

FIFTH JUDICIAL CIRCUIT PROBLEM SOLVING COURTS APPLICATION

The Chief Judge of the Fifth Circuit is compiling a directory of Behavioral Health Services and Treatment Providers that agree to be compensated pursuant to the terms and fees established by the Fifth Judicial Circuit and attached to the Request for Information (RFI) located at: www.circuit5.org. Any service provider who wishes to be retained for services and paid by the Office of the State Courts Administrator must be on this directory and be registered as a vendor with the State of Florida.



Please review the Fifth Judicial Circuit Substance Abuse Treatment Provider Request for Information (RFI). Please assure that you meet the “Requirement for Appointment as a Behavioral Health Service Provider” before you submit this application.

Complete this application **in its entirety**. Incomplete applications will be returned to the applicant for completion. Please print legibly in blue or black ink or type.

Name: _____
(Last) (First) (Middle)

Name of Business (If different)
(Please use company name associated with its Tax ID number) _____

(City) (State) (Zip Code)

Business Phone: _____ **Business Fax:** _____

E-Mail Address: _____

LICENSING:

Agency: _____ **License #:** _____

Minimum Professional Requirements: (Please initial confirming each requirement)	
<p>_____</p> <p>_____</p> <p>_____</p>	<p>I am a licensed outpatient treatment provider, and/or;</p> <p>I am a licensed level II residential treatment provider, or;</p> <p>I am an individual in private practice with one of the following clinical licenses: clinical social worker, mental health counselor, psychologist or other_____.</p>
<p>_____</p>	<p>I/we use evidence-based treatment and educational modalities, I/we administer behavioral or cognitive-behavioral evidenced based treatments and services that are documented in treatment manuals and have been demonstrated to improve outcomes for persons with a substance use and mental disorder involved in the criminal justice system.</p>
<p>_____</p>	<p>I/we provide drug and alcohol screens for participants to include gold standard confirmation of Liquid and/or Gas Chromatography</p>
<p>_____</p>	<p>I will notify the Chief Judge of any formal complaint filed with my professional licensing agency against me for any reason.</p>
<p>_____</p>	<p>I understand that I am not on the directory until my application has been approved by the Chief Judge.</p>
<p>_____</p>	<p>I /we maintain continuing education credits that includes on-going training and quality control measures.</p>
<p>_____</p>	<p>I/we will provide equipment, office space, and supplies necessary to perform the services.</p>
<p>_____</p>	<p>I/we have read and understand the specific requirements for Behavioral Health Treatment and Services. Providers contained in Attachment "A" of this application, including requirements to work with treatment courts.</p>
<p>_____</p>	<p>I have read and understand the standard fee schedule for services provided to the included in the Request for Information for.</p>

County Where Applicant Requests Court Appointments: Check all that apply

Citrus County

Hernando County

Lake County

Marion County

Sumter County

CERTIFICATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE STATEMENTS CONTAINED HEREIN AND, ON ANY ATTACHMENTS, ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH. I UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS, OR MISREPRESENTATIONS ABOVE MAY DISQUALIFY ME FOR CONSIDERATION AND, IF I AM ACCEPTED TO THE REGISTRY, MAY BE GROUNDS FOR REFUSAL OF APPOINTMENT OR DISMISSAL AT A LATER DATE. I UNDERSTAND THAT IF APPOINTED, I AM REQUIRED TO ADHERE TO THE CONTRACT WITH THE JUSTICE ADMINISTRATIVE COMMISSION (IF APPLICABLE), AND APPLICABLE POLICIES AND PROCEDURES ESTABLISHED BY THE FIFTH JUDICIAL CIRCUIT AND/OR JUSTICE ADMINISTRATIVE COMMISSION.

Signature of Applicant

Date

ALL APPLICANTS MUST PROVIDE:

- SIGNED APPLICATION
- PROOF OF LICENSURE

**EMAIL APPLICATION PACKET TO:
PSCcontractrequest@circuit5.org**

SERVICE REQUIREMENTS:

- a. The SELECTED PROVIDER must provide an evidence-based initial needs assessment of potential participants prior to or at the time of entry into the problem-solving court program and assist in discussions with the problem-solving court team on program and level of care appropriateness based on the participant's initial assessment.
- b. The SELECTED PROVIDER must provide treatment services for Problem-Solving Court participants in cases referred to the SELECTED PROVIDER by the court coordinator, unless (1) acceptance of a case would create a conflict of interest for the SELECTED PROVIDER or (2) SELECTED PROVIDER does not offer that service or level of care. In the event the SELECTED PROVIDER determines he or she has a clear conflict of interest regarding any referred case, the SELECTED PROVIDER shall immediately advise the court coordinator. If a conflict of interest arises after the SELECTED PROVIDER has begun performance of services on a case, he or she shall be compensated for services performed, as appropriate. The SELECTED PROVIDER may decline any case for good cause with notice to the court coordinator. The SELECTED PROVIDER will provide evidence of appropriate referral and follow up to assure appropriate entry or acceptance to alternative services or treatment.
- c. The SELECTED PROVIDER must be willing to provide the treatment/services to self-pay participants in other Fifth Circuit Problem Solving Court Programs at the same financial rate (unless the provider's published rate is lower) as indicated in Appendix B.
- d. The SELECTED PROVIDER and all staff providing services must adhere to standards, procedures, and rules for qualifications, certification, regulation, professional conduct, ethics, discipline and training for treatment and services as established by the Florida Statutes, Florida Administrative Code, Florida Rules of Court, Department of Business, the National Association of Drug Court Professionals (AllRise) Adult Drug Court Best Practice Standards, and Professional Regulations or other regulatory body.
- e. Each participant shall receive behavioral health treatment and services based on a standardized evidenced based assessment of their treatment needs by qualified staff. The treatment and services shall be evidence-based, trauma-informed, culturally competent and gender sensitive as provided for in subsection 65D-30.010(2) of the Florida Administrative Code.

ATTACHMENT "A"

SELECTED PROVIDER shall be capable of providing or arranging a continuum of evidence-based interventions as found in treatment manuals. The list of needed evidence-based intervention services that shall be provided to the participant will be identified in the individualized treatment plan and may include, but are not limited to, the following:

- i. Providing or recommending detoxification, inpatient crisis intervention and/or residential services.
 - ii. Individual counseling.
 - iii. Group counseling.
 - iv. Intensive Outpatient Treatment
 - v. Counseling with families; and
 - vi. Clinical Case Management Services that are complimentary to therapeutic needs identified in the individualized treatment plan that, without which, progress towards treatment goals and objectives may be significantly hindered or impossible, and
 - vii. Evidence-based educational programs that are designed to reduce criminal thinking, and encourage anger management, employment, and independent living. Additionally, the program services must include strategies for avoiding relapse and health problems and encourage peer support or other 12-step programs that encourage prosocial recovery community support and motivational enhancement and strategies for achieving a lifestyle of recovery.
- f. Required Hours of Services. For outpatient treatment, each participant must receive services each week in accordance with subsection 65D-30.010, Florida Administrative Code, clinical justification for all services must be documented in the client record.
- g. No full-time counselor shall have a caseload that exceeds fifty (50) clients participating in individual counseling at a given time.
- h. The SELECTED PROVIDER shall post their hours of operation, and this information must be made visible to the public. Treatment and/or drug screens will be made available outside of regular business hours for those participants who may be employed.

ATTACHMENT "A"

- i. The SELECTED PROVIDER will maintain records of cases, may input progress into the Florida Drug Court Case Management System (FDCCMS), hours and days for which treatment services are provided to Problem Solving Court participants within two (2) business days of the treatment, and will report this information (via invoice) to the Court on a monthly basis.
- j. The SELECTED PROVIDER must have a specially appointed representative to participate in staffing and court hearings to provide input on each participants' treatment progress and to provide input on addressing treatment needs.
- k. The SELECTED PROVIDER will be available to court staff as needed for case consultation and assistance in service development.
- l. The SELECTED PROVIDER may give testimony in court hearings related to a participants' involvement in the treatment program and as to any violations or noncompliance with treatment program rules and requirements if needed.
- m. The SELECTED PROVIDER will meet with the program participants referred to the provider within fourteen (14) days of the referral for initial assessment.
- n. The SELECTED PROVIDER must provide interventions for co-occurring disorders, or link to services for co-occurring disorders.
- o. The SELECTED PROVIDER must provide or arrange detoxification or crisis intervention services and/or residential services as needed to meet the participant's assessed level of care and treatment needs.
- p. The SELECTED PROVIDER must provide culturally competent trauma informed services and gender specific treatment.
- q. The SELECTED PROVIDER must provide on-going staff training and quality control measures.
- r. The SELECTED PROVIDER must attend Problem Solving Court program meetings as set by the court.
- s. The SELECTED PROVIDER, after the participant is established in treatment, will assess their needs and make every effort to incorporate services and treatment for the family and positive support system when possible and as soon as all parties agree.

- t. The Problem-Solving Court understands that there is no empirical justification for excluding offenders with co-occurring mental health or medical problems from participation in the program; therefore, it is preferred that the SELECTED PROVIDER possesses, at the time of contract commencement, the Ability to administer Medically Assisted Treatment (MAT) or coordinate this Treatment service via a qualified and credentialed entity.
- u. The problem-solving court understands that there exists no good cause for excluding persons possessing Limited English Proficiency (LEP) from individual or group counseling sessions; therefore, it is preferred that the SELECTED PROVIDER possess, at the time of contract commencement, the ability to provide tools that will enable those in need to participate.