AGREEMENT FOR
CRIME VICTIM TRAUMA COUNSELING SERVICES
City of Glendale Solicitation No. RFP 19-11

This Agreement for Crime Victim Trauma Counseling Services ("Agreement") is effective and entered into between CITY OF GLENDALE, an Arizona municipal corporation ("City"), and Lifeline Professional Counseling Services, an Arizona corporation, authorized to do business in Arizona, (the "Contractor"), as of the _____ day of ____________, 2019.

RECITALS

A. City intends to undertake a project for the benefit of the public and with public funds that is more fully set forth in Exhibit A, pursuant to Solicitation No. RFP 19-11 (the "Project");
B. City desires to retain the services of Contractor to perform those specific duties and produce the specific work as set forth in the Project attached hereto;
C. City and Contractor desire to memorialize their agreement with this document.

AGREEMENT

In consideration of the Recitals, which are confirmed as true and correct and incorporated by this reference, the mutual promises and covenants contained in this Agreement, and other good and valuable consideration, City and Contractor agree as follows:

1. Key Personnel; Sub-contractors.
   1.1 Services. Contractor will provide all services necessary to assure the Project is completed timely and efficiently consistent with Project requirements, including, but not limited to, working in close interaction and interfacing with City and its designated employees, and working closely with others, including other contractors or consultants, retained by City.
   1.2 Project Team.
      a. Project Manager.
         (1) Contractor will designate an employee as Project Manager with sufficient training, knowledge, and experience to, in the City's option, complete the Project and handle all aspects of the Project such that the work produced by Contractor is consistent with applicable standards as detailed in this Agreement;
         (2) The City must approve the designated Project Manager; and
         (3) To assure the Project schedule is met, Project Manager may be required to devote no less than a specific amount of time as set out in Exhibit A.
      b. Project Team.
         (1) The Project Manager and all other employees assigned to the project by Contractor will comprise the "Project Team."
         (2) Project Manager will have responsibility for and will supervise all other employees assigned to the Project by Contractor.
      c. Discharge, Reassign, Replacement.
         (1) Contractor acknowledges the Project Team is comprised of the same persons and roles for each as may have been identified in the response to the Project's solicitation.
(2) Contractor will not discharge, reassign or replace or diminish the responsibilities of any of the employees assigned to the Project who have been approved by City without City's prior written consent unless that person leaves the employment of Contractor, in which event the substitute must first be approved in writing by City.

(3) Contractor will change any of the members of the Project Team at the City's request if an employee's performance does not equal or exceed the level of competence that the City may reasonably expect of a person performing those duties or if the acts or omissions of that person are detrimental to the development of the Project.

d. Sub-contractors.

(1) Contractor may engage specific technical contractor (each a "Sub-contractor") to furnish certain service functions.

(2) Contractor will remain fully responsible for Sub-contractor's services.

(3) Sub-contractors must be approved by the City, unless the Sub-contractor was previously mentioned in the response to the solicitation.

(4) Contractor shall certify by letter that contracts with Sub-contractors have been executed incorporating requirements and standards as set forth in this Agreement.

2. Schedule. The services will be undertaken in a manner that ensures the Project is completed timely and efficiently in accordance with the Project.


3.1 Standard. Contractor must perform services in accordance with the standards of due diligence, care, and quality prevailing among contractors having substantial experience with the successful furnishing of services for projects that are equivalent in size, scope, quality, and other criteria under the Project and identified in this Agreement.

3.2 Licensing. Contractor warrants that:

a. Contractor and Sub-contractors will hold all appropriate and required licenses, registrations and other approvals necessary for the lawful furnishing of services ("Approvals"); and

b. Neither Contractor nor any Sub-contractor has been debarred or otherwise legally excluded from contracting with any federal, state, or local governmental entity ("Debarment").

(1) City is under no obligation to ascertain or confirm the existence or issuance of any Approvals or Debarment or to examine Contractor's contracting ability.

(2) Contractor must notify City immediately if any Approvals or Debarment changes during the Agreement's duration and the failure of the Contractor to notify City as required will constitute a material default under the Agreement.

3.3 Compliance. Services will be furnished in compliance with applicable federal, state, county and local statutes, rules, regulations, ordinances, building codes, life safety codes, and other standards and criteria designated by City.

Contractor must not discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, gender identity or expression, genetic characteristics, familial status, U.S. military veteran status or any disability. Contractor will require any Sub-contractor to be bound to the same requirements as stated within this section. Contractor, and on behalf of any subcontractors, warrants compliance with this section.
3.4 Coordination; Interaction.
   a. For projects that the City believes requires the coordination of various professional services, Contractor will work in close consultation with City to proactively interact with any other professionals retained by City on the Project ("Coordinating Project Professionals").
   
   b. Subject to any limitations expressly stated in the Project Budget, Contractor will meet to review the Project, Schedule, Project Budget, and in-progress work with Coordinating Project Professionals and City as often and for durations as City reasonably considers necessary in order to ensure the timely work delivery and Project completion.
   
   c. For projects not involving Coordinating Project Professionals, Contractor will proactively interact with any other contractors when directed by City to obtain or disseminate timely information for the proper execution of the Project.

3.5 Work Product.
   a. Ownership. Upon receipt of payment for services furnished, Contractor grants to City, and will cause its Sub-contractors to grant to the City, the exclusive ownership of and all copyrights, if any, to evaluations, reports, drawings, specifications, project manuals, surveys, estimates, reviews, minutes, all "architectural work" as defined in the United States Copyright Act, 17 U.S.C. § 101, et seq., and other intellectual work product as may be applicable ("Work Product").
      
      (1) This grant is effective whether the Work Product is on paper (e.g., a "hard copy"), in electronic format, or in some other form.
      
      (2) Contractor warrants, and agrees to indemnify, hold harmless and defend City for, from and against any claim that any Work Product infringes on third-party proprietary interests.
   
   b. Delivery. Contractor will deliver to City copies of the preliminary and completed Work Product promptly as they are prepared.
   
   c. City Use.
      
      (1) City may reuse the Work Product at its sole discretion.
      
      (2) In the event the Work Product is used for another project without further consultations with Contractor, the City agrees to indemnify and hold Contractor harmless from any claim arising out of the Work Product.
      
      (3) In such case, City shall also remove any seal and title block from the Work Product.

4. Compensation for the Project.

4.1 Compensation. Contractor's compensation for the Project, including those furnished by its Sub-contractors will not exceed $500,000 over the entire term of the Agreement, as specifically detailed in Exhibit B (the "Compensation").

4.2 Change in Scope of Project. The Compensation may be equitably adjusted if the originally contemplated scope of services as outlined in the Project is significantly modified.
   
   a. Adjustments to the Compensation require a written amendment to this Agreement and may require City Council approval.
   
   b. Additional services which are outside the scope of the Project contained in this Agreement may not be performed by the Contractor without prior written authorization from the City.
   
   c. Notwithstanding the incorporation of the Exhibits to this Agreement by reference, should any conflict arise between the provisions of this Agreement and the provisions found in
the Exhibits and accompanying attachments, the provisions of this Agreement shall take priority and govern the conduct of the parties.

5. **Billings and Payment.**

5.1 **Applications.**

a. Contractor will submit monthly invoices (each, a "Payment Application") to City's Project Manager and City will remit payments based upon the Payment Application as stated below.

b. The period covered by each Payment Application will be one calendar month ending on the last day of the month or as specified in the solicitation.

5.2 **Payment.**

a. After a full and complete Payment Application is received, City will process and remit payment within 30 days.

b. Payment may be subject to or conditioned upon City's receipt of:

   (1) Completed work generated by Contractor and its Sub-contractors; and
   (2) Unconditional waivers and releases on final payment from Sub-contractors as City may reasonably request to assure the Project will be free of claims arising from required performances under this Agreement.

5.3 **Review and Withholding.** City's Project Manager will timely review and certify Payment Applications.

a. If the Payment Application is rejected, the Project Manager will issue a written listing of the items not approved for payment.

b. City may withhold an amount sufficient to pay expenses that City reasonably expects to incur in correcting the deficiency or deficiencies rejected for payment.

6. **Termination.**

6.1 **For Convenience.** City may terminate this Agreement for convenience, without cause, by delivering a written termination notice stating the Effective Termination date, which may not be less than 30 days following the date of delivery.

a. Contractor will be equitably compensated for Goods or Services furnished prior to receipt of the termination notice and for reasonable costs incurred.

b. Contractor will also be similarly compensated for any approved effort expended and approved costs incurred that are directly associated with project closeout and delivery of the required items to the City.

6.2 **For Cause.** City may terminate this Agreement for cause if Contractor fails to cure any breach of this Agreement within seven days after receipt of written notice specifying the breach.

a. Contractor will not be entitled to further payment until after City has determined its damages. If City's damages resulting from the breach, as determined by City, are less than the equitable amount due but not paid Contractor for Service and Repair furnished, City will pay the amount due to Contractor, less City's damages, in accordance with the provision of § 5.

b. If City's direct damages exceed amounts otherwise due to Contractor, Contractor must pay the difference to City immediately upon demand; however, Contractor will not be subject to consequential damages of more than $1,000,000 or the amount of this Agreement, whichever is greater.
7. **Conflict.** Contractor acknowledges this Agreement is subject to A.R.S. § 38-511, which allows for cancellation of this Agreement in the event any person who is significantly involved in initiating, negotiating, securing, drafting, or creating the Agreement on City's behalf is also an employee, agent, or consultant of any other party to this Agreement.

8. **Insurance.** For the duration of the term of this Agreement, Consultant shall procure and maintain insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of all tasks or work necessary to complete the Project as herein defined. Such insurance shall cover Consultant, its agent(s), representative(s), employee(s) and any subcontractors.

8.1 **Minimum Scope and Limit of Insurance.** Coverage must be at least as broad as:

a. Commercial General Liability (CGL): Insurance Services Office Form CG 00 01, including products and completed operations, with limits of no less than $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

b. Automobile Liability: Insurance Services Office Form Number CA 0001 covering Code 1 (any auto), with limits no less than $1,000,000 per accident for bodily injury and property damage.

c. Professional Liability. Consultant must maintain a Professional Liability insurance covering errors and omissions arising out of the work or services performed by Consultant, or anyone employed by Consultant, or anyone for whose acts, mistakes, errors and omissions Consultant is legally liable, with a liability insurance limit of $2,000,000 for each claim and a $4,000,000 annual aggregate limit.

d. Worker’s Compensation: Insurance as required by the State of Arizona, with Statutory Limits, and Employers’ Liability insurance with a limit of no less than $1,000,000 per accident for bodily injury or disease.

8.2 **Indemnification.**

a. To the fullest extent permitted by law, Consultant must defend, indemnify, and hold harmless City and its elected officials, officers, employees and agents (each, an "Indemnified Party," collectively, the "Indemnified Parties") for, from, and against any and all claims, demands, actions, damages, judgments, settlements, personal injury (including sickness, disease, death, and bodily harm), property damage (including loss of use), infringement, governmental action and all other losses and expenses, including attorneys' fees and litigation expenses (each, a "Demand or Expense" collectively "Demands or Expenses") asserted by a third-party (i.e. a person or entity other than City or Consultant) and that arises out of or results from the breach of this Agreement by the Consultant or the Consultant’s negligent actions, errors or omissions (including any Subconsultant or Subcontractor or other person or firm employed by Consultant), whether sustained before or after completion of the Project.

b. This indemnity and hold harmless provision applies even if a Demand or Expense is in part due to the Indemnified Party’s negligence or breach of a responsibility under this Agreement, but in that event, Consultant will be liable only to the extent the Demand or Expense results from the negligence or breach of a responsibility of Consultant or of any person or entity for whom Consultant is responsible.

c. Consultant is not required to indemnify any Indemnified Parties for, from, or against any Demand or Expense resulting from the Indemnified Party's sole negligence or other fault solely attributable to the Indemnified Party.

8.3 **Other Insurance Provisions.** The insurance policies required by the Section above must contain, or be endorsed to contain the following insurance provisions:
a. The City, its officers, officials, employees and volunteers are to be covered as additional insureds of the CGL and automobile policies for any liability arising from or in connection with the performance of all tasks or work necessary to complete the Project as herein defined. Such liability may arise, but is not limited to, liability for materials, parts or equipment furnished in connection with any tasks, or work performed by Consultant or on its behalf and for liability arising from automobiles owned, leased, hired or borrowed on behalf of the Consultant. General liability coverage can be provided in the form of an endorsement to the Consultant’s existing insurance policies, provided such endorsement is at least as broad as ISO Form CG 20 10, 11 85 or both CG 20 10 and CG 23 37, if later revisions are used.

b. For any claims related to this Project, the Consultant’s insurance coverage shall be primary insurance with respect to the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees or volunteers shall be in excess of the Consultant’s insurance and shall not contribute with it.

c. Each insurance policy required by this Section shall provide that coverage shall not be canceled, except after providing notice to the City.

8.4 Acceptability of Insurers. Insurance is to be placed with insurers with a current A.M. Best rating of no less than A: VII, unless the Consultant has obtained prior approval from the City stating that a non-conforming insurer is acceptable to the City.

8.5 Waiver of Subrogation. Consultant hereby agrees to waive its rights of subrogation which any insurer may acquire from Consultant by virtue of the payment of any loss. Consultant agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers’ Compensation Policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Consultant, its employees, agent(s) and subcontractor(s).

8.6 Verification of Coverage. Within 15 days of the Effective Date of this Agreement, Consultant shall furnish the City with original certificates and amendatory endorsements, or copies of any applicable insurance language making the coverage required by this Agreement effective. All certificates and endorsements must be received and approved by the City before work commences. Failure to obtain, submit or secure the City’s approval of the required insurance policies, certificates or endorsements prior to the City’s agreement that work may commence shall not waive the Consultant’s obligations to obtain and verify insurance coverage as otherwise provided in this Section. The City reserves the right to require complete, certified copies of all required insurance policies, including any endorsements or amendments, required by this Agreement at any time during the Term stated herein.

Consultant’s failure to obtain, submit or secure the City’s approval of the required insurance policies, certificates or endorsements shall not be considered a Force Majeure or defense for any failure by the Consultant to comply with the terms and conditions of the Agreement, including any schedule for performance or completion of the Project.

8.7 Subcontractors. Consultant shall require and shall verify that all subcontractors maintain insurance meeting all requirements of this Agreement.

8.8 Special Risk or Circumstances. The City reserves the right to modify these insurance requirements, including any limits of coverage, based on the nature of the risk, prior experience, insurer, coverage or other circumstances unique to the Consultant, the Project or the insurer.

9. E-verify, Records and Audits. To the extent applicable under A.R.S. § 41-4401, the Contractor warrant their compliance and that of its subcontractors with all federal immigration laws and regulations that relate to their employees and compliance with the E-verify requirements under A.R.S. § 23-214(A). The Contractor or subcontractor’s breach of this warranty shall be deemed a material breach of the Agreement and may result in the termination of the Agreement by the City under the terms of this Agreement. The City retains the legal right to randomly inspect the papers and records of the other party to ensure that the other
party is complying with the above-mentioned warranty. The Contractor and subcontractor warrant to keep their respective papers and records open for random inspection during normal business hours by the other party. The parties shall cooperate with the City’s random inspections, including granting the inspecting party entry rights onto their respective properties to perform the random inspections and waiving their respective rights to keep such papers and records confidential.

10. **No Boycott of Israel.** The Parties agree that they are not currently engaged in, and agree that for the duration of the Agreement they will not engage in, a boycott of Israel, as that term is defined in A.R.S. §35-393.

11. **Attestation of PCI Compliance.** When applicable, the Contractor will provide the City annually with a Payment Card Industry Data Security Standard (PCI DSS) attestation of compliance certificate signed by an officer of Contractor with oversight responsibility.

12. **Notices.**

12.1 A notice, request or other communication that is required or permitted under this Agreement (each a "Notice") will be effective only if:

a. The Notice is in writing; and

b. Delivered in person or by overnight courier service (delivery charges prepaid), certified or registered mail (return receipt requested); and

c. Notice will be deemed to have been delivered to the person to whom it is addressed as of the date of receipt, if:

   (1) Received on a business day, or before 5:00 p.m., at the address for Notices identified for the Party in this Agreement by U.S. Mail, hand delivery, or overnight courier service on or before 5:00 p.m.; or

   (2) As of the next business day after receipt, if received after 5:00 p.m.

d. The burden of proof of the place and time of delivery is upon the Party giving the Notice; and

e. Digitalized signatures and copies of signatures will have the same effect as original signatures.

12.2 **Representatives.**

a. **Contractor.** Contractor's representative (the "Contractor's Representative") authorized to act on Contractor's behalf with respect to the Project, and his or her address for Notice delivery is:

   Lifeline Professional Counseling Services  
c/o John DeLorenzo, CFO  
17235 N 75th Avenue, Suite F-100  
Glendale, AZ  85308  
Tel: 480-641-1165  
Email: roxanne@lifelinepcs.com

b. **City.** City's representative ("City's Representative") authorized to act on City's behalf, and his or her address for Notice delivery is:

   City of Glendale  
c/o Melissa Thomas  
Glendale Family Advocacy Center  
6830 N 57th Drive  
Glendale, Arizona  85301  
623-930-3724
With required copy to:

City Manager  
City of Glendale  
5850 West Glendale Avenue  
Glendale, Arizona 85301

City Attorney  
City of Glendale  
5850 West Glendale Avenue  
Glendale, Arizona 85301

c. Concurrent Notices.

(1) All notices to City's representative must be given concurrently to City Manager and City Attorney.

(2) A notice will not be deemed to have been received by City's representative until the time that it has also been received by City Manager and City Attorney.

(3) City may appoint one or more designees for the purpose of receiving notice by delivery of a written notice to Contractor identifying the designee(s) and their respective addresses for notices.

d. Changes. Contractor or City may change its representative or information on Notice, by giving Notice of the change in accordance with this section at least ten days prior to the change.

13. Financing Assignment. City may assign this Agreement to any City-affiliated entity, including a non-profit corporation or other entity whose primary purpose is to own or manage the Project.

14. Entire Agreement; Survival; Counterparts; Signatures.

14.1 Integration. This Agreement contains, except as stated below, the entire agreement between City and Contractor and supersedes all prior conversations and negotiations between the parties regarding the Project or this Agreement.

a. Neither Party has made any representations, warranties or agreements as to any matters concerning the Agreement's subject matter.

b. Representations, statements, conditions, or warranties not contained in this Agreement will not be binding on the parties.

c. The solicitation, any addendums and the response submitted by the Contractor are incorporated into this Agreement as if attached hereto. Any Contractor response modifies the original solicitation as stated. Inconsistencies between the solicitation, any addendums and the response or any excerpts attached as Exhibit A and this Agreement will be resolved by the terms and conditions stated in this Agreement.

14.2 Interpretation.

a. The parties fairly negotiated the Agreement's provisions to the extent they believed necessary and with the legal representation they deemed appropriate.

b. The parties are of equal bargaining position and this Agreement must be construed equally between the parties without consideration of which of the parties may have drafted this Agreement.

c. The Agreement will be interpreted in accordance with the laws of the State of Arizona.

14.3 Survival. Except as specifically provided otherwise in this Agreement, each warranty, representation, indemnification and hold harmless provision, insurance requirement, and every other right, remedy and responsibility of a Party, will survive completion of the Project, or the earlier termination of this Agreement.
14.4 Amendment. No amendment to this Agreement will be binding unless in writing and executed by the parties. Any amendment may be subject to City Council approval. Electronic signature blocks do not constitute execution.

14.5 Remedies. All rights and remedies provided in this Agreement are cumulative and the exercise of any one or more right or remedy will not affect any other rights or remedies under this Agreement or applicable law.

14.6 Severability. If any provision of this Agreement is voided or found unenforceable, that determination will not affect the validity of the other provisions, and the voided or unenforceable provision will be deemed reformed to conform to applicable law.

14.7 Counterparts. This Agreement may be executed in counterparts, and all counterparts will together comprise one instrument.

15. Term. The term of this Agreement commences upon the effective date and continues for a one (1)-year initial period. The City may, at its option and with the approval of the Contractor, extend the term of this Agreement an additional four (4) years, renewable on an annual basis. Contractor will be notified in writing by the City of its intent to extend the Agreement period at least thirty (30) calendar days prior to the expiration of the original or any renewal Agreement period. Price adjustments will only be reviewed during the Agreement renewal period and any such price adjustment will be a determining factor for any renewal. There are no automatic renewals of this Agreement.

16. Dispute Resolution. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered according to the American Arbitration Association’s Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

17. Exhibits. The following exhibits, with reference to the term in which they are first referenced, are incorporated by this reference.

Exhibit A Project
Exhibit B Compensation

(Signatures appear on the following page.)
The parties enter into this Agreement as of the Effective Date shown above.

City of Glendale,
an Arizona municipal corporation

By: Kevin R. Phelps
Its: City Manager

ATTEST:

Julie K. Bower
City Clerk (SEAL)

APPROVED AS TO FORM:

Michael D. Bailey
City Attorney

Lifeline Professional Counseling Services,
an Arizona corporation

By: John Delorenzo
Its: CFO
EXHIBIT A
CRIME VICTIM TRAUMA COUNSELING SERVICES
PROJECT

Lifeline Professional Counseling Services shall provide crime victim trauma counseling services for the Glendale Family Advocacy Center on an “as needed” basis in accordance with RFP 19-11 scope of work.

The Contractor or all individuals providing Trauma Counseling Services to Glendale Crime Victims must:
- Have a MASTERS degree (or higher) in Counseling, Psychology, Sociology, or Social Work
- Currently licensed with the Arizona Board of Behavioral Health
- Have specialized experience working with children, adult, and families experiencing trauma
- Clinicians must maintain appropriate clinical supervision as dictated by their professional licenses

The Contractor or individual must show proof of the following documentation:
- Individual or agency malpractice insurance
- Copy of the treating clinicians license through the Arizona Board of Behavioral Health
- Copy of any specialized certificates in trauma specific modalities or advanced training

The Contractor or individual must be willing to:
- Prioritize referrals for victims of crime, with a target goal of having them seen by a clinician within 7 business days of referral
- Collect federal statistical data (demographic) on all referred clients
- Provide a monthly report documenting the amount of counseling services provided and a report on overall progress of the client
- Agree to reimbursement in the amount of $81.25/clinical hour for individual (1:1) counseling services
- Provide a monthly billing statement for reimbursement of services provided
- Clinician and/or agency representative must agree to meet on a quarterly basis for quality assurance review
EXHIBIT B
CRIME VICTIM TRAUMA COUNSELING SERVICES
COMPENSATION

METHOD AND AMOUNT OF COMPENSATION
Payment shall be as per Section 5 of the Agreement and the attached Contractor’s response to RFP 19-11.

NOT-TO-EXCEED AMOUNT
The total amount of compensation paid to Contractor for full completion of all work required by the Project during the entire term of the Project must not exceed $500,000.

DETAILED PROJECT COMPENSATION
See attached Contractor’s response to RFP 19-11.
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Offerors to complete this Response Workbook and submit as their response to this RFP.

COVER SHEET

OFFEROR NAME: LifeLine Professional Counseling Services INC
OFFEROR ADDRESS: 17235 N. 75th Ave, Suite F-100, Glendale, AZ 85308
OFFER SHEET
(Must be printed, signed and returned)
Offeror certifies that they have read, understand, and will fully and faithfully comply with this solicitation, its attachments and any referenced documents. Offeror also certifies that the prices offered were independently developed without consultation with any of the other Offerors or potential Offerors.

Authorized Signature
John D. Lorenzo

Date
9/8/2018

Printed Name (Authorized Signatory)
Legal Company Name
CFO
Lifeline Professional Counseling

Job Title
Offeror Certifies it is a (check only one):
Roxanne@lifelinepcs.com
Providorship [X] Partnership [ ] Corporation

Email Address

City, State & Zip Code
(480) 641-1165
17235 N 75th Ave
85308

Mailing Address

Questions regarding this offer should be directed to (if different from above):
Glendale, AZ 85308

Dr. Roxanne Dalpos 480 641-1165 Roxanne@lifelinepcs.com

Contact Name
Phone Number
Email Address

FEDERAL TAXPAYER ID NUMBER (Required):
57-1203051

OFFEROR IS A MINORITY OR WOMEN OWNED BUSINESS: [X] Yes [ ] No

DO YOU HAVE AN ARIZONA TRANSACTION PRIVILEGE TAX (TPT) LICENSE?

[X] Yes, Number ______ Tax Rate: ______ OR [ ] No, not required to have an Arizona TPT License

CONFLICT OF INTEREST (SPECIAL NOTICES):

[ ] No, I do not have a conflict of interest

[ ] Yes, I have a conflict of interest and response includes the disclosure required (see Exhibit 1, Item 3)

ACKNOWLEDGEMENTS:
By signing this Offer Sheet and submitting the accompanying solicitation response, Offeror is certifying that they have read, understand, and agree to comply with all required terms and conditions provided in the EXHIBITS PACKAGE and checked off below. Failure to provide this acknowledgement will result in disqualification.

[ ] Exhibit 1—Special Notices [ ] Exhibit 2—RFP Standard Terms and Conditions
[ ] Exhibit 3—Insurance Requirements [ ] Exhibit 4—Template Agreement [ ] Pricing Workbook
LIFELINE PROFESSIONAL COUNSELING SERVICES

History

Lifeline has successfully remediated the ill effects of trauma, grief, victimization, and negative life experiences since 2004. In 2012 Lifeline became licensed as an outpatient treatment facility with the AZ Department of Health Services. With this came new opportunities to help more people in the community. Lifeline has expanded to several locations and the Glendale location opened in 2016. Lifeline is certified and contracted with Medicaid (AHCCCS) and as of October 1, 2018 will have all the AHCCS behavioral health contracts in effect. Lifeline has provided services for Maricopa County Victims Compensation referrals as well as out of state victims compensation referrals (Utah, New Hampshire, California). In addition, we work with DCS referrals many of which are victims of domestic abuse, sexual trauma, and traumatic memories negatively influencing functioning in the present. Furthermore, trauma and traumatic memories are a core component of the services provided by Lifeline.

We understand that trauma plays havoc on our central nervous system and can cause high levels of anxiety, depressions, problems with relationships, low levels of hope, and some acting out through criminal and/or addictive behaviors. We work with our clients on their specific needs and use grounded approaches in Trauma Focused CBT, Narrative Therapies and other experiential approaches, Schema, ACT, DBT, and EMDR to help process the trauma and move into a fulfilling life.
Mission -

Our mission is to provide quality interventions for all clients for whom we provide service. Furthermore, Lifeline understands the importance of our relationships with our community partners and adheres to very strict guidelines for fulfilling the expectations of those relationships. Lifeline PCS has been licensed with Arizona Department of Health Services since 2012. Our agency provides Trauma Informed services for Victims of criminal activities such as assault, robbery, sexual abuse, domestic violence, date rape, sexual orientation attacks, child abuse. In addition to current victimization of clients, we address needs surrounding traumatic memories from prior acts of others such as adult survivors of child abuse, neglect, bullying, and sexual trauma.
Lifeline has been providing trauma focused therapy since formation in 2004. When the facilities became licensed by the AZ Department of Health Services, our reach expanded because of the inclusion of multiple types of service permissible as an outpatient treatment facility. Core team members have 3-15 years of experience providing services to victims of traumatic events. Each team member shares our vision to instill hope and empower people to be the best version of themselves. For this reason, we provide community members trauma informed culturally competent care. All the programs used by Lifeline are evidence based such as EMDR and various CBT models and extensions: trauma focused CBT, Schema Therapy, Mindfulness/DBT as well as the protocol for narrative therapy utilized in the training of Clinically Certified Trauma Professionals by the IATF. In addition, we have several providers who are trained in the specific needs of those on the autism spectrum and the LGBTQX community.

Lifeline provides services in various formats depending on a clinically sound evaluation of the client’s needs. A thorough evaluation is done with every client upon referral. Each client is given a plan with recommended services prior to leaving the initial evaluation. Within 30 days a formal treatment plan is formulated with the client and becomes a part of the client record. Services in the initial recommendations and the formal plan can include individual sessions, group sessions, family sessions, and/or any combination. Group sessions can include the gender specific processing group along with other needs such as Mindfulness/DBT, CBT, Anger Management, Substance Abuse based on the client’s needs. All services are provided by clinicians who have the skills, training, and experience to provide the service.
In addition, Lifeline uses a robust electronic health records (EHR) and Practice Management (PM) system. This system allows us to communicate through a patient portal with the client and any other authorized party such as case workers involved in the client’s case. This system provides compliance tracking to assure that all services and documentation are adhered to and any necessary reports are generated. The reports can provide any party interested a wide range of potential breakdowns including gender/gender identification, race, ethnicity, age, and most any demographic need.
Experience

Since its inception, Lifeline has worked with Maricopa County Victims Compensation and received referrals from out of state victim's compensation. For the past two years, Lifeline contracted with the Department of Child Safety to provide services to a large constituent of community members who are victims of abuse, trauma, and crime. We have clients referred from many justice courts throughout Maricopa and Pinal Counties. A large subset of our consumer base is comprised of self-referred clients experiencing PTSD. Lifeline is contracted with the Pinal County Supreme Court and AHCCCS. Our extensive experience allows us to implement trauma informed practice within a wide range of presenting issues. Trauma work is used to aid families with a history of abuse, neglect, substances, and/or domestic violence, and rebuild the family bond. We utilize trauma informed practice to assist children and families referred for court appointed therapeutic intervention.

Dr. DalPos is the clinical director. She is trained in EMDR and is a Clinically Certified Trauma Professional. She is a Certified Forensic Counselor, fully experienced within legal aspects of counseling cases. Throughout her extensive career, she amassed a large sum of experience working with victims and offenders of crimes. This wealth of experience has been woven into a program for victims of crime that is holistic and effective. Dr. DalPos has 12 years' experience providing Substance Abuse, and Mental Health/Behavioral Health services in addition to 15 years' experience in upper strata business leadership roles. Dr. DalPos has a team of quality professionals who assist her with training, supervision, and oversight for all (5) of our locations.
Many members of the leadership team have extensive experience both with Lifeline as well as other facilities providing the types of service identified in this contract. The leadership of Dr. DalPos and her team assures Stakeholders that Lifeline PCS will provide quality and informed interventions, programs, case management and communication with all involved parties.

Along with the standard of excellence set by Dr. Dalpos, Lifeline is supported by a clinical leadership team comprised of Mr. Kristopher Schlepp LPC, Mr. James Heiskell LAC, Ms. Courtney Bassett LAC, Ms. Patricia Gillespie LISAC and Ms. Francesca Mirizio LAMFT. Each of these leaders bring specialized training and experience working with trauma resolution therapy. Several members of the quickly expanding Lifeline treatment team, hold certification as clinical trauma professionals adding to our collective experience and expertise. Evidence based trauma informed practice is a required content area and fundamental focus within master’s level degree programs. Our counselors present within master’s degree programs provide an additional layer of fresh education and training within trauma. Included and attached to this submission is a key personnel summary and a spreadsheet of relevant staff qualifications.
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Expertise

Lifeline provides culturally appropriate services to all clients. We do this through maintaining mandatory cultural awareness trainings offered through Relias, Pesi, and in-house. Our staff provides a unique blend of culture which aids in the delivery and training. On our team we have members of the various racial and ethnic communities including African-American, Native American, Hispanic American, LGBTQ, and South Pacific Islander. In addition, we have diverse religious and non-religious team members and team members with diverse religious delivery service experience who span the range of understanding to all religious subsets.
Abilities

Lifeline is an ideal partner with the City of Glendale to provide services under this contract. There are no areas where our organization is lacking expertise or administrative ability to implement the program. We currently serve as a trauma informed treatment facility for other agency contracts and affiliations. There have been no complaints that resulted in a substantiated finding by a licensing organization or court. There have been no contract terminations. Treatment outcomes are measured and supported by qualitative and quantitative evaluation metrics used to help consumers mitigate deleterious influence of trauma and achieve treatment goals. This data is used to spur ongoing program improvements.

For clients who do not speak English or are hearing impaired, we have Spanish speaking therapists and interpreters, who can be secured with an extra cost. Those with physical disabilities can be assured that our facility is ADA compliant. If the individual experiences degrees of cognitive disability which inhibit the effective participation in group, then the client will be set up for success, by providing individual sessions in an environment conducive to their learning abilities. In addition, we have HIPPA compliant teletherapy that can be used to provide services for those who may be homebound (all in compliance with state law and licensing).
Primary Population

Lifeline provides a wide range of services and the populations served are a full range of substance abuse and mental health members of society. While we serve all ages, the majority of our client population is between 12 and 60. Our racial and ethnic division is reasonably representative of the general demographics of Maricopa County with Caucasians making up the majority of clients (59%), Hispanics a large portion (30%), African Americans next (7%) and then Native Americans (2%). We have some East Asian and Middle Eastern clients (1%) and other (1%).
City/ County/ Area

This contract is identified as serving a need in Glendale, AZ. As such, we have a facility in Glendale, AZ: Maricopa County. Our office located 17235 N 75th Ave F100 Glendale, AZ is within Glendale catchment. This location is active and prepared to serve clients under this contract. If a consumer needs a different location for any reason, one of our other locations is likely to be convenient. Our current alternative offices addresses are: Chandler: 335 N Alma School Rd Suite E, Chandler, AZ 85224, Downtown: 45 E Monterey Way #100, Phoenix, AZ 85012, N. Phoenix/Scottsdale: 5040 E Shea Blvd #164, Scottsdale, AZ 85254. We are also opening an office in the Avondale/Goodyear area in December 2018. For those currently outside the area or homebound, we provide HIPPA compliant teletherapy options.
Major Funding Source

Private Insurance: We have facility contracts with a number of private insurers. This allows us to provide complete care through all of our providers and their specialties. We work with Blue Cross, Optum/United, Aetna, MHN, Cigna, ACN, Beacon, Magellan, as in network providers and we accept out of network.

DCS: We have two contracts with DCS. One contract serves those in poverty and homelessness providing counseling, guidance, and career services as well as coordinating services within the community.

AHCCCS: We are an approved AHCCCS provider and have had a contract with Cenpatico (now Arizona Complete Care) for over a year. In addition, we have secured the contracts necessary to provide AHCCCS clients with behavioral health services under the new changes that take place October 1, 2018 – University Banner, Care 1st, United, Magellan, Mercy Care.

Federal Probation: We have secured the contract to provide mental health and substance abuse counseling services for those on probation with the Federal Government.
Key Personnel

Qualifications

Several trauma certified counselors will be working with consumers in need. These caring professionals take pride in their specialization, training, and experience working with trauma victims.

Experience

SUMMARY OF KEY STAFF

Roxanne DalPos: Roxanne is the clinical director. She is a certified clinical trauma professional, certified forensic counselor, certified sex offender provider and trained/qualified in Mindfulness/DBT, EMDR, Schema Therapy, and Clinical Supervision. She generally provides training and oversight to the rest of the team of therapists. She assists in appropriate placement of all Lifeline Clients.

 Jerry Brown: Jerry is the programs director. He is trained/certified in domestic violence, Gottman method couples counseling, and The Grief Recovery Method. He provides training and oversight to the rest of the team of therapists.

Kris Schlepp: Kris is a core clinical supervisor who also provides direct service. He is trained/certified in trauma focused CBT, family systems, Domestic Violence, Court-informed treatment, and clinical supervision. He has a strong desire to help people find their inner strength and become the best version of themselves.
James Heiskell: James is a team supervisor who also provides direct service. He is trained/certified in sex offender work, music therapy, Trauma focused CBT, domestic violence, Mindfulness/DBT, and adolescent behavior. He has a passion for using experiential work to help people find peace.

Patti Gillespie: Patti is an organizational trainer and a direct service provider. She is a licensed substance abuse and addiction counselor as well as a certified sex offender provider. She is bilingual English/Spanish. She brings great insight and evidence based practices to our programs for substance abuse and other addictions. She provides oversight for all addiction and substance related programs as well as strong, proven approaches to help individuals and their families trapped in the web of addictive behaviors.

Alexandria Harty: Alex is a team lead and direct service provider. She works with families and individuals of all ages. Her master’s degree was a specialty degree in trauma counseling and she has additional training as a clinical trauma professional. She is also trained in Mindfulness/DBT, Narrative Therapy, and Trauma focused CBT.

Jennifer Szabo: Jennifer is a team lead and direct service provider. She works with families and individuals of all ages. She has training and experience in EMDR, Mindfulness/DBT, and Trauma Resolution including Narrative Therapy and trauma focused CBT. She has a history providing group life skills and anger management in education settings.
Danielle Mitchell: Danielle is a team lead and direct service provider. She is trained in domestic violence resolution, trauma focused CBT, Narrative Therapy, Mindfulness/DBT, and family systems. She has extensive experience working with court related cases. She has a background in social work enabling her to coordinate community resources.

Lola Carrillo: Lola is a team lead and direct service provider. She is bilingual English/Spanish. She is trained and experienced in EMDR, Trauma Focused CBT, Mindfulness/DBT, Domestic Violence, and family systems. She is a proven asset in managing mandated cases.

Brian Clarke: Brian is a team lead as well as a direct service provider. He is trained in EMDR, Trauma focused CBT, Mindfullness/DBT, Family Systems, and domestic violence. He has a strong history in leadership and is able to teach and guide others successfully.

Martha Sanchez: Martha is a direct service provider. She is bilingual English/Spanish. She is trained in anger management, domestic violence, and cognitive restructuring. Martha has a strong history of behavioral health services. In addition, she has previous work experience with the probation department.
Saran Foster: Saran is a direct service provider. She brings a great history having managed five Social Workers and one Community Social Services Assistant to provide program services for children receiving Child Protective Services and Foster Care Services who have been abused, neglected, and/or abandoned. Entrusted with the daily operations of programs that entailed planning short and long range goals for the unit, analyzing client needs, and providing input to upper management to advocate for adult caretakers and children needs as warranted. Responsible for placement arrangements and permanent plans for a child. Assigned cases and approved case plans filed with the court to ensure state compliance. Participated in the interviewing and hiring process. Made sure that services and programs were consistent with statutory requirements, local guidelines, laws, and the use of acceptable social work practices by employing family-centered principles. Facilitated group staffing; conducted weekly staffing and conferences with unit workers.

In addition, she has prior work experience as a crisis counselor providing crisis intervention to sexually abused and battered women in a safe environment; facilitated rape and domestic violence support groups; assisted in client goal planning; devised residential programs; maintained case files and documentation; submitted timely reports, participated in client staffing; and participated in community forums on domestic violence.

Jennifer Yorgensen: Jennifer is trained in working with people on the autism spectrum. This provides value in treating those with legal cases and meet the criteria for being on the spectrum and
needed individual treatment. In addition, she is trained in domestic violence, trauma focused CBT and Mindfulness/DBT.

Cassandra Simpson: Cassandra is a direct service provider. She is trained in trauma focused CBT, Domestic violence, Mindfulness/DBT and Narrative Therapy. She has extensive experience working with the courts and court mandated cases.

Mariana Solorzano: Mariana is a direct service provider. She provides therapy sessions in English and Spanish. She is trained in domestic violence, Trauma Focused CBT, Narrative Therapy, and Mindfulness/DBT. She is a certified trauma professional.

Diana Rosen: Diana is bilingual (English/Spanish). She is a team lead and therapist. She is trained in domestic violence, Trauma Focused CBT, and Mindfulness/DBT. She works with all age ranges and issues. She facilitates groups as well as individual and family counseling. She has experience in developing community resources through her 5 years experience working with unaccompanied refugee children.

Brian Sillanpaa: Brian is a team lead and therapist. He is bilingual English/Spanish. He is trained in EMDR, Trauma Focused CBT, Domestic Violence Resolution. He is also certified in the Gottman Method for working with couples.
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Theresa Menzies: Theresa is a team lead and direct service provider. She is a Clinically Certified Trauma Professional and trained in EMDR. She provides both trauma focused CBT and EMDR with trauma clients.

Jill Slocum: Jill is our teletherapy provider. She is a clinically certified trauma professional. In addition, she has several years' experience working with children and teens who were victims of trauma. She has been a key team member in integrative services for family court cases working with the children who victims of abuse, neglect, substances, and domestic violence homes. She uses trauma focused CBT, mindfulness/DBT, and narrative therapy to assist those victimized by others.
Capacity for High Quality of Service

Lifeline will comply with all guidelines provided to us by the city of Glendale. Our diverse scope of practice allows consumers to receive comprehensive treatment. Consumers gain benefit from over 40 multicultural counselors, representing Native American, African American, Hispanic, Caucasian, bilingual, faith, and non-faith demographics. Additionally, our team of professionals includes those with an education, background, and experience in social work. Our care coordination department specializes in locating community resources for individuals suffering ill effects of trauma. Lifeline’s foundation of excellence is seen within exceptional program delivery, growth and development of counselors, contract compliance, consumer satisfaction, and strength of approach. We take our role as a gatekeeper for the profession seriously. The Lifeline PCS Leadership team has been involved in the production of our bid and fully understands and agrees to the requirements set forth for this bid. We jointly concur that we are capable and qualified to provide services and will do so with the experience and success we have gained in all our programs.
What resources do we provide to criminal trauma victims?

**Personal Advocacy and Accompaniment Services, such as:**

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications
- Referral to other victim service programs
- Referral to other services, supports, and resources
- Victim advocacy/accompaniment to emergency medical care or medical forensic exam
- Individual advocacy
- Interpreter services

**Emotional Support and/or Safety Services, such as:**

- Crisis intervention
- Hotline/crisis line counseling
- Individual counseling
- Therapy and/or Support groups
- Victim impact statement assistance
- Restitution Assistance

**Shelter and/or Housing Services, such as:**

- Emergency shelter or safe house
For clients in imminent crisis, we direct them to EMPACT Crisis, Arizona Coalition Against Domestic Violence, ArizonaTeen Crisis, Teen Lifeline, and Alternative Behavior Services. Services related to suicidal ideations or self-harming behaviors requiring inpatient services, we utilize Aurora, Oasis, and Quail Run. These agencies provide assessment, diagnosis, medication services, and helping clients get set up with community counseling services upon discharge with a recommendation of services.
Domestic Violence Resources:

Shelters

**Arizona Coalition Against Domestic Violence**
Address: 2800 N Central Ave, #1570, Phoenix, AZ 85004-1019
Legal Advocacy Hotline: 602-279-2900 or 1-800-782-6400

**Sojourner Center**
Address: 2330 E Fillmore St, Phoenix, AZ 85006-3817
Phone Number: (602) 244-0997

**Violence Free**
Address: 3120 W Carefree Hwy, #1, Phoenix, AZ 85086-3200
Phone Number: (623) 242-8797

**Chrysalis**
Address: 2055 W Northern Ave, Phoenix, AZ 85021-5157
Phone number: (602) 955-9059

**Catholic Charities D.I.G.N.I.T.Y Diversion Program**
Hotline:(602) 258-2785
Phone: (602) 258-2785

**Community Alliance Against Family Abuse**
Hotline:(480) 982-0196 24/7
Phone: (480) 982-0205 Apache Junction, AZ

**Phoenix Dream Center / Where Hope Lives Program**
Hotline: (602) 516-0033
Phone: (602) 346-8701
Hotlines and Websites

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Coalition Against Domestic Violence: 1-303-839-1852 or 1-303-839-1681

National Network to End Domestic Violence: 1-202-543-556

Victim Connect National Hotline for Crime Victims: 1-855-4-VICTIM (1-855-484-2846)

1in6 Online Helpline: A helpline for Male Survivors of Childhood Sexual Abuse and Adult Sexual Assault [24/7, free, anonymous] https://1in6.org/helpline/


Gift from Within http://www.giftfromwithin.org/


Advocacy Centers

City of Phoenix Family Advocacy Center: 602-534-2120

Arizona Coalition to End Sexual & Domestic Violence 602- 542- 1653 or 602- 542- 1892

2120 N. Central Avenue, Suite 250, Phoenix, AZ

Mesa Center Against Family Violence: 480-644-4075

130 N. Robson, Mesa, AZ

Glendale Family Advocacy Center: 623-930-3720

4600 W. Glendale Avenue, Glendale, AZ

Scottsdale Family Advocacy Center: 480-312-6309

10225 E. Via Linda, Scottsdale. AZ

Southwest Family Southwest Family Advocacy Center: 623-333-7900
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**Criminal Justice**

**Arizona Criminal Justice Commission's (ACJC) Crime Victim Services:** 602-364-1147


**Crime Victim Agency**

**Victims of Crime Act (VOCA) Victim Assistance** - DPS VOCA Administration Unit: (602) 223-2000

**ADC Office of Victim Services:** 1-866-787-7233 azvictims@azcorrections.gov

**Community Programs**

**Maricopa County Attorney’s Office-Victim Advocates:** Phone: 602-506-8522

**K-9 Victim Support Program:** Phone: 602-506-8522

**Kids in Court:** Phone: 602-506-8522

**Hospitals**

**Banner Thunderbird Medical Center:** (602) 865-5555

**Arrowhead Hospital:** (623) 572-4542

**Aurora Behavioral Health System:** (877) 870-7012
Inpatient Facilities

Next Generation Village (Dual Diagnosis)
Phone Number: 855-821-0214

Evolve Treatment Center (Dual Diagnosis)
Phone Number: 1-800-665-4769

New Beginnings (Dual Diagnosis)
Phone Number: 888-706-1870

Willow Springs (Dual Diagnosis, DBT program)
Phone Number: 800-448-9454

Sonora Behavioral
Phone Number: (866) 572-3676

Inpatient Facilities (Adult):

Sierra Tucson (Dual Diagnosis)
Phone Number: (877) 959-8896

Remuda Ranch (Eating Disorders) (Also Teens)
Phone Number: 877-740-8502

Rosewood (Eating Disorders)(Also Teens)
Phone Number: 877-740-8502

Sundance(Substance Abuse/Dual Diagnosis)
Phone Number: 888-546-0137
Collaborative efforts

Our care coordination team works closely with the crisis agencies listed above. They navigate needs from intake to discharge. After discharge, we follow up to assure our clients get what they need. Care coordinators provide consumers advocacy and connection to community resources. We coordinate care with any facilities that our clients are working with.

We work in conjunction with The Department of Child Safety and alongside San Marcos, Gilbert, McDowell Mountain, Moon Valley, Dreamy Draw, Desert Ridge, West Mesa, Hasayumpa Justice Courts and Pinal County Superior Courts and Maricopa County Family Court. With the courts we focus on safe communities. We work with offenders to prevent recidivism and work with victims to seek safety, resources, and trauma resolution.

The AZ Coalition has long been the standard in AZ for training DV providers and continues to provide necessary training including culturally relevant services and servicing the LGBTQ+ community. The Special Programs director is trained and provides training and utilization of resources from the AZ Coalition Against Domestic Violence Training and Resources.
References

1. DEPARTMENT OF CHILD SAFETY.

Procurement Manager Francine Whittington
3003 N Central Avenue PHX AZ 85012
Francine. Whittington@azdes.gov
602 255 2867
Dates of Service: Jan 2016- Current
Service Provided: Wide range of DCS services for individuals and families including Trauma resolution, Therapeutic visitations, General Mental Health, Substance use, Domestic violence (offender and victim).

2. PINAL COUNTY SUPERIOR COURT.

Elizabeth Zinc Procurement Office
31 N Pinal St. Building A Florence Az 85132
Elizabeth.zinc@pinal countyaz.gov
520 866 6667
Dates of Service: Jan 2016- Current
Service Provided: All Mental health needs as referred by the court
3 Dv, 1 Anger management, 7 CBT, and 2 Therapeutic Interventions at any one time

3. SUPERIOR COURT OF MARICOPA COUNTY – FAMILY COURT

Michael Jeanes
101 W Jefferson St, Phoenix, AZ 85003
(602) 506-3204
Dates of Service: Feb 2013- Current
Service Provided: Family evaluations, psychological evaluation, Therapeutic intervention (services for children potentially being reunified with an estranged parent due to abuse, neglect, substances)
Method of Approach

Preliminary data from Glendale 2018 Police Reports indicates significant improvement in crime, however, our community is still negatively impacted by criminal acts and residual trauma. Crime statistics provided by Glendale Police Department report 495 murders, 195 robbery, 246 aggravated assaults, 5,270 property crimes, 815 burglary, and 466 car thefts. In 2016 Glendale held the highest murder and burglary rate as compared to surrounding areas. On a National scale more than half of the United States population has been affected by psychological trauma (Solomon, Solomon & Heidi 2009). The deleterious latent effects of trauma on the regional and national scale coupled with dearth of trauma education and culturally specific measures create substantial barriers to trauma informed care for victims, and limited access to mental health care within underserved demographics. Crime statistics indicate a large section of our community is left in need. Glendale community members need increased access to crime victim treatment. Lifeline PCS can meet this need.

The ground floor of our approach rests within information sharing and awareness building. We spend initial stages of treatment establishing rapport and engaging in curriculum-based psycho education. Through this process clients are informed of physiological responses to trauma, treatment goals, and community resources. Trauma informed assessment are used to discern the subjective units of discomfort, locus of control, unregulated anxiety, and psychosomatic disruption. A full trauma history is completed along with Motivational Interviewing and Socratic dialogue, designed to bring the client into a healthier appraisal of traumatic events and the effect of those traumatic events on here and now appraisals of situations. After thorough assessment, therapist and client partner within a trusting therapeutic alliance, to embrace their unique experience with trauma.
Trauma Focused CBT

Trauma Focused CBT is used to foster a sense of control over future events and challenge negative beliefs about the self and world. Saunders et al., 2004 reports strong evidence and support by the U.S. Department of Health and Human Services, Substance Abuse, and Mental Health Services’ National Registry of Evidence Based Programs for use of Trauma Based CBT for victims of crime and trauma.

Narrative Therapy

Narrative therapy is used to empower consumers to recreate the trauma narrative by believing “individuals possess the capability to create healthier trauma responses.” We help clients “rewrite” their life story for a future that reflects who they are, what they are capable of, and what their purpose is, separate from their trauma. As we change our story and remembrance of the traumatic event, we change our physical and emotional responses to the event.

EMDR

EMDR is used to isolate fragmented memories and channel them into a more comprehensive and adaptive trauma response. Our EMDR specialists discern protective factors, coping skills, and readiness for the intensive process prior to engagement. During EMDR sessions the therapist develops rapport with client, learns what happened to them in a particular trauma, while conducting bilateral stimulation. As the client follows cued movement with his or her eyes, attends to tapping, and experiences bilateral energy transfer from vibrating pods, the treatment stimulates the right and left hemisphere of the brain in 30-second intervals. Client and counselor discuss what he or she is noticing, while reprocessing the dysfunctionally stored memories of the traumatic experience. The primary goal is to enable the client to progress through appropriate stages of emotion and insight, while creating a functional resolution of critical issues such as
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personal responsibility, safety in the present, and availability of choices in the future. Several professional associations, government agencies, and major insurance companies have approved EMDR as an effective treatment for clients suffering from PTSD and other trauma, including the American Psychiatric Association (2004), the Department of Veterans Affairs and Department of Defense (2004).

Prolonged Exposure (Somatic intervention)

Prolonged Exposure (Somatic intervention) is used to address emotional trauma, shock, and psychosomatic symptoms. The brain’s capacity to process information is inhibited during traumatic events thereby, creating highly charged dysregulated emotional and somatic responses. Under normal conditions the Pre-Frontal Cortex detects when danger is over and in turn, lowers neurotransmitters from amygdala to brain stem. As the brain slowly processes the memory, it is transferred to the cerebral cortex, where it is filed away along with other memories. Trauma causes difficulty integrating neutral memories with trauma memories. Both neutral memories and trauma charged memories are encoded, evaluated and retrieved, however trauma memories are more difficult to retrieve. Due to compromised encoding, individuals who survive traumatic experiences, develop post-traumatic stress disorder (PTSD) and related psychological problems.
When the amygdala is highly active during an emergency, the encoding process is challenged. The body favors survival responses, resulting in the Pre-Frontal Cortex, immune, digestion, and other functions not relevant to fight or flight to suspended. This bypass of systems, specifically the PFC, causes the hippocampus to unsuccessfully make sense of the event, thereby, storing fragments of the event within the limbic system, resulting in dysregulated episodic and declarative memory. The body is left to deal with the trauma without aid of perspective appraisal provided by PFC, thereby, placing a person in a position of indefinite anxiety, lack of understanding of the event, and psycho somatic discomfort. Trauma memories are left incomplete causing inability to create understanding of past and future events. Interrupted physiological responses are exacerbated by intense stress reactions, causing dysregulated breathing, elevated blood pressure, increased heart rate, muscle tension, and somatic discomfort including chronic fatigue, insomnia, flashbacks, headaches, increased or decreased appetites, and digestive issues. Dependent upon the severity of the interaction, cuts, bruises, or internal injuries may serve as physical reminders of the life altering events.

Prolonged Exposure Therapy (Somatic intervention) provides opportunity to ignite declarative memory in Broca’s region needed to label trauma and activate the PFC. Under this approach, the treatment team works to identify emotions paired with the physiological automatic responses and prime them to be reprocessed with PFC and perspective appraisal. Consumers are taught breathing techniques, mediation, and body scanning. Hypnotherapy, grounding, and bio feedback, are also used to quiet symptoms and combat overactive survival responses contributing to dissociation, flattening affect, and derealization; resulting in feeling frozen, cut off from emotions, and disconnected from experiences. Somatic intervention teaches
clients effective methods for affect and physiologic regulation needed to create a healthier relationship with trauma.

Children/ Families/ Intimate partner violence

Accumulation of traumatic experiences in childhood is associated with increasingly severe adverse effects by both retrospective and prospective empirical investigations (Feltii et al., 1998, Finkelhor, Omrod & Turner, 2009). Children who experience one traumatic event are highly likely to have experienced traumas of a different nature. (Turner, Finkelhor & Omrod, 2010). Cohen, Mannarino & Deblinger (2006) report children assigned to trauma focused CBT intervention exhibited significantly greater improvements with respect to PTSD, depression, behavior problems, feelings of shame, and dysfunctional abuse related attributions, while their parents reported significantly greater improvements in abuse specific distress, depression, parenting skills, and parental support. These findings were maintained over a 1 year follow up period (Deblinger, Mannarino, Cohen & Steer 2006). Those assigned to Trauma Focused CBT exhibited significantly greater reduction in intimate partner violence-related PTSD and anxiety (Cohen, Mannarino & Iyengar, 2011).
Sexual trauma, complex trauma, anger, grief, and unexpected life changes

Consumers are provided opportunities to process latent and in vivo effects of sexual trauma, complex trauma, anger, grief, and unexpected life changes, within our survivor support, grief, anger, DBT, and creative expressions therapies. Due to painful or unbearable memories victims may not be able to make decisions, enjoy the same quality of life, experience disbelief, or may feel desire to get even with the offender. Within support groups, denial, disbelief, and anger, are validated as defense mechanisms, which help to initially deal with trauma. Consumers find support through the experiences and healing contact with fellow community members, working to create adaptive responses to trauma.

In sum our approach is a multidisciplinary client centered combination of Trauma focused CBT, Narrative, EMDR, Somatic, Sexual trauma specialization, and Intimate partner violence informed care. We offer survivor support groups, family processing, anger management, DBT, Schema, and creative expression therapies to supplement treatment. We are well versed in the unique distinctions between each approach and take pride in eliciting positive outcomes for consumers and stakeholders. Strict adherence to our specification and mission allow us to successfully help clients establish a baseline of safe interaction with the traumatic experience, create a healthier experience with the traumatic occurrence, manage adverse conditions, re configure disparate fragmented trauma memories, and challenge beliefs that block wellness and appraisal of future success.
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Resources

Number of Staff -

Lifeline has over 40 master's and pre-graduate master’s level counselors. 10 bilingual (English/Spanish) providers. All staff are trained in our programs and the delivery of our program to the Spanish speaking population and receive regular supervision to staff client cases and assure that clients are receiving the best treatment possible.

Supplies-

Lifeline has a comprehensive variety of screening, testing, and assessment tools that help diagnose and provide clinical information that benefits the client and the counselor in providing the appropriate level of care, while addressing the necessary treatment goals. Lifeline possesses all necessary supplies and equipment to complete all necessary documentation, to provide clients with requested documentation, and to store documentation while maintaining privacy and documentation. Lifeline’s Glendale office has been licensed by the AZDHS, which validates this claim.

Equipment –

Lifeline utilizes an EHR system, Clinic Tracker, which allows for regular and confidential communication between staff members, assures compliance with documentation, and allows for all necessary staff members to maintain client files up to the expectations of the AZDHS. The patient portal allows for an exchange of information and form completion and has reports available through the portal for collaterals and stakeholders in the client’s treatment. Lifeline has laptops that are for client use when completing documentation necessary for treatment and to allow clients the opportunity to read over documentation before signing off i.e. treatment plans. These are all
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provided in a secure mode that does not cache the entries and does not allow for leaving the location of the document.
Evaluation

Psycho Metrics

Treatment Readiness

Protective Factors Survey

Adverse Childhood Experience Scale

Brief Trauma Assessment

Pre/Post Victim Index

Post traumatic Checklist

Dissociative Experience Scale

Trauma Recovery Scale

Consumer Satisfaction Survey

The results of the pre and posttest are maintained in a spreadsheet and then tested for statistical significance, using statistically valid methods. The attachments include the validity and reliability information of each of the selected instruments.
LIFELINE PROFESSIONAL COUNSELING SERVICES

Procedures

All therapies provided by Lifeline PCS are trauma informed, empirically based, and evaluated through sound metrics. We only use evidence-based trauma treatments substantiated by current research. For example, the heart of our approach flows through Trauma Focused Cognitive Behavior Therapy, Narrative Therapy, EMDR, Prolonged Somatic Exposure Therapy, and Sexual Trauma intervention, which are all well documented as empirically based sound measure to address trauma needs.

Feedback

Our clients are the best source of information regarding needs and delivery of all programs. The feedback provided by the clients provide the leadership team with valuable information needed to improve program effectiveness. With this information we develop improved training and/or supplemental information to enhance impact. Examination of demographic indicators allows us to tailor our approach and identify areas of need for our community. Our intake paperwork captures necessary demographic characteristics. Our electronic health records system provides for reporting based on specific demographics or provides an overview of all demographic characteristics of a specific service type (program). Each of our monitoring reports indicate exceptional performance and compliance. Our track record of professionalism and client confidence are substantiated by the number of positive outcomes for both, consumers and community partners.
LIFELINE PROFESSIONAL COUNSELING SERVICES

Data Analysis

During intake, motivation to change, cross cutting measures, and risk assessments screening are used, to establish baseline data. The Victim Index and Post Traumatic Checklist are issued in a Pre and Posttest to examine improvements in truthfulness, resistance, morale, distress, self-esteem, substance abuse, and suicidal ideation. Statistics application software is used to calculate statistical significance between both metrics to discern treatment effectiveness. We ensure successful data tracking by utilizing collaborate treatment planning, where clients are involved in creation of specific measurable goals. Each consumer receives a full trauma work ups to establish a comprehensive understanding of Adverse Childhood Experiences and unique traits of trauma. Within EMDR themes are documented in case notes and utilized to target specific benchmarks. Upon discharge follow up surveys are used to examine client needs. Client satisfaction reports are used as qualitative data to evaluate our consumers experience with treatment. We consistently receive excellent customer satisfaction scores. Our Post Treatment Evaluations are consistently in the “Superior” range, and our consumers report improvements in all areas of their life. Both client data related to symptomology and satisfaction are collected into data sets used to evaluate success.

Therapists also utilize quantitative measures such as Trauma Recovery, Subjective units of Distress, and Dissociative Experience Scale Matrix to document fluctuations in function. A battery of Applied Behavioral Analysis tracking logs are used to document symptomology. To examine qualitative data, consumers are given therapy activities to complete including journaling. Qualitative data provided from journaling and clinical observation are used as measures to evaluate treatment success. Individual and group progress notes also provide qualitative evidence to substantiate treatment effectiveness. Individual and/or group progress notes
are maintained electronically. These notes include contact, case management, release of information, and session notes. We offer two methods of providing this information to stakeholders. One method is through a direct login to our electronic records patient ally feature which will store all relevant documents for all referred clients. The other method is electronic records upload to a dedicated one drive account for the stakeholder. This method also contains a spreadsheet that provides status of each referral.
**Training**

We understand victims of criminal acts need no additional barriers to recovery. Therefore, we train each member of our treatment team to utilize practices that limit traumatization. Mr. Jerry Brown and Mr. Kristopher Schlepp spearhead the adherence to trauma informed practice at each point of contact with stakeholders, consumers, and the community. Our facilitators engage in trainings for domestic violence, child abuse, anger management, and CBT, to provide evidence-based care.

**Administration**

Serves consumers by collecting payment, ensuring accuracy of records, scheduling client appointments, providing clients with all necessary information regarding appointments, and answering any relevant questions that are not better answered by the care coordinator or counselor. The admin work with the counselors, care coordinators, and supervisors regarding scheduling and documentation.

**Care Coordinator**

Serves as the liaison between the facility, the referral source, and the client. The care coordinator assures that the client is receiving the best care possible, that they are maintaining consistency in appointments, and have all available resources to meet the client’s needs outside of therapy. The care coordinator works with the client, admin, and counselor to assure all needs of the clients that can be met by Lifeline PCS are being met.

**Counselors**

Our interdisciplinary treatment team utilizes trauma focused cognitive behavioral approaches to improve client function, provide accurate documentation and client centered
Trauma specialist are required to maintain certification in line with criteria set forth by the AZ Department of Health Services. Facilitators for trauma focused Cognitive Behavior Therapy are masters level counseling pre or post graduate BHT’s/BHP’s as defined by the AZ Department of Health Services and supervised by an LPC. Intake staff are pre-graduate counseling students and postgraduate masters level counselors. They are trained in full biopsychosocial assessments including APA cultural measures and APA cross cutting measures. In addition, they are trained and administer lethality assessments, anger assessments, and cognitive distortions assessment.

Lifeline is an AHCCCS provider and as such, staff are required to engage in several Relias trainings including but not limited to: Coordination of Services for Persons Involved with the Courts and Jail/Detention/Prison, Cultural Competency/CLAS Standards, Community Resources, Working with Difficult People, and Limited English Proficiency. Through these trainings, our staff reviews the importance of providing trauma centered care at every level of contact and assures that they have the most up to date training to provide the best service possible.

**Culture**

Lifeline engages in a screening and assessment process that allows the client to express their cultural needs. We then make appropriate placements based on the need and value client and counselor fit. Furthermore, we are contracted with "A-Foreign Language Service" to provide interpreters as needed and have an in-house agreement for interpreters not associated with "A-Foreign Language Service. All counselors adhere to the ACA ethical codes which include the understanding of culture on testing, values, and treatment. All counselors providing treatment have completed a multicultural class and maintain regular training for cultural considerations in counseling.
LIFELINE PROFESSIONAL COUNSELING SERVICES

Billing and invoicing

Clinic Tracker

Lifeline is equipped with an electronic health records (EHR) system that is robust and state of the art. The system allows direct referrals for our community partners as well as the ability for them to receive information online. In addition, among the many features included is the ability for reporting, tracking all services and communications, tracking outcomes, and accepting all forms of payment: client payments, insurance payments, and community partner payments along with comprehensive reporting and billing.

We take pride in our fiduciary responsibility to comply with HIPPA guidelines, regulatory mandates, and government stipulations. To meet this aim, we establish seamless communication with the referral source throughout the entire process of intake, service, and discharge. Upon receiving a referral, the care coordination department and administrative staff enter data into Clinic Tracker Electronic Health Care Secure Database. Clinic Tracker is the premier web based secure electronic health record keeping application used at our facility. Our Local area network WIFI is secured by a WEP encrypted passphrase. This passphrase under no circumstances is available for clients. Our network is frequently monitored by our technical support team to ensure its security.

Once the referral data is entered, an intake is scheduled. Our automation system identifies the amount of payment due. Clinic Tracker Electronic Health Care Secure Database indexes all visits, no-shows, and cancellations. When service is complete, the database automatically populates data to billing tracker, to create an invoice. Service hours and price per unit are embedded within the electronic invoice. The invoice and supporting session documentation is sent to the funding source. When the funding source issues payment, our database records the transaction. Each week,
a report is run for over and underpayment. The billing department follows up with necessary parties to procure funds and continue service.

Please note, in previous contracts with alternate stakeholders, we utilized prefabricated boiler plate invoice template provided by the government agency. As a result, we are flexible to the needs of the contractor. We are positioned to utilize any invoice style, template, or format required by the funding source. Records are backed up on a secured server and/or paper files in a locked file cabinet behind a locked door. If the main form of record keeping becomes compromised, the backed-up form of the records, can sufficiently replace with 100% accuracy through the secure server and or paper files. Case notes are computerized through the Clinic Tracker Electronic Health Care Secure Database and are saved directly into the patient’s electronic file. Electronic records are kept in a password protected EHR system, and all exported records are encrypted, and password protected. Our case files are maintained electronically, accepting any documents requiring wet signatures which are maintained in hard copy form. Email is a secure email server through Go Daddy Email services; each employee is given an email address and password. General manager Heather Jones monitors this email regularly.

All records are available to the referral source. Funding agency staff will be able to access consumer files electronically. Funding sources will be given a username and password to gain secure access to the consumer files. The files will be accessed through a secure cloud based HIPPA compliant file sharing system. To further safeguard, the funding agency staff will have limited access, to only view information pertinent to the service contract, thereby protecting alternate consumers.
Lifeline PCS has a systematic process for communicating with stakeholders and sustaining compliance. Lifeline PCS uses the premier electronic health records compliance database Clinic Tracker to bill, invoice, and protect client information. We integrate services into comprehensive and timely reports to keep stakeholders abreast. Stakeholders rest assured, all services indicated on the referral are provided with the utmost professionalism and are documented utilizing all necessary compliance safeguards. Our billing and invoicing are simple and fluid. We provide accurate invoicing, seamless billing, and detailed timely documentation. As important as billing and invoicing is, the client’s treatment is of the utmost importance and therefore we offer payment plan options for clients to make payments in good faith.
3. **Pricing Workbook**

The **Offeror must complete all requested pricing below.** Pricing quoted shall include labor, materials, tools, equipment rental, supplies, transportation, licenses, fees, insurance, warranty, profit, and any associated direct or indirect costs. All unit prices shall remain constant regardless of quantities ordered by the City. The City shall not be invoiced at prices higher than those stated in the resultant contract.

**Price Sheet**

3.1 **Price for Crime Victim Trauma Counseling Services**

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime Victim Trauma Counseling Services as</td>
<td>Per Hour</td>
<td>$________ 90________</td>
</tr>
</tbody>
</table>

IF PRICING IS NOT PROVIDED IT IS INTERPRETED AS A NO-BID

**Discount/Payment Terms:** The City standard is 2% 20 days

Comply: **YES** _x_ NO _____

If your answer is NO, please state terms offered: ____________%

**Payment** The Contractor shall provide monthly statements of itemized services. Payment will be reviewed and approved by the Contract Administrator or designee. The itemized statement shall not exceed the Unit Price Per Hour in Price Sheet Section 3.1.

**Tax Amount** Do not include any use tax or federal tax in your proposal.
Addendum Response and Acknowledgement

By Signing this offer Sheet and submitting the accompanying solicitation response, offeror is certifying that they have read, understand, and agree to comply with all required terms and conditions provided in the Exhibits Package and checked off below:

- ✓ Exhibit 1
- ✓ Exhibit 4
- ✓ Exhibit 3
- ✓ Exhibit 4
- ✓ Pricing Workbook
No-Conflict of Interest Statement

1. Dr. Roxanne DalPos Clinical Director, Clinical Director Kristopher Schlep LPC, and Regional Director James D. Heiskell LAC prepared the bid with supported from those noted on the attached leadership team spreadsheet. “Please see attachment for details”

2. We have no city of Glendale employees and no contact with any. No employees of the City of Glendale are involved directly or indirectly or by relationship to Lifeline Staff.

3. We have no personnel who have financial interest in the contract. The only financial benefit is the standard compensation for performance and only to Life Line Staff.

4. We have no employee who is a relative

Contractor acknowledges this Agreement Is subject to A.R.S. 38-51 , which allows for cancelation of the Agreement in the event any person who is significantly involved in initiation, negotiating, securing, drafting, or creating the Agreement on the City’s behalf is also an employee, agent or consultant of any other party to this Agreement.
Psycho Metric Evaluative Measures

Victims Index - Please See Attachment
NAME: test test
AGE: 43 SEX: Female
ETHNICITY/RACE: Caucasian
EDUCATION/HIGHEST GRADE: 16
MARRITAL STATUS: Married
DATE OF BIRTH: 8/27/1975
DATE SCORED: 09/06/2018

Victim Index results are confidential and are working hypotheses. No diagnosis or decision should be based solely upon these results. These test results are to be used in conjunction with experienced staff judgment and review of available records.

Truth-Corrected Victim Index (VI) scores are accurate. She is not resistant or noncompliant and should be cooperative. This client is very self-confident and has a positive outlook. This individual has very little, if any, physical or mental distress. This person possesses good stress coping abilities. This client has good self-esteem. Alcohol and drug use or abuse do not appear to be a problem. This person has little, if any, intention of attempting suicide at this time.

Elevated scale scores (at or above the 70th percentile) represent areas of concern. More specifically, the TRUTHFULNESS Scale is elevated. This area of inquiry should be incorporated in this client's treatment plan. It is also important to note which scores are not elevated.
TRUTHFULNESS SCALE: This person's Truthfulness Scale score is in the problem risk (70 to 89th percentile) range. This elevated score did not happen by chance. An elevated (70th percentile or higher) score requires a definite pattern of untruthful answers. Truth-Corrected VI scale scores are likely accurate, but some distortion is possible. This is an accurate VI profile, yet results should be reviewed carefully.

RESISTANCE SCALE: This individual's score on the Resistance Scale is in the low risk (zero to 39th percentile) range. Low risk scorers are typically friendly, amiable and cooperative. This woman can be expected to get along with others, communicate congenially and follow program recommendations. This lady will, under normal conditions, be cooperative and compliant.

MORALE SCALE: This individual's Morale Scale score is in the low risk (zero to 39th percentile) range. This is not an overly worrisome or indecisive person. Indeed, this woman has enthusiasm, confidence and feelings of value. Low risk scorers have the ability to assume normal optimism regarding the future. Realistic goal setting will help sustain this client's morale in the future.

DISTRESS SCALE: This individual's Distress Scale score is in the low risk (zero to 39th percentile) range. Significant distress is not evident. Distress incorporates physical and mental pain along with symptoms of anxiety, dysphoria or depression. Distress represents one of the major reasons people seek counseling. With regard to distress, this is a low risk score.

STRESS COPING SCALE: This individual's score on the Stress Coping Abilities Scale is in the low risk (zero to 39th percentile) range. Low risk scorers cope well with tension, pressure and stress. Consequently, significant psychopathy or psychopathology would likely be incident related. This person has good stress coping abilities. This is a low risk score.

SELF-ESTEEM SCALE: A very high level of self-esteem is evident. The Truthfulness Scale score can help in understanding this score. An elevated (90th percentile and higher) Truthfulness Scale score suggests an inflated (narcissistic) self-opinion, whereas a Truthfulness Scale score at or below the 89th percentile suggests a realistic self-appraisal. Scores in the zero to 39th percentile range should be interpreted carefully.

SUBSTANCE ABUSE SCREEN: When assessing substance abuse it helps to review a client's alcohol and drug-related answers. Alcohol items are reviewed first. Alcohol use, if present, may be historical, experimental or social in nature. Low risk scorers do not usually engage in alcohol abuse. Drinking does not appear to be problematic.

Drug use, if present, may be historical, experimental or involve prescription drugs. Low risk scorers do not manifest an established pattern of drug abuse. Drug abuse does not present as a problem for this client.
S U I C I D E I D E AT I O N S C A L E:  T h i s i n d i v i d u a l i s n o t s u i c i d a l a t t h i s t i m e.
P e o p l e w h o t a l k a b o u t a n d p e r s e v e r a t e o n s u i c i d e m a y c o m m i t s u i c i d e,
whereas few people commit suicide without signaling their intentions. People who admit their suicidal ruminations are high suicide risks. In contrast, transient thoughts of death and dying are rather common, consequently it is important to identify people that are preoccupied with suicidal thoughts. This is a low suicide risk individual. Low risk individuals typically do not threaten or attempt suicide.

SECTION 2: SIGNIFICANT ITEMS: These answers are the respondent's self-reported responses. They represent direct admissions or unusual answers, which may help in understanding the individual's situation.

RESISTANCE
----------
No significant items were reported for this scale.

DISTRESS
--------
No significant items were reported for this scale.

ALCOHOL
-------
No significant items were reported for this scale.

MORALE
-------
No significant items were reported for this scale.

SUICIDE
--------
No significant items were reported for this scale.

DRUGS
-----
No significant items were reported for this scale.

SECTION 3: The client's answers to multiple choice items are printed below. It should be noted that these answers represent the respondent's opinion—with all of its biases. These multiple choice answers allow comparison of the client's subjective opinions with objective and empirically based scale scores.

120. Drinking is not a problem
121. Never been in alcohol treatment
122. Drug use not a problem
123. Never been in drug treatment
124. Not a "recovering" person
125. Doesn't attend AA, NA or CA
126. Not suicidal or homicidal
127. Serious relationship problems

OBSERVATIONS/RECOMMENDATIONS:
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------

STAFF MEMBER SIGNATURE
DATE

VICTIM INDEX RESPONSES
-----------------------------------------------------------------------------------
1- 50 FTTFFTTTFT FTTFFFTTFT FFHTFFFTTT TFFTFFFFFF FTTFFFTTT
51-100 FFFFTFTTTF FF41323113 2341314412 2412413112 2111411515
101-127 1514524155 2245411144 44444442

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Dissociative Experience Scale- Please See Attachment
Dissociative Experiences Scale-II (DES-II)
Eve Bernstein Carlson, Ph.D. & Frank W. Putnam, M.D.

Directions: This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you, and circle the number to show what percentage of the time you have the experience.

For example: 0% 10 20 30 40 50 60 70 80 90 100%
(Never) (Always)

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realizing that they don't remember what has happened during all or part of the trip. Circle a number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said. Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

3. Some people have the experience of finding themselves in a place and have no idea how they got there. Circle a number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

6. Some people sometimes find that they are approached by people that they do not know, who call them by another name or insist that they have met them before. Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

8. Some people are told that they sometimes do not recognize friends of family members. Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Circle the number to show what percentage of the time this happens to you.
0% 10 20 30 40 50 60 70 80 90 100%
10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

12. Some people have the experience of feeling that other people, objects, and the world around them are not real. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

13. Some people have the experience of feeling that their body does not seem to belong to them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

19. Some people find that they sometimes are able to ignore pain. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

27. Some people sometimes hear voices inside their head that tell them to do things or comment on things that they are doing. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

28. Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear. Circle the number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
Dissociative Experiences Scale II (DES II) 
Description and Interpretation

Description: The Dissociative Experiences Scale II (DES II) is a copyright-free, screening instrument. According to its authors, Carlson and Putnam, "it is a brief, self-report measure of the frequency of dissociative experiences. The scale was developed to provide a reliable, valid, and convenient way to quantify dissociative experiences. A response scale that allows subject to quantify their experiences for each item was used so that scores could reflect a wider range of dissociative symptomatology than possible using a dichotomous (yes/no) format." (Dissociation 6 (1): 16-23)

Interpretation: The Dissociative Experiences Scale II (DES II): When scoring, drop the zero on the percentage e.g. 30%=3; 80%=8 then add up single digits for client score Mean DES Scores Across Populations for Various Studies

<table>
<thead>
<tr>
<th>Factor</th>
<th>General Adult Population</th>
<th>Anxiety Disorders</th>
<th>Affective Disorders</th>
<th>Eating Disorders</th>
<th>Late Adolescence</th>
<th>Schizophrenia</th>
<th>Borderline Personality Disorder</th>
<th>PTSD</th>
<th>Dissociative Disorder (NOS)</th>
<th>Dissociative Identity Disorder (MPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amnesia Factor</td>
<td>5.4</td>
<td>7.0</td>
<td>9.35</td>
<td>15.8</td>
<td>16.6</td>
<td>15.4</td>
<td>19.2</td>
<td>31</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>Depersonalization/Derealization Factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Absorption Factor</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Items from the DES for Each of the Three Main Factors of Dissociation:

Amnesia Factor: This factor measures memory loss, i.e., not knowing how you got somewhere, being dressed in clothes you don’t remember putting on, finding new things among your belongings you don’t remember buying, not recognizing friends or family members, finding evidence of having done things you don’t remember doing, finding writings, drawings or notes you must have done but don’t remember doing. Items — 3, 4, 5, 8, 25, 26.

Depersonalization/Derealization Factor: Depersonalization is characterized by the recurrent experience of feeling detached from one’s self and mental processes or a sense of unreality of the self. Items relating to this factor include feeling that you are standing next to yourself or watching yourself do something and seeing yourself as if you were looking at another person, feeling your body does not belong to you, and looking in a mirror and not recognizing yourself. Derealization is the sense of a loss of reality of the immediate environment. These items include feeling that other people, objects, and the world around them is not real, hearing voices inside your head that tell you to do things or comment on things you are doing, and feeling like you are looking at the world through a fog, so that people and objects appear far away or unclear. Items — 7, 11, 12, 13, 27, 28.

Absorption Factor: This factor includes being so preoccupied or absorbed by something that you are distracted from what is going on around you. The absorption primarily has to do with one’s traumatic experiences. Items of this factor include realizing that you did not hear part or all of what was said by another, remembering a past event so vividly that you feel as if you are reliving the event, not being sure whether things that they remember happening really did happen or whether they just dreamed them, when you are watching television or a movie you become so absorbed in the story you are unaware of other events happening around you, becoming so involved in a fantasy or daydream that it feels as though it were really happening to you, and sometimes sitting, staring off into space, thinking of nothing, and being unaware of the passage of time. Items — 2, 14, 15, 17, 18, 20.
LIFELINE PROFESSIONAL COUNSELING SERVICES

Pre Post Sample Report - Please See Attachment
This report directly compares Pre-Post Inventory Pretest and analogous Posttest scale scores. No decision or diagnosis should be based solely upon Pre-Post Inventory Comparison Report results.

**Rationale:** The same test is administered twice (pretest and posttest). Pretest results become the baseline for subsequent test administration comparisons. The Comparison Report confirms differences between pretest (baseline) and posttest (second or subsequent test administration) scale scores. The higher the Pre-Post scale score (at or above the 70th percentile), the more serious the area of inquiry becomes. When a scale's pretest score is higher than its posttest (or ipsative) score, positive change or improvement is corroborated. In contrast, when a scale's pretest score is lower than its analogous posttest score, a negative change has occurred.

**SCALE COMPARISONS**

**Truthfulness Scale**

This Truthfulness Scale pretest - posttest scale comparison reveals noticeable negative change. This posttest scale score is 31 percent higher than its pretest Truthfulness Scale score. Something happened (disillusionment, trauma, relapse, etc.) that has contributed to this large of a negative change.

<table>
<thead>
<tr>
<th>Scale</th>
<th>PreTest</th>
<th>Posttest</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truthfulness</td>
<td>55</td>
<td>86</td>
<td>-31</td>
</tr>
</tbody>
</table>

**Anxiety Scale**

This individual’s Anxiety Scale pretest - posttest comparison shows negative change. This individual’s posttest Anxiety Scale score is 42 percent higher than their comparable pretest scale score. Something is amiss? This person's Anxiety scale score has deteriorated resulting in noticeable negative change.

<table>
<thead>
<tr>
<th>Scale</th>
<th>PreTest</th>
<th>Posttest</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>42</td>
<td>84</td>
<td>-42</td>
</tr>
</tbody>
</table>

**Depression Scale**

This client’s Depression Scale pretest - posttest comparison reveals positive change. This individual's posttest Depression Scale score is 14 percent lower than its comparable pretest scale score. Since their pretest screening, this person is less depressed than they were at intake. Positive change or improvement has taken place.

<table>
<thead>
<tr>
<th>Scale</th>
<th>PreTest</th>
<th>Posttest</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>85</td>
<td>71</td>
<td>+14</td>
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</tbody>
</table>
**Distress Scale**

This person's Distress Scale pretest - posttest comparison shows noticeable improvement. This client's posttest Distress Scale score is 19 percent lower than its comparable pretest scale score, which reflects substantial positive change or improvement.

<table>
<thead>
<tr>
<th>Distress Scale</th>
<th>%ile</th>
<th>DI STRESS PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreTest</td>
<td>92</td>
<td>+ + + + + + + + + +</td>
</tr>
<tr>
<td>Posttest</td>
<td>73</td>
<td>+ + + + + + + + + +</td>
</tr>
</tbody>
</table>

**Self-Esteem Scale**

This individual's Self-Esteem pretest - posttest comparison shows little change. This client's pretest and posttest scale scores are within one (+1 or -1) percentage point of each other. If self-esteem was not a treatment plan goal, change would be moot or undetermined.

<table>
<thead>
<tr>
<th>Self-Esteem Scale</th>
<th>%ile</th>
<th>SELF-ESTEEM PROFILE</th>
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</thead>
<tbody>
<tr>
<td>PreTest</td>
<td>89</td>
<td>+ + + + + + + + + +</td>
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<tr>
<td>Posttest</td>
<td>89</td>
<td>+ + + + + + + + + +</td>
</tr>
</tbody>
</table>

**Alcohol Scale**

This client's Alcohol Scale pretest - posttest comparison reveals improvement. This person's posttest Alcohol Scale score is 22 percent lower than its comparable pretest scale score, which demonstrates positive change. Improvement is impressive and readily apparent.

<table>
<thead>
<tr>
<th>Alcohol Scale</th>
<th>%ile</th>
<th>ALCOHOL PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreTest</td>
<td>95</td>
<td>+ + + + + + + + + +</td>
</tr>
<tr>
<td>Posttest</td>
<td>73</td>
<td>+ + + + + + + + + +</td>
</tr>
</tbody>
</table>

**Drug Scale**

This individual's Drug Scale pretest - posttest comparison shows a negative shift. This client's posttest Drug Scale score is 16 percent higher than its comparable pretest scale score, which represents a considerable negative change. Has this client relapsed? Something is wrong.

<table>
<thead>
<tr>
<th>Drug Scale</th>
<th>%ile</th>
<th>DRUG PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreTest</td>
<td>74</td>
<td>+ + + + + + + + + +</td>
</tr>
<tr>
<td>Posttest</td>
<td>90</td>
<td>+ + + + + + + + + +</td>
</tr>
</tbody>
</table>
Stress Management Scale

This client’s Stress Management Scale pretest - posttest comparison reveals a need for stress management training. This person’s posttest Stress Management Scale score is 54 percent higher than its comparable pretest scale score. This individual would likely benefit from stress management training or classes.

<table>
<thead>
<tr>
<th>Stress Management Scale %ile</th>
<th>STRESS MANAGEMENT PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreTest 43</td>
<td></td>
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<tr>
<td>Posttest 97</td>
<td></td>
</tr>
</tbody>
</table>

Significant Items

These answers, with all of their predispositions and biases may help in understanding this client and his situation. “Significant items” are direct admissions or unusual answers to Pre-Post Inventory questions.

Anxiety Scale Pretest
123. Often nervous / anxious
130. Often unable to relax
*Only two significant items were selected.

Depression Scale Pretest
5. States frequently depressed
17. Recent weight change
23. Feels alone & doesn’t fit in

Distress Scale Pretest
9. Joyless lifestyle
16. Suffering is intolerable
20. Suicide ideation
*Additional Items: #26, 29, 55, 59, 139, 149, 150 and 159.

Alcohol Scale Pretest
15. Admits drinking concerns
22. Can’t stop drinking
*Additional Items: #36, 42, 45, 50, 57, 64, 69, 75, 91, 94, 129, 151, 152, 153, 154 and 160.

Drug Scale Pretest
33. Has lied about drug use
67. Concerned about drug use
154. Recovering: alcohol & drugs *Three significant items were selected.

Anxiety Scale Posttest
56. Admits is anxious person
61. Usually anxious
123. Often nervous / anxious *Additional Items: #126, 130, 143 and 147.

Depression Scale Posttest
5. States frequently depressed
11. Lost interest in activities
17. Recent weight change *Additional Items: #121, 142 and 145.

Distress Scale Posttest
9. Joyless lifestyle
55. Life isn’t worth living
59. States is desperate *Additional Items: #72, 139 and 149.

Alcohol Scale Posttest
15. Admits drinking concerns
57. Drinking interfered with success
64. Admits has drinking problem
129. Often heavy drinking
152. Drinking a severe problem

Drug Scale Posttest
12. Used drugs in last 30 days
18. Has felt guilty about drugs
53. Admits drug use and abuse *Additional Items: #58, 62, 133 and 156.
There are several levels of Pre-Post Inventory scale interpretation when focusing upon analogous scale comparisons. In these instances a test may be viewed as a self-report and attention may be focused upon pretest-posttest scale scores, interpreting analogous scale elevations and understanding scale interrelationships. Overlaying client change can be disconcerting unless attention is judiciously apportioned or divided between client "risk" (pretest) and client "change" (comparison report).

The Pre-Post Inventory Comparison Graph yields a panoramic view of all scale scores and their pre-post comparisons. When a scale's pretest score is higher than its posttest score positive improvement or change occurred. In contrast, when a scale's pretest score is lower than its posttest score negative change has occurred.

<table>
<thead>
<tr>
<th>Pre-Post Comparison Graph</th>
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<tbody>
<tr>
<td>100</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>40</td>
</tr>
<tr>
<td>20</td>
</tr>
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<td>0</td>
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</tbody>
</table>

**Anomalies & Outliers**

No change or negative pre-post comparison scores could reflect non-treatment. When a patient’s treatment plan does not include the problem or disorder represented by an omitted scale, it is likely that such problems/disorders will not be treated. It is recommended that the Pre-Post Inventory be administered as part of treatment intake screening.

**COMMENTS AND RECOMMENDATIONS:**

---

**EVALUATOR’S SIGNATURE**

**DATE**

**PRE-POST PRETEST RESPONSES**

1 - 50 TFTTTTTFTT TFTTTTTFTT FTFTFTFTFT FTFTFTFTFT FTFTFTFTFT
51 - 100 FTFTFTFTFT FTFTFTFTFT FTFTFTFTFT FTFTFTFTFT FTFTFTFTFT
101 - 149 1111221212 1413125141 1434323333 3314141441 4112332232
150 - 161 1423412411 4

**PRE-POST POSTTEST RESPONSES**

1 - 50 TFTFTFTFTF TFTFTFTFTF FFFFFFFFFFF FFFFFFFFFFF FFFFFFFFFFF
51 - 100 FTTTTTTTT TTTTTTTTT FFFFFFFFFFF FFFFFFFFFFF FFFFFFFFFFF
101 - 149 2323223235 5523232112 3432432434 2444444444 4444444444
150 - 161 4444444444 4
Client Survey Spanish - Please See Attachment
¿Cómo lo estamos haciendo?

En Lifeline estamos comprometidos a ofrecer un excelente cuidado de la Salud Mental y el Servicio de Atención al cliente para que usted y su familia. Su opinión es muy importante para nosotros! Gracias por elegir salvavidas!

NOMBRE DE TU TERAPEUTA ______________________________

¿Sientes que tu terapeuta parecen estar bien preparadas para su visita de hoy?

☐ 1 □ 2 □ 3 □ 4 □ 5
Decepcionante  Excepcional

¿Sientes que sus asuntos fueron dirigidos con seguridad?

☐ 1 □ 2 □ 3 □ 4 □ 5
Decepcionante  Excepcional

¿Su terapeuta mostr...?

Cortesía?  ☐ Sí | ☐ No
Intensidad?  ☐ Sí | ☐ No
Compasión?  ☐ Sí | ☐ No

Do you feel your therapist was focused on achieving the goals for your treatment?

☐ 1 □ 2 □ 3 □ 4 □ 5
Decepcionante  Excepcional

¿Fue la persona que hizo la cita amable y cortés en el teléfono?

☐ 1 □ 2 □ 3 □ 4 □ 5
No fue amistoso  Excelente!!

¿El personal presentado gran servicio al cliente cuando llegó?

☐ 1 □ 2 □ 3 □ 4 □ 5
Decepcionante  Excelente!!
Continuar

Le recomendaría a sus amigos o miembros de la familia a LifeLine?
☐ Sí  ☐ No

Fue la información útil que usted recibió hoy durante la sesión?
☐ Sí  ☐ No

¿Por qué, o por qué no?
________________________________________
________________________________________

Sobre todo está satisfecho con su experiencia en Lifeline?
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
Insatisfecho       Muy satisfecho
Si no están satisfechos, por favor explique por qué?
________________________________________
________________________________________

Para cualquier otro comentario adicional, nos encantaría escuchar de usted!
________________________________________
________________________________________

Chandler Office
335 N Alma School rd. #E
Scottsdale
5040 E Shea Blvd #164
Glendale
17215 N 72nd Dive # C-125
www.lifelinepcs.com
OUR MAIN NUMBER
480-641-1165
Client Survey English – Please See Attachment
At Lifeline we are committed to providing excellent Mental Health Care and Customer Service for you and your family. Your feedback is very important to us! Thank you for choosing Lifeline!

### NAME OF YOUR THERAPIST___________________________

Did you feel your Therapist seem well prepared for your visit today?

<table>
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<th>3</th>
<th>4</th>
<th>5</th>
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</table>

Disappointing | Exceptional

Did you feel your concerns were addressed with confidence?

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<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

Disappointing | Exceptional

Did your Therapist show...?

- **Courtesy?**
  - [ ] Yes | [ ] No
- **Intensiveness?**
  - [ ] Yes | [ ] No
- **Compassion?**
  - [ ] Yes | [ ] No

Do you feel your Therapist was focused on achieving the goals for your treatment?

<table>
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<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
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</table>

Disappointing | Exceptional

As for front office, was the person that made your appointment friendly and courteous on the phone?

<table>
<thead>
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<th>3</th>
<th>4</th>
<th>5</th>
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</table>

Not Friendly at all | Excellent!!

Did the staff at Lifeline present great customer service when you checked in?

<table>
<thead>
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<th>1</th>
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<th>4</th>
<th>5</th>
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</tbody>
</table>

Disappointing | Excellent!!
Would you Recommend your Friends or family members to LifeLine?
☐ Yes | ☐ No

Was the information useful that you received today during your session?
☐ Yes | ☐ No

Why, or why not?
________________________________________________________________________

Over all how satisfied are you with your experiences at Lifeline?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Dissatisfied Very Satisfied
If Dissatisfied, please explain why?
________________________________________________________________________

For any other additional comments we would love to hear from you!
________________________________________________________________________

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OUR MAIN NUMBER
480-641-1165
Staff Qualification Chart – Please See Attachment For Details

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<td>Degree(s) Specialty or Certification</td>
<td>Experience</td>
<td>Treatment/Experiences</td>
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<td>Employment</td>
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<td>Yarim Lopez</td>
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<td>N/A, Degree specialty or certification</td>
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