

## General Professional Services Questionnaire

**A. Project Name and Advertisement Resolution Number:**

SOQ 22-044 Evidence-Based Treatment Services to At-Risk Youth and/or their Families

**B. Firm Name & Address:**

Aspire to Empower Counseling Services, LLC.  
4000 Bienville St. Ste. E  
New Orleans, LA., 70119

**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:**

Deatrice Green, PhD., LPC-S, NCC, Registered Play Therapist Supervisor  
dmgreen@aspiretoempower.com  
504-300-9163

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

4000 Bienville St. Ste. E  
New Orleans, LA., 70119

**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.  
NA

2.  
NA

## 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. Deatrice Green 4000 Bienville St. Ste. E New Orleans, LA., 70119	Mental Health Counseling Play Therapy Perinatal Mental Health	Yes
2. Janae Mitchell 4000 Bienville St. Ste. E New Orleans, LA., 70119	Mental Health Counseling Perinatal Mental Health	Yes
3. Chris Beamon 4000 Bienville St. Ste. E New Orleans, LA., 70119	Mental Health Counseling Play Therapy	Yes
4.		
5.		

## General Professional Services Questionnaire

**I. Please specify the total number of support personnel that may assist in the completion of this Project:**  
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:**

Deatrice Green, PhD., LPC-S, NCC, Registered Play Therapist Supervisor  
Owner/Counselor

**Name of Firm with which associated:**

Aspire to Empower Counseling Services, LLC.

**Description of job responsibilities:**

Providing individual, group and couples/marriage and family counseling. Supervising counselors and student interns.

**Years' experience with this Firm:**

9 years

**Education: Degree(s)/Year/Specialization:**

PhD - Counseling Education and Supervision - 2022  
MHS - Masters in Rehabilitation Counseling - 2007  
BS - Psychology - 2005

**Other experience and qualifications relevant to the proposed Project:**

Dr. Green is a Registered Play Therapist Supervisor, trained in (EMDR) Eye Movement Desensitization and Reprocessing and a level 3 trained Gottman Couples Counselor. Dr. Green has experience working with at-risk youth not only in her practice but as a school counselor at several New Orleans Charter Schools. Dr. Green has also provided substance abuse counseling at Volunteers of America with the federal inmates.



## General Professional Services Questionnaire

### **PROFESSIONAL NO. 2**

**Name & Title:**

Janee Mitchell, MAMFC, LPC, NCC

**Name of Firm with which associated:**

Aspire to Empower Counseling Services, LLC.

**Description of job responsibilities:**

Providing individual, group and couples/marriage and family counseling and supervising student interns.

**Years' experience with this Firm:**

2 years

**Education: Degree(s)/Year/Specialization:**

MAMFC - Masters of Arts in Marriage and Family Counseling - 2018

BA - Psychology - 2012

**Other experience and qualifications relevant to the proposed Project:**

Mrs. Mitchell has experience working with at-risk youth in previous employment as a school counselor and a mental health counselor providing in home therapy.

### General Professional Services Questionnaire

#### **PROFESSIONAL NO. 3**

**Name & Title:**

Chris Beamon, M.A., LPC, NCC

**Name of Firm with which associated:**

Aspire to Empower Counseling Services, LLC.

**Description of job responsibilities:**

Providing individual, group and couples/marriage and family counseling

**Years' experience with this Firm:**

2 years

**Education: Degree(s)/Year/Specialization:**

MA - Masters in Clinical Mental Health Counseling - 2019

BA - Music Therapy - 2013

**Other experience and qualifications relevant to the proposed Project:**

Ms. Beamon has experience working with at-risk youth in her current full-time employment as a school counselor.

**General Professional Services Questionnaire**

**PROFESSIONAL NO. 4**

**Name & Title:**

NA

**Name of Firm with which associated:**

NA

**Description of job responsibilities:**

NA

**Years' experience with this Firm:**

NA

**Education: Degree(s)/Year/Specialization:**

NA

**Other experience and qualifications relevant to the proposed Project:**

NA

**General Professional Services Questionnaire**

**PROFESSIONAL NO. 5**

**Name & Title:**

NA

**Name of Firm with which associated:**

NA

**Description of job responsibilities:**

NA

**Years' experience with this Firm:**

NA

**Education: Degree(s)/Year/Specialization:**

NA

**Other experience and qualifications relevant to the proposed Project:**

NA



## 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:
Black New Orleans Mom Jaemi Johnson Founder, Black New Orleans Mom Phone: 5047175941 Email: jaemi.johnson@theblackneworleansmom.com www.theblackneworleansmom.com	Counselors volunteer at organization's Community Baby Shower and MomChella events. Dr. Green was also a panelist at MomChella.
Length of Services Provided:	Cost of Services Provided:
ongoing	Volunteer

### PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Self Care Sundays presented by Aspire to Empower Counseling Services, LLC.	Counselors educated community members on the benefits of self-care and ways to practice self monthly over brunch. Each month a different self-care technique or method was presented by other providers within the greater New Orleans area.
Length of Services Provided:	Cost of Services Provided:
3 months	\$50 per participant to cover brunch menu



## General Professional Services Questionnaire

<b>PROJECT NO. 3</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Covenant House Two Gen Program</b>  <b>Ebonee C. Adams</b> <b>Covenant House New Orleans</b> <b>611 N. Rampart St.</b> <b>New Orleans, LA, 70112</b> <b>ecraighead@covenanthouse.org</b>	Aspire to Empower Counseling Services will provide services as listed below • Play Therapy (Dr. Green/Aspire to Empower Staff) • Modality of therapy that will be used to assist children and families in expressing their emotions, improve their communication, and solve problems. Play Therapy also allows children to express their feelings and resolve conflicts through play naturally by utilizing toys selected for therapeutic purposes. • Perinatal Mental Health ◦ Individual and group counseling addressing Perinatal and/or Postpartum Mood Disorders (PPMD) ◦ Parenting and Co-Parenting Groups ◦ Groups can include both mother and father or just mother alone. We also will offer Child-Parent Relationship Therapy (CPRT). CPRT is a filial therapy group based in play that teaches parents to become therapeutic change agents for their children. • Staff Training (Aspire to Empower Staff/Dr. Green) • Facilitate psychoeducational groups and professional development as an ongoing support to clinical and paraprofessional staff based on assessment. • Two Gen Mental Health Consultant (Dr. Green) ◦ Staff Support for staying current with evidence-based information regarding play therapy and maternal mental health. ◦ Weekly two gen case review
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
20 hours a week for a total of 5 months	\$100.00 per hour

<b>PROJECT NO. 4</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA

**General Professional Services Questionnaire**

<b>PROJECT NO. 5</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA

<b>PROJECT NO. 6</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA

**General Professional Services Questionnaire**

<b>PROJECT NO. 7</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA

<b>PROJECT NO. 8</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA



**General Professional Services Questionnaire**

<b>PROJECT NO. 9</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA

<b>PROJECT NO. 10</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
NA	NA
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
NA	NA

## 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. NA	NA	NA
2. NA	NA	NA
3. NA	NA	NA
4. NA	NA	NA

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

None

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

Signature: 

Print Name: Deatrice Green

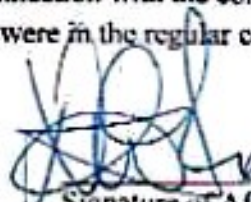
Title: Owner / Counselor

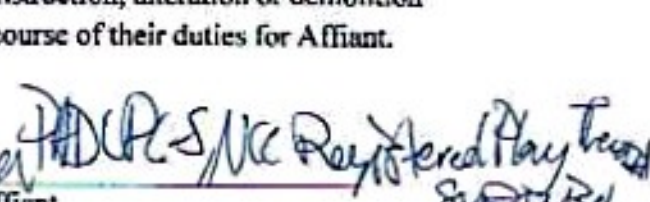
Date: 9/15/2022





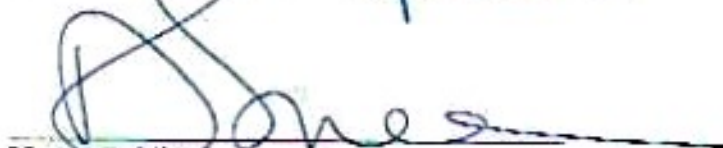
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

  
Signature of Affiant

  
Deatrice Green, PhD., LPC-S, NCC, Registered Play Therapist Supervisor

Deatrice Green, PhD., LPC-S, NCC, Registered Play Therapist Supervisor  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 15<sup>th</sup> DAY OF September, 2022

  
Notary Public

Delaney Shea  
Printed Name of Notary

39337  
Notary/Bar Roll Number

My commission expires never

DELANEY P. SHEA  
NOTARY PUBLIC  
STATE OF LOUISIANA  
LSBA NO. 39337  
MY COMMISSION IS ISSUED FOR LIFE