

Solicitation No: ROQ-150321
Pinal County

EMPACT-Suicide Prevention Center

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY: The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

 Executive Director
Authorized Signature Title

Laura Larson-Huffaker December 2, 2015
Printed Name Date

EMPACT – Suicide Prevention Center (480) 784-1514
Company Name Telephone

618 S Madison Drive Tempe, AZ 85281
Address City, State, Zip

For clarification of this offer, contact:

Name: Erica Chestnut-Ramirez Phone: (480) 784-1514 Fax: (480) 967-3528
Email: erica.chestnut-ramirez@lafrontera-empact.org

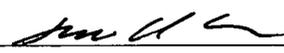
ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 6th day of January 2016.

Todd House Chairman 
Name (Print) Title Signature

Approved as to form:


Pinal County Attorney's Office

TITLE PAGE

Solicitation Number:
ROQ-150321

Responder Name:
EMPACT-SUICIDE PREVENTION CENTER

Responder Address:
618 S. Madison Drive
Tempe AZ 85281

Responder Phone:
(480) 784-1514 x1145

Name/Title of Solicitation Contact Person:
Lorina Gillette, CPPB, Procurement Officer

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY: The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

 Executive Director
Authorized Signature Title

Laura Larson-Huffaker December 2, 2015
Printed Name Date

EMPACT – Suicide Prevention Center (480) 784-1514
Company Name Telephone

618 S Madison Drive Tempe, AZ 85281
Address City, State, Zip

For clarification of this offer, contact:

Name: Erica Chestnut-Ramirez Phone: (480) 784-1514 Fax: (480) 967-3528
Email: erica.chestnut-ramirez@lafrontera-empact.org

ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this _____ day of _____ 2016.

Name (Print) Title Signature

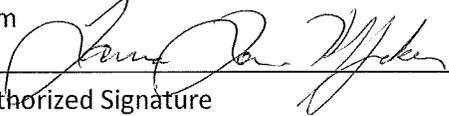
Approved as to form:

Pinal County Attorney's Office

OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

EMPACT – Suicide Prevention Center
Firm

Authorized Signature

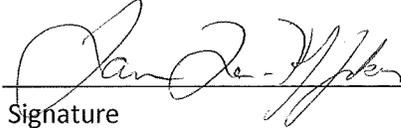
ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyz.gov/Purchasing/Pages/CurrentSolicitations.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement  11/16/15
Signature Date

ADDENDUM NO. 2 Acknowledgement  12/02/15
Signature Date

ADDENDUM NO. 3 Acknowledgement _____
Signature Date

If no addendums were issued, indicate below, sign the form and return with your response.

EMPACT – Suicide Prevention Center
Firm

Authorized Signature

RESPONDER'S CHECKLIST

	Yes/No
Did you sign your Offer sheet? <i>See Page 36 & 37 of this solicitation.</i>	YES
Did you acknowledge all addendums, if any? <i>See page 33. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	YES
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	YES
Did you include your W-9 Form? <i>See page 34 of this solicitation.</i>	YES
<i>Did you include any necessary attachments?</i>	YES
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	NA
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	NA
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	YES
Did you include proof of insurance(s) if requested?	YES

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
EMPACT Suicide Prevention Center

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
618 S Madison Dr.

6 City, state, and ZIP code
Tempe, AZ 85281

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

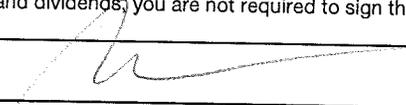
Social security number								
			-			-		
or								
Employer identification number								
7	4	-	2	5	6	2	2	9 3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ **4-2-15**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Response Form 1

RESPONDER NAME: Laura Larson-Huffaker

PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE See additional documents file included with submission

1. Copy of ADHS Behavioral Health License for each facility or location
2. Copy(s) of current valid professional licenses or certificates
3. Masters degree in education or a human services field
4. Degree in psychiatry or psychology
5. Malpractice insurance.
6. General liability insurance.
7. DEA number.
8. W-9 form listing the tax identification number of the applicant or business. Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
9. Resume

BUSINESS / PROFESSIONAL QUESTIONNAIRE

A. Applicant's Legal Name: EMPACT – Suicide Prevention Center

B. Business Name: EMPACT – Suicide Prevention Center

C. Address: 618 S. Madison Drive

City: Tempe State: AZ Zip: 85281

Phone: (480) 784-1514 Fax: (480) 967-3528

Email: laura.larson@lafrontera-empact.org

D. Applicant is: (check one)

1. Sole Proprietor, attach a resume

2. Corporation or Limited Liability Company (LLC), attach a copy of the Certificate of Good Standing from the Arizona Corporation Commission or, if a foreign corporation, proof of registration with the Arizona Corporation Commission.

3. Other: _____ attach appropriate registration/certification

E. Number of years applicant has been providing this service: 28

F. Please list other organizations and agencies that have contracted with the Proposer for professional services. Include name, contact person and telephone number.

MMIC, Suanne DeClue, (602) 453-8430
Cenpatico, Lee Quarrie, (866) 495-6738 X26176

G. Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to you? Yes No

If yes, please explain in writing:

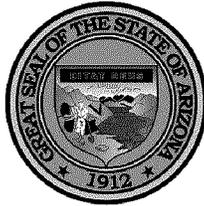
H. Prior Convictions

Have you ever been convicted of a felony? Yes No

If yes, please explain in writing.

I. Submit a copy of your current professional license/certification. SEE ADDITIONAL DOCUMENTS INCLUDED IN SUBMISSION.

MD PROFILE PAGE



Arizona Medical Board

azmd.gov

Printed on 10/20/15 @ 09:24

General Information

Lauren T. Bonner MD
 Strategic Mental Health
 8160 E Butherus Drive
 Suite 9
 Scottsdale AZ 85060-000
 Phone: (602) 377-7326

License Number: 31068
 License Status: Active
 Licensed Date: 12/27/2002
 License Renewed: 07/06/2015
 Due to Renew By: 06/02/2017
 If not Renewed, License Expires: 10/02/2017

Education and Training

Medical School:	SOUTHERN IL UNIV SCH OF MED Springfield, Illinois
Graduation Date:	05/20/1995
Internship:	06/24/1995 - 04/25/1996 (Emergency Medicine) UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM
Residency:	04/29/1996 - 07/31/1999 (Psychiatry) UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM
Fellowship:	08/01/1999 - 07/31/2000 (Geriatric Psychiatry) UNIVERSITY OF WASHINGTON HOSPITAL SEATTLE, WA
Area of Interest	Psychiatry
Area of Interest	Geriatric Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please [click here](#) for information on use of this website.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lovitt & Touche' Inc - Tucson P. O. Box 32702 Tucson AZ 85751-2702	CONTACT NAME: Mary Schlimgen PHONE (A/C. No., Ext): 520-722-3000 E-MAIL ADDRESS: MSchlimgen@lovitt-touche.com	FAX (A/C. No.): 520-722-7245
	INSURER(S) AFFORDING COVERAGE	
INSURED EMPAC-1 EMPACT- Suicide Prevention Center 618 South Madison Drive Tempe AZ 85281	INSURER A: Philadelphia Indemnity Insurance Co	
	INSURER B: CopperPoint Mutual Insurance Compan	
	INSURER C:	
	INSURER D:	
	INSURER E:	
		NAIC # 14216

COVERAGES

CERTIFICATE NUMBER: 1859927807

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK1408472	11/1/2015	11/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1408472	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1003326	7/1/2015	7/1/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Subject to all policy terms, conditions and exclusions.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage ----- -----	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Diana L. Richardson</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.



Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

November 9, 2015

Laura Larson-Huffaker Director
EMPACT - Suicide Prevention Center
618 South Madison Drive
Tempe, AZ. 85281

RE: BH4703
2474 East Hunt Highway, Suite 100
San Tan Valley, AZ 85143
Initial - Application Administratively Complete

Dear Laura Larson-Huffaker:

The Arizona Department of Health Services Bureau of Medical Facilities Licensing has completed an administrative completeness review of the initial application and documents you submitted and determined that the initial application and documents are administratively complete and in compliance with licensing requirements.

A surveyor will be in contact with your facility to set up a date and time for the initial on-site compliance inspection. The on-site inspection will determine if your facility complies with licensing requirements. The Department cannot issue your initial license until the facility complies with licensing requirements and the correct licensing fees have been paid according to R9-10-106

If you should have any questions, please feel free to call our office at (602) 364-3030.

Sincerely,

A handwritten signature in black ink, appearing to read "Brittanie Farmer".

Brittanie Farmer
Exam Tech II
Bureau of Medical Facilities Licensing



P.O. Box 33180 Phoenix, AZ 85067-3180
 (602) 808-2111 Fax (602) 468-1710
 Toll Free 1 (800) 352-0402

Certificate of Insurance

Insurance Company: Mutual Insurance Company of Arizona 2602 East Thomas Road Phoenix, AZ 85016	Date: 10/1/2015 Producer: MICA Direct 2602 E Thomas Rd Phoenix, AZ 85016
Insured: Lauren T Bonner MD 2806 W Amberwood Dr Phoenix, AZ 85045	
Policy Number: MICA019904 Effective Date: 09/30/2015 12:01 a.m. Standard Time Expiration Date: 09/30/2016 12:01 a.m. Standard Time unless premium is not paid or Policy is cancelled. Policy Form: Medical Professional Liability Reporting Policy Reporting Form of Claims-Made	
Limits of Medical Professional Liability Coverage: Each Occurrence: \$1,000,000 Annual Aggregate: \$3,000,000 Retroactive Date: 09/30/2015	
Notice: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE RECIPIENT OF THIS CERTIFICATE. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED. This is to certify the Mutual Insurance Company of Arizona ("MICA") has issued the policy of insurance listed above to the insured named for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all terms, exclusions, and conditions of the policy. Aggregate limits shown may have been reduced by paid claims. MICA will not provide any notice to the recipient of this certificate in the event the policy described herein is modified or terminated prior to the expiration date.	



Registrar

10/1/2015 11:39:46 AM - Arizona Time
 Darlene Jones

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Laura Larson-Huffaker

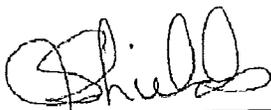
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-0885

Under its seal and signatures,



Board Chair

Issue Date: July 1, 2004

Expiration Date: June 30, 2017



Arizona State University

Greeting to all to whom these Letters shall come
The Arizona Board of Regents
by virtue of the authority vested in it by law and
on recommendation of the University Faculty does hereby confer on

Laura Larson

who has satisfactorily completed the Studies prescribed therefor
the Degree of

Master of Counseling

with all the Rights, Privileges and Honors thereunto appertaining

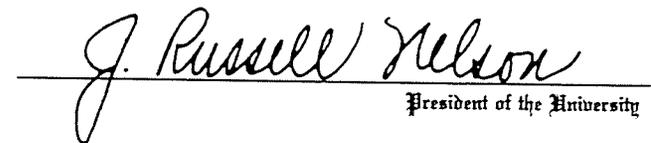
In Witness whereof the Seal of the University is hereto affixed

Done at Tempe, Arizona, this sixteenth day of December,
one thousand nine hundred and eighty-eight.


Governor of Arizona


President of the Board




President of the University


Registrar of the University

July 2015

CURRICULUM VITAE

LAUREN BONNER, M.D.

PERSONAL DATA

Current Address: 2806 W. Amberwood Drive
Phoenix, AZ 85045
(602) 525-0610
Email Address: laurentoscabonner@gmail.com
Citizenship: USA

EDUCATION

1995 MD (**with Honors**), Southern Illinois University, School of Medicine, Springfield, IL.
1991 Medical Education Preparatory Program, Southern Illinois University, School of Medicine, Springfield, IL.
1987 BA, Psychology, University of Illinois, Urbana, IL.

POSTGRADUATE TRAINING

8/99-8/00 Geriatric Psychiatry Fellowship, Department of Psychiatry and Behavioral Sciences, University of Washington/Veterans Administration Puget Sound HealthCare Systems (VAPSHCS), Seattle, WA.
7/98-8/99 Chief Resident, Department of Psychiatry, University of New Mexico, Albuquerque, NM.
4/96-7/98 Residency, Department of Psychiatry, University of New Mexico, Albuquerque, NM.
7/95-4/96 Internship, Department of Emergency Medicine, University of New Mexico, Albuquerque, NM.

EMPLOYMENT/FACULTY AND HOSPITAL APPOINTMENTS

2014 - present Private Practice, Strategic Mental Health
Scottsdale, AZ
2013 - 2015 Chief Medical Officer
Arizona State Hospital
Phoenix, AZ
2013 - 2013 Acting Chief
Inpatient Psychiatry, Carl T. Hayden VA
Phoenix, AZ
2010 - 2013 Lead Inpatient Psychiatrist
Lead Geriatric Psychiatrist, Carl T. Hayden VA

Phoenix, AZ
2009 - 2010 Medical Director, Mesilla Valley Hospital
Las Cruces, NM.
2006 - 2009 Staff Psychiatrist, Four County Mental Health Center
Coffeyville, KS.
2006 - 2009 Medical Director, VJ Reddy Behavioral Health Unit
Coffeyville Regional Medical Center
Coffeyville, KS
2005 - 2006 Staff Psychiatrist, Sun Health Research Institute
Sun City, AZ
2003- 2008 Private Practice
Phoenix and Scottsdale, AZ
2003 - 2004 ACT Team Psychiatrist and Psychiatric Emergency Room Staff
Psychiatrist
Value Options
Phoenix, AZ
2002- 2003 Geriatric Psychiatry Consultant (donated time)
Caroline Kline Galland Nursing Home
Seattle, WA
2002 - 2003 Geriatric Psychiatry Consultant (donated time)
Seatoma Convalescent Center
Des Moines, WA
2001 - 2003 Geriatric Psychiatry Consultant (donated time), Wesley Homes Nursing Home
Des Moines, WA
2001 - 2003 Supervisor and Instructor, MIRECC Fellowship Program
VAPSHCS and University of Washington
Residency Training
Program,
Seattle, WA
2001- 2003 Staff Psychiatrist, Mental Illness Research Education Center
(MIRECC), VAPSHCS
Seattle, WA
2000 - 2003 Staff Psychiatrist, VAPSHCS
Post Traumatic Stress Disorder Clinic
Seattle, WA
2000 – 2003 Acting Instructor, Department of Psychiatry and Behavioral
Sciences
University of Washington School of Medicine
Seattle, WA

HONORS AND AWARDS

2006 Epidemiology of Alzheimer's Disease, Travel Fellowship
Sponsor- University of California San Diego, School of Medicine
2002 8th International Conference on Alzheimer's Disease and Related Disorders, Travel
Fellowship
1999&2000 Stepping Stones Program Travel Award, American Association for Geriatric

Psychiatry, Stepping Stones Program
1998 Resident of the Year, University of New Mexico, Department of Psychiatry
1997 American College of Neuropsychopharmacology, APA Travel Awardee
1997 Leonard H. Weisskopf Scholar, University of New Mexico, Department of Psychiatry
1994 **Alpha Omega Alpha Honor Medical Society**
1991-1995 Southern Illinois University, School of Medicine, Minority Student Scholarship

BOARD CERTIFICATIONS

Psychiatry-American Board of Psychiatry and Neurology-Board Certified, Certificate #51501
Geriatric Psychiatry- American Board of Psychiatry and Neurology-Board Certified, Certificate

MEDICAL LICENSURE

Physician and Surgeon-State of Arizona
Physician and Surgeon- State of New Mexico

PROFESSIONAL ORGANIZATIONS

American Psychiatric Association

CLINICAL TRIALS EXPERIENCE

Industry Sponsored 2000-2003

A Multicenter, Randomized, Double-Blind, Placebo Controlled Study of Three Fixed Doses of Aripiprazole in the Treatment of Institutionalized Patients with Psychosis Associated with Dementia of the Alzheimer's Type. Phase 3

A Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Safety and Efficacy of Vitamin E and Donepezil HCl (Aricept®) to Delay Clinical Progression from Mild Cognitive Impairment (MCI) to Alzheimer's Disease. Phase 3

A Prospective, Randomized, Multicenter, Double-Blind, Placebo-Controlled, Parallel-Group Study of the Effect of Exelon on the Time to Clinical Diagnosis of Alzheimer's Disease in Subjects with Mild Cognitive Impairment. Phase 3

A Randomized, Double-Blind, Placebo-Controlled Evaluation of the Safety and Efficacy of Memantine in Patients with Mild to Moderate Dementia of the Alzheimer's Type. Phase 3

A Long-Term Extension Study Evaluating the Safety and Tolerability of BID (twice daily) and QD (once daily) Administration of Memantine in Patients with Mild to Moderate Dementia of the Alzheimer's Type. Phase 3

A Multicenter Trial of Rofecoxib and Naproxen in Alzheimer's Disease. Phase 3

Long-Term Safety of Galantamine in the Treatment of Alzheimer's Disease. Phase 3

Open-Label Use of Synthetic Galantamine in the Treatment of Alzheimer's Disease. Phase 4

Grant Sponsored 2000-2003

Alzheimer's in Long-Term Care – Propranolol/Prazosin for Agitation.

BIBLIOGRAPHY

PEER REVIEWED JOURNAL ARTICLES

- Bonner LT**, Tsuang DW, Steinbart E, Cherrier M, Eugenio C, Du J, Limprasert P, La Spada AR, Bird TD, Seltzer B, Leverenz JB. Familial Dementia with Lewy Bodies with an Atypical Clinical Presentation. *J of Geriatric Psychiatry Neurology*, 16(1):59-64, 2003.
- Peskind ER, Tsuang DW, **Bonner LT**, Riekse RG, Pascualy M, Snowden M, Thomas R, Raskind MA. Propranolol for disruptive behaviors in nursing home residents with probable or possible Alzheimer's disease: a placebo controlled study. *Alz Disease and Assoc Disorders*, 19(1) 23-28, 2005.
- Ohtake H, Limprasert P, Fan Y, Onodera O, Kakita A, Takahashi H, **Bonner LT**, Tsuang DW, Raskind MA, Lee VM, Trojanowski JQ, Ishikawa A, Idezuka J, Murata M, Toda T, Bird TD, Leverenz JB, Tsuji S, La Spada A. Beta-synuclein gene alterations in dementia with Lewy Bodies. *Neurology*, 63(5): 805-11, 2004.
- Peskind ER, **Bonner LT**, Hoff DJ, Raskind MA. Prazosin reduces trauma-related nightmares in older men with chronic posttraumatic stress disorder. *J of Geriatric Psychiatry Neurology*, (3): 165-71, 2003.
- Bonner LT**. Merging academic medicine with community activism: an academic psychiatrist chronicles her day. *Academic Psychiatry*, 27(3): 209-10, 2003.
- Bonner LT**. Commentary on Bridging the Gap: Recruitment of African-American Women into Mental Health Research. *Academic Psychiatry*, 27 (1): 29-30, 2003.

BOOK CHAPTERS

- Bonner LT**, Peskind ER. Pharmacologic Treatments of Dementia. *Med Clin North Am*, 86: 657-674, 2002.
- Raskind MA, **Bonner LT**, and Peskind ER. Cognitive Disorders Chapter. *Textbook of Geriatric Psychiatry*, American Psychiatric Association, 2004.

ABSTRACTS and PRESENTATIONS

- Limprasert P, Taylor JP, B. Leverenz JB, Tsuang DW, **Bonner LT**, Tanaka F, Bird TD, Sopher BL, La Spada AR. Beta-synuclein gene alteration with Lewy Bodies (DBL). *Am J Hum Genet* 69; S4, 2001.
- Leverenz JB, **Bonner LT**, Ellen E, Cherrier M, Bird TD, Tsuang DW. Familial Dementia with Lewy bodies with an atypical clinical presentation. *Mov Disorders*, 16:S60, 2001.
3. Peskind ER, **Bonner LT**, Li G, Hoff DJ, Raskind MA. Adrenergic Antagonists for Disruptive Agitation in Nursing Home Residents with Alzheimer's Disease. *Neurobiol Aging*, 23(1S): S90, 2002.
4. **Bonner LT**, Tsuang DW, Eugenio C, DiGiacomo L, Nochlin D, Bowen J, McCormick W, Teri L, Raskind MA, Kukull W, Larson E, Leverenz JB. Dementia with Lewy bodies in a community-based sample. *Neurobiol Aging*, 23(1S): S447, 2002.

INVITED LECTURES/TELEVISION APPEARANCES

- "Bereavement." Geriatric Research Education and Clinical Center Lecture Series, Veterans Administration Hospital Puget Sound, Seattle, WA, 1/24/00.

"Alzheimer's Disease in the African-American Community". Diversity and Social Justice Forum, University of Washington, Department of Social Work, 3/14/02.

"Medications in Alzheimer's Care: Drug Recommendations, Combinations and Side Effects." Washington State Alzheimer's Association 17th Annual Regional Conference, Seattle, WA, 5/17/02.

"Alzheimer's Disease – Impact on African-Americans and Overview of General Treatment Recommendations." Advanced Facilitator Training, Washington State Alzheimer's Association, Seattle, WA, 6/26/02.

"Delirium, Dementia and Depression in the Elderly: Unraveling the Mystery." University of Washington, School of Nursing, Nurse Practitioners Masters Degree Program, 12/3/02.

"Alzheimer's in Arizona", Expert Panel Member, PBS, Channel 8, 01/21/04, Phoenix, AZ.

"Pharmacologic Treatment of Depression in the Elderly." Arizona Geriatrics Society, Annual Meeting, 10/28/05, Phoenix, AZ.

"Treatment of Depression and Anxiety in Parkinson's Disease". Barrow Neurological Institute, Mohammed Ali Parkinson's Disorders Center, Annual Community Lecture Series, March 2006, Phoenix, AZ

"Treatment of Chronic Pain". Sun Health Research Institute, Community Lecture Series, April 2006, Sun City, AZ.

"African Americans and Alzheimer's Disease". Washington State Alzheimer's Association, First Annual Conference on African Americans and Alzheimer's Disease, October 2006, Seattle, WA.

"Alzheimer's Disease-What you need to know". Coffeyville Regional Medical Center, Community Educational Forum, October 2006, Coffeyville, KS.

"Treatment of Depression in the Elderly". The University of Kansas Medical Center, Area Health Education, Continuing Medical Educational Series, November 2006, Coffeyville, KS.

"Update on the Impact of Alzheimer's Disease in the African American Community".

Washington State Alzheimer's Disease Association, Second Annual Conference on African Americans and Alzheimer's Disease, October 2007, Seattle, WA.

"Diagnosis and Treatment of PTSD in Geriatric Patients". The University of Kansas Medical Center, Area Health Education, Continuing Medical Educational Series, October 2007, Coffeyville, KS.

"Treatment of ADHD in Children and Adolescents". The University of Kansas Medical Center, Area Health Education, Continuing Medical Educational Series, February 2008, Coffeyville, KS.

"The Treatment of Depression in the Elderly". Mesilla Valley Hospital, Lunch and Lecture Series, January 2010, Las Cruces, NM.

COMMUNITY/VOLUNTEER ACTIVITIES

2002 – 2003 African American Elders Services Project, Board Member, Seattle, WA.

2000 - 2003 Multifaith Works, Board Member, Seattle, WA.

2003 - 2006 "Standing in the Gap" Alzheimer's Initiative, Desert Southwest Chapter, Alzheimer's Association and Delta Sigma Theta Sorority Incorporated, Phoenix, AZ.

COMMUNITY AWARDS

2005

Community Service Award in the Field of Medicine, African
American Legislative Division, State of Arizona, Phoenix, AZ.

PAGE 1

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



IMPACT - SUICIDE PREVENTION CENTER
21476 North John Wayne Parkway, Suite C 101
Maricopa, Arizona 85239

This facility is licensed to operate as a(n) OUTPATIENT TREATMENT CENTER

From: November 1, 2015

To: October 31, 2016

Issued: August 27, 2015


Recommended by: Connie Belden, RN
Bureau Chief

License: OTC6771


Issued By: Colby Bower
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

Laura Larson-Huffaker, M.C., LPC
7668 E. Wood Dr.
Scottsdale, AZ 85260
(480)951-3083

Education/Licensing

Licensed Professional Counselor--Arizona Board of Behavioral Health
Masters of Counseling (1988)--Arizona State University

Experience

EMPACT-Suicide Prevention Center (1995-present)

Executive Director (March, 2006 to present): Responsible for oversight and management of the agency. Interface with Board of Directors to create and oversee agency strategic planning, ensure agency mission and goals are achieved, manage budget, ensure programs are clinically sound, represent agency in community, and interface with behavioral health and other community stakeholders. Lead administrative team in directing day to day agency operations.

Director of Clinical Services (June, 2001 to March, 2006): Responsible for overseeing all agency clinical departments and programs: outpatient counseling (GMH and S/A), psychiatric services, prevention programs, crisis services, suicide prevention services, case management, intake and referral, and training. Responsibilities include clinical supervision of department managers, interface with RHBA, behavioral health agencies, children's networks and crisis system providers, program development and improvement, licensing, credentialing & accreditation oversight and preparation, development of agency policies and procedures, utilization management, risk management and clinical program review.

Crisis Department Manager (1998 to 2001): Oversee the programs in the crisis department: Dispatch teams (contracted by ValueOptions to provide 30 minute crisis response services for Maricopa County), Follow-up Teams and Behavior Management Teams (also contracted by ValueOptions to provide home based family stabilization services for crisis clients), and Special Projects Teams (which provide crisis mobile team services to non-ValueOptions contractors including ASU, ALTCS, United Behavioral Health, and others). Provide direct clinical supervision to the coordinators of each of the programs, and indirect supervision to a staff of approximately 90 masters and bachelors level clinicians. Provide training to staff in the areas of Crisis Intervention from a Family Systems Perspective, Documentation, Suicide Assessment and Intervention, Notice of Intended Action and other trainings as the need arises. Interface with supervisors from other provider agencies within the crisis network to assure quality and continuity of care for clients in the crisis system. Provide risk management, critical incident reviews and analysis, as well as customer service functions.

Mobile Team Coordinator (1996-1998): Prior to being offered the Manager position, I served as Program Coordinator for the East and West side mobile teams. In this position, I provided direct clinical supervision to therapist's and behavioral health specialists who were on the crisis teams. Assisted in developing policies and procedures for teams, provided training for staff, and was involved in EMPACT's Quality Management program. Rotate in an on-call rotation in which teams would call to staff crisis interventions while they were on scene as part of risk management procedures. Performed regular chart audits for risk management and staff development purposes.

Crisis Therapist (1995-1996): I was a lead therapist on a crisis team providing de-escalation, assessment, crisis counseling and referral services for client's experiencing behavioral health crises throughout Maricopa County.

Jewish Family and Children's Services (1989-1994): Worked as a home based therapist at JFCS for approximately a year, then transitioned when the agency was awarded the only two Maricopa County teams in what was then a new DES Family Preservation Pilot Program. I was brought into the program as an Assistant to the Director and attended all of the meetings where the different entities involved in the program established the parameters and scope of the services we would provide, as well as fine tuned the details of program implementation. Had an active role in creating the Family Preservation Program in Arizona and later accepted a position as a therapist on one of the teams. My responsibilities in addition to providing therapy to families referred through CPS, were mainly in the area of risk management, community education, and program development. I was able to help develop the program from the ground up, including the assessment forms used, the procedures for referring clients, the actual guidelines of the program, and the referral and termination procedures for clients who completed the 8 weeks. Interfaced regularly with CPS caseworkers in order to staff clients in the program as well as to improve relations between the provider and the contracting entity.

Other: Prior to obtaining my masters degree in 1998, I worked for two years in retail management and acquired skills and knowledge in the areas of customer service, budgeting, quality assurance, overseeing daily operations, delegating responsibilities, as well as hiring/terminating, training and supervising employees. I also worked for 5 years as an office manager in a small real estate appraisal office. My responsibilities there included record keeping, billing, report preparation, scheduling, purchasing, and general office management.

The American Board of Psychiatry and Neurology

Incorporated 1934

Member of the American Board of Medical Specialties

hereby declares

Lauren Tosca Bonner, M.D.

*maintained certification in Psychiatry
on February, 2012*

*as a Diplomate of the American Board of Psychiatry and Neurology
Ongoing certification is contingent upon meeting the requirements of
Maintenance of Certification*

Beth A. Brody

Chair

Janice Massey

Vice-Chair

Larry R. Faulkner, MD

President

Patricia K. Cummings, MD

Secretary

Jeffrey L. Lohr, MD

Treasurer

Certificate No 51501

*Certification is subject to the continued unlimited licensure
to practice medicine in the United States of America or Canada.*



The American Board of Psychiatry and Neurology

Incorporated 1934

Member of the American Board of Medical Specialties

hereby declares

Lauren Tosca Bonner, M.D.

was certified in Geriatric Psychiatry
on August 27, 2012

as a Diplomate of the American Board of Psychiatry and Neurology
Ongoing certification is contingent upon meeting the requirements of
Maintenance of Certification

Barbara Brodzka

Chair

Janice Massey

Vice-Chair

Lang R. Fallick MD

President

Patricia K. Creemere MD

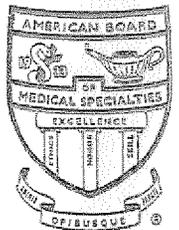
Secretary

Delbert L. Lebel MD

Treasurer

Certificate No 3087

Certification is subject to the continued unlimited licensure
to practice medicine in the United States of America or Canada.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB5956202	07-31-2016	Exempt
XB5956202		
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER-DW/30	07-26-2013
BONNER, LAUREN TOSCA MD LIMITED TO STATE EMPLOYEE OFFICIAL DUTIES ONLY ARIZONA STATE HOSPITAL CHIEF MEDICAL OFFICER 2500 E VAN BUREN, D181 PHOENIX, AZ 85008 6037		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Restricted to Government personnel for official duties only
 Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB5956202	07-31-2016	Exempt
XB5956202		
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER-DW/30	07-26-2013
BONNER, LAUREN TOSCA MD LIMITED TO STATE EMPLOYEE OFFICIAL DUTIES ONLY ARIZONA STATE HOSPITAL CHIEF MEDICAL OFFICER 2500 E VAN BUREN, D181 PHOENIX, AZ 85008 6037		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Restricted to Government personnel for official duties only
 Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

BONNER, LAUREN, TOSCA, (MD)
 8160 E BUTHERUS DRIVE
 SUITE 9
 SCOTTSDALE, AZ 85260-0000-000



10010576/000102

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB5011907	07-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	01-13-2015
BONNER, LAUREN, TOSCA, (MD) 8160 E BUTHERUS DRIVE SUITE 9 SCOTTSDALE, AZ 85260-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB5011907	07-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	01-13-2015
BONNER, LAUREN, TOSCA, (MD) 8160 E BUTHERUS DRIVE SUITE 9 SCOTTSDALE, AZ 85260-0000		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (4/07)

Introduction to Empact-Suicide Prevention Center

Organizational Intent: Founded in 1987, EMPACT-Suicide Prevention Center (EMPACT-SPC), a member of La Frontera Arizona, is an industry leading non-profit behavioral health organization dedicated to providing valued community services in the areas of suicide prevention, crisis intervention, counseling, substance abuse, trauma healing, and prevention programming to individuals and families. With locations in Tempe, Glendale, Central Phoenix (inclusive of two SMI clinics), San Tan Valley, the City of Maricopa, and a projected site in Apache Junction, EMPACT-SPC provides services to Maricopa and Pinal Counties.

EMPACT-SPC's mission is to provide innovative solutions to complex problems by working with community partners to build a safe, strong, and healthy Arizona. Our organization affirms the power of healthy families and communities as the foundation of positive change. EMPACT-SPC is a community-based 501(C)(3) nonprofit organization licensed by the Arizona Department of Health Services, and accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF) and the American Association of Suicidology (AAS).

EMPACT-SPC has delivered crisis prevention and intervention services since its founding. We have extensive experience in working with service recipients and their families, law enforcement, Adult Probation, Court Administration, Public Fiduciaries and other healthcare and community stakeholders to conduct assessment and screening when persons who are a danger to themselves or others or persistently or acutely or gravely disabled require involuntary court-ordered behavioral health treatment. In Maricopa County, EMPACT-SPC has been a provider of crisis mobile team services and emergent and non-emergent pre-petition screenings since 1987. As a point of distinction, EMPACT-SPC has been the *sole* provider of non-emergent pre-petition screenings in Maricopa County since 2000. EMPACT-SPC's intent with this solicitation is to bid as a Screening/Crisis Agency for the provision of assessment and screening services for involuntary individuals who are either a danger to self or others (DTS/DTO) or persistently or acutely or gravely disabled (PAD/GD).

Recovery Based: All services provided to clients will be in alignment with recovery principles including:

- Self-direction: Consumers determine their own path to recovery.
- Individualized and person-centered: There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds.

EMPACT-Suicide Prevention Center

- Empowerment: Consumers can choose among options and participate in all decisions that affect them.
- Holistic: Recovery focuses on people's entire lives, including mind, body, spirit and community.
- Nonlinear: Recovery isn't a step-by-step process but one based on continual growth, occasional setbacks and learning from experience.
- Strengths-based: Recovery builds on people's strengths.
- Peer support: Mutual support plays an invaluable role in recovery.
- Respect: Acceptance and appreciation by society, communities, systems of care and consumers themselves are crucial to recovery.
- Responsibility: Consumers are responsible for their own self-care and journeys of recovery.
- Hope: Recovery's central, motivating message is a better future — that people can and do overcome obstacles.

Community Engagement: The proposed program will use additional community resources to assist in the identification, engagement, intervention and success of clients. Community partners include:

- Employers and Employment Agencies
- Housing providers
- Landlords
- City and County Official
- Coalition on Homelessness
- Homeless service providers including: Seeds of Hope, MASH Men's Shelter, Against Abuse, Inc., Casa Grande Valley Outreach Center, St. Vincent De Paul Society, Shelter Hotline
- Police and Fire Departments
- Hospitals
- Residential Providers
- Community Bridges and Horizon Health and Wellness
- Courts
- Cenpatco Utilization Management Department (High Cost/High Risk)
- Cenpatco Criminal Justice Liaison
- NurseWise Crisis Line
- Crisis Mobile Teams
- Community Food Banks
- Local and Regional Ministerial Associations

- Community Colleges
- Consumer and Family Organizations

GEO Accessibility: EMPACT-SPC will have the capability to provide petition screening services throughout the identified service area. Our agency has a presence within Pinal County, including locations in San Tan Valley, the city of Maricopa, and a projected Apache Junction Location. Our agency will work with other organizations including Adult Probation, law enforcement, hospitals, correctional facilities, residential treatment providers, crisis providers, employers, rehabilitation providers, landlords, other housing providers to ensure services are available to meet the client's need.

EMPACT-SPC locations serving Pinal County:

2474 E Hunt Highway #100; San Tan Valley AZ 85143

21476 N John Wayne Pkwy #C101; Maricopa AZ 85139

Apache Junction: projected

Staff Qualifications and Training: All staff members serving the program will have appropriate qualifications and training to meet the needs of clients. Professional employees shall possess current valid professional licenses or certificates. Team members will receive all new employee and annual training as required by Cenpatico and EMPACT-SPC. All team members will have access to ongoing support and professional development through EMPACT-SPC. Current staff retention rates for all employees within the organization is over 80% at the one year mark.

EMPACT-SPC's crisis staff members are veteran employees of the organization with years of crisis system experience. We also support staff members through the availability of an on-call coordinator and medical director and have established strict guidelines for staffing with on-call staff in cases where the member presents with moderate to high risk for DTS/DTO. Additionally, EMPACT-SPC adheres to national standards for Culturally and Linguistically Appropriate Services (CLAS) to serve members with language and communication needs. Currently we have an adequate number of Spanish speaking staff to meet the need. We use the language line and Arizona Freelance Interpreting Service for American Sign Language assistance if necessary. Should EMPACT-SPC be awarded a contract for this program, the agency may hire additional staff to support the program, depending on the number of contract awardees and volume of assessment/screening requests.

Statement of Work Response

2.2 Screening/Crisis Agency: The Contractor shall provide assessment to individuals who are a danger to self or others, persistently or acutely or gravely disabled and are in need of involuntary, court-ordered behavioral health treatment in accordance with A.R.S. § 36-545.06.

EMPACT-SPC's intent with this solicitation is to bid as a Screening/Crisis Agency for the provision of assessment and screening services for involuntary individuals who are either a danger to self or others (DTS/DTO) or persistently or acutely or gravely disabled (PAD/GD). EMPACT-SPC has decades of experience in conducting assessments of involuntary individuals and facilitating the application process for court ordered behavioral health treatment. We utilize best practice risk screening tools and effective intervention models to work with members in crisis. Behavioral health service recipients and potential petition applicants benefit from working with a provider such as EMPACT-SPC whose team is skilled and knowledgeable with regard to the nuances of the application process for involuntary evaluation. All EMPACT-SPC staff comply with Title 36 requirements related to involuntary screenings and applications for court ordered behavioral health treatment.

2.2.1 The Contractor shall provide crisis intervention/screening at the location where the person is in crisis (e.g. residence, emergency room, jail) by a mobile one or two person team to assess an individual reported to be experiencing a mental health crisis. The Contractor shall respond as soon as practical, but in any event not less than two hours from the time of activation unless there are extenuating circumstances.

EMPACT-SPC meets the two hour response time requirement to conduct face to face assessment of individuals who are in need of emergency crisis intervention/screening (DTS/DTO). In fact, within Maricopa County, our average response time is less than one hour for community calls and thirty minutes when responding to calls with police on scene. The two-person crisis team is available 24 hours a day, seven days a week to conduct these emergency assessments and will complete the assessment/screening at the location of the person in crisis, including their residence, emergency rooms, and jail.

With offices in San Tan Valley, the city of Maricopa, and our planned site in Apache Junction, EMPACT-SPC's non-emergency petition team, which conducts petition screenings for individuals with a PAD or GD presentation, can arrange to meet potential applicants in one of our established offices, or anywhere in the Pinal County community that is convenient to the applicant. Likewise, the EMPACT-SPC's two-person teams are capable of conducting face to

face assessments of the involuntary behavioral health member in their home, the emergency room, jail or in any other community location. With regard to timeliness of response for non-emergency petition screenings, EMPACT-SPC complies with ARS 36-521. EMPACT-SPC has an exceptional record of timely responses to non-emergency petition requests as evidenced by our 99% timeliness in Maricopa County. EMPACT-SPC non-emergency petition team members contact the applicant within 24 hours of activation to provide education regarding the petition process. Should the applicant wish to pursue a non-emergency petition, the EMPACT-SPC team schedules a face to face meeting with the applicant for completion of the application. EMPACT-SPC attempts face to face assessments with the involuntary behavioral health member within 48 business hours of completion of the non-emergency petition application.

If, upon initial contact with the potential applicant or during the face to face assessment of the individual for a non-emergency petition, it appears the crisis *is* of an emergency nature (the individual is an immediate danger to self or others), EMPACT-SPC will facilitate the emergency petition application process .

2.2.2 The Contractor shall ensure on-call crisis specialists are available 24 hours a day for crisis intervention.

EMPACT-SPC crisis mobile teams are available 24 hours a day, seven days a week. The teams can be activated for crisis intervention by contacting EMPACT-SPC's crisis hotline at 480-784-1500.

Referrals to the EMPACT-SPC non-emergency petition team may be made via phone (to the petition team number during business hours, or the EMPACT-SPC 24 hour crisis hotline after hours at 480-784-1500), fax, or email 24 hours a day. Non-emergency petition referral information is picked up by the EMPACT-SPC petition team weekdays between 8am and 7pm.

2.2.3 The Contractor shall provide a face-to-face evaluation whenever possible to determine an individual's need for involuntary civil commitment.

In the case of emergency petition screenings for individuals who are DTS/DTO, the EMPACT SPC team will make face to face contact with both the applicant and the individual being evaluated within two hours of activation.

Upon completion of non-emergency petition paperwork with the applicant for individuals who are PAD or GD, EMPACT-SPC will attempt face to face contact with the individual being

petitioned within 48 business hours. Our team will make up to three attempts to contact the member (on different days and different times of day). The face to face assessment will aid in EMPACT-SPC's determination as to whether the need for involuntary treatment is substantiated. If we are unable to conduct a face to face assessment due to inability to make contact with the individual, the application is staffed with our Medical Director for a decision as to whether to continue with the petition for Court Ordered Evaluation. If the application does not proceed, the applicant and appropriate Pinal County representatives will be notified in a timely manner, to align with the needs of the County.

In all cases, EMPACT-SPC utilizes its Crisis Risk Assessment when conducting a petition screening for members presenting with DTS/DTO, PAD or GD. This assessment tool provides for a thorough evaluation of risk to the member or others and identifies whether the member is considered to be at low, moderate or high risk. Additionally, EMPACT-SPC incorporates feedback from family members or other stakeholders as applicable to the assessment/screening process.

2.2.4 The Contractor shall provide assistance and guidance in developing alternatives to involuntary confinement through counseling the client and, if applicable, the client's family, representative, parent, guardian or agent.

One of the goals of EMPACT-SPC's crisis mobile teams is to mobilize and coordinate clinically necessary care in the least restrictive environment possible. When EMPACT-SPC speaks with the petition applicant, the petition process and possible outcomes or alternatives are described in detail. When the involuntary behavioral health member is assessed, alternatives such as voluntary treatment are offered and coordinated. If the individual agrees to seek treatment voluntarily, the petition process is placed on hold and the individual is given 5 days to obtain voluntary treatment with an urgent crisis center or other appropriate behavioral health provider. If the individual does not obtain treatment during this time, EMPACT SPC resumes the petition process.

2.2.4 The Contractor shall initiate the preparation of a court-ordered evaluation packet when necessary to ensure the safety of a person due to a mental health crisis when that person is unable or unwilling to participate in treatment.

EMPACT-SPC assists the applicant in completing the Application for Emergency Admission and facilitates the completion of all other documents required in the court ordered evaluation

packet. All EMPACT-SPC petition team members have the capability to notarize all relevant documents.

2.2.4.1 The Contractor shall complete, or provide assistance to family, friends, law enforcement or other acquaintance witnesses to complete, the following documentation: a) Application for Involuntary Evaluation;

b) Application for Emergency Admission;

c) Petition for Court-Ordered Evaluation (must be completed by Medical Director or Deputy Medical Director);

d) Pre-Petition Screening Report (only required in cases where emergency admission is not sought and must be completed by an employee of the screening/crisis agency who is not an applicant for evaluation).

The EMPACT-SPC petition team assists the applicant in completion of the Application for Involuntary Evaluation and completes the Application for Emergency Admission. EMPACT-SPC's Medical Director (or Deputy Medical Director) will complete the Petition for Court Ordered Evaluation. Our petition team completes the Pre-Petition Screening report for all applicable situations.

2.2.5 The Contractor shall transmit the completed documentation to designated admitting inpatient psychiatric hospitals. Upon acceptance for admission, the screening/crisis agency shall execute and transmit a pick-up order to the appropriate law enforcement agency.

EMPACT-SPC will adhere to all established procedures for transmitting completed documentation to the COE admitting facility and will coordinate transmission of pick-up orders to the appropriate law enforcement agency.

2.2.6 The Contractor shall also transmit the completed documentation to the Pinal County Public Fiduciary's Office and the Pinal County Attorney's Office.

EMPACT-SPC is experienced in making all required copies and will comply with transmission of completed documentation to the appropriate Pinal County representatives.

Response Form 2

Responder shall complete ROQ-150321 Response Form 2 Pricing Sheet. Any response that does not include this completed Pricing Sheet or includes an incomplete Pricing Sheet may cause the entire offer to be deemed unacceptable and therefore non-responsive.

Court Ordered Evaluation

Services	Total
Court Ordered Evaluation	\$ per 24 hour day

Alcohol and Illegal Substance Abuse

Services	Total
Initial Intake or Psychiatric evaluation services	\$ each
Crisis Services	\$ per hour
Individual Counseling Services	\$ per hour
Medication Monitoring Services	\$ per 15 minutes
Group Therapy Services	\$ per hour

Sex Abuse Treatment

Services	Total
Individual and Family Therapy	\$ per hour
Group Therapy	\$ per hour, per client
Full Psychophysiological evaluation	\$ each
Abel Screen	\$ each

Abel Re-test	\$	each
MSI-II	\$	each
MMPI-II	\$	each
Polygraph	\$	each
Plethysmograph (initial)	\$	each
Plethysmograph (re-test)	\$	each

1. The County will not reimburse the Contractor for probationer “no shows”
2. The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.

Pre-Petition Screening

Services	Total	
Crisis Intervention Services	\$ 45.00	per 15 minutes
Crisis Intervention Services (2 person team)*	\$ 90.00	per 15 minutes

* 2 person team may only be used in non-secured environments.

***NOTE: This is all-inclusive. No additional fees will be paid by the County.**

EMPACT – Suicide Prevention Center, Laura Larson-Huffaker
Firm/Individual



Authorized Signature and Date 12/02/15