



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

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.

Owner/Administrator

Authorized Signature	Title
Marcy Wilkerson	11/17/15
Printed Name	Date
Mountain Valley Counseling Associates, Inc.	602-870-0972
Company Name	Telephone
2400 W. Dunlap Ave. Suite 133	Phoenix, Az 85021
Address	City, State, Zip

For clarification of this offer, contact:

Name: Marcy Wilkerson Phone: 602-870-0972 Fax: 602-870-4271

Email: Marcy@mountainvalleyaz.com

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

<u>Todd House</u>	<u>Chairman</u>	
Name (Print)	Title	Signature

Approved as to form:

Pinal County Attorney's Office



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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.

Mountain Valley Counseling Associates, Inc
Firm

Authorized Signature



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Owner/Administrator

Authorized Signature	Title
_____ Marcy Wilkerson	_____ 11/17/15
Printed Name	Date
_____ Mountain Valley Counseling Associates, Inc.	_____ 602-870-0972
Company Name	Telephone
_____ 2400 W. Dunlap Ave. Suite 133	_____ Phoenix, Az 85021
Address	City, State, Zip

For clarification of this offer, contact:

Name: Marcy Wilkerson Phone: 602-870-0972 Fax: 602-870-4271

Email: Marcy@mountainvalleyaz.com

ACCEPTANCE OF OFFER
(For Pinal County Use Only)

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Awarded this _____ day of _____ 2016.

Name (Print)	Title	Signature
_____ Approved as to form:	_____	_____
_____ Pinal County Attorney's Office		



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OFFER AND ACCEPTANCE FORM – Page 2

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Mountain Valley Counseling Associates, Inc
Firm

Authorized Signature



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wide open opportunity

Addendum Acknowledgement Form

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyaz.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:

11/17/15

ADDENDUM NO. 1 Acknowledgement _____
Signature Date

ADDENDUM NO. 2 Acknowledgement _____
Signature Date

ADDENDUM NO. 3 Acknowledgement _____
Signature Date

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

Firm

Authorized Signature

Offeror's Background Statement

MVC has provided quality mental health counseling, mental health evaluations, psychosexual evaluations, substance abuse and sexual offender treatment services to individuals on probation since 1985. We currently provide mental health, substance abuse, and sex offender treatment services for Maricopa County Adult Probation, Pinal County Adult Probation, and U.S. Probation.

Mountain Valley treats every client with dignity and respect. Each client is viewed as a unique individual and therefore every treatment plan is especially designed for the specific individual. MVC maintains a therapeutic environment at all times. As each individual's learning style may be different, MVC utilizes a variety of ways to deliver the components of each treatment program (e.g. use of visual aids, role-playing, group and counselor feedback, offering groups for people with special needs, moving at a pace that the client is able to keep up with, use of more verbal interactions and less reading). All treatment and evaluation materials are presented to each client on a level and in a manner that best ensures the client is able to comprehend the material.

All MVC therapists are trained to be culturally and ethnically sensitive. Each client's ethnicity, culture, gender, socioeconomic background, sexual orientation, level of intellectual functioning, and age are taken into consideration when designing the client's individualized treatment plan, in homework assignments that are given, and in therapeutically interacting with each client. MVC offers gender specific counseling groups.

MVC believes in and uses only therapy techniques that are founded in the most current research. As the research clearly demonstrates, Cognitive Behavioral Therapy is the best therapeutic method to utilize with people who have mental health issues, substances abuse issues and have broken the law. Therefore MVC uses Cognitive Behavioral Therapy as its basic treatment approach for individual and group therapies.

MVC offices are licensed by the Az. Department of Health Services. Our offices are clean, comfortable, free of distractions, designed to guard each client's confidentiality, and maintain all state safety code requirements.

All of our offices are located near major freeways, on the city bus routes and near the light rail system and are very convenient to our many public-transit-rider clients. Our facilities meet all applicable federal, state and local regulations. Our facilities offer a multitude of group rooms, equipped to accommodate up to 12 clients in addition to the facilitator and probation officer. In addition each facility has appropriate office space for individual and family counseling sessions.

MVC's facilities are located at:

2400 W. Dunlap Ave, Suite 133, Phoenix, Arizona

145 E University Dr, Suite 6, Mesa, Arizona

1457 N. Eliseo C. Felix Jr. Way, Suite 108, Avondale, Az 85353

201 E. Cottonwood Lane, Casa Grande, Az 85222 - Pending license application

All MVC counselors/therapist are licensed, or in the process of licensing, by the Arizona Board of Behavioral Health Examiners. Each counselor has training and experience working with the various populations MVC serves. All counselors obtain at least 20 continuing education hours each year. Each counselor also meets with the clinical director weekly for at least two hours of supervision.

MVC believes, as the research demonstrates, that a close teamwork approach is needed to help the defendants achieve their treatment goals and have the best opportunity to live a healthy, prosocial, and meaningful life. MVC maintains close communications with all people involved with the defendant, including the USPO/USPSO, family members (whenever possible), and other professional involved with the defendant. Probation officers are always welcome to sit in on groups at any time. Arrangements can also be made with MVC counselors for Probation Officers to attend individual sessions.



OFFEROR'S CERTIFICATION OF COMPLIANCE STATEMENT

I hereby certify on behalf of Mountain Valley Counseling Associates, Inc., that we will provide the mandatory requirements stated in:

Section 2.1 - General Requirements

Section 2.4 - Alcohol/Illegal Substance Abuse Counseling

Section 2.5 - Sex Abuse Treatment

and all services in strict compliance with requirements, terms and conditions of the RFP.

I understand that failure to perform in accordance with any of the requirements, terms, and/or conditions may result in suspension or discontinuation of referrals or termination of the contract.

SIGNATURE: _____



DATE: 11/17/15

TITLE: Owner/Administrator

 <p>PINAL • COUNTY <i>wide open opportunity</i></p>	<p>ROQ-150321 Behavioral Health Services Response Form 1</p>	<p>Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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Responder Name: *Mountain Valley Counseling Associates, Inc.*

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Acceptability of Responses

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE

Each applicant must provide proof of current licensure and/or certification as well as Professional and General Liability insurance. Licensure/certifications vary for each discipline. Requirements for each discipline are outlined in the Statement of Work. Applicants are to provide proof of licensure and/or certification for the disciplines they would like to be considered for. This includes but is not limited to copies of the following items as applicable:

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: Mountain Valley Counseling Associates, Inc.

B. Business Name: Mountain Valley Counseling Associates, Inc.

C. Address: 2400 W. Dunlap Ave. Suite 133

City: Phoenix State: Az Zip: 85021

Phone: 602-870-0972 Fax: 602-870-4271

	ROQ-150321 Behavioral Health Services Response Form 1	Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132
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Email: Marcy@mountainvalleyaz.com

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. **See attached Certificate of Good Standing.**

3. Other: _____ attach appropriate registration/certification

E. Number of years applicant has been providing this service: 30 years

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

See attached.

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 attached.

3 Cost

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.

See attached.

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

Maricopa County Adult Probation - Sex Offender contract - Rosa Laine (602) 372-4701

Maricopa County Adult Probation - Substance Abuse contract - Shelley Fassett (602) 290-0278

U. S. Probation Department - Sex Offender contract - Donna Salazar (602) 322-7455

U. S. Probation Department - Substance Abuse contract - Donna Salazar (602) 322-7455

Pinal County Adult Probation Department - Sex Offender contract – Keith Reyes (520) 866-5600

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC.
2400 West Dunlap Avenue, Suite 133
Phoenix, Arizona 85021

This facility is licensed to operate as a(n) **COUNSELING FACILITY**

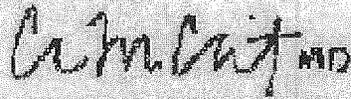
From: April 1, 2015

To: March 31, 2016

Issued: April 8, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: CSLG5907


Issued By: **Cara Christ, MD**
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

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC.
145 East University Drive, Suite 6
Mesa, Arizona 85201

This facility is licensed to operate as a(n) COUNSELING FACILITY

From: October 1, 2015

To: September 30, 2016

Issued: September 1, 2015


Recommended by: Connie Belden, RN
Bureau Chief

License: CSLG5929


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

**** Documentation of license application submitted to Az Dept. of Health Services for 201 E. Cottonwood Lane,
Casa Grande office - awaiting inspection of premises to obtain license ****

Marcy Wilkerson

From: Marci Smith <Marci.Smith@azdhs.gov>
Sent: Tuesday, November 03, 2015 11:42 AM
To: Marcy Wilkerson
Cc: John Maddy; Brittanie Farmer
Subject: Initial survey

Hi Marcy,

We received your application on 10/27/15 and it is currently being reviewed for completeness. Our support staff will send you a letter notifying you of missing items and when your application is complete. Upon receipt of a complete application a surveyor will be assigned to conduct the initial survey.

We look forward to working with you.

Marci

Marci Smith RN, BA, N.C.I.T
Operations Team Leader
Bureau of Medical Facilities Licensing
150 N. 18th Ave. Ste. 450
Phoenix, AZ 85007
Office: 602-364-3041
Cell: 480-341-2631
Marci.Smith@azdhs.gov

CONFIDENTIALITY NOTICE: This E-mail is the property of the Arizona Department of Health Services and contains information that may be PRIVILEGED, CONFIDENTIAL or otherwise exempt from disclosure by applicable law. It is intended only for the person(s) to whom it is addressed. If you receive this communication in error, please do not retain or distribute it. Please notify the sender immediately by E-mail at the address shown above and delete the original message. Thank you.

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CSLG6248	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY COUNSELING ASSOCIATE	STREET ADDRESS, CITY, STATE, ZIP CODE 1457 NORTH ELISEO C FELIX JR WAY, SUITE 108 AVONDALE, AZ 85323
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 000	<p>R9-10-1900 Initial Comments</p> <p>No deficiencies were found at the time of the State Compliance survey conducted on July 16, 2015.</p> <p> 7/17/15 ADHS Representative Date</p>	A 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH-4340	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2013
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY COUNSELING ASSOCIAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1457 NORTH ELISEO C FELIX JR WAY, SUITE 108 AVONDALE, AZ 85323
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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B 00A	<p>No Deficiencies</p> <p>No deficiencies were found at the time of the on-site initial inspection conducted on November 13, 2013.</p> <p><i>Lisa Kavanagh MS 11/14/13</i></p> <p>Lisa Kavanagh M.S. State Licensing Surveyor</p> <p style="text-align: right;">Date</p>	B 00A		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OTC5929	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2013
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY COUNSELING ASSOCIAT	STREET ADDRESS, CITY, STATE, ZIP CODE 145 EAST UNIVERSITY DRIVE, SUITE 6 MESA, AZ 85201
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 000	<p>01 Initial Comments</p> <p>Based on a deficiency free compliance survey conducted on September 13, 2013 for the licensing period of October 1, 2012 to September 30, 2013, the Department will issue the annual license for the licensing period of October 1, 2013 to September 30, 2014 without an onsite compliance survey according to ARS 36.425.E.</p> <p><i>Jeanne M Roush RN</i> 12/4/13 ADHS Representative Date</p>	A 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OTC5907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2014
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY COUNSELING ASSOCIATE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 WEST DUNLAP AVENUE, SUITE 133 PHOENIX, AZ 85021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	<p>Initial Comments</p> <p>No deficiencies were found at the time of State Compliance Survey conducted on January 10, 2014</p> <p> ADHS Representative</p> <p> Date</p>	X 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OTC5907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2014
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VALLEY COUNSELING ASSOCIATE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 WEST DUNLAP AVENUE, SUITE 133 PHOENIX, AZ 85021
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 000	<p>01 Initial Comments</p> <p>Based on a deficiency free compliance survey conducted on 01-10-14 for the licensing period of 04-01-13 through 03-31-14, the Department will issue the annual license for the licensing period of 04-01-14 through 03-31-15 without an onsite compliance survey according to ARS 36.425.E.</p> <p><i>Marci Smith</i> 3/21/14 ADHS Representative Date</p>	A 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

****MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC.****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on January 02 1985.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 17th day of November, 2015, A. D.





Jodi A. Jerich, Executive Director

By: _____ 1326064

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. Mountain Valley Counseling Associats, Inc.		
	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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 2400 W. Dunlap Ave. Suite 133		Requester's name and address (optional)
	6 City, state, and ZIP code Phoenix, Az 85021		
	7 List account number(s) here (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 <i>How to get a TIN</i> 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.																																											
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="11" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;">8</td><td style="width: 20px;">6</td><td style="width: 20px;">-</td><td style="width: 20px;">0</td><td style="width: 20px;">5</td><td style="width: 20px;">0</td><td style="width: 20px;">7</td><td style="width: 20px;">4</td><td style="width: 20px;">1</td><td style="width: 20px;">6</td><td style="width: 20px;"> </td></tr> </table>	Social security number													-			-				Employer identification number											8	6	-	0	5	0	7	4	1	6	
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Employer identification number																																											
8	6	-	0	5	0	7	4	1	6																																		

Part II Certification	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. 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 ▶ <u>11/17/15</u>

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

<u>Name</u>	<u>Title</u>	<u>Duties</u>	<u>List Degrees</u>	<u>Years of Experience</u>	<u>Credentials</u>	<u>Years of Ed.</u>
Lesley Krickler	Clinical Director	Supervisor, therapist	Master of Science in Counseling	27+	Licensed Associate Counselor	20
Harvey Poloni	Education Director	Supervisor, therapist	Master in Education	12+	Licensed Professional Counselor	20
Aubrey Wegleitner	Programs Director	Supervisor, therapist	Master in Counseling	5+	Licensed Professional Counselor	20
Denise Massie	Staff Therapist	Treatment therapist	Master in Counseling	16+	Licensed Professional Counselor	20
Lauren Hinson	Staff Therapist	Treatment therapist	Master of Arts in Mental Health Counseling	2+	Licensed Associate Counselor	20
Mindy Effertz	Staff Therapist	Treatment therapist	Master in Counseling	6+	Licensed Professional Counselor	20
Troy Williams	Staff Therapist	Treatment therapist	Master in Professional Counseling	3+	Licensed Associate Counselor	20
Vicki Nienaber	Staff Therapist	Treatment therapist	Master in Professional Counseling	6+	Licensed Professional Counselor	20
Jennifer Wieck	Staff Therapist	Treatment therapist	Master of Arts in Clinical Mental Health Counseling	2+	Licensed Associate Counselor	20
John Scheidt	Staff Therapist	Treatment therapist	Master in Counseling	15+	Licensed Independent Substance Abuse Counselor	20
Laura Smyth	Staff Therapist	Treatment therapist	Master of Arts in Professional Counseling	11+	Licensed Independent Substance Abuse Counselor	20

All of the above Staff members adhere to the established ethics, standards, and practices of ATSA and/or ACA.

Benjamin Galarneau - Subcontractor for Polygraphist services

LESLEY A. KRICKLER, LAC
929 W. Lodge Dr, Tempe AZ 8528
623/986-7378
lakrickler@gmail.com

LAC AC-14482 Exp: Dec 31, 2015

Summary of Qualifications:

My broad range of experience in public program planning, successful RFP acquisitions, program administration, implementation, and development, has produced measurable results through program expansions and initiations. I have 15 years' experience in the human service profession with both non-profit and for profit agencies. My experience with private insurance, public health, social services, and community resources add to the quality and level of expertise I bring to any position. I have shared my skills and talents to inspire others toward outcomes which have positively impacted the community.

Employment:

8/12-current Mountain Valley Counseling

Clinical Director

- Group counseling with court ordered clients
- Couples counseling with private pay clients
- CBT treatment interventions

2/12-8/12 Mountain Valley Counseling

Intern

- Group and individual counseling with court ordered clients
- CBT and psychoeducational techniques in a forensic milieu
- Intake and assessment

10/08-current University of Phoenix

Senior Enrollment Counselor

- Counsel, prepare, train, and coach incoming students.
- Review admission, finance, and transcript documents for accuracy.
- Educate students on financial sources (scholarships, financial aid, tuition assistance, and private loans.)

12/03- 12/08 AmeriPsych

Statewide Director of Case Management Programs

- Administered community based programs contracted with the State of Arizona.
- Expanded and implemented, case management, prevention and intervention programs.
- Designed operational training programs, policies, and procedures.

1/03-7/03 Calvary Rehabilitation

Intern

- Group and individual counseling inpatient substance abuse facility
- Psychoeducation for substance abuse and recovery
- 12 step addictions model

11/00-7/02 Self Employed

Personal caregiver

- In home care for terminally ill individuals
- Transportation services

- Case management and coordination of care

10/00-12/01 Jewish Family and Children's Services
Child and Adolescent Services

- Intake and assessment for services
- Initiate mental health services
- Referrals for wrap around services

6/99-10/00 Value Options
County Crisis Hotline

- Crisis intervention
- Risk assessment
- Dispatch crisis mobile teams

5/98-5/99 EMPACT-SPC
Psychiatric Outpatient Services

- Department supervision
- Coordination of services
- Case management

2/97-5/98 MERIT Behavioral Care/TriWest
Intake and Referral for TriCare

- Triage for level of care
- Claims research
- Provider relations

1/95-12/96 Hozhoni Foundation
Adult Day Program Staff

- Life and job skills education
- Community socialization
- Art therapy

Additional Skills:

Advanced skills with MS office products, public speaking and presentations, RFP and grant writing skill, and experience with a wide range of proprietary software.

Additional Experience:

Seven years as an owner/operator of various entrepreneurial ventures. Six years of various levels of management experience in retail and food industries.

Education:

Northern Arizona University 1995 BS Psychology
University of Phoenix 2012 MS Counseling/Community Counseling

Volunteerism:

Mentoring in leadership/management skills

Professional Memberships and Associations:

American Counseling Association
ATSA / AzATSA

University of Phoenix

*Upon the recommendation of the Faculty,
University of Phoenix does hereby confer upon*

Lesley Ann Krickler

the degree of

Master of Science in Counseling

Community Counseling

with all the rights, honors and privileges thereto appertaining.

*In witness whereof, the seal of the University and the signatures as authorized
by the Board of Directors, University of Phoenix, are hereunto affixed,
this thirty-first day of August, in the year two thousand twelve.*

Merilee Lewis Engel
Chairman, Board of Directors

John A. Sporkin
Chairman Emeritus



W. R. Perillo
President

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Lesley A Krickler

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 Associate Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LAC-14482

Under its seal and signatures,

Kirk Beaman Ph.D.

Board Chair

Issue Date: January 1, 2014

Expiration Date: December 31, 2015

Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Lesley Krickler)

From: Marcy Wilkerson
Sent: Tuesday, January 13, 2015 8:03 AM
To: Lesley Krickler <lesley@mountainvalleyaz.com>
Subject: RE: Receipt - 2015 Clinical Associate Membership Renewal (Lesley Krickler)

Thanx.

From: Lesley Krickler
Sent: Monday, January 12, 2015 10:00 AM
To: Marcy Wilkerson
Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Lesley Krickler)

Hi Marcy
Here is my renewed ATSA membership.

Thank you.
Lesley

From: Kelly McGrath [<mailto:kelly@atsa.com>]
Sent: Friday, January 09, 2015 9:18 AM
To: Lesley Krickler
Subject: Receipt - 2015 Clinical Associate Membership Renewal (Lesley Krickler)

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this organization and we welcome your comments, ideas, and suggestions. Please visit the ATSA website to view ATSA's Strategic Plan (found under About ATSA). The Board of Directors and the ATSA staff will make every attempt to be responsive to your concerns, as we pursue our commitment to the collective goal of preventing sexual abuse.

Harvey Poloni

Education January 1989-June 1991 Northern Arizona University
Master of Education in Counseling

- 3.9 GPA

January 1999- June 2000 Ottawa University
Certificate of Advanced Graduate Studies

Professional experience July 2004- Present Mountain Valley Counseling Phoenix, Arizona
Outpatient Therapist

- Sexual offender specific treatment groups, Primary, and Special Needs sexual offender groups. Screening skills for all types of clients for evaluation and referral as appropriate. Providing individual counseling for specific issues. Use of a teamwork approach with other therapists, Probation and Parole officers, Surveillance Officers, as well as the judicial system. Intake screenings and assessment for placement in treatment with a variety of clients. These include sexual offenders, anger, grief, SMI, geriatrics, young adults, gang, end of life transitioning, substance abuse, depression, transitioning from prison to community, survivors, Probation referred psychosexual evaluations, mental health evaluations, and general mental health counseling. Utilization of staffing with client and P.O. to address challenges. Preparation and supervision of sexual offender clarification sessions, letter writing, visitation, reunification, and unification processes. Incorporating test data into treatment. Treatment planning, implementation, and monitoring of treatment progress. Keeping all appropriate documents/records on clients. Weekly staffing meetings, monthly business and in-service training sessions.

- January 2002- July 2004 Arizona Youth Associates Phoenix, Arizona

Residential Therapist

I provided clinical services to adolescent males with sex offender and chemical dependency issues in a group home of 20 clients, being directly responsible for ten. My duties included individual and group therapy, some testing, and coordination of services with outside providers and juvenile probation. I provided family therapy twice a month with involved families. I wrote monthly court reports for and attended judicial reviews with each client. During this time, I also worked with pre-adolescent boys with sexual acting out behavior and some with general mental health issues.

Memberships Clinical member of ATSA

Accreditations Licensed Professional Counselor (LPC 11725)

Northern Arizona University

*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*

Harvey James Poloni

*who has satisfactorily completed the Studies prescribed therefor
the Degree of*

Master of Education

with all the Rights, Privileges and Honors thereunto appertaining.

In Witness whereof the Seal of the University is hereto affixed.

Given at Flagstaff, this fourteenth day of August, 1991.

F. Lee Roy
Governor of Arizona

Donald Witt
President of the Board



Eugene M. Hughes
President of the University

Lris K. McCluney
Registrar of the University

State of Arizona Board of Behavioral Health Examiners

Be It Known That

Harvey J. Poloni

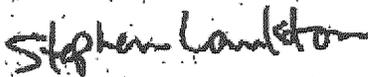
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-11725

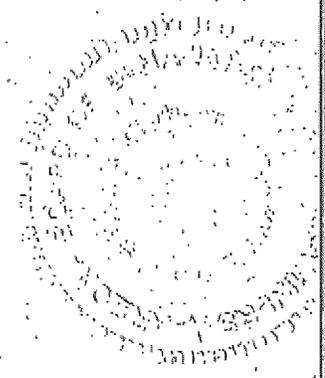
Under its seal and signatures,



Board Chair

Issue Date: July 1, 2004

Expiration Date: May 31, 2016



Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Membership Renewal (Harvey J. Poloni)

From: Marcy Wilkerson
Sent: Sunday, January 04, 2015 12:06 PM
To: Harvey Poloni <harvey@mountainvalleyaz.com>
Subject: RE: Receipt - 2015 Clinical Membership Renewal (Harvey J. Poloni)

Thanx.

From: Harvey Poloni
Sent: Friday, January 02, 2015 9:29 AM
To: Marcy Wilkerson
Subject: FW: Receipt - 2015 Clinical Membership Renewal (Harvey J. Poloni)

From: Kelly McGrath [<mailto:kelly@atsa.com>]
Sent: Friday, January 02, 2015 9:22 AM
To: Harvey Poloni
Subject: Receipt - 2015 Clinical Membership Renewal (Harvey J. Poloni)

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this organization and we welcome your comments, ideas, and suggestions. Please visit the ATSA website to view ATSA's Strategic Plan (found under About ATSA). The Board of Directors and the ATSA staff will make every attempt to be responsive to your concerns, as we pursue our commitment to the collective goal of preventing sexual abuse.

Elizabeth J. Letourneau, Ph.D.
President

Aubrey Ann Wegleitner
2536 E Catalina Ave
Mesa, AZ 85204
(480) 710-9605
finteraubrey@hotmail.com

Education

Argosy University/Phoenix Master Degree in Counseling with Forensic Concentration	Phoenix, AZ August, 2010
Arizona State University Bachelors Degree in Psychology/Criminology	Tempe/Glendale AZ August, 2008
Mesa Community College Associates Degree	Mesa AZ August, 2008
Mountain View High School High School Diploma	Mesa, AZ May, 2003

Work Experience

Mountain Valley Counseling

Director of Programs/Therapist- Intern/Pool/Full Time

August 2010 – Present

- ❖ Conduct assessments with clients in an individual setting to assess their level or care and need
- ❖ Counsel clients who are charged with sex offenses and are court mandated for counseling
- ❖ Counseling clients in both group and individual counseling
- ❖ Use CBT based, relapse prevention, motivational interviewing, and behavioral counseling for treatment
- ❖ Work collaboratively with probation officers, surveillance officers, and facilitate staffings.
- ❖ Supervised directly by a Masters level therapist, LPC

Professional affiliations

The Association of Treatment of Sex Offenders (ATSA) – Membership application in process

References

Available Upon Request

Argosy University

Arizona School of Professional Psychology

The Board of Trustees on the recommendation of the faculty,
has conferred upon

Aubrey Ann Megleitner

The Degree of

Master of Arts

Mental Health Counseling

and has granted this diploma as evidence thereof.

Given at Phoenix, Arizona, on the twenty-first day of September,
Two Thousand and Eleven.

Kenda B. Gonzales

Kenda B. Gonzales
Chairman, Board of Trustees

Craig D. Swenson

Craig D. Swenson, Ph.D.
Chancellor



Kathryn J. Cooredman

Kathryn J. Cooredman, Ph.D.
Vice Chancellor of Academic Affairs

Sum D. Lane, Psy. D.

Sum D. Lane
College Dean

State of Arizona Board of Behavioral Health Examiners

Be It Known That

Aubrey A. Wegleitner

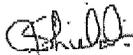
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-15555

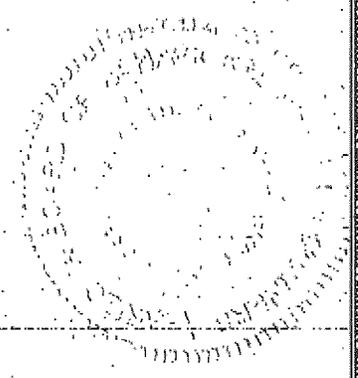
Under its seal and signatures,



Board Chair

Issue Date: April 1, 2015

Expiration Date: March 31, 2017



Denise C. Massie, MC, NCC, LPC

2

1977 - 2000 Gestalt Institute of Phoenix; Phoenix, AZ

Therapist/Student

- Attending Gestalt Training Seminars. Attending Gestalt Drop-in Group. Topics include dreamwork, depression, Gestalt Theory, Zinker couples, art and dance expression, bodywork, Gestalt therapy techniques.
- Facilitating and co-facilitating Gestalt Drop-in Group utilizing both West Coast dyadic and East Coast group modalities. Apprenticeship and instructor/counselor of 4 annual Gestalt Theory workshops.
- Periodic supervision of trainees facilitating and co-facilitating Gestalt Drop-in Group, including briefing and debriefing after session. Intervention with therapist trainees with difficult clients, and facilitating closure.
- 300 Hours Gestalt Training, additional 50 hour Gestalt Summer Residential Training, and training in couples and family therapy using Gestalt and Family Systems Models.

Other Work Experience

- MaxServ/Sears Customer Network 1994-1999. Scottsdale/Tempe, AZ. Behavioral interviewing, recommending for hire, coaching for success, coaching sensitive issues for all staff, discipline, discharging, customer service, handling escalated calls. Sears University continuing monthly education. CPR certified. KOOL AM, FM, Television 1979-1993 Phoenix, AZ. Systems Manager, Traffic Manager, and Data Processor. K104, KQXE Radio 1976-1979 Mesa/Phoenix, AZ. On air, production, traffic, board operator, 3rd Phone Endorsed FCC license.

Education

- University of Phoenix 1997 Phoenix, AZ Master in Counseling
- Arizona State University 1991 Tempe, AZ Bachelor of Arts in Broadcasting
- Gestalt Institute of Phoenix 1997 Phoenix, AZ 300 hour training program
- Gestalt Institute of Phoenix 2000 Phoenix, AZ Couples and Family counseling

Professional memberships

- ACA (American Counseling Assoc.) #05137346
- ASERVIC (Association for Spiritual, Ethical, and Religious Values in Counseling)
- IAAOC (International Association of Addictions Offender Counselors) 8/94 annually
- ATSA (Association for the Treatment of Sexual Abusers) 1/99 annually.

Certifications

- NCC (Nationally Certified Counselor) #51688 11/98 annually to present
- LPC (Licensed Professional Counselor) #LPC-10246 7/1/01-to present bi-annually renewed

References

Upon request.

University of Phoenix

After recommendation of the Faculty
has conferred on

Denise Claire Massie

Master of Counseling

with all the rights, honors and privileges of such a degree
As witness whereof, the seal of the University of Phoenix is hereunto affixed
by the Board of Directors, University of Phoenix, at its meeting held
this thirty-first day of October in the year nineteen hundred and ninety-seven

Robert J. ...
Chairman, Board of Directors



William J. ...
President

34

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Denise C. Massie

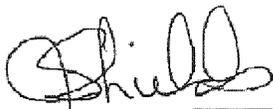
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-10246

Under its seal and signatures,



Board Chair

Issue Date: July 1, 2004

Expiration Date: June 30, 2017

Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Membership Renewal (Denise C. Massie)

From: Marcy Wilkerson
Sent: Tuesday, December 16, 2014 3:48 PM
To: Denise Massie <denise@mountainvalleyaz.com>
Subject: RE: Receipt - 2015 Clinical Membership Renewal (Denise C. Massie)

Thanx.

From: Denise Massie
Sent: Tuesday, December 16, 2014 3:34 PM
To: Marcy Wilkerson
Subject: FW: Receipt - 2015 Clinical Membership Renewal (Denise C. Massie)

Here is my receipt for ATSA dues.

Thanks,
Denise

Denise C. Massie, MC, NCC, LPC
Therapist

Mountain Valley Counseling Associates, Inc.
2400 W. Dunlap Ave. Suite 133, Phoenix, Az 85021, (602) 870-0972, (602) 870-4271 Fax
145 E. University Dr. Suite 6, Mesa, Az 85201, (480) 962-7808, (480)962-0560 Fax

(602) 710-0741 Cell
Denise@mountainvalleyaz.com

HIPAA Compliance/Confidentiality Statement-This communication contains information that is confidential. It is for the exclusive use of the intended recipient(s). If you are not the intended recipient(s), please note that any form of distribution, copying, forwarding or use of this communication or the information therein is strictly prohibited and may be unlawful. If you have received this communication in error, please return it to the sender and send a copy or notify: Denise@Mountainvalleyaz.com and then delete the communication and destroy any copies.

From: Kelly McGrath [<mailto:kelly@atsa.com>]
Sent: Tuesday, December 16, 2014 3:30 PM
To: Denise Massie
Subject: Receipt - 2015 Clinical Membership Renewal (Denise C. Massie)

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this

Lauren Hinson

602 N. May Unit 13
Mesa, AZ 85201

623-332-6677
lo_automatic@yahoo.com

Clinical Mental Health Counselor

Dedicated, dynamic, and engaging Mental Health Counselor offering knowledge and experience providing psychotherapy to individuals and groups. Self-directed, organized, attentive to detail, timely, and adaptable. Skilled at providing psychotherapy services in an outpatient setting for adults and court mandated clients. Experienced in sex offender treatment with a cognitive behavioral approach.

Education/Certificates

Master's in Clinical Mental Health Counseling- Forensic Concentration, Argosy University, Phoenix, AZ, Completion September 2013

National Counselors Exam passed; in process of applying for Licensed Associate Counselor in Arizona

Arizona Department of Public Safety, Level One Fingerprint Clearance Card

Bachelor of Arts in Psychology, Arizona State University, Glendale, AZ, 2009

Professional Experience

Mental Health Therapist, Mountain Valley Counseling (2012- Present):

- Master's level intern from August 2012- July 2013
- Provide sex offender therapy to adults in individual and group settings.
- Counsel adults presenting with emotional issues, communication issues, coping skill deficits, and mental health disorders.
- Conduct intake and assessment interviews, develop collaborative treatment plans, weekly session notes, quarterly client reports, annual client reports, and discharge summaries.
- Basic training on administering and interpreting the Multiphasic Sex Inventory II, Abel Assessment of Sexual Interest, Static-99 R, and Structured Risk Assessment-Forensic Version Light.
- Work in a multidisciplinary approach with county and federal probation teams, additional therapists, and family and friends of the clients.
- Utilize Cognitive Behavioral Therapy.

Playroom Assistant, Childhelp Children's Center of Arizona (2011-2012):

- Provided direct care and supervision to child victims of trauma and abuse.

- Communicated and supported volunteers while they volunteered their time in the playroom.

Lauren Hinson

Page 2

- Maintained cleanliness of the playroom.
- Worked in a multidisciplinary approach with Phoenix Police Department, Child Protective Services, Phoenix Children’s Hospital, and mental health therapists.

Volunteer Experience

Childhelp Children’s Center of Arizona (2009-Present):

- Cared for child victims of trauma and abuse ages 0-18 years in a playroom setting while they waited for forensic services from other professionals.

Professional Affiliations

- Association for the Treatment of Sexual Abusers (ATSA): Clinical Associate Membership- In Process
- Arizona Association for the Treatment of Sexual Abusers (AzATSA): Chapter Membership- In Process
- American Counseling Association (ACA): New Professional Membership

Additional Trainings

- AzATSA Annual Conference, Phoenix, AZ
2013, 16 hours
“Sex Offenders and Law Enforcement” presented by Dr. Lee Underwood, Psy. D
“Evidence Based Risk Assessment of Juveniles” presented by Dr. Michael Caldwell, Psy. D
“What Influences Sexual Offender Risk?” presented by Dr. David Thornton, Ph.D
“Community Management” presented by Barbara Johnson
“Medical Treatment of Adults with Poorly Controlled Sexual Urges and Behaviors” presented by Dr. Bradley Johnson, M.D.
- AzATSA Quarterly Training, Phoenix, AZ
2013, 1.5 hours
“Model Policy for the Evaluation of Examinee Suitability for Polygraph Testing” presented by Marty Oelrich, M.A.
- Mandated Reporter Training, Phoenix, AZ

2012, 2 hours, presented by Robert Bell, Children's Justice Coordinator for Maricopa County

Lauren Hinson

Page 3

- **17th Annual Arizona Association for Play Therapy Conference, Phoenix, AZ
2012, 12 hours**

“Using Play Therapy to Meet the Needs of Children and Adolescents Impacted by Child Maltreatment” presented by Sueann Kenney- Noziska, MSW, LISW, LCSW

- **Basic Investigation of Sexual Crimes Against Children, Phoenix, AZ
2011, 7 hours, presented by Cindi Nannetti, JD, Detective Dean Ferullo, and Jackie Hess, NP**

Argosy University

College of Psychology and Behavioral Sciences

The Board of Trustees on the recommendation of the faculty,
has conferred upon

Lauren Elizabeth Meyer

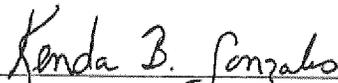
The Degree of

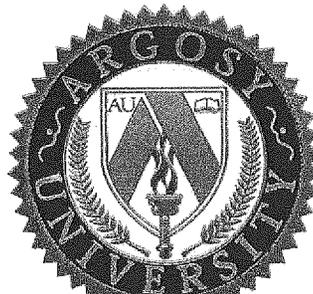
Master of Arts

Mental Health Counseling

and has granted this diploma as evidence thereof.

Given at Phoenix, Arizona, on the fourth day of September,
Two Thousand and Thirteen.


Kenda B. Gonzales
Chairman, Board of Trustees




Craig D. Svenson, Ph.D.
Chancellor

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Lauren E. Hinson

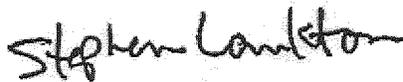
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Associate Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LAC-14593

Under its seal and signatures,



Board Chair

Issue Date: April 1, 2014

Expiration Date: March 31, 2016

Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Lauren Hinson)

From: Marcy Wilkerson

Sent: Thursday, January 22, 2015 10:43 AM

To: 'Lauren Meyer' <lo_automatic@yahoo.com>

Subject: RE: Receipt - 2015 Clinical Associate Membership Renewal (Lauren Hinson)

I don't need anything more and you'll get reimbursed next Friday.

From: Lauren Meyer [mailto:lo_automatic@yahoo.com]

Sent: Thursday, January 22, 2015 10:39 AM

To: Marcy Wilkerson

Subject: Fw: Receipt - 2015 Clinical Associate Membership Renewal (Lauren Hinson)

Marcy-

Here is my receipt for my 2015 renewal dues for ATSA. I also have a hard copy if you want that too! Will I be reimbursed on this next paycheck since time sheets are due tomorrow?

Thanks,

Lauren Hinson

On Thursday, January 22, 2015 10:36 AM, Kelly McGrath <kelly@atsa.com> wrote:

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this organization and we welcome your comments, ideas, and suggestions. Please visit the ATSA website to view ATSA's Strategic Plan (found under About ATSA). The Board of Directors and the ATSA staff will

Mindy Effertz, MA, LPC

INTERPERSONAL EXPERIENCE

Mountain Valley Counseling

Therapist- Intern /Pool/Full Time

Phoenix, AZ

August 08- Present

- Counsel clients who are charged with sex offenses and are court mandated for counseling
- Counseling clients in both group and individual counseling
- Use CBT based, relapse prevention, motivational interviewing, and behavioral counseling for treatment
- Conduct assessments with clients in an individual setting to assess their level of care and need
- Work collaboratively with probation officers, surveillance officers, and facilitate staffings.
- Supervised directly by a Masters level therapist, LPC

Compass Mental Health

Crisis Counselor- Part time

Phoenix, AZ

August 10-Present

- Assess at risk clients for mental health evaluation to determine a higher level of care
- Work extensively with Doctors and Nurses to ensure proper diagnosis, treatment needs, medical evaluation
- Coordinate with psychiatric hospitals for transfer of client if assessment determines client needs this level of care
- Coordinate with substance abuse facilities, including detox if assessment determines client needs this level of care.
- Access community resources for client

Choices Network of Arizona/Magellan/Value Options

Clinical Liaison, 04/05-3/10

Phoenix, AZ

- Provide case management services to seriously mentally ill adults.
- Implement service plans, assessments to maximize services for the client.
- Coordinate services with doctors, nurses, and counselors to ensure proper treatment for the client.
- Provide supervision directly to other case managers and make necessary decisions regarding clients.
- Provide food boxes and other necessary community resources as needed, per clients' request.
- Provide transportation if needed to get clients the services they need.
- Complete monthly home visits to ensure that client's homes are appropriate and safe for them to live in.
- Assess the safety of consumers to themselves and others.

- Assessed clients for symptoms according to DSM-IV-Criteria and used tools such as MMSE to evaluate their symptoms.
- Implement a Strengths Perspective Model.

Child Protective Services

Phoenix, AZ

Child Protective Service Specialist 2, 3/04-12/04

- Assessed and took necessary action to ensure children's safety in the homes, including removal of children from their homes when necessary
- Prepared court reports
- Worked with judges, attorneys, and other collaborative services to work with families to help keep the children in the home and be safe.
- Assessed homes for hazardous conditions.
- Provided transportation for such services, staffing, and meetings.
- Managed a caseload of 12-15 cases with 4 new cases every week.

EDUCATION

Argosy University, Phoenix, AZ

Master of Arts in Mental Health Counseling (MA), Oct 2009

Northern Arizona University, Flagstaff, AZ

Bachelor of Social Work (BSW), May 2003

LICENSE

Licensed Associate Counselor (LAC)

May 2010

PROFESSIONAL AFFILIATIONS

American Counseling Association (ACA) 2009

Arizona Counseling Association (AzCA) 2009

The Association of Treatment of Sex Offenders (ATSA) 2010

APPLICABLE

- **CPR/First Aid trained**

REFERENCES

Available Upon Request

Argosy University

Arizona School of Professional Psychology

The Board of Trustees on the recommendation of the faculty,
has conferred upon

Mindy S. Efferetz

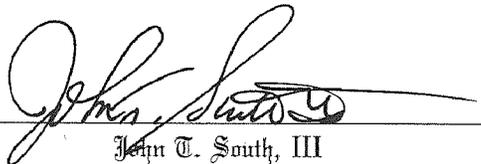
The Degree of

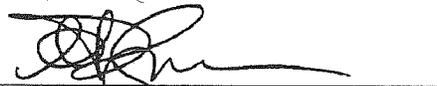
Master of Arts

Mental Health Counseling

and has granted this diploma as evidence thereof.

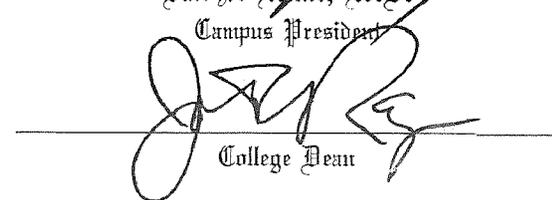
Given at Phoenix, Arizona, on the thirty-first day of October,
Two Thousand and Nine.


John T. South, III
Chairman, Board of Trustees


Craig B. Svenson, Ph.D.
University President




Bart S. Wesner, Ed.D.
Campus President


College Dean

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Mindy S Effertz

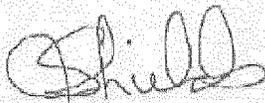
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-14294

Under its seal and signatures,



Board Chair

Issue Date: July 1, 2013

Expiration Date: June 30, 2017

Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Mindy Effertz)

From: Marcy Wilkerson
Sent: Wednesday, February 25, 2015 3:02 PM
To: Mindy Effertz <mindy@mountainvalleyaz.com>
Subject: RE: Receipt - 2015 Clinical Associate Membership Renewal (Mindy Effertz)

Thanx.

From: Mindy Effertz
Sent: Wednesday, February 25, 2015 1:40 PM
To: Marcy Wilkerson
Subject: Fwd: Receipt - 2015 Clinical Associate Membership Renewal (Mindy Effertz)

For reimbursement:)

Sent from my iPhone

Begin forwarded message:

From: Kelly McGrath <kelly@atsa.com>
Date: February 25, 2015 at 1:35:23 PM MST
To: <mindy@mountainvalleyaz.com>
Subject: Receipt - 2015 Clinical Associate Membership Renewal (Mindy Effertz)

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this organization and we welcome your comments, ideas, and suggestions. Please visit the ATSA website to view ATSA's Strategic Plan (found under About ATSA). The Board of Directors and the ATSA staff will make every attempt to be responsive to your concerns, as we pursue our commitment to the collective goal of

Troy A. Williams

1454 East Press Drive
San Tan Valley, AZ 85140
(480) 773-1371
troy_a_williams@hotmail.com

HIGHLIGHTS OF QUALIFICATIONS

- Over ten years of management/team leading experience.
- Excellent written and oral communications skills with clients, dignitaries, students and professors.
- Proven ability to work efficiently and effectively under pressure alone or with a team.
- Over fifteen years experience with Microsoft Windows and Microsoft Office.

EXPERIENCE

Mountain Valley Counseling Association - 1/14/2013 to Present – Therapist, 1/2012 to 12/31/2012 – Intern

- Perform intake and assessment sessions utilizing Static-99 and Static-2002R, MSI and AASI tools and write associated assessment reports.
- Develop and implement treatment plans for individuals needing treatment for anger management, depression, grief, trauma and sexual deviancy.
- Conduct individual therapy sessions for depression, anger management, grief and trauma.
- Conduct group therapy sessions for sexual deviancy.
- Assisted in the development of the curriculum for the Life Skills group.

Division of Developmental Disabilities, Department of Economic Security – 11/2010 to 12/2011

- Conducted intake interviews and assessments of functional limitations.
- Coordinated and facilitated therapy services, educational goals, medical and psychological and psychotropic interventions.
- Managed consumers' case files for developmentally disabled individuals.
- Provided psycho-educational information for family members about the consumer's disabilities.

G.B. Mannisto, Inc. – 6/2004 to 3/2009

- Scheduled, monitored and inspected all work from project commencement to punch list completion.
- Provided supervision for nine fast paced new Cheesecake Factory restaurants valued between \$6-9 million in Arizona, California, Nevada and Oregon.
- Maintain budgets, control overhead costs, coordinate and plan all aspects of construction on multiple fast paced projects.
- Sustained service and warranty department.

United States Air Force – 2/1997 to 6/2003

- Developed, implemented and managed deficiency reporting monitoring program within the F/A-22 Logistics Test and Evaluation (LT&E) section.

- Researched, validated and verified technical order data on \$2.1 billion F/A-22 weapon system.
- Developed and maintained a thorough and comprehensive F/A-22 foreign object damage program.
- Removed and inspected aircraft parts, returning 943 serviceable assets to supply inventory totaling \$43.1 million.
- Selected to give LT&E briefing to the Under Secretary of Defense and Congressional staff.

EDUCATION AND TRAINING

Specialized Military Training:

- Leadership
- Suicide Intervention
- Sexual Harassment and Equal Opportunity
- Grief Counseling
- Computer and Communications Security

Airman Leadership School

- Subordinate Evaluation
- Leadership through Empowerment

Edwards Air Force Base, CA

Antelope Valley College

Associate of Science degree – Cum Laude.

Lancaster, CA

Ottawa University

Bachelor of Arts – Psychology – Cum Laude.

Chandler, AZ/Online

Arizona Division of Developmental Disabilities

Client Intervention Techniques Level 1 & 2

Phoenix, AZ

Ottawa University

Master of Arts – Professional Counseling

Chandler, AZ/Online

PERSONAL STRENGTHS

- Reliable, detail-oriented team player
- Eager learner, motivated leader
- Assertive, self-confident professional
- Empathetic, active listener

REFERENCES

References are available upon request.

Ottawa University

Ottawa, Kansas

The Board of Trustees
upon the recommendation of the Faculty
hereby confers upon

Troy A. Williams

the degree of

Master of Arts in Professional Counseling
majoring in
Treatment of Trauma, Abuse & Deprivation

with all the rights and privileges pertaining thereto.

January, A.D. 2013



Henry M. Scherich Ph.D.
Chair, Board of Trustees


University President

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Troy A Williams

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 Associate Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LAC-14457

Under its seal and signatures,

Keith Boudin PhD

Board Chair

Issue Date: December 1, 2013

Expiration Date: November 30, 2015

Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Troy Williams)

From: Marcy Wilkerson
Sent: Monday, January 05, 2015 10:17 AM
To: Troy Williams <Troy@mountainvalleyaz.com>
Subject: RE: Receipt - 2015 Clinical Associate Membership Renewal (Troy Williams)

Thanx.

From: Troy Williams
Sent: Monday, January 05, 2015 9:52 AM
To: Marcy Wilkerson
Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Troy Williams)

FYI

Troy A. Williams, LAC
Therapist

Mountain Valley Counseling Associates, Inc.
2400 W. Dunlap Ave. Suite 133, Phoenix, Az 85021, (602) 870-0972, (602) 870-4271 Fax
145 E. University Dr. Suite 6, Mesa, Az 85201, (480) 962-7808, (480)962-0560 Fax
1457 N. Eliseo C. Felix Jr. Way, Avondale, Az 85353 (602) 870-0972, (602) 870-4271 Fax

Troy@mountainvalleyaz.com

HIPAA Compliance/Confidentiality Statement-This communication contains information that is confidential. It is for the exclusive use of the intended recipient(s). If you are not the intended recipient(s), please note that any form of distribution, copying, forwarding or use of this communication or the information therein is strictly prohibited and may be unlawful. If you have received this communication in error, please return it to the sender and send a copy or notify: Troy@Mountainvalleyaz.com and then delete the communication and destroy any copies.

From: Kelly McGrath [<mailto:kelly@atsa.com>]
Sent: Monday, January 05, 2015 9:51 AM
To: Troy Williams
Subject: Receipt - 2015 Clinical Associate Membership Renewal (Troy Williams)

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this

Victoria Nienaber, MA, LPC

160 S. Laveen Dr. Chandler, AZ 85226 Home: 480 899-7458 Cell: 480 313-8048 vnienaber@cox.net

Objective	To be a tool in improving the quality of life of those individuals seeking behavioral and mental health therapy.
License	Licensed Professional Counselor, Arizona Board of Behavioral Health - License Number: LPC-14572 March 1, 2014.
Education	Master of Arts in Professional Counseling – Ottawa University, Phoenix, Arizona- October 2008. Bachelor of Arts – Secondary Education (English) Arizona State University, Tempe, Arizona.
Recent Experience	Ottawa University MAPC Internship *Mountain Valley Counseling Associates, Phoenix, Arizona June 2007 - September 2008 - (900 hours).
Current Employment	Behavioral Health Therapist *Mountain Valley Counseling Associates, Phoenix, AZ October 2008 – Present. *Mountain Valley Counseling Associates is dedicated to the treatment of sex offenders and their family members through cognitive behavioral therapy and through psycho-educational tools.
Job Description	Facilitate Therapy Groups Provide Individual Therapy Conduct New Client Intakes Prepare Intake Assessments Participate in Client Staffings Participate in Supervised Staff Meetings Consult with Probation Officers Review Psycho-educational Videos Prepare Case Notes Prepare Treatment Plans Attend In-Service Trainings Review Psychosexual Testing Assessments Integrate Psychosexual Testing into Therapy

Bethany Community Church, Tempe, Arizona, 1990 – 2005

Lay Counselor

Trainer -Lay Counselors

Facilitator - Co-Dependency Groups

Facilitator - Lay Counseling Workshops

**Past
Experience**

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Victoria J. Nienaber

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-14572

Under its seal and signatures,

Stephen Lawton

Board Chair

Issue Date: March 1, 2014

Expiration Date: February 28, 2016

Marcy Wilkerson

Subject: FW: Receipt - 2015 Clinical Associate Membership Renewal (Victoria Nienaber)

From: Vicki Nienaber

Sent: Sunday, August 23, 2015 4:56 PM

To: Marcy Wilkerson <marcy@mountainvalleyaz.com>

Subject: Fw: Receipt - 2015 Clinical Associate Membership Renewal (Victoria Nienaber)

From: Kelly McGrath <kelly@atsa.com>

Sent: Thursday, December 18, 2014 2:35 PM

To: Vicki Nienaber

Subject: Receipt - 2015 Clinical Associate Membership Renewal (Victoria Nienaber)

Thank you for renewing your membership in the Association for the Treatment of Sexual Abusers for 2015.

We appreciate your continued support of ATSA's mission. Our ability to meet the Association's goals successfully is directly related to your professional efforts on a local, regional, and national level. As our membership increases, ATSA's ability to impact public awareness and policy positively also increases. We are pleased you have chosen to continue your activity in that ongoing process.

You continue to be an important and integral component of this organization and we welcome your comments, ideas, and suggestions. Please visit the ATSA website to view ATSA's Strategic Plan (found under About ATSA). The Board of Directors and the ATSA staff will make every attempt to be responsive to your concerns, as we pursue our commitment to the collective goal of preventing sexual abuse.

Elizabeth J. Letourneau, Ph.D.
President

Maia Christopher
Executive Director

Jennifer E. Wieck

4425 North 78^h Street Apt. 161B • Scottsdale, Arizona 85251 • 319-432-1351 • jenuine80@hotmail.com

Objective To obtain a substance abuse counselor position at an inpatient or outpatient setting working with adults

Core Competencies

- Addictions Counseling
- Case Presentation
- Aftercare Planning
- Drug Alcohol Abuse Treatment
- Group Facilitator/Co-facilitator
- Treatment Planning
- Individual/Group Therapy
- Client Assessment
- Writing progress notes
- Records Management

Education

Argosy University/Phoenix
Phoenix, Arizona
Master of Arts in Clinical Mental Health Counseling
GPA: 3.71 (4.0 scale) 2010 to 2013

Coe College
Cedar Rapids, Iowa
Bachelor of Arts in Psychology and English
GPA: 2.53 (4.0 scale) 1999 to 2008

License/Certifications

Licensed Associate Counselor (LAC)
State of Arizona, License Number: LAC-14532 Feb 2014 to Jan 2016

Certified Basic Life Support for Healthcare Providers (CPR and AED)
American Heart Association Sept 2012 to Sept 2014

Certified Nurse Aide (CNA)
State of Arizona, Certification Number CNA-1000026246
State of Iowa, Reciprocity to Arizona Oct 2000 to Present

Advanced Trainings

- Physiology of Stress, Dr. Karen Lamb, Sierra Tucson Professional Breakfast, 2014
- Self-Compassion and Therapy, Sierra Tucson Professional Breakfast, 2013
- DBT Skills Training, CMI Education Institute, 2013
- Addiction—Disease or Defect?, Sierra Tucson Professional Breakfast, 2012
- Intimate Relationships, Sierra Tucson Professional Breakfast, 2012
- Understanding and Dealing with Anger, Calvary Addiction Recovery Center, 2012

- Intimacy and Communication, Calvary Addiction Recovery Center, 2012
- Grief, Calvary Addiction Recovery Center, 2012
- “How it Works” chapter of Alcoholics Anonymous, Calvary Addiction Recovery Center, 2012
- The Addictive Personality, Calvary Addiction Recovery Center, 2012
- Gorski’s Model of Relapse Prevention, Calvary Addiction Recovery Center, 2012
- Understanding and Dealing with Anxiety, Calvary Addiction Recovery Center, 2012
- Breaking Free: The Authentic Self, Calvary Addiction Recovery Center, 2012
- Radical Forgiveness, Calvary Addiction Recovery Center, 2012
- Mindfulness, Calvary Addiction Recovery Center, 2012

Counseling Experience

Chemical Dependence Therapist, Mountain Valley Counseling Mesa, Arizona	June 2014 to Present
Counseling Intern, Calvary Addiction Recovery Center Phoenix, Arizona	Aug 2012- Aug 2013
Counseling Intern, Sedlacek Treatment Center Cedar Rapids, Iowa	Summer 2008

Other Professional Experience

Patient Care Assistant, Banner Desert Medical Center Mesa, Arizona	2010 to Present
Certified Nurse Aide, HCR Manor Care Rehabilitation Cedar Rapids, Iowa	2008 to 2010
Certified Nurse Aide, Franklin General Hospital Hampton, Iowa	2005-2007

Interests

Mood Disorders	Culture and Diversity
Borderline Personality Disorder	Relationships
Substance Abuse	Trauma
Codependency	Art Therapy

Professional Memberships

Arizona Counseling Association
American Counseling Association

Bethany Community Church, Tempe, Arizona, 1990 – 2005

Lay Counselor

Trainer -Lay Counselors

Past

Facilitator - Co-Dependency Groups

Experience

Facilitator - Lay Counseling Workshops

Recommendations

Name	Relationship	Phone
Seth Jenkins, LPC, LISAC	Former Internship Supervisor	480-318-9707
Jenny Schmidt, BSN, RN	Current Work Supervisor	480-412-6173

Argosy University
College of Psychology and Behavioral Sciences

The Board of Trustees on the recommendation of the faculty,
has conferred upon

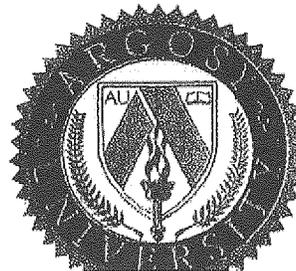
Jennifer Kileen Wieck

The Degree of
Master of Arts
Mental Health Counseling

and has granted this diploma as evidence thereof.

Given at Phoenix, Arizona, on the fourth day of September,
Two Thousand and Thirteen.

Kenda B. Gonzales
Kenda B. Gonzales
Chairman, Board of Trustees



Craig D. Shannon
Craig D. Shannon, Ph.D.
Chancellor

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Jennifer E Wieck

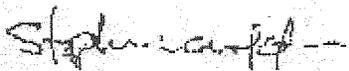
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Associate Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LAC-14532

Under its seal and signatures,



Board Chair

Issue Date: February 1, 2014

Expiration Date: January 31, 2016

John R. Scheidt MC, LISAC

407 N. Country Club Way
Chandler AZ. 85226

Objective

Continue to serve adult clients with chemical dependence and substance abuse issues.

Experience

Tri-City Behavioral Health Services **06/98 – 10/00**
Phoenix, AZ

Substance Abuse Counselor

- Group counseling. Primarily court-ordered, Proposition 200 clients.
- Cognitive behavioral treatment approach.
- Tools included: Thought Reports

Mountain Valley Counseling **10/02 – Present**
Phoenix, AZ

Substance Abuse Counselor

- Conduct intake interviews to determine level of service.
- Group counseling. Primarily court-ordered, Proposition 200 clients.
- Cognitive behavioral treatment approach.
- Reference text include:
Chemical Dependency and Criminal Behavior - Wanberg
Relapse Prevention Therapy - Gorski
- Tools include: Thought Reports, Franklin Reality Model
- Conduct DUI Revocation evaluations.

Education

Lewis University, Lockport IL **06-71**

- B.A., Psychology

Arizona State University, Tempe AZ **08-98**

- Master of Counseling (MC)

Credentials

Licensed Independent Substance Abuse Counselor (LISAC)
State of Arizona, exp. 03-06

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

John Richard Scheidt

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

Awarded at the Main Campus
this seventh day of August, one thousand nine hundred and ninety-eight.

Jane Lee Hull

Governor of Arizona

Jack A. Lyons

President of the Board



Chas. F. Lee

President of the University

Milton D. Glick

Sr. Vice President and Proctor

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

John R. Scheidt

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 Independent Substance Abuse Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LISAC-10315

Under its seal and signatures,



Board Chair

Issue Date: July 1, 2004

Expiration Date: March 31, 2016

7425 N. Citrus Rd.
Waddell, Arizona 85355
H # 623-249-6564
C # 623-238-4453
lsparling75@hotmail.com

Laura M. Smyth

Objective

Through my experience in prevention, intervention and mediation, attain position to assist in the empowerment of youth and adults in our community to grow and develop to their greatest potential.

Work experience

August 2011-to present Mountain Valley Counseling, Phoenix Arizona

Substance Abuse Counselor (LASAC)

Duties include facilitating groups, individual counseling, intakes and screenings.

October 2009-to August 2011 Western Judicial Services, Surprise Arizona

Group Counselor

Part-time evenings, duties include facilitating group for Adult's in a Domestic Violence offender's program and Substance Abuse program. In addition conduct intakes and screenings.

January 2009-May 2009 Buckeye Unified High School District Buckeye, Arizona

Master's of Counseling School Intern, Mental Health Specialist

Provided individual and group educational counseling to Special Education High School students, as well as Career Counseling and Assessments. In addition, facilitated Psycho educational classes participated in students Individualized Educational Plans, Behavior Intervention Plans and Functional Behavior Analysis forms. Additional duties included crisis intervention and prevention services to both student and family.

February 2006-April 2007 Southwest Behavioral Health Buckeye, Arizona

Out Patient Clinician

Provided Individual and Family Counseling services in the rural areas. Facilitated Child and Family Team meetings with several outside agencies as well as school districts. The population worked with was the general mental health and mentally ill.

September 2004-May 2005 Family Service Agency, Phoenix, Arizona

Master's of Counseling Intern

Provided intake assessments, treatment plans. Individual, couple, marriage and family counseling under the supervision of Argosy University and Family Service Agency. The population worked with was general mental health and the mentally ill.

October 2002-March 2004 Value Options Phoenix, Arizona

Promoted to Rehabilitation Specialist

Rehabilitation Specialist for mentally ill adults. The Rehabilitation Specialist position coordinates and monitors rehabilitation related services for consumers. Duties included were assessing consumer's goals and needs, identifying funding for services, developing treatment and service plans. Additional duties included participation in discharge plans, and advocacy. The Rehabilitation Specialist position worked with the Vocational Rehabilitation Counselor, helped consumers decide in meaningful community activities such as paid employment or volunteer work, as well as fun activities within the community.

April 2001-October 2002 Value Options Phoenix, Arizona

Employment Specialist

Employment Specialist for mentally ill adults. Worked within a specialized, intensive treatment model called PACT, (Act Team). Duties included, managing a case load, job development, job coaching, locating paid and volunteer work, community activities, billing, as well as problem solving and crisis intervention.

June 1997-April 2001 University of Arizona Phoenix, Arizona

Employment Specialist

Employment Specialist for mentally ill adults. Worked with an integrated supported employment model with Value Options. Duties included managing a case load, job development, vocational agreements and plans, situational assessments, intakes, and assessing consumers at risk. Additional duties included facilitation of Job Seekers group, and networking.

August 1993-May 1997 Youth E.T.C. Phoenix, Arizona

Prevention Specialist

Outpatient Prevention Specialist for children and their families. Worked in various schools and school districts. Provided Active Parenting groups, individual and classroom presentations relating to grief and life skills, and taught psycho educational classes. In addition, facilitated teacher/professional development. Additional duties included crisis intervention, referrals to social service agencies, group facilitator for the Phoenix Police Department (G.R.E.A.T.) program, and participated in the after school programs in the Glendale Elementary School District.

School Experience: Glendale Elementary School District

Alhambra Elementary School District

Isaac Elementary School District

August 1989-August 1993 Youth E.T.C. Phoenix, Arizona

Unit Coordinator of Day Support

Pre-teen and adolescents

August 1988-August 1989 Youth E.T.C. Phoenix, Arizona

Youth Specialist

Adolescents

September 1987-July 1988 Touchstone Delaware, Ohio

Rehabilitation Treatment Specialist

Adolescents

September 1984-September 1987 Marion County Juvenile Detention
Center Marion, Ohio

Youth Detention Specialist

Shift Supervisor

Licensure

Licensed Associate Substance Abuse Counselor (LASAC)

Education

Argosy University/Phoenix

Masters of Arts, Professional Counseling

Graduated September 2005

Continued courses as student at large. Completed May 15th, 2009

Western International University

Bachelor of Arts, Behavioral Health

Graduated June 2002

North Central State College

**Associates Degree in Applied Science in Mental Health &
Retardation**

Graduated June 1980

References

Available upon request

Argosy University/Phoenix

The Arizona School of Professional Psychology

The Board of Directors of the School, by virtue of the authority vested in them and on the recommendation of the Faculty, have conferred on

Laura Maria Smyth

The Degree of

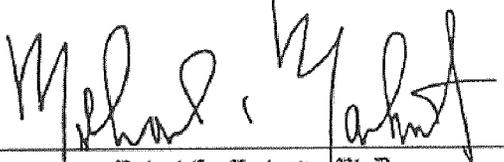
Master of Arts

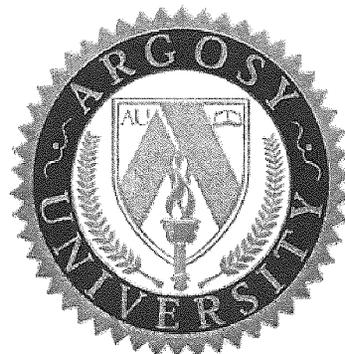
Professional Counseling

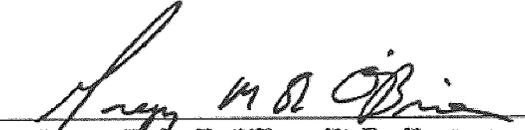
45

and have granted this diploma as evidence thereof.

Given at Phoenix, Arizona, on the twenty-third day of December
Two Thousand and Five.


Michael C. Markovitz, Ph.D.,
Chairman, Board of Directors




Gregory M. St. L. O'Brien, Ph.D., President


Clinton D. Gardner, Ph.D., Campus President

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Laura M. Smyth

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 Independent Substance Abuse Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LISAC-15025

Under its seal and signatures,

Stephen Lawton

Board Chair

Issue Date: May 1, 2014

Expiration Date: April 30, 2016

Subcontract for Polygraphist

101 E. 1ST AVE. STE. 208 MESA AZ. 85210
PHONE (480) 610-0106 • E-MAIL AFA@ADVANCEFORENSIC.COM

BENJAMIN C. GALARNEAU

SUMMARY OF QUALIFICATIONS

Graduate of Western Oregon State University School of Polygraphy, which specializes in the testing of sex offenders. Full member of the American Polygraph Association (APA) and Post Conviction Sex Offender Testing (PCSOT) certified. Prior to working as a polygrapher, was employed as an investigator for Child Protective Services where experience was obtained interviewing victims of sexual abuse as well as offenders. Also worked as a residential counselor supervisor at Arizona's Civil Commitment Facility for adult convicted sex offenders for approximately four years. Served as the sole administrator of the Abel Assessment and the Penile Plethysmograph Assessments for the program. As an undergraduate psychology student at the University of Arizona, I studied under the Mentorship of Dr. Judith V. Becker, performing sex offender research at the Pima County Juvenile Court. Have currently conducted over 2000 polygraph examinations of sex offenders in multiple Arizona counties.

PROFESSIONAL EXPERIENCE

APRIL 2005-PRESENT

Advance Forensic Assessments, Mesa, AZ

- Owner/Clinical Director
- Performing polygraph examinations of convicted sex offenders and individuals accused of committing sex offenses.
- Conducting penile plethysmograph assessments of adult sex offenders.

SEPTEMBER 2002-APRIL 2005

Psychological and Consulting Services, Mesa, AZ

- Polygraph Examiner- Independent Contractor
- Performing polygraph examinations of convicted sex offenders and individuals accused of committing sex offenses.
- Conducting penile plethysmograph assessments of adult sex offenders.

SEPTEMBER 2001-JUNE 2002

Child Protective Services, Apache Junction, AZ

- Investigative Case Worker
- Investigate allegations of child abuse and neglect.
- Work collaboratively with community professionals in designing case plans for abused and neglected children.

NOVEMBER 1998 – AUGUST 2001

Arizona Community Protection and Treatment Center, Phoenix, AZ

- Residential Counselor Supervisor
- Supervision of a counseling staff responsible for providing treatment to an adult, inpatient sex offender population.
- Created assessment protocols and laboratory.
- Conduct and interpret assessments used in determining sexual dangerousness and treatment needs of sexual offenders.
- Responsible for the maintenance of all computer and electrical equipment used in the assessments.

MAY 1994 – JANUARY 1998

VA Hospital, Tucson, AZ

- Recreational Coordinator
- Responsible for the coordination and supervision of on and off grounds recreational activities for multiple VA patients.
- Responsible for the supervision of a volunteer staff.

EDUCATION

- Polygrapher *Western Oregon State University 2002*
- Masters of Social Work *Arizona State University 1999-2001*
- B.A. Psychology with Honors *University of Arizona 1997-1998*
- A.A. General Studies with Honors *Pima Community College 1994-1996*

INTERNSHIPS

- 2002-2003 *Psychological and Consulting Services* (Polygraph Intern)
- 2000-2001 *The New Foundation* (Group and Individual Counseling)
- 1999-2000 *Child Protective Services* (Tempe Unit)
- 1997-1998 *Pima County Juvenile Court Evaluation Unit*

RESEARCH AND PRESENTATIONS

- 2003 *20th Annual Social Work and Law Conference*. Supervision and Assessment of Sex Offenders using the Polygraph, Plethysmograph and Abel Screen.
- 1998 Honors Thesis *Assessing Adherence to APSAC Guidelines*

- 1997-1998 *Juvenile Early Intervention Research*
- 1997-1998 *Hamilton Depression Scale Research*
- 1997-1998 *Marital Interaction Research*
- 1997-1998 *Juvenile Sex Offender Research*

PROFESSIONAL MEMBERSHIPS

- 2004 *American Polygraph Association* (Full Member)
- 1999 *National Association of Social Workers*
- 1999 Phi Alpha *National Honor Society for Social Work*
- 1998 Psi Chi *National Honor Society for Psychology*
- 1997 Phi Theta Kappa *International Honor Society*

AWARDS RECEIVED

- 1998 Social and Behavioral Sciences Academic Achievement Award
- 1998 Dean's List with Academic Distinction
- 1997 Social and Behavioral Sciences Research Grant
- 1996 Biography Published in The National Dean's List

MILITARY

1990-1994

U.S. Marines

- Recognized at Boot Camp Graduation-Meritorious Promotion
- Gulf War Era Veteran
- Participation In Operation Restore Hope, Somali
- Counter Terrorism Specialization

Awards, Medals and Ribbons Include:

- Combat Action, Good Conduct, National Defense, Sea Service, Joint Meritorious Unit, Southwest Asia with 1 Star
- 3rd Award Rifle Expert, Pistol Sharp Shooter

Letters of Appreciation Include:

- “Outstanding Contributions to Operation Restore Hope”
- “Calm Maturity and Professionalism while Exposed to Hostile Fire”

CERTIFICATIONS

- | | |
|-------------------------------------|-------------------|
| • 2003 Post Conviction Sex Offender | Denver, Colorado |
| • 1998 Abel Assessment Screening | Atlanta, Georgia |
| • 1998 Penile Plethysmograph | Beaverton, Oregon |

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

Benjamin C. Galarneau

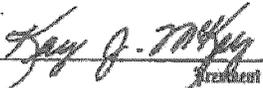
who has satisfactorily completed the Studies prescribed therefor
the Degree of

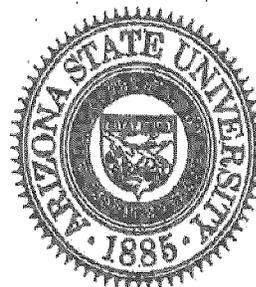
Master of Social Work

with all the Rights, Privileges and Honors thereunto appertaining
In Witness whereof the Seal of the University is hereto affixed

Awarded at the Main Campus
this third day of August, two thousand and one.


Governor of Arizona


President of the Board




President of the University


S. Vice President and Professor

WESTERN OREGON
UNIVERSITY

Division of Extended Programs
School of Polygraphy

Issues this Certificate as evidence that

Benjamin C. Galarneau

has completed the requirements of the Western Oregon University polygraph school accredited by the American Polygraph Association and, upon recommendation of the School's faculty, has satisfied prerequisites necessary to earn the title of qualified

Polygraph Examiner


Stan Abrams, Ph. D.
Director
School of Polygraphy
March 20, 2003




Don Olcott, Jr., Ed.D.
Executive Director
Division of Extended Programs
March 20, 2003

CNA Connect

Renewal Declaration

POLICY NUMBER	COVERAGE PROVIDED BY	FROM - POLICY PERIOD - TO
B 2084418869	Nat'l Fire Ins Co of Hartford 333 S. WABASH CHICAGO, IL. 60604	08/22/2015 08/22/2016

INSURED NAME AND ADDRESS
MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC
2400 W DUNLAP SUITE 133

PHOENIX, AZ 85021

AGENCY NUMBER	AGENCY NAME AND ADDRESS
044715	CS&S/WELLS FARGO INS SVCS USA INC 100 W WASHINGTON STREET 4TH FL PHOENIX, AZ 85003 Phone Number: (866)337-6595

BRANCH NUMBER	BRANCH NAME AND ADDRESS
560	PHOENIX BRANCH 4150 N. DRINKWATER BLVD, S-410 SCOTTSDALE, AZ 85251 Phone Number: (480)941-3200

This policy becomes effective and expires at 12:01 A.M. standard time at your mailing address on the dates shown above.

The Named Insured is a Corporation.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all forms applicable to this policy at the time of policy issuance.

The Estimated Policy Premium Is \$1,464.00

Terrorism Risk Insurance Act Premium \$29.00

Audit Period is Not Auditable

POLICY NUMBER
B 2084418869

INSURED NAME AND ADDRESS
MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC
2400 W DUNLAP SUITE 133
PHOENIX, AZ 85021

PROPERTY COVERAGE

LIMIT OF INSURANCE

The following deductible applies unless a separate deductible is shown on the Schedule of Locations and Coverage.

Deductible: \$1,000

Business Income and Extra Expense Coverage
Business Income and Extra Expense

12 Months Actual Loss Sustained

Business Income and Extra Expense - Dependent Properties \$10,000

Employee Dishonesty \$25,000

Forgery and Alteration \$25,000

LIABILITY COVERAGE

LIMIT OF INSURANCE

Liability and Medical Expense Limit - Each Occurrence \$2,000,000

Medical Expense Limit -- Per Person \$10,000

Personal and Advertising Injury \$2,000,000

Products/Completed Operations Aggregate \$4,000,000

General Aggregate \$4,000,000

Damage To Premises Rented To You \$300,000

Employment Practices/Fiduciary Liability Retroactive Date: 08/22/2008 \$10,000
EPLI Deductible:\$0

Hired Auto Liability \$1,000,000

Nonowned Auto Liability \$1,000,000

POLICY NUMBER
B 2084418869

INSURED NAME AND ADDRESS
MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC
2400 W DUNLAP SUITE 133
PHOENIX, AZ 85021

SCHEDULE OF LOCATIONS AND COVERAGE

LOCATION 1 BUILDING 1

145 EAST UNIVERSITY #6
MESA, AZ 85201

Construction: Joisted Masonry

Class Description: Medical Offices-Operated By Groups Of Physicians As An
Outpatient Clinic;

Building Glass Deductible: \$100

Broadened Wind

Inflation Guard 2%

PROPERTY COVERAGE

LIMIT OF INSURANCE

Accounts Receivable	\$25,000
Business Personal Property	\$34,798
Electronic Data Processing	\$50,000
Fine Arts	\$25,000
Ordinance or Law - Demolition Cost, Increased Cost of Construction	\$25,000
Seasonal Increase: 25%	
Sewer or Drain Back Up	\$25,000
Valuable Papers & Records	\$25,000

LOCATION 2 BUILDING 1

2400 W DUNLAP AVE, SUITE 133
PHOENIX, AZ 85021

Construction: Joisted Masonry

Class Description: Medical Offices-Operated By Groups Of Physicians As An
Outpatient Clinic;

Building Glass Deductible: \$100

Broadened Wind

Inflation Guard 2%

PROPERTY COVERAGE

LIMIT OF INSURANCE

Accounts Receivable	\$25,000
Business Personal Property	\$55,340
Electronic Data Processing	\$50,000

POLICY NUMBER
B 2084418869

INSURED NAME AND ADDRESS
MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC
2400 W DUNLAP SUITE 133
PHOENIX, AZ 85021

SCHEDULE OF LOCATIONS AND COVERAGE

PROPERTY COVERAGE	LIMIT OF INSURANCE
Fine Arts	\$25,000
Ordinance or Law - Demolition Cost, Increased Cost of Construction	\$25,000
Seasonal Increase: 25%	
Sewer or Drain Back Up	\$25,000
Valuable Papers & Records	\$25,000

LOCATION 3 BUILDING 1

1457 NORTH ELISEO C. FELIX JR. WAY SUITE #108
AVONDALE, AZ 85323

Construction: Masonry Non Combustible

Class Description: Medical Offices-Operated By Groups Of Physicians As An
Outpatient Clinic;

Building Glass Deductible: \$100

Broadened Wind

Inflation Guard 2%

PROPERTY COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	\$25,000
Business Personal Property	\$10,824
Electronic Data Processing	\$50,000
Fine Arts	\$25,000
Ordinance or Law - Demolition Cost, Increased Cost of Construction	\$25,000
Seasonal Increase: 25%	
Sewer or Drain Back Up	\$25,000
Valuable Papers & Records	\$25,000

EVIDENCE OF INSURANCE

ISSUE DATE: 07/13/2015

<p>Master Policy Named insured National Professional Purchasing Group Association, Inc. c/o Lockton Affinity, LLC P. O. Box 410679 Kansas City, Missouri 64141-0679</p>	<p>THIS EVIDENCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE EVIDENCE HOLDER. THIS EVIDENCE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE CERTIFICATE DESCRIBED BELOW.</p>
<p>Named Insured Member: Mountain Valley Counseling Associates, I 2400 W Dunlap Ave Ste 133 Phoenix, AZ 85021-2813</p> <p>Member Certificate Number: 105-1008663-02 Primary Occupation: Group Secondary Occupation:</p>	<p>INSURERS AFFORDING COVERAGE:</p> <p>Certain Underwriters at Lloyd's, London</p>

THE EVIDENCE OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DOCUMENT MAY PERTAIN, THE INSURANCE AFFORDED BY THE CERTIFICATE ISSUED TO THE MEMBER NAMED ABOVE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE MASTER POLICY TO WHICH IT REFERS TO. AGGREGATE LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

- 1. Unique Market Reference Number:** B0713GLOPR1400702
- 2. Policy Period:** The **Policy Period** shall commence during the **Policy Period** set forth below. Coverage shall commence from the date upon which the **Named Insured** holds a valid RPG membership during the **Policy Period** and shall continue up to but not exceeding 365 days in all.

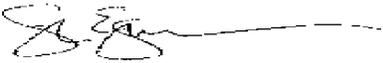
From: 07/01/2015
To: 07/01/2016

Both dates at 12:01 a.m Local Time at the address listed in Named Insured stated above.

3. Policy Administrator: Lockton Affinity, LLC P.O. Box 410679 Kansas City, MO 64141-0679

4. Insuring Agreements and Limits of Liability

A. Professional Liability:	
i. Each Claim includes Claims Expenses	\$1,000,000
ii. Aggregate Limit of Liability includes Claims Expenses	\$3,000,000
B. General Liability (includes Host Liquor Liability)	
i. Each Claim includes Claims Expenses	\$1,000,000
ii. Aggregate Limit of Liability includes Claims Expenses	\$3,000,000
C. Fire/Water Damage Legal Liability from any one fire or Water Damage includes Claims Expenses	\$100,000
D. Medical Expense Payments	
i. Each Person	\$2,000
ii. Aggregate Limit of Liability	\$50,000
E. Policy Aggregate Limit of Liability includes Claims Expenses	\$3,000,000
Supplementary payments are in addition to these limits.	

EVIDENCE HOLDER	CANCELLATION
PROOF OF COVERAGE	SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS
	AUTHORIZED REPRESENTATIVE
	

Customer # 1369112



ONE TOWER SQUARE
HARTFORD, CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (ICUB-0E41285-6-14)

RENEWAL OF (ICUB-0E41285-6-13)

INSURER: THE STANDARD FIRE INSURANCE COMPANY

NCCI CO CODE: 15245

1.

INSURED:

**MOUNTAIN VALLEY COUNSELING
ASSOCIATES, INC
2400 W DUNLAP AVE SUITE 133
PHOENIX AZ 85021**

PRODUCER:

**PAYCHEX INS AGENCY INC
150 SAWGRASS DR
ROCHESTER NY 14620**

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 12-31-14 to 12-31-15 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

AZ

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 100000 Each Accident
Bodily Injury by Disease: \$ 500000 Policy Limit
Bodily Injury by Disease: \$ 100000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

AL AR CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 10-22-14 BI

OFFICE: PAYROLL 70A

PRODUCER: PAYCHEX INS AGENCY INC

SV996

DTEF TREATMENT PROVIDER ADMINISTRATIVE AUDIT

Treatment Provider: Mountain Valley

Audit Date: 9/09/2013

Auditor: Jill Follensbee and Debra Bevins



PART 1

General Administrative Services

<u>POINTS</u>	<u>1</u>	<u>0</u>
<u>ITEM</u>	<u>YES</u>	<u>NO</u>
1. Is the agency licensed?	X	
2. Is this agency's license displayed in a public, easily accessible place?	X	
3. If the agency is not licensed, has the agency submitted documentation to be licensed within 120 days of contract award? Expected date of licensure: (Please attach written request for licensure to this packet.)	N/A	
4. Is this agency in compliance regarding licensure?	X	
TOTAL	3/3	

Comments:

3) License expires on 9/30/2014

Curriculum

<u>POSSIBLE POINTS</u>	<u>1</u>	<u>0</u>
<u>ITEM</u>	<u>YES</u>	<u>NO</u>
1. Is this agency's curriculum available for review? If not, where is the curriculum located? Explain below.	X	
2. Are the agency's treatment goals explained in a clear manner in the curriculum? If no, explain below.	X	
3. Is the number of sessions per week documented by modality?	X	
4. Is the number of hours per session documented by modality?	X	
5. Is there a client workbook/Handouts?	X	
6. Does the curriculum explain alternative or additional treatment methods? If yes, please explain below.	X	
7. Are there documented changes to this agency's curriculum? Please explain below.		N/A
8. Is this curriculum currently in compliance as of this date: <u>9/09/2013</u> ?	X	
TOTAL	7/7	

Comments:

6) Curriculum allows for flexibility for group discussions and homework assignments based on counselor's discretion and group dynamic.
7) Curriculum remains unchanged as of date of audit.

Attendance Sheets

<u>POINTS</u>	<u>1</u>	<u>0</u>
<u>ITEM</u>	<u>YES</u>	<u>NO</u>
1. Are the attendance sheets available? If no, where are the attendance sheets located: ?	X	
2. Are the attendance records kept in a professional and orderly manner?	X	
3. Has a random check of the attendance sheets been completed?	X	
4. Are the treatment provider's and DTEF's attendance sheets the same?	X	
Total points	4/4	

Comments:

January – July 2013

Personnel Audit

Employee: Peggy Farmer Position: Office administration

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	N/A	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	N/A	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	N/A	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: _____ Circle one: Expired Current	N/A	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	N/A	
TOTAL	4/4	

Comments:

3) On resume
8) First aid and CPR – expires on 11/2014

Personnel Audit

Employee: Kathleen Deverger-Painter Position: Office administration

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	N/A	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	N/A	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	N/A	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: _____ Circle one: Expired Current	N/A	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	N/A	
TOTAL	4/4	

Comments:

1) Renewal in process as of audit date.
3) On Resume
8) First Aid and CPR – expires 11/2014 Notary certificate expired on 10/2012

Personnel Audit

Employee: John Scheidt

Position: Counselor

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	X	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	X	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	X	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>3/31/14</u> Circle one: Expired Current	X	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?		X
TOTAL	8/9	

Comments:

3) On Resume
6) LISAC
8) First Aid and CPR – expires 12/2014

Personnel Audit

Employee: Laura Smyth

Position: Counselor

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	X	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	X	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	X	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>7/31/2015</u> Circle one: Expired <u>Current</u>	X	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	X	
TOTAL	9/9	

Comments:

3) On resume
6) LASAC
8) First Aid and CPR – expires on 11/2014
10) Expires 12/1/2016

Personnel Audit

Employee: Theresa Hunt

Position: Office Administration

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	N/A	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	N/A	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	N/A	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: _____ Circle one: Expired Current	N/A	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	N/A	
TOTAL	4/4	

Comments:

3) On resume

8) First Aid and CPR – expires 11/2014
Notary Public issued on 4/22/13

Personnel Audit

Employee: Denise Massie

Position: Counselor

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.(Required Bachelor's degree minimum)	X	
5. Does this employee's licensure comply with DTEF requirements?(LISAC, LCSW, LMFT or LPC)	X	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	X	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>6/30/2015</u> Circle one: Expired Current	X	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	X	
TOTAL	9/9	

Comments:

3) On resume
6) LPC
8) First Aid and CPR – expires 12/2014 Association for the Treatment of sexual abusers
10) expires – 9/15/2017

Personnel Audit

Employee: Harvey Poloni

Position: Counselor

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	X	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	X	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	X	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>5/31/2014</u> Circle one: Expired <input type="checkbox"/> Current <input checked="" type="checkbox"/>	X	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	X	
TOTAL	9/9	

Comments:

3) On resume
5) LPC
8) First Aid and CPR – expires on 11/2014 Association for Treatment of sexual abusers
10) expires – 12/5/2017

Personnel Audit

Employee: Jacqueline Jeffries

Position: Counselor

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	X	
2. If applicable, is this employee's resume included in the file?	X	
3. Does this employee have documented education and experience readily available for review?	X	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below. (Required Bachelor's degree minimum)	X	
5. Does this employee's licensure comply with DTEF requirements? (LISAC, LCSW, LMFT or LPC)	X	
6. If employee is a LPC or LMFT, do they have documented 2 years of counseling experience with substance abusing client?	X	
7. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>3/31/2014</u> Circle one: Expired <u>Current</u>	X	
8. Are there other professional certificates included in this employee's file? Please list in the comments section below.	X	
9. Is there documentation in this employee's file indicating attendance at a MCAPD DTEF sponsored training or, documentation showing continued education trainings. If yes, please indicate the specific training and the trainer's name in the comment's section below.	N/A	
10. Is there a current fingerprint card in this employee's file?	X	
TOTAL	9/9	

Comments:

3) On resume and diploma are on file
5) LISAC
8) First Aid and CPR expired on 12/2012 Received her Doctorate on 12/2012 from ASU
10) expires 9/29/2015

CLIENT FILE AUDIT

Client: Terri Linsenmann
Referral Date: 1/30/2013
Modality Referred to: SOP
Circle: Successful or Unsuccessful Completion

Active or Inactive: Inactive
Date Services Began: N/A - never started
Modality Attending: N/A
Completion Date: 4/10/2013

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ 6.00	X	
6. Are the group notes included for each session this client attended?	N/A	
7. Are the monthly progress notes included for each session this client attended?	N/A	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	X	
TOTAL	9/9	

Comments:

2) ASUS completed on 1/30/13 by MCAPD
4) Signed by Jacqueline Jeffries

CLIENT FILE AUDIT

Client: Lisa Hunting

Active or Inactive: Inactive

Referral Date: 9/27/2012

Date Services Began: 10/16/2012

Modality Referred to: SOP

Modality Attending: SOP

Circle: Successful or Unsuccessful Completion

Completion Date: 2/28/2013

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	X	
TOTAL	11/11	

Comments:

2) ASUS completed on 9/27/2013 by MCAPD
4) Signed by Jacqueline Jeffries
11) Certificate and Transaction ledger

CLIENT FILE AUDIT

Client: Matthew Ortiz

Active or Inactive: Inactive

Referral Date: 1/11/2013

Date Services Began: 1/15/2013

Modality Referred to: SOP

Modality Attending: SOP

Circle: Successful or Unsuccessful Completion

Completion Date: 05/16/2013

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ 6.00	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	X	
TOTAL	11/11	

Comments:

2) ADSAP completed on 1/9/13, agency completed original assessment
4) Signed by Jacqueline Jeffries
11) Certificate and Transaction ledger

CLIENT FILE AUDIT

Client: Joshua Neeper
Referral Date: 3/20/2013
Modality Referred to: SOP
Circle: Successful or Unsuccessful Completion

Active or Inactive: Active
Date Services Began: 4/9/2013
Modality Attending: SOP
Completion Date: Still attending

ITEM	YES	NO
1. Does this client have a referral packet?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?		X
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	9/10	

Comments:

2) ASUS completed on 3/20/13 by MCAPD
3) Updated treatment plan not included in file, review date is 8/31/13 for new treatment plan
4) Past treatment plans signed by Jacqueline Jeffries
11) Client active

CLIENT FILE AUDIT

Client: Michelle Ross
Referral Date: 6/19/2013
Modality Referred to: SOP
Circle: Successful or Unsuccessful Completion

Active or Inactive: Active
Date Services Began: 7/16/2013
Modality Attending: SOP
Completion Date: Still attending

ITEM	YES	NO
1. Does this client have a referral packet?	X	
2. Does this client have an initial ASUS completed by MACPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ 6.00	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	N/A	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	N/A	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	8/8	

Comments:

2) ASUS completed on 6/19/13 by MACPD
4) Signed by Jacqueline Jeffries
8) No absences to document
9) Client documented as being compliant
11) Client active

CLIENT FILE AUDIT

Client: Renee LaLonde

Active or Inactive: Inactive

Referral Date: 11/13/2012

Date Services Began: 11/15/2012

Modality Referred to: SOP

Modality Attending: SOP

Circle: Successful or Unsuccessful Completion

Completion Date: 1/17/2013

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ 6.00	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	X	
TOTAL	11/11	

Comments:

2) ADSAP completed by contracted agency on 11/13/12
4) Signed by Jacqueline Jeffries
11) Certificate and Transaction ledger included

CLIENT FILE AUDIT

Client: Cody Isom

Active or Inactive: Inactive

Referral Date: 2/13/2013

Date Services Began: 3/26/2013

Modality Referred to: SOP

Modality Attending: SOP

Circle: Successful or Unsuccessful Completion

Completion Date: 4/11/2013

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	X	
TOTAL	11/11	

Comments:

2) ASUS completed on 2/13/13 by MCAPD
4) Signed by Jacqueline Jeffries

CLIENT FILE AUDIT

Client: Reslawn Pettaway

Active or Inactive: Inactive

Referral Date: 9/10/2012

Date Services Began: 9/25/2012

Modality Referred to: SOP

Modality Attending: SOP

Circle: Successful or Unsuccessful Completion

Completion Date: 1/31/2013

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	X	
TOTAL	11/11	

Comments:

2) ADSAP completed on 9/11/12 by contracted agency. ASUS completed on 1/25/13 by MCAPD
4) Signed by Jacqueline Jeffries
10) Counselor provided reasons for absences to the PO

CLIENT FILE AUDIT

Client: Roxanne Jones
Referral Date: 8/8/2013
Modality Referred to: SOP
Circle: Successful or Unsuccessful Completion

Active or Inactive: Active
Date Services Began: 8/27/2013
Modality Attending: SOP
Completion Date: Still attending

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or another assessment tool (SASSI) completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	X	
6. Are the group notes included for each session this client attended?		X
7. Are the monthly progress notes included for each session this client attended?		X
8. Are the client's absences documented?		X
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?		X
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.		X
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	5/10	

Comments:

2)ASUS completed on 8/8/13 by MCAPD
4) Signed by Jacqueline Jeffries
6) and 7) Not yet in file
8) Progress notes and group notes not included, as a result no indication if there were any absences
9) and 10) PO and PO's phone number is listed, no notification of email or phone contact with PO
Noted: ROI not signed, but dated 8/15/13

CLIENT FILE AUDIT

Client: Danny Altamirano

Active or Inactive: Active

Referral Date: 5/28/2013

Date Services Began: 6/11/2013

Modality Referred to: SOP

Modality Attending: SOP

Circle: Successful or Unsuccessful Completion

Completion Date: Still attending

ITEM	YES	NO
1. Does this client have a referral packet completed?	X	
2. Does this client have an initial ASUS completed by MCAPD or a SASSI completed by the contracted agency?	X	
3. Does this client have a treatment plan?	X	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan in the comments section.	X	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	X	
6. Are the group notes included for each session this client attended?	X	
7. Are the monthly progress notes included for each session this client attended?	X	
8. Are the client's absences documented?	X	
9. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences?	X	
10. If applicable, is there documentation indicating contact with this client's Probation officer regarding other non-compliance issues? Please specify in comments section.	X	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	10/10	

Comments:

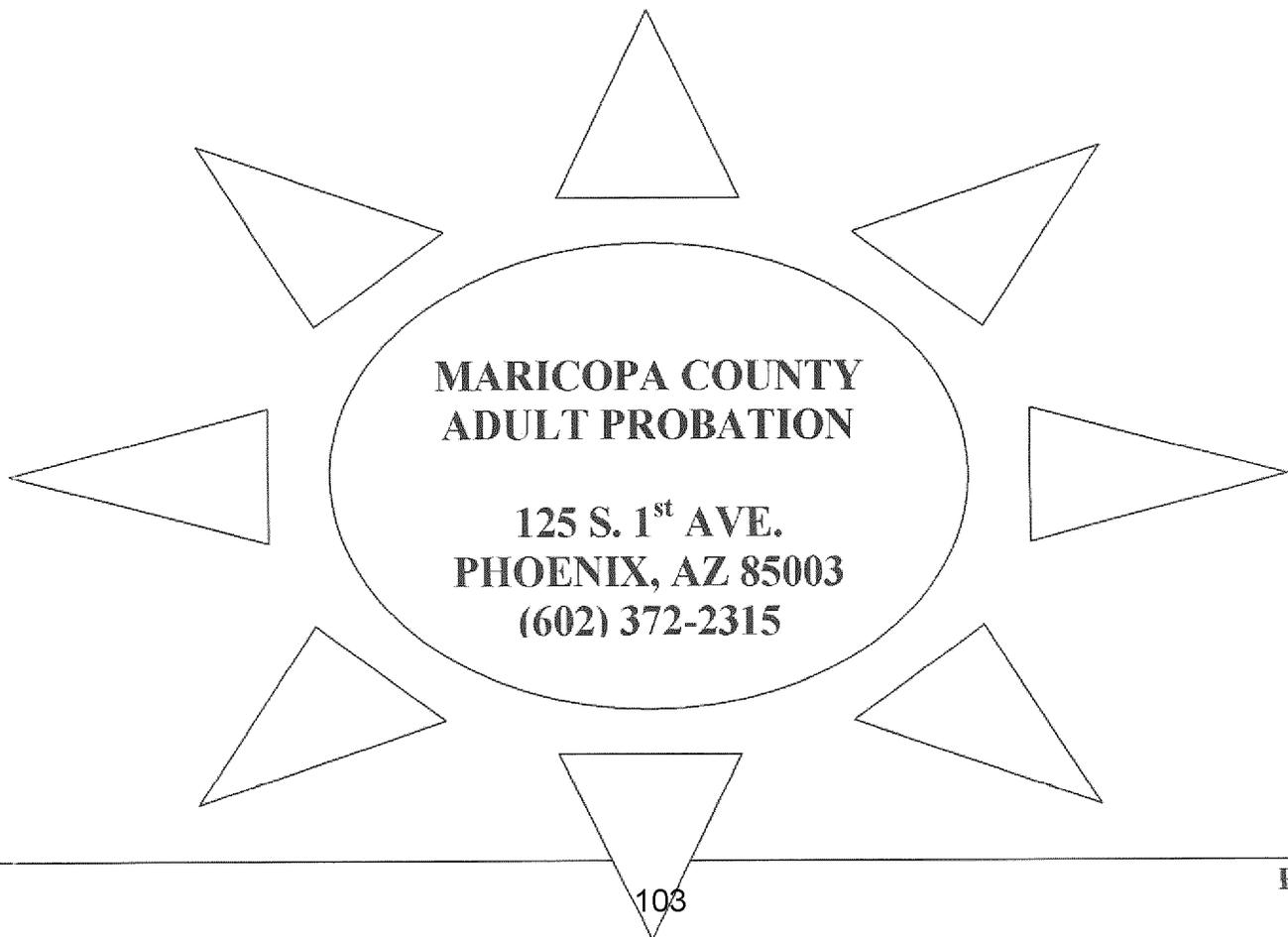
2) ASUS completed on 5/28/13 by MCAPD. ADSAP completed on 6/6/13 by contracted agency
4) Signed by Jacqueline Jeffries
9) PO name and number listed in file, no notation of email, phone, etc with PO
10) Client also attending Sex Offender treatment with this agency

DTEF TREATMENT PROVIDER ADMINISTRATIVE AUDIT

Treatment Provider: *Mountain Valley Counseling*

Audit Date: *8/12/2014*

Auditor: *Shelley Fassett, LMSW*
Julie Cuen
Tina Burruel



PART 1

General Administrative Services

<u>POINTS</u>	<u>1</u>	<u>0</u>
<u>ITEM</u>	<u>YES</u>	<u>NO</u>
Is the agency licensed?	★	
Is this agency's license displayed in a public, easily accessible place?	★	
If the agency is not licensed, has the agency submitted documentation to be licensed within 120 days of contract award? Expected date of licensure: _____ (Please attach written request for licensure to this packet.)	N/A	
Is this agency in compliance regarding licensure? When does the license expire? <u>March 31, 2015</u>	★	
TOTAL POINTS	3/3	

Comments:

◆ License displayed in lobby

Curriculum

<u>POSSIBLE POINTS</u>	<u>1</u>	<u>0</u>
<u>ITEM</u>	<u>YES</u>	<u>NO</u>
1. Is this agency's curriculum available for review? If not, where is the curriculum located? Explain below.	★	
2. Are the agency's treatment goals explained in a clear manner in the curriculum? If no, explain below.	★	
3. Is the number of sessions per week documented by modality?	★	
4. Is the number of hours per session documented by modality?	★	
5. Is there a client workbook? <i>(SEE BELOW)</i>	★	
6. Does the curriculum explain alternative or additional treatment methods? If yes, please explain below.	★	
7. Are there documented changes to this agency's curriculum? Please explain below.	N/A	
8. Does the agency use a cognitive-based curriculum?	★	
TOTAL POINTS	7/7	

Comments:

◆ Handouts are utilized in place of workbooks
◆ Role plays and reflection/homework assignments are used as supplements to curriculum/discussion

Attendance Sheets

<u>POINTS</u>	<u>1</u>	<u>0</u>
<u>ITEM</u>	<u>YES</u>	<u>NO</u>
1. Are the attendance sheets available? If no, where are the attendance sheets located: _____?	★	
2. Are the attendance records kept in a professional and orderly manner?	★	
3. Has a check of the attendance sheets been completed?	★	
4. Are the treatment provider's and DTEF's attendance sheets the same?	★	
TOTAL POINTS	4/4	

Comments:

◆ Attendance sheets utilized for audit dated January, 2014-July, 2014

Personnel Audit

Employee: *Jennifer Wieck, LAC*

Position: *Counselor*

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	★	
2. Is this employee's resume included in the file?	★	
3. Does this employee have documented education and experience readily available for review?	★	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.	★	
5. Is there supervision documentation in this employee's file for possessing an Associate's level license? (<u>LAC</u> , LMSW, LASAC)	★	
6. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>1/31/2016</u> Circle one: Expired Current	★	
7. Is a job description/expectations included in the file?	★	
8. Is there documentation in this employee's file indicating continued education trainings for licensed employees or trainings relevant to the employee's position?	★	
9. Is there documentation in this employee's file indicating an annual review or an evaluation has been completed? <i>SEE BELOW</i>	N/A	
10. Is there a current fingerprint card in this employee's file? <i>EXPIRES ON 1/20/2018</i>	★	
TOTAL	9/9	

Comments:

9) Not due for annual evaluation until 7/2015
♦ CPR due 9/2014

Personnel Audit

Employee: *Cassandra (Renee) Goodman, LASAC*

Position: *Counselor*

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	★	
2. Is this employee's resume included in the file?	★	
3. Does this employee have documented education and experience readily available for review?	★	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.	★	
5. Is there supervision documentation in this employee's file for possessing an Associate's level license? (LAC, LMSW, LASAC)		★
6. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>3/2015</u> Circle one: Expired Current	★	
7. Is a job description/expectations included in the file?	★	
8. Is there documentation in this employee's file indicating continued education trainings for licensed employees or trainings relevant to the employee's position?		★
9. Is there documentation in this employee's file indicating an annual review or an evaluation has been completed?	N/A	
10. Is there a current fingerprint card in this employee's file? <i>Expires on 11/13/2018</i>	★	
TOTAL	7/9	

Comments:

5) No supervision logs provided
8) No CEU/ongoing training certificates provided
9) Annual review not due until October, 2014

Personnel Audit

Employee: *Harvey Poloni, LPC*

Position: *Counselor*

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	★	
2. Is this employee's resume included in the file?	★	
3. Does this employee have documented education and experience readily available for review?	★	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.	★	
5. Is there supervision documentation in this employee's file for possessing an Associate's level license? (LAC, LMSW, LASAC) * <u>LPC</u>	★	
6. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>5/31/2016</u> Circle one: Expired Current	★	
7. Is a job description/expectations included in the file?	★	
8. Is there documentation in this employee's file indicating continued education trainings for licensed employees or trainings relevant to the employee's position?	★	
9. Is there documentation in this employee's file indicating an annual review or an evaluation has been completed? <i>Completed 6/26/2014</i>	★	
10. Is there a current fingerprint card in this employee's file? <i>Expires on 12/5/2017</i>	★	
TOTAL	10/10	

Comments:

♦CPR and First Aid due 11/2014

Personnel Audit

Employee: Denise Massie, LPC

Position: Counselor

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	★	
2. Is this employee's resume included in the file?	★	
3. Does this employee have documented education and experience readily available for review?	★	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.	★	
5. Is there supervision documentation in this employee's file for possessing an Associate's level license? (LAC, LMSW, LASAC) *LPC	★	
6. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>6/30/2015</u> Circle one: Expired Current	★	
7. Is a job description/expectations included in the file?	★	
8. Is there documentation in this employee's file indicating continued education trainings for licensed employees or trainings relevant to the employee's position?	★	
9. Is there documentation in this employee's file indicating an annual review or an evaluation has been completed? <i>Completed on 3/10/2014</i>	★	
10. Is there a current fingerprint card in this employee's file? <i>Expires 9/2017</i>	★	
TOTAL	10/10	

Comments:

♦ First Aid due 12/2014

Personnel Audit

Employee: *John Scheidt, LISAC*

Position: *Counselor*

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	★	
2. Is this employee's resume included in the file?	★	
3. Does this employee have documented education and experience readily available for review?	★	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.	★	
5. Is there supervision documentation in this employee's file for possessing an Associate's level license? (LAC, LMSW, LASAC) *LISAC	★	
6. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>3/31/2016</u> Circle one: Expired Current	★	
7. Is a job description/expectations included in the file?	★	
8. Is there documentation in this employee's file indicating continued education trainings for licensed employees or trainings relevant to the employee's position?	★	
9. Is there documentation in this employee's file indicating an annual review or an evaluation has been completed?		★
10. Is there a current fingerprint card in this employee's file?		★
TOTAL	8/10	

Comments:

9) Needs annual evaluation completed; last annual evaluation dated 12/2006
10) No fingerprint card on file
♦CPR due 12/2/014

Personnel Audit

Employee: *Laura Smythe, LASAC*

Position: *Counselor*

POINTS	1	0
ITEM	YES	NO
1. Is there a required MCAPD Background Check included in this employee's file indicating approval for employment connected with DTEF clients?	★	
2. Is this employee's resume included in the file?	★	
3. Does this employee have documented education and experience readily available for review?	★	
4. Does this employee have an appropriate degree to be in compliance with DTEF requirements? If no, please describe in the comments section below.	★	
5. Is there supervision documentation in this employee's file for possessing an Associate's level license? (LAC, LMSW, LASAC)	★	
6. Is there documentation from the Board of Behavioral Health Examiners included in this file? If yes, please indicate expiration date on certificate on the line below: Date: <u>7/31/2015</u> Circle one: Expired Current	★	
7. Is a job description/expectations included in the file?	★	
8. Is there documentation in this employee's file indicating continued education trainings for licensed employees or trainings relevant to the employee's position?	★	
9. Is there documentation in this employee's file indicating an annual review or an evaluation has been completed? <i>Completed 8/2013</i>	★	
10. Is there a current fingerprint card in this employee's file? <i>Expires 12/2016</i>	★	
TOTAL	10/10	

Comments:

♦First Aid due 11/2014

CLIENT FILE AUDIT

Client: Patricia Robles

Active or Inactive: _____

Referral Date: 11/26/2013

Date Services Began: 12/3/2013

Modality Referred to: SOP

Modality Attending: SOP

Circle: Completed Terminated Transferred
(AUDITOR DID NOT INDICATE)

Discharge Date: 3/13/2014

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?		★
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file?	★	
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ _____		★
6. Is there an ROI included and signed in the client's file?		★
7. Are the group notes included for each session this client attended?	★	
8. Are the monthly progress notes included for each session this client attended?	★	
9. Are the client's absences documented?	★	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?		★
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	★	
TOTAL	7/11	

Comments:

CLIENT FILE AUDIT

Client: *Evaristo Robles*
Referral Date: *12/2/2013*
Modality Referred to: *SOP*
Circle: **Completed** **Terminated** **Transferred**

Active or Inactive:
Date Services Began: *12/19/2013*
Modality Attending: *SOP*
Discharge Date: *1/29/2014*

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?	★	
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file? <i>*ASAP & RAPS*</i>	★	
3. Does this client have a treatment plan?		★
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>No treatment plan in file</i>		★
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	★	
6. Is there an ROI included and signed in the client's file?		★
7. Are the group notes included for each session this client attended?	★	
8. Are the monthly progress notes included for each session this client attended?	★	
9. Are the client's absences documented?	★	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?	★	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	★	
TOTAL	8/11	

Comments:

CLIENT FILE AUDIT

Client: Gina Bebber

Active or Inactive: _____

Referral Date: 3/6/2014

Date Services Began: 4/3/2014

Modality Referred to: SOP

Modality Attending: SOP

Circle: Completed Terminated Transferred

Discharge Date: 5/27/2014

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?	★	
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file?	★	
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>12.00</u>	★	
6. Is there an ROI included and signed in the client's file?	★	
7. Are the group notes included for each session this client attended?	★	
8. Are the monthly progress notes included for each session this client attended?	★	
9. Are the client's absences documented?	★	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?		★
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	★	
TOTAL	10/11	

Comments:

CLIENT FILE AUDIT

Client: *Royal Johnson*

Active or Inactive:

Referral Date: *12/12/2013*

Date Services Began: *the file stated 12/30/2014*

Modality Referred to: *SOP*

(12/30/2013)

Modality Attending: *IOP*

Circle: **Completed** Terminated Transferred
(AUDITOR DID NOT INDICATE)

Discharge Date: *5/6/2014*

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?	★	
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file? <i>*RAPS*</i>	★	
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u><i>6.00</i></u>	★	
6. Is there an ROI included and signed in the client's file?	★	
7. Are the group notes included for each session this client attended?	★	
8. Are the monthly progress notes included for each session this client attended?	★	
9. Are the client's absences documented?	★	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?	★	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	★	
TOTAL	11/11	

Comments:

CLIENT FILE AUDIT

Client: *John Delgado*

Active or Inactive:

Referral Date: *7/22/2013*

Date Services Began: *9/16/2013*

Modality Referred to: *IOP*

Modality Attending: *IOP*

Circle: Completed Terminated Transferred

Discharge Date: *1/16/2014*

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?	★	
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file?	★	
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	★	
6. Is there an ROI included and signed in the client's file?		★
7. Are the group notes included for each session this client attended?	★	
8. Are the monthly progress notes included for each session this client attended?	★	
9. Are the client's absences documented?	★	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?		★
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	★	
TOTAL	9/11	

Comments:

CLIENT FILE AUDIT

<u>Client:</u> <u>Rodney Bacleanm</u>	<u>Active or Inactive:</u>
<u>Referral Date:</u> <u>6/12/2014</u>	<u>Date Services Began:</u> <u>7/17/2014</u>
<u>Modality Referred to:</u> <u>IOP</u>	<u>Modality Attending:</u> <u>IOP</u>
<u>Circle:</u> <u>Completed</u> <u>Terminated</u> <u>Transferred</u> (N/A)	<u>Discharge Date:</u> <u>N/A</u>

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?	★	
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file?	★	
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	★	
6. Is there an ROI included and signed in the client's file?	★	
7. Are the group notes included for each session this client attended?	N/A	
8. Are the monthly progress notes included for each session this client attended?	N/A	
9. Are the client's absences documented? * <i>via ledger in file</i>	★	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?	N/A	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	7/7	

Comments:

7, 8, 10) Group notes had not been submitted for July at time of audit
11) client still enrolled in treatment

CLIENT FILE AUDIT

Client: Jonathan Yankasky

Active or Inactive: _____

Referral Date: 7/18/2014

Date Services Began: 8/13/2014

Modality Referred to: SOP

Modality Attending: SOP

Circle: Completed Terminated Transferred
(N/A)

Discharge Date: N/A

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?		★
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file?		★
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	★	
6. Is there an ROI included and signed in the client's file?	★	
7. Are the group notes included for each session this client attended?	N/A	
8. Are the monthly progress notes included for each session this client attended?	N/A	
9. Are the client's absences documented?	N/A	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?	N/A	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	4/6	

Comments:

1, 2) missing MCAPD ROI/ ASUS
7, 8, 9, 10) client new; July notes had not been submitted at time of audit
11) client still enrolled

CLIENT FILE AUDIT

Client: *Kenneth Reynolds*

Active or Inactive:

Referral Date: *7/29/2014*

Date Services Began: *8/6/2014*

Modality Referred to: *SOP*

Modality Attending: *SOP*

Circle: **Completed** Terminated Transferred
(N/A)

Discharge Date: *N/A*

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?		★
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file? <i>*WHODA, RAPS*</i>	★	
3. Does this client have a treatment plan?	★	
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>Laura Smythe</i>	★	
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>12.00</u>	★	
6. Is there an ROI included and signed in the client's file?		★
7. Are the group notes included for each session this client attended?	N/A	
8. Are the monthly progress notes included for each session this client attended?	N/A	
9. Are the client's absences documented?	N/A	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?	N/A	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	4/6	

Comments:

1) missing MCAPD ROI, ASUS

7,8,9,10) client new; July notes not submitted at time of audit

11) client still enrolled in treatment

CLIENT FILE AUDIT

Client: *Joshua Rhodes*

Active or Inactive:

Referral Date: *6/25/2014*

Date Services Began: *?*

Modality Referred to: *IOP*

Modality Attending: *?*

Circle: **Completed** Terminated Transferred
(N/A)

Discharge Date: *N/A*

ITEM	YES	NO
1. Does this client have a referral packet completed and signed by DTEF personnel?		★
2. Does this client have an initial ASUS completed by MCAPD or an assessment (SASSI/SAQ) completed by the agency in their file?	★	
3. Does this client have a treatment plan?		★
4. Is the treatment plan signed by an authorized clinical agent from this provider? Indicate who signed the treatment plan: <i>no treatment plan in file</i>		★
5. Is the client's co-pay requirement documented (co-pay determination sheet)? If yes, list the client's co-pay amount here > \$ <u>6.00</u>	★	
6. Is there an ROI included and signed in the client's file?		★
7. Are the group notes included for each session this client attended?	N/A	
8. Are the monthly progress notes included for each session this client attended?	N/A	
9. Are the client's absences documented?	N/A	
10. If applicable, is there documentation indicating contact with this client's Probation Officer regarding absences or other non-compliance issues?	N/A	
11. If this client successfully or unsuccessfully completed treatment, is there a copy of a DTEF discharge summary included in this file.	N/A	
TOTAL	2/6	

Comments:

1)Missing referral screen shot; MCAPD ROI

7,8,9,10) new client; July notes not submitted; unable to determine if client started treatment due to no start date

11). Client still enrolled in treatment

PART 4

Summary/Notes

General Administration score: 100% (3/3 applicable points)

♦Great job! ☺

Curriculum score: 100% (7/7 applicable points)

♦Great job! ☺

Attendance sheets score: 100% (4/4 applicable points)

♦Great job! ☺

Personnel Files score: 93% (54/58 applicable points; 6 files reviewed)

♦ Files are organized and well kept!

Client Files score: 76% (68/90 applicable points; 10 files reviewed)

♦The complete MCAPD-DTEF referral packet must be located in client files. This includes referral 'screen shot', ASUS survey, OST (Offender Screening Tool), signed MCAPD Release of Information form and MCAPD- DTEF co-pay determination worksheet. Please address the incomplete client files and let our assessment center know how we can ensure delivery/ maintenance of complete DTEF referral packets in the future.

♦If possible, in the future, refrain from providing files for audit that are under 60 days old. The newer files had not had enough time to include monthly notes and other information we include in the audit checklist. This decreased the amount of applicable points possible for each file.

♦Overall audit score: 84 %♦

(136/162 total applicable points)

Great job! ☺

(Revised 6/12)

POST-AWARD MONITORING REPORT

DISTRICT: ARIZONA	PROCUREMENT NUMBER: 0970-2013-106, 107, 108
VENDOR: MOUNTAIN VALLEY COUNSELING	REVIEWED BY: SR USPO Scott Talbott
DATE OF VISIT: 01/12/2015	PERIOD COVERED: June 17, 2014-January 12, 2015

NUMBER OF FEDERAL CLIENTS IN PROGRAM: 75

RATING CRITERIA

The evaluation rating on this report must be completed using the following rating definitions:

- (1) **Excellent** During the monitoring period, the vendor has exceeded the requirements of the statement of work. There were no deficiencies and the vendor has operated within the terms and conditions of the agreement. The agreement should be continued.

- (2) **Satisfactory** There are few problems or issues and the vendor generally operates within the terms and conditions of the agreement. Any improvements would be considered minor. The agreement should be continued.

- (3) **Unsatisfactory** There are deficiencies with the performance of the vendor that must be corrected. The vendor will be notified via this monitoring report of the deficiencies and corrective measures and given a specific time frame in which to correct the deficiencies and become in full compliance with the terms and conditions of the agreement. The agreement will only be continued if the deficiencies are corrected within the stated time frame. If not corrected in the time frame, the existing referrals may be terminated, the option to renew will not be exercised, or future referrals may cease.

- (4) **Unacceptable** There are deficiencies with the performance of the vendor which have not been corrected, cannot be corrected, or the vendor refuses to correct. Continuation of the agreement will only be allowed until a new service provider can be obtained. Termination of the existing referrals will be made either for the convenience of the Government or for default.

(Revised 6/12)

I. DELIVERABLES	Yes	No	NA
A. File Maintenance			
1. Is the vendor's file maintenance and content in compliance with Section C of the Statement of Work?	X		
B. Case Staffing Conference			
1. Does the vendor participate in case staffing conferences as defined in Section C of the Statement of Work?	X		
C. Vendor Reports			
1. Are vendor reports in compliance with Section C of the Statement of Work?	X		
D. Vendor Testimony			
1. Does the vendor provide "testimony" in compliance with Section C of the Statement of Work?			X
E. Notifying USPO/USPSO of Defendant/Offender Behavior			
1. Is there timely notification of defendant/offender noncompliant behavior as defined in Section C of the Statement of Work?	X		
F. Staff Requirements and Restrictions			
1. Is the vendor in compliance with the staff requirements and restrictions as defined in Section C of the Statement of Work?	X		
G. Facility Requirements			
1. Is the vendor in compliance with the facility requirements and restrictions as defined in Section C of the Statement of Work?	X		

Deficiency:

NO DEFICIENCIES NOTED DURING THIS PERIOD OF REVIEW.

(Revised 6/12)

Corrective Action:

II. PROVISION OF SERVICES	Yes	No	NA
1. Is the vendor providing services in compliance with Section C of the Statement of Work for the specific project codes in the agreement?	X		
2. Are defendants/offenders receiving the services specified in the program plan?	X		
3. Is the vendor providing services in compliance with Section F of the Statement of Work?	X		

Deficiency:
NO DEFICIENCIES NOTED DURING THIS PERIOD OF REVIEW.

Corrective Action:

(Revised 6/12)

III. AGREEMENT ADMINISTRATION	Yes	No	NA
1. Are the invoices submitted in compliance with Section G of the Statement of Work?	X		
2. Is the vendor in compliance with Sections E, F, G, and H of the Statement of Work?	X		

Deficiency:

NO DEFICIENCIES NOTED DURING THIS PERIOD OF REVIEW.

Corrective Action:

IV. INTERVIEWS

A. Defendant/Offender

Number of Defendant/Offenders interviewed: 7

	Yes	No	NA
1. Did the defendant/offender report any problems or recommendations for improvement?		X	

Comments:

OF THE CASES REVIEWED, THIS WRITER WAS ABLE TO SUCCESSFULLY CONTACT SEVEN CLIENTS FOR COMMENT. CLIENTS REPORTED BEING

(Revised 6/12)

SATISFIED WITH THE SERVICES THEY WERE RECEIVING. THEY ALL FELT THEIR TREATMENT NEEDS WERE BEING MET AND TWO OF THE CLIENTS REPORTED APPRECIATION FOR THEIR OFFICERS INVOLVEMENT IN THEIR TREATMENT PROCESS.

B. USPO/USPSO

Number of USPO/USPSOs interviewed: 3

	Yes	No	NA
1. Is there a timely response to referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you initiating program plans and amended plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the vendor following the program plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a good working relationship with the service provider?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you meeting with the vendor face-to-face or via telephone conference at least every 30 days to discuss the defendant/offender's progress in treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

OFFICERS CONTINUE TO SIT IN ON GROUPS. ENTRIES IN PACTS AND VMIS REFLECT CASE STAFFINGS AND COLLABORATION OF CARE BETWEEN OFFICERS AND PROVIDER. NO CONCERNS REPORTED.

(Revised 6/12)

C. Provider (Director and/or Primary Counselor)			
	Yes	No	NA
1. Are you receiving advance notice of referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the program plan and authorization of release received timely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are USPO/USPSOs responding timely to telephone calls/correspondence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you communicating with the USPO/USPSO at least every 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you timely notifying USPO/USPSOs of stalls, missed sessions, and/or violation behavior?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are USPOs responsive to concerns and recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: MV STAFF REPORT A GOOD WORKING RELATIONSHIP WITH OFFICERS.			

(Revised 6/12)

V. CONTENT OF SERVICES	Yes	No	NA
<p><i>Note: This section will only be considered for rating the vendor as exceeding expectations and therefore justifying an excellent rating. A no answer to any of these items may not be used to rate a vendor as unsatisfactory or unacceptable.</i></p>			
<p>1. Are interactions with the defendant/offender deliberate, purposeful, and based on clinical modalities that have demonstrated evidence to change behavior/stabilize mental health symptoms, etc.?</p>	X		
<p>2. Does the vendor provide counseling that addresses criminogenic needs and responsivity issues?</p>	X		
<p>3. Does the vendor have outcome measures in place to evaluate their programs?</p>	X		
<p>4. Has the vendor routinely taken steps to transition defendants/offenders to services in the community to aid them once they have completed supervision?</p>	X		
<p>5. Is counseling provided by a practitioner with a degree/license that exceeds the minimum standards in the Statement of Work?</p>		X	
<p>6. Does the vendor have a national accreditation/certification (i.e. CARF)?</p>	X		
<p>Comments:</p> <p>MOUNTAIN VALLEY USES TREATMENT MODALITIES AND APPROACHES THAT ARE EVIDENCED BASED IN THE RESEARCH FOR THE POPULATIONS THEY SERVE. TREATMENT PLANS AND COUNSELING TECHNIQUES ADDRESS THE CLIENT'S SPECIFIC CRIMINOGENIC NEEDS SUCH AS SUBSTANCE ABUSE, DOMESTIC VIOLENCE, AND CRIMINAL BEHAVIORS AND THINKING. MOUNTAIN VALLEY ADDRESSES RESPONSIVITY ISSUES, SUCH AS DIFFERENT LEARNING STYLES, GENDER, USE OF POSITIVE REINFORCEMENTS FOR ALL CLIENTS. MOUNTAIN VALLEY OFFERS SPECIALIZED GROUPS SUCH AS, GENDER SPECIFIC GROUPS, GROUPS FOR CLIENTS WITH LOWER INTELLECTUAL FUNCTIONING, AND OTHER SPECIAL NEEDS. THEIR THERAPISTS ENSURE ALL MATERIALS ARE PRESENTED TO THE CLIENT'S SPECIFIC LEVEL OF UNDERSTANDING. THE THERAPISTS ARE EDUCATED AND TRAINED IN ADDRESSING BOTH RESPONSIVITY ISSUES AND CRIMINOGENIC NEEDS IN COUNSELING AND THE FORENSIC POPULATIONS.</p> <p>MOUNTAIN VALLEY USES CLIENT FEEDBACK, MEASURING THE CLIENT'S LEVEL</p>			

(Revised 6/12)

OF INTERNALIZING THE TREATMENT BY USING PRE AND POST MSI AND MEASURING THE CLIENT'S CHANGE IN RISK LEVEL. MOUNTAIN VALLEY EVALUATES CLIENTS MONTHLY BY USING SOTIPS OR SRA. THEY ALSO KEEP RECORDS OF ALL CLIENTS WHO ARE DISCHARGED FROM THEIR AGENCY, INCLUSIVE OF THOSE WHO SUCCESSFULLY COMPLETE. THE THERAPISTS HELP CLIENTS TO USE COMMUNITY BASED SUPPORT SERVICES WITH THE CLIENTS WHO ARE IN TREATMENT AND UPON RELEASE FROM COMMUNITY SUPERVISION. THEY WORK WITH CLIENTS IN DEVELOPING DISCHARGE PLANS. PART OF THE PLAN IS ASSISTING THE CLIENT IN CONNECTING WITH THE COMMUNITY RESOURCES TO BE USED POST PROBATION AND TREATMENT.

VI. ADJUSTMENTS/RECOMMENDATIONS

Comments:

*OFFICERS AND THERAPISTS WILL CONTINUE TO COLLABORATE REGARDING SERVICE PROVISION FOR THE CLIENTS.

VII. RATING

Excellent Satisfactory Unsatisfactory Unacceptable

VIII. JUSTIFICATION

ON JANUARY 12, 2015, SR USPO SCOTT TALBOTT CONDUCTED THE FIRST MONITORING VISIT FOR THE THIRD YEAR OF THE BPA (A SECOND MONITORING REPORT FOR THE THIRD YEAR OPTION IS NOT REQUIRED DUE TO SATISFACTORY PERFORMANCE). MOUNTAIN VALLEY HAS THREE BPAs AND ONE NC AGREEMENT WITH PROBATION (SO TX FOR CENTRAL PHOENIX AND

(Revised 6/12)

EASTERN MARICOPA COUNTY, SO TX AND EVALUATIONS FOR PINAL COUNTY, AND SO TX FOR SAN CARLOS). THERE ARE CURRENTLY A COMBINED TOTAL OF 75 FEDERAL CLIENTS ENROLLED IN TREATMENT SERVICES FOR ALL AGREEMENTS. DURING THIS PERIOD OF REVIEW, SIX AID TO SENTENCING EVALUATIONS WERE COMPLETED.

CASES FOR REVIEW WERE CHOSEN RANDOMLY BY USING THE PACTS OPEN PLAN REORT AND BILLING INVOICES. PRETRIAL SERVICES DOES NOT PIGGYBACK OFF OF THESE AGREEMENTS; THEREFORE, THEY DID NOT PARTICIPATE IN THE REVIEW.

MOUNTAIN VALLEY CONTINUES TO PROVIDE QUALITY TREATMENT SERVICES TO THE SO POPULATION. THEY MAINTAIN CONSISTENT COMMUNICATION AND COORDINATION OF CARE WITH OFFICERS AND COMMUNITY AGENCIES. CLIENTS REPORTED BEING PLEASED WITH THE SERVICE PROVISION. THE TX FILES WERE IN GOOD ORDER. PROGRESS NOTES WERE DETAILED. ALL CASES HAD CURRENT 90-TREATMENT PLAN UPDATES.

THE EVALUATIONS WERE COMPLETED TIMELY. THEY WERE WELL-WRITTEN, THOROUGH, AND COMPREHENSIVE. THEY CONTAINED APPROPRIATE RECOMMENDATIONS.

OUNTAIN VALLEY'S CONTINUED WILLINGNESS TO PROVIDE SERVICES IN THE RURAL AREAS OF ARIZONA REMAIN APPRECIATED. THEY CONTINUE TO PROVIDE QUALITY SERVICES IN ACCORDANCE WITH THE SOW.

WRITTEN BY: DONNA SALAZAR, SUSPO/CONTRACTS ADMINISTRATOR

WRITTEN BY: DONNA SALAZAR, SUSPO/CONTRACTS ADMINISTRATOR

(Revised 6/12)

POST-AWARD MONITORING REPORT

DISTRICT: Arizona	PROCUREMENT NUMBER: 0970-2013-106, 107, 108
VENDOR: Mountain Valley Counseling	REVIEWED BY: Scott Talbott, SR USPO
DATE OF VISIT: June 17, 2014	PERIOD COVERED: January 23, 2014-June 17, 2014
NUMBER OF FEDERAL CLIENTS IN PROGRAM: 71	

RATING CRITERIA

The evaluation rating on this report must be completed using the following rating definitions:

- (1) Excellent During the monitoring period, the vendor has exceeded the requirements of the statement of work. There were no deficiencies and the vendor has operated within the terms and conditions of the agreement. The agreement should be continued.

- (2) Satisfactory There are few problems or issues and the vendor generally operates within the terms and conditions of the agreement. Any improvements would be considered minor. The agreement should be continued.

- (3) Unsatisfactory There are deficiencies with the performance of the vendor that must be corrected. The vendor will be notified via this monitoring report of the deficiencies and corrective measures and given a specific time frame in which to correct the deficiencies and become in full compliance with the terms and conditions of the agreement. The agreement will only be continued if the deficiencies are corrected within the stated time frame. If not corrected in the time frame, the existing referrals may be terminated, the option to renew will not be exercised, or future referrals may cease.

- (4) Unacceptable There are deficiencies with the performance of the vendor which have not been corrected, cannot be corrected, or the vendor refuses to correct. Continuation of the agreement will only be allowed until a new service provider can be obtained. Termination of the existing referrals will be made either for the convenience of the Government or for default.

(Revised 6/12)

I. DELIVERABLES	Yes	No	NA
A. File Maintenance			
1. Is the vendor's file maintenance and content in compliance with Section C of the Statement of Work?	X		
B. Case Staffing Conference			
1. Does the vendor participate in case staffing conferences as defined in Section C of the Statement of Work?	X		
C. Vendor Reports			
1. Are vendor reports in compliance with Section C of the Statement of Work?	X		
D. Vendor Testimony			
1. Does the vendor provide "testimony" in compliance with Section C of the Statement of Work?			X
E. Notifying USPO/USPSO of Defendant/Offender Behavior			
1. Is there timely notification of defendant/offender noncompliant behavior as defined in Section C of the Statement of Work?	X		
F. Staff Requirements and Restrictions			
1. Is the vendor in compliance with the staff requirements and restrictions as defined in Section C of the Statement of Work?	X		
G. Facility Requirements			
1. Is the vendor in compliance with the facility requirements and restrictions as defined in Section C of the Statement of Work?	X		

Deficiency:
 NO DEFICIENCIES NOTED DURING THIS PERIOD OF REVIEW.

(Revised 6/12)

Corrective Action:

II. PROVISION OF SERVICES	Yes	No	NA
1. Is the vendor providing services in compliance with Section C of the Statement of Work for the specific project codes in the agreement?	X		
2. Are defendants/offenders receiving the services specified in the program plan?	X		
3. Is the vendor providing services in compliance with Section F of the Statement of Work?	X		

Deficiency:

NO DEFICIENCIES NOTED DURING THIS PERIOD OF REVIEW.

Corrective Action:

(Revised 6/12)

III. AGREEMENT ADMINISTRATION	Yes	No	NA
1. Are the invoices submitted in compliance with Section G of the Statement of Work?	X		
2. Is the vendor in compliance with Sections E, F, G, and H of the Statement of Work?	X		

Deficiency:
NO DEFICIENCIES NOTED DURING THIS PERIOD OF REVIEW.

Corrective Action:

IV. INTERVIEWS			
A. Defendant/Offender			
Number of Defendant/Offenders interviewed: 4 _____			
	Yes	No	NA
1. Did the defendant/offender report any problems or recommendations for improvement?	X		
Comments: OF THE CASES REVIEWED, THIS WRITER WAS ABLE TO SUCCESSFULLY CONTACT FOUR OF THE OFFENDERS FOR COMMENT. FOR THE MOST PART THE			

(Revised 6/12)

OFFENDERS WERE SATISFIED WITH THE SERVICES THEY ARE RECEIVING. ONE OFFENDER REPORTED "TROY" DOES A GREAT JOB WITH GROUP AND THE OFFENDER FELT HE HAS COME A LONG WAY IN HIS TREATMENT PROGRAM. HE FELT HIS THERAPIST AND HIS PROBATION OFFICER MET FREQUENTLY AND WERE INVESTED IN HIS TREATMENT.

ONE OFFENDER WAS DISATISFIED WITH THE SERVICES HE WAS RECEIVING. HE DID NOT FEEL HE BELONGED THERE AND FELT HIS CRIME WAS NOT AS SERIOUS AS THE OTHER GROUP MEMBERS. HE FELT THE FEMALE THERAPISTS WERE UNABLE TO UNDERSTAND A MALE'S PERSPECTIVE AND WISHED THERE WERE MORE MALE COUNSELORS AVAILABLE TO PROVIDE SERVICES.

B. USPO/USPSO

Number of USPO/USPSOs interviewed: 3

	Yes	No	NA
1. Is there a timely response to referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you initiating program plans and amended plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the vendor following the program plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a good working relationship with the service provider?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you meeting with the vendor face-to-face or via telephone conference at least every 30 days to discuss the defendant/offender's progress in treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

OFFICERS ARE MAKING UNANNOUNCED VISITS TO MV AND SITTING IN ON GROUPS. OFFICER CHRONOLOGICAL RECORDS AND VMIS HISTORY REFLECT REGULAR CASE STAFFINGS WITH TX PROVIDER. NO CONCERNS NOTED DURING THIS PERIOD OF REVIEW.

(Revised 6/12)

C. Provider (Director and/or Primary Counselor)			
	Yes	No	NA
1. Are you receiving advance notice of referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the program plan and authorization of release received timely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are USPO/USPSOs responding timely to telephone calls/correspondence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you communicating with the USPO/USPSO at least every 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you timely notifying USPO/USPSOs of stalls, missed sessions, and/or violation behavior?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are USPOs responsive to concerns and recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: MOUNTAIN VALLEY CONTINUES TO REPORT A GOOD WORKING RELATIONSHIP WITH THE PROBATION OFFICERS.			

(Revised 6/12)

V. CONTENT OF SERVICES	Yes	No	NA
<p><i>Note: This section will only be considered for rating the vendor as exceeding expectations and therefore justifying an excellent rating. A no answer to any of these items may not be used to rate a vendor as unsatisfactory or unacceptable.</i></p>			
1. Are interactions with the defendant/offender deliberate, purposeful, and based on clinical modalities that have demonstrated evidence to change behavior/stabilize mental health symptoms, etc.?	X		
2. Does the vendor provide counseling that addresses criminogenic needs and responsivity issues?	X		
3. Does the vendor have outcome measures in place to evaluate their programs?	X		
4. Has the vendor routinely taken steps to transition defendants/offenders to services in the community to aid them once they have completed supervision?	X		
5. Is counseling provided by a practitioner with a degree/license that exceeds the minimum standards in the Statement of Work?		X	
6. Does the vendor have a national accreditation/certification (i.e. CARF)?	X		
<p>Comments: MOUNTAIN VALLEY USES TREATMENT MODALITIES AND APPROACHES THAT ARE EVIDENCED BASED IN THE RESEARCH FOR THE POPULATIONS THEY SERVE. TREATMENT PLANS AND COUNSELING TECHNIQUES ADDRESS THE CLIENT'S SPECIFIC CRIMINOGENIC NEEDS SUCH AS SUBSTANCE ABUSE, DOMESTIC VIOLENCE, AND CRIMINAL BEHAVIORS AND THINKING. MOUNTAIN VALLEY ADDRESSES RESPONSIVITY ISSUES, SUCH AS DIFFERENT LEARNING STYLES, GENDER, USE OF POSITIVE REINFORCEMENTS FOR ALL CLIENTS. MOUNTAIN VALLEY OFFERS SPECIALIZED GROUPS SUCH AS, GENDER SPECIFIC GROUPS, GROUPS FOR CLIENTS WITH LOWER INTELLECTUAL FUNCTIONING AND OTHER SPECIAL NEEDS AND THEIR THERAPISTS ENSURE ALL MATERIALS ARE PRESENTED TO THE CLIENT'S SPECIFIC LEVEL OF UNDERSTANDING. THE THERAPISTS ARE EDUCATED AND TRAINED IN ADDRESSING BOTH RESPONSIVITY ISSUES AND CRIMINOGENIC NEEDS IN COUNSELING AND THE FORENSIC POPULATIONS.</p> <p>MOUNTAIN VALLEY USES CLIENT FEEDBACK, MEASURING THE CLIENT'S LEVEL</p>			

(Revised 6/12)

OF INTERNALIZING THE TREATMENT BY USING PRE AND POST MSI AND MEASURING THE CLIENT'S CHANGE IN RISK LEVEL. MOUNTAIN VALLEY EVALUATES CLIENTS MONTHLY BY USING SOTIPS OR SRA. THEY ALSO KEEP RECOREDS OF ALL CLIENTS WHO ARE DISCHARGED FROM THEIR AGENCY, INCLUSIVE OF THOSE WHO SUCCESSFULLY COMPLETE. THE THERAISTS HELP CLIENTS TO USE COMMUNITY BASED SUPPORT SERVICES WITH THE CLIENTS WHO ARE IN TREATMENT AND UPON RELEASE FROM COMMUNITY SUPERVISION. THEY WORK WITH CLIENTS IN DEVELOPING DISCHARGE PLANS. PART OF THE PLAN IS ASSISTING THE CLIENT IN CONNECTING WITH THE COMMUNITY RESOURCES TO BE USED POST PROBATION AND TREATMENT.

VI. ADJUSTMENTS/RECOMMENDATIONS

Comments:

*OFFICERS AND THERAPISTS ARE TO CONDUCT MONTHLY CASE STAFFING CONFERENCES WITH THE TREATMENT PROVIDER OR AT A FREQUENCY COMMENSURATE WITH THE OFFENDERS' RISKS AND NEEDS.

*PURSUANT TO THE STATEMENT OF WORK, MOUNTAIN VALLEY WILL PROVIDE OFFICERS WITH UPDATED TREATMENT PLANS, MONTHLY TREATMENT REPORTS, AND DISCHARGE SUMMARIES.

VII. RATING

Excellent Satisfactory Unsatisfactory Unacceptable

VIII. JUSTIFICATION

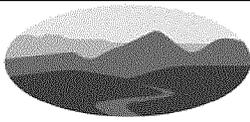
ON JUNE 17, 2014, SR USPO SCOTT TALBOTT CONDUCTED THE SECOND MONITORING VISIT FOR THE SECOND YEAR OF THE BPA. MOUNTAIN VALLEY HAS THREE AGREEMENTS WITH FEDERAL PROBATION (SO TREATMENT FOR CENTERAL PHOENIX AND EASTERN MARICOPA COUNTY AND SO TREATMENT AND EVALUATIONS FOR PINAL COUNTY INCLUDING BSS-FLORENCE). CASES

(Revised 6/12)

FOR REVIEW WERE CHOSEN RANDOMLY BY USING THE PACTS OPEN PLAN REPORT AND BILLING INVOICES. PRETRIAL SERVICES DOES NOT PIGGBACK OFF OF THESE BPAs; THEREFORE, THEY DID NOT PARTICIPATE IN THE REVIEW. THERE ARE CURRENTLY A TOTAL OF 71 FEDERAL CLIENTS ENROLLED IN SERVICES. TWO AID TO SENTENCING EVALUATIONS WERE COMPLETED DURING THIS PERIOD OF REVIEW. THERE WERE NO OTHER EVALUATIONS COMPLETED DURING THIS PERIOD OF REVIEW.

MOUNTAIN VALLEY CONTINUES TO PROVIDE QUALITY TREATMENT SERVICES TO THE SEX OFFENDER POPULATION. THEY MAINTAIN CONSISTENT COMMUNICATION AND COORDINATION OF CARE WITH OFFICERS AND COMMUNITY AGENCIES. SUGGESTIONS FROM OFFENDERS ARE NOTED ABOVE AND INCLUDE THE DESIRE TO HAVE MORE MALE THERAPISTS AVAILABLE FOR SERVICE PROVISION. A REVIEW OF THE OFFICER'S CHRONOLOGICAL RECORDS AND VMIS HISTORY INDICATES OFFICERS AND THERAPISTS ARE MAINTAINING REGULAR CONTACT. MOUNTAIN VALLEY CONTINUES TO SATISFY ALL THREE AGREEMENTS. THEIR EVALUATIONS REMAIN THOROUGH AND COMPREHENSIVE. THEIR CONTINUED WILLINGNESS TO PROVIDE MUCH NEEDED SERVICES IN REMOTE AREAS REMAINS APPRECIATED.

WRITTEN BY: DONNA SALAZAR, SUPERVISORY US PROBATION OFFICER/
CONTRACTS ADMINISTRATOR



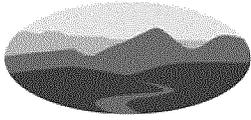
PINAL COUNTY
wide open opportunity

Responder's Checklist

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

RESPONDERS 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
Did you include any necessary attachments?	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



PINAL COUNTY
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**Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Court Ordered Evaluation

Services	Total
Court Ordered Evaluation	\$ No bid offered per 24 hour day

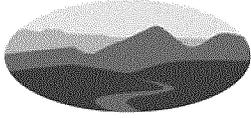
Alcohol and Illegal Substance Abuse

Services	Total
Initial Intake or Psychiatric evaluation services	\$ SA Initial Intake - \$50.00 each
Crisis Services	\$ No bid offered per hour
Individual Counseling Services	\$ SA Individual - \$40.00 per hour
Medication Monitoring Services	\$ No bid offered per 15 minutes
Group Therapy Services	\$ SA group - \$10.00 per hour

Sex Abuse Treatment

Services	Total
Individual and Family Therapy	\$ 75.00 per hour
Group Therapy	\$ 20.00 per hour, per client
Full Psychophysiological evaluation	\$ 1,500 (incls ABEL, MSI, Polygraph) each
Abel Screen	\$ 270.00 each
Abel Re-test	\$ 195.00 each
MSI-II	\$ 105.00 each
MMPI-II	\$ 105.00 each
Polygraph	\$ 275.00 each
Plethysmograph (initial)	\$ 250.00 each
Plethysmograph (re-test)	\$ 250.00 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.



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Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Pre-Petition Screening

Services	Total
Crisis Intervention Services	\$ No bid offered per 15 minutes
Crisis Intervention Service (2 person team)*	\$ No bid offered 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.**

Mountain Valley Counseling Associates, Inc - Marcy Wilkerson

Firm/Individual

11/17/15

Authorized Signature and Date

END OF PRICING SHEET