RFP Number: 19-RFP-014315-JJXVendor:

**ATTACHMENT J: SUBSTANCE ABUSE TREATMENT CURRICULUM**

**(Add additional pages as required)**

**VENDOR MUST COMPLETE AND RETURN FOR EACH COUNTY WITH THEIR PROPOSAL SUBMISSION**

**COUNTY:**

**Substance Abuse therapy/practice or model:**

**Please provide the following program characteristics regarding the therapy/practice or model named above:**

|  |  |
| --- | --- |
| 1.Maximum length of ROPT (in weeks) |       |
| 2.Typical length (in weeks) of ROPT for successful completion (assume no referral to higher level of care) |       |
| 3.Number of ROPT group sessions per week |       |
| 4.Length of ROPT group sessions in hours |       |
| 5.Number of ROPT individual sessions per week |       |
| 6.Length of ROPT individual sessions in hours |       |
| 7. Minimum number of group sessions |       |
| 8.Minimum number of individual sessions |       |
| 9.Minimum number of treatment hours to complete |       |
| 10. Are the groups open-ended or closed ended? |       |

**PHYSICAL LOCATION OF SERVICES TO BE PERFORMED:**

Address:

City, State Zip:

County:

**STAFF CREDENTIALS AND TRAINING**

Vendor must provide the following information for any staff member who will be delivering direct services to Offenders. **Resumes will not be accepted.** If you have staff hired at the time of RFP submission, this form must be completed and submitted for each staff person delivering services. If you do not have staff hired at the time of RFP submission, this form must be completed and returned as soon as available but no later than 60 days from date of award notification.

If needed, additional sheets may be added. **Vendor must include any negative or adverse actions cited on any staff licensure.** Vendor shall respond on this form

RFP Number: 19-RFP-014315-JJXVendor:

**Substance Abuse Staff**

|  |  |
| --- | --- |
| Name:       | Dates of Employment with Vendor:       |
| Academic background and any related licensure:       |
| Total years of experience working with Offender population administering SA:       |
| Credentials, if applicable (i.e. certificate, licensure certification number, etc). **Copies of credentials must be attached to this form:**  |

|  |  |
| --- | --- |
| Name:       | Dates of Employment with Vendor:       |
| Academic background and any related licensure:       |
| Total years of experience working with Offender population administering SA:       |
| Credentials, if applicable (i.e. certificate, licensure certification number, etc). **Copies of credentials must be attached to this form:**  |

|  |  |
| --- | --- |
| Name:       | Dates of Employment with Vendor:       |
| Academic background and any related licensure:       |
| Total years of experience working with Offender population administering SA:       |
| Credentials, if applicable (i.e. certificate, licensure certification number, etc). **Copies of credentials must be attached to this form:**  |

|  |  |
| --- | --- |
| Name:       | Dates of Employment with Vendor:       |
| Academic background and any related licensure:       |
| Total years of experience working with Offender population administering SA:       |
| Credentials, if applicable (i.e. certificate, licensure certification number, etc). **Copies of credentials must be attached to this form:**  |