions. • Make professional evaluations, decisions, and recommendations. • Conduct and complete suicide risk assessments as needed. • Independently provide complex crisis intervention and stabilization of clients in psychological distress. • Consult with other mental health professionals. • Complete continuing education courses to maintain licensure and National Certified Counselor certification, as well as stay up-to-date on the latest practices
Years' experience with this Firm: 2 years
Education: Degree(s)/Year/Specialization: Master of Arts in Counseling
Other experience and qualifications relevant to the proposed Project: - Currently enrolled in an intensive certification training for Dialectical Behavior Therapy through PESI - Was also employed at Rivarde Juvenile Detention Center from 2020-2023; making me familiar and comfortable with the counseling practices used (Motivational Interviewing, etc) to gain results in recidivism, as well as the high expectation to provide quality and professional service to the population.

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:
Jefferson Parish Department of Juvenile Services Rivarde Juvenile Detention Center 1550 Gretna Blvd Harvey, LA 70058 Supervisor: John Ryals, PhD, LPC-S	Provides individual and group therapy for detained youth at the L. Robert Rivarde Detention Center. <ul style="list-style-type: none"> • Intake and assessment (including suicide risk assessments). • Develops and maintains case files. • Independently provide complex crisis intervention and stabilization of clients in psychological distress. • Collaborate with an interdisciplinary team to provide treatment recommendations to Detention and Probation Officers, as well as Juvenile Court personnel to include written and verbal feedback on client progress.
Length of Services Provided:	Cost of Services Provided:
2020-2023	Employed by Jefferson Parish

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.

Jefferson Parish
State of Louisiana

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

Signature:  MA, LPC, NCC Print Name: Kourtne Baham, MA, LPC, NCC
Title: Licensed Professional Counselor Date: May 7, 2024