General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be dated and signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisment shall result in disqualification of proposer pursuant to J.P. Code of Ordianances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

SOQ 21-018 RES. NO. 137999 PROVIDECHILD PSYCHOLOGYSERVICES

B. Firm Name & Address:

Hannah L. Samaha, PhD
609 Newman Avenue
Jefferson, LA 70121

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Hannah L. Samaha, PhD
Licensed School Psychologist
609 Newman Avenue
Jefferson, LA 70121
hsamaha@tulane.edu

D. Address of principal office where Project work will be performed:

The majority of our consultation work will be done in the various Jefferson Parish Community Action Program Head Start sites.

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ **NO** ✔

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

n/a

2.

n/a

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. n/a		
2. n/a		
3. n/a		
4. n/a		
5. n/a		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:
three (3)

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Allison Trigg, PhD; Associate Professor
Licensed Psychologist, LA license #1045

Name of Firm with which associated:

Tulane University School of Medicine
Department of Psychiatry & Behavioral Sciences

Description of job responsibilities:

Executive Director of Tulane Mental Health Consultation Services (T-MHCS) which administers: TIKES, the statewide program providing IECMHC to child care centers serving publicly funded children; City Seats IECMHC; and JeffCAP IECMHC. Dr. Trigg manages hiring, training, and administrative supervision for all MHCs. Dr. Trigg also provides ECMHC services to Jefferson Parish Head Start centers.

Years' experience with this Firm:

Dr. Trigg has been a member of the Tulane faculty since 2005 (16 years)

Education: Degree(s)/Year/Specialization:

Masters of Arts, Clinical Psychology, Marriage and Family Concentration, Pepperdine University, 1999
Master of Arts, Clinical Psychology, Child and Adolescent Concentration, University of Alabama, 2001
Doctor of Philosophy, Clinical Psychology, Child and Adolescent Concentration, University of Alabama, 2005

Other experience and qualifications relevant to the proposed Project:

Allison Boothe Trigg, PhD, is a clinical psychologist and Associate Professor at Tulane University Institute of Infant and Early Childhood Mental Health, where she co-developed the Louisiana early childhood mental health consultation model (ECMHC), which focuses on supporting young children's social-emotional development in early education settings. She has directed the statewide ECMHC program for 15 years and extended the model to serve New Orleans charter schools through the second grade. Dr. Trigg has published peer-reviewed articles on ECMHC and has spoken to many national groups about the Louisiana ECMHC model including Zero to Three, the American Academy of Pediatrics, and the US Office of Family Assistance among others. Dr. Trigg also completed a post-doctoral fellowship in infant mental health at Tulane University, where she evaluated and treated children under five in foster care and their parents.

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Angela Walter Keyes, PhD; Associate Professor Licensed Developmental Psychologist; LA license #1080
Name of Firm with which associated:
Tulane University School of Medicine, Department of Psychiatry & Behavioral Sciences
Description of job responsibilities:
Associate Director of Tulane Childhood Mental Health Consultation Services (T-MHCS), which administers: TIKES, the statewide program providing IECMHC to child care centers serving publicly-funded children; City Seats IECMHC; and JeffCAP IECMHC. Responsible for assisting in the supervision and oversight of all ECMHC activities, administrative and program supervision, coordination with sub-contracting agencies, and provision and coordination of reflective supervision for the MHCs on the team. Dr. Keyes has provided IECMHC to Jefferson Parish Community Action's Head start centers for the past 6 years.
Years' experience with this Firm:
Dr. Keyes has been a member of the Tulane faculty since 2005 (16 years)
Education: Degree(s)/Year/Specialization:
Master of Science in Applied Developmental Psychology, University of New Orleans (2002) Doctor of Philosophy in Applied Developmental Psychology, University of New Orleans (2004) Postdoctoral Fellowship in Infant Mental Health, Tulane University School of Medicine (2005)
Other experience and qualifications relevant to the proposed Project:
Angela Keyes, PhD is a developmental psychologist and Associate Professor at Tulane University in the Department of Psychiatry and Behavioral Sciences and a member of the Tulane Institute of Infant and Early Childhood Mental Health, where she co-developed the Louisiana early childhood mental health consultation model (ECMHC), which focuses on supporting young children's social-emotional development in early education settings. She has been involved in the development and implementation of the statewide ECMHC program for 15 years and served as Project Director for 3 years. Dr. Keyes participated in a program to extend the model to serve New Orleans charter schools through the second grade and is certified as a trainer in several standardized tools designed to evaluate classroom quality (CLASS Toddler, CLASS PK, ITERS-R, ECERS-R and ECERS-3). Dr. Keyes has published peer-reviewed articles on ECMHC and has spoken to many groups about the Louisiana ECMHC model including Zero to Three and NAEYC. Dr. Keyes also provided therapeutic services to children and families involved with child protective services in a local family resource center (T-PEP).

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Hannah L. Samaha, PhD Licensed School Psychologist; LA License #1536 Certified School Psychologist with Department of Education; Certificate #AN 608674
Name of Firm with which associated:
Subcontractor of Tulane University School of Medicine Department of Psychiatry & Behavioral Sciences 1440 Canal Street, #8448 New Orleans, LA 70112
Description of job responsibilities:
During postdoctoral fellowship, provided mental health consultation services to early learning centers through TIKES, the statewide program providing IECMHC to child care centers serving publicly-funded children, and the NOEEN City Seats Program, which provides IECMHC to classrooms serving infants and toddlers in Orleans Parish
Years' experience with this Firm:
2020-2021
Education: Degree(s)/Year/Specialization:
Master of Education in Counseling, University of Houston, 2017 Doctor of Philosophy in School Psychology, University of Houston, 2019 Postdoctoral Fellowship in Infant Mental Health, Tulane University School of Medicine, 2021
Other experience and qualifications relevant to the proposed Project:
Hannah Samaha, PhD is a school psychologist, who is certified as with the Louisiana Department of Education. She has worked as a mental health consultant with Early Head Start centers in Louisiana as well as with centers in the TIKES mental health consultation program, providing support to teachers and parents regarding social, emotional, cognitive and behavioral concerns. She also has experience collaborating on a multidisciplinary team to provide services for children with suspected developmental delays. Dr. Samaha has also provided screening and conducted psychological evaluations with young children and provided feedback meetings with parents. She has published and presented on various topics related to the social and emotional development of young children, particularly children with developmental delays.

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
none
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
none
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.	
PROJECT NO. 1	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	.
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	.
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
none	
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	**Defendant:**	
1. none		
2. none		
3. none		
4. none		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: _____ **Print Name:** Hannah Samaha, PhD

Title: Subcontractor **Date:** 08/23/2021