

Statement of Qualifications

NDC II Child & Family Services LLC would like to take this opportunity to introduce to the Parish of Jefferson Psychotherapy services for the at-risk youth and their families. NDC II Child & Family Services have provided mental health access to the metro New Orleans area since April of 2015. NDC II is proud in providing cost effective and evidence-based services to all individuals who access services. Nakia Hamilton is the sole therapist at NDC II and her she adopts the counseling philosophy of psychotherapy being grounded in developing authentic relationships by providing an open and safe environment for the people she serves. Nakia successfully collaborated with stakeholders such as Families in Need of Services Orleans Parish, Families in Need of Services Jefferson Parish, Jefferson Parish School Board, Orleans Parish Teen Court, & Orleans Parish Schools to provide Psychotherapy for students who've presented with behavioral or emotional concerns that required therapeutic support. Nakia has been fortunate to have a few success stories. Nakia has had several success stories and would like to share one story that sums up the services and quality of care she provides as a licensed therapist.

“A youth presented for counseling through a parent referral for lack of motivation and was at risk for academic failure in his senior year of High School. I started seeing youth in my office in December of 2020. During a virtual visit with his assistance Principal, he was informed he would not be graduating because he was “too far behind” and “it would be difficult for him to catch up”. After meeting with youth for 3 visits, I was able to support youth with exploring things that motivated him. Youth was able to reframe his thoughts to work towards his goal of graduating. On the day of his graduation, his mother sent me a text message stating youth was graduating and attached a copy of him in his cap and gown. Youth has graduated and is now working a steady job in young adulthood.”

Participated in a COHORT offered through LSUHSC LA Evidence to Practice and was formally trained in Trauma-Focused Cognitive Behavioral Therapy. This training included an initial web-based training, a face-to-face 2-day training, 1 year of supervision, case presentation, and a final competency test achieved with a score of over 80%. Completion of this COHORT has allowed full implementation and offering of TF-CBT to clients who present with a diagnosis and/or complex traumas. Adherence and monitoring of Program Fidelity is supported through a trained trainer/consultant, my trainer is Kelly Wilson, LCSW.

Nakia Hamilton endorses the use of evidence-based practice to assure safety, consistency, and cost-effective services to at-risk youth in metro New Orleans area. It is her mission to provide psychotherapy of higher quality and more accountability, as well as the enhancement of the health and well-being of the individuals served.

Nakia Hamilton utilizes an intake and assessment process to explore presenting problems, diagnosis, and screenings for trauma. Nakia utilizes a formal Biopsychosocial Assessment for gathering of information for diagnosis. Nakia administers appropriate screenings (Child & Adolescent Trauma Screen, CES Depression Measure, Kiddie-SADS, etc.) to explore the appropriateness of TF-CBT services. These screenings are administered at the beginning of services, and at the conclusion of services to measure client's affect and response to trauma.

Nakia Hamilton committed to collecting necessary data to measure program effectiveness. This collection of data includes tracking and analyzing demographic data of program participants, referral management, attendance monitoring, identification, and monitoring key trends (ex: recidivism rates, program effectiveness, success stories, etc.)

Fee Schedule

Description of Services Provided:

TF-CBT uses a structured, three phrase format with components presented in a sequential order, skills practice is part of the intervention:

Physical components of TF-CBT include:

Psychoeducation about child trauma and trauma reminders
Parenting component including teaching parenting skills
Relaxation skills individualized to youth and parent
Affective modulation skills tailored to child, family and culture
Cognitive coping: connecting thoughts, feelings and behaviors
Trauma narrative and processing
In vivo mastery of trauma reminders
Conjoint child-parent sessions
Enhancing safety and future developmental trajectory
Processing traumatic grief

Length of Services Provided:

12-16 sessions
25 for youth who present with complex trauma

Cost of Services Provided:

Intake, Assessment, & Diagnostic- \$125.00
Counseling Sessions: 78.00/per session

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Evidenced-Based Treatment Services to At-Risk Youth and/or their Families.
Resolution No. 139428

B. Firm Name & Address:

NDC II Child & Family Services LLC
3715 Williams Blvd
Suite 103
Kenner, LA 70065

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:

Nathaniel D. Collins, Owner Agent
(504) 251-5368-m
(504) 296-9238-m
(504) 304-5986-f
nlhamilt@yahoo.com
3715 Williams Blvd
Suite 103
Kenner, LA 70065

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

3715 Williams Blvd
Suite 103
Kenner, LA 70065

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

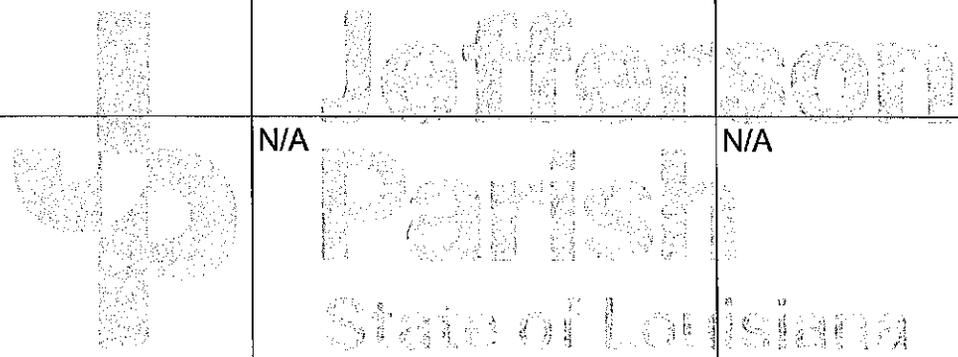
2.
N/A

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. Nakia Hamilton 3715 Williams Blvd Suite 103 Kenner, LA 70065	Trauma-Focused Cognitive Behavioral Therapy	yes
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A
5. N/A	N/A	N/A



General Professional Services Questionnaire

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

1 _____

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:

Nakia Hamilton MA, NCC, LPC-S

Name of Firm with which associated:

Nakia Hamilton

Description of job responsibilities:

Unbiased licensed professional counselor who leads counseling and psychotherapeutic interventions. Schedule intake assessments, gauge clients' treatment needs, and devise contextually sensitive treatment options. Inform prospective clients about pertinent financial and emotional commitments. Devise tailor-made treatment regimen and adapt these, as needed. Address concerns through talk therapy and by modeling adaptive, sustainable behaviors. Promote constructive self-reflection, helpful coping techniques, and nurture relationships. Monitor perceptions about and adherence to suggested treatment. Record symptomatology overtime to ascertain the utility of interventions. Write medical and suitable referral notes. Stay warm, engaged, and receptive working to facilitate healing.

Years' experience with this Firm:

8

Education: Degree(s)/Year/Specialization:

Bachelor of Science-Criminal Justice/May 2000
Masters of Arts-Mental Health Counseling/December 2007/Psychotherapy

Other experience and qualifications relevant to the proposed Project:

Participated in a COHORT offered through LSUHSC LA Evidence to Practice and was formally trained in Trauma-Focused Cognitive Behavioral Therapy. This training included an initial web-based training, a face-to-face 2-day training, 1 year of supervision, case presentation, and a final competency test achieved with a score of over 80%. Completion of this COHORT has allowed full implementation and offering of TF-CBT to clients who present with a diagnosis and/or complex traumas. Adherence and monitoring of Program Fidelity is supported through a trained trainer/consultant, my trainer is Kelly Wilson, LCSW.

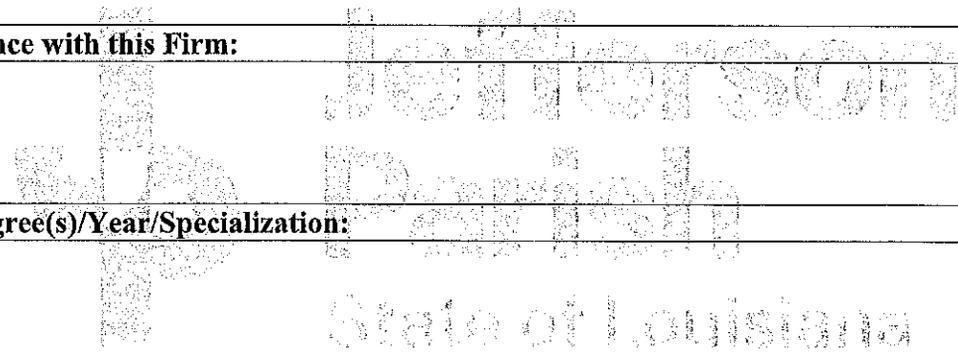
Nakia Hamilton endorses the use of evidence-based practice to assure safety, consistency, and cost-effective services to at-risk youth in metro New Orleans area. It is my mission to provide psychotherapy of higher quality and more accountability, as well as the enhancement of the health and well-being of the individuals served.

Nakia Hamilton utilizes an intake and assessment process to explore presenting problems, diagnosis, and screenings for trauma. I utilize a formal Biopsychosocial Assessment for gathering of information for diagnosis. I administer appropriate screenings (Child & Adolescent Trauma Screen, CES Depression Measure, Kiddle-SADS, etc.) to explore the appropriateness of TF-CBT services. These screenings are administered at the beginning of services, and at the conclusion of services to measure client's affect and response to trauma.

Nakia Hamilton committed to collecting necessary data to measure program effectiveness. This collection of data includes tracking and analyzing demographic data of program participants, referral management, attendance monitoring, identification and monitoring key trends (ex: recidivism rates, program effectiveness, success stories, etc.)

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title: N/A
Name of Firm with which associated: N/A
Description of job responsibilities: N/A
Years' experience with this Firm: N/A
Education: Degree(s)/Year/Specialization: N/A
Other experience and qualifications relevant to the proposed Project: N/A



General Professional Services Questionnaire

PROFESSIONAL NO. 3	
Name & Title:	N/A
Name of Firm with which associated:	N/A
Description of job responsibilities:	N/A
Years' experience with this Firm:	N/A
Education: Degree(s)/Year/Specialization:	N/A
Other experience and qualifications relevant to the proposed Project:	N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title: N/A
Name of Firm with which associated: N/A
Description of job responsibilities: N/A
Years' experience with this Firm: N/A
Education: Degree(s)/Year/Specialization: N/A
Other experience and qualifications relevant to the proposed Project: N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title: N/A
Name of Firm with which associated: N/A
Description of job responsibilities: N/A
Years' experience with this Firm: N/A
Education: Degree(s)/Year/Specialization: N/A
Other experience and qualifications relevant to the proposed Project: N/A

Jefferson
Parish
State of Louisiana

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:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A State of Louisiana
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A State of Louisiana
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A State of Louisiana
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

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. N/A	N/A	N/A
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A

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

Description of Services Provided:
TF-CBT uses a structured, three phrase format with components presented in a sequential order, skills practice is part of the intervention:

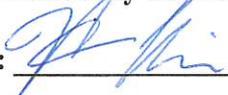
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Length of Services Provided:
 12-16 sessions
 25 for youth who present with complex trauma

Cost of Services Provided:
 Intake, Assessment, & Diagnostic- \$125.00
 Counseling Sessions: 78.00/per session

Attachments include resume, TF-CBT Certification certification, LPC-S license, of supporting staff.

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

Signature:  Print Name: Nathaniel Collins
 Title: Super-Agent Date: 9/16/2022

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number: Evidence-Based Treatment Services to At- Risk Youth and/or their Families. Resolution No. 139428
B. Firm Name & Address: Nakia Hamilton 5917 Amhurst Street Metairie, LA 70003
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: Nakia Hamilton LPC-S (504) 251-5368-m (504)304-5986-f 5917 Amhurst Street Metairie, LA 70003
D. Address of principal office where Project work will be performed: 3715 Williams Blvd Suite 103 Kenner, LA 70065
E. Is this submittal by a JOINT-VENTURE? Please check: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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

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

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Name of Firm with which associated:

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Years' experience with this Firm:

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Education: Degree(s)/Year/Specialization:

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As a Licensed therapist, I endorse the use of evidence-based practice to assure safety, consistency, and cost-effective services to at-risk youth in metro New Orleans area. It is my mission to provide psychotherapy of higher quality and more accountability, as well as the enhancement of the health and well-being of the individuals served.

I utilize an intake and assessment process to explore presenting problems, diagnosis, and screenings for trauma. I utilize a formal Biopsychosocial Assessment for gathering of information for diagnosis. I administer appropriate screenings (Child & Adolescent Trauma Screen, CES Depression Measure, Kiddie-SADS, etc.) to explore the appropriateness of TF-CBT services. These screenings are administered at the beginning of services, and at the conclusion of services to measure client's affect and response to trauma.

I am a therapist committed to collect necessary data to measure program effectiveness. This collection of data includes tracking and analyzing demographic data of program participants, referral management, attendance monitoring, identification and monitoring key trends (ex: recidivism rates, program effectiveness, success stories, etc.)

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title: N/A
Name of Firm with which associated: N/A
Description of job responsibilities: N/A
Years' experience with this Firm: N/A
Education: Degree(s)/Year/Specialization: N/A
Other experience and qualifications relevant to the proposed Project: N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 3	
Name & Title:	N/A
Name of Firm with which associated:	N/A
Description of job responsibilities:	N/A
Years' experience with this Firm:	N/A
Education: Degree(s)/Year/Specialization:	N/A
Other experience and qualifications relevant to the proposed Project:	N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 4	
Name & Title:	N/A
Name of Firm with which associated:	N/A
Description of job responsibilities:	N/A
Years' experience with this Firm:	N/A
Education: Degree(s)/Year/Specialization:	N/A
Other experience and qualifications relevant to the proposed Project:	N/A

General Professional Services Questionnaire

PROFESSIONAL NO. 5	
Name & Title:	N/A
Name of Firm with which associated:	N/A
Description of job responsibilities:	N/A
Years' experience with this Firm:	N/A
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Other experience and qualifications relevant to the proposed Project:	N/A

General Professional Services Questionnaire

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PROJECT NO. 1	
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N/A	N/A
Length of Services Provided:	Cost of Services Provided:
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General Professional Services Questionnaire

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N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A State of Louisiana
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
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PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	N/A
Length of Services Provided:	Cost of Services Provided:
N/A	N/A

General Professional Services Questionnaire

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

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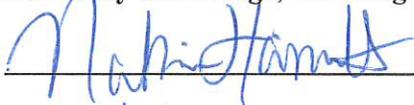
M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Attachments include resume, TF-CBT certification certificate and LPC-S license.

I am a licensed professional counselor who has served at-risk youth in the metro New Orleans area for over 5 years. I have successfully collaborated with stakeholders such as Families In Need of Services Orleans Parish, Families In Need of Services Jefferson Parish, Jefferson Parish School Board, Orleans Parish Teen Court, & Orleans Parish Schools to provide Psychotherapy for students who've presented with behavioral or emotional concerns that required therapeutic support. I have been fortunate to have a few success stories. I would like to share one story that sums up the services and quality of care I provide as a licensed therapist.

A youth presented for counseling through a parent referral for lack of motivation and was at risk for academic failure in his senior year of High School. I started seeing youth in my office in December of 2020. During a virtual visit with his assistance Principal, he was informed he would not be graduating because he was "too far behind" and "it would be difficult for him to catch up". After meeting with youth for 3 visits, I was able to support youth with exploring things that motivated him. Youth was able to reframe his thoughts to work towards his goal of graduating. On the day of his graduation, his mother sent me a text message stating youth was graduating and attached a copy of him in his cap and gown. Youth has graduated and is now working a steady job in young adulthood.

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

Signature:  Print Name: Nakia Hamilton
 Title: Licensed Therapist Date: 9/16/2022

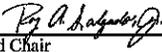
**STATE OF LOUISIANA
LICENSED PROFESSIONAL COUNSELORS
BOARD OF EXAMINERS**

This is to certify that the person named below has complied with the requirements of the laws of the State of Louisiana and is entitled to practice mental health counseling as a

LICENSED PROFESSIONAL COUNSELOR

RENEWAL DATE: 06/30/2023 License No. 4656

Cardholder Signature



Board Chair



TF-CBT Certification

THIS CERTIFICATION IS HEREBY AWARDED TO:

Nakia Hamilton

For successfully completing the
Trauma-Focused Cognitive-Behavioral Therapy Therapist Certification Program

Presented by Allegheny Health Network and the Rowan University CARES Institute

Anthony P. Mannarino, PhD
Director, Center for Traumatic Stress in Children and Adolescents

Certification Effective Until: 5/26/2027

NAKIA L. HAMILTON, LPC-S

5917 Amhurst Street Metairie, LA 70003

(504) 251-5368(w)

(504) 304-5986(f)

nlhamilt@yahoo.com

EDUCATION

Xavier University of Louisiana New Orleans, LA

MA in Mental Health Counseling

2007

Chi Sigma Iota Honor Society

University of Louisiana at Lafayette Lafayette, LA

2000

BS in Criminal Justice

Minor: English

EXPERIENCE

Boystown LA, New Orleans

In Home Family Services Supervisor

2018-Present

The Supervisor of In-Home Services provides in-home intervention to children and their families utilizing a skill based, solution focused model to help families adopt positive solutions to problems through the teaching of skills and behavioral techniques accessing community resources and support. In Home Family Services Supervisor contributes to ongoing program development and assumes responsibility for delivery of services to children and families, assumes supervisory and administrative responsibility for the In-Home Family Services Program, and services as a role-model in carrying out the Father Flannagan's Boys' Home mission.

NDC II Child & Family Services LLC, Kenner

04/2015-Present

Licensed Therapist

Provide direct therapy to clients in individuals and group settings, including interpersonal, cognitive-behavioral, and psychodynamic therapy).

Affiliated Computer Services, Baton Rouge

11/2007-03/2018

Intake Specialist

Conduct home visits to inform recipients of services, application and eligible process, initiate and complete needs assessment documentation for validation, using Minimum Data Set-Home Care (MDS-HC) assessment or other assessment tools designed by the Department of Health and Hospitals. Obtain and review medical information and evaluations performed by various agencies and groups. Gather existing evaluative and eligibility materials from various sources to verify the level of care needed and severity of medical conditions; verify consumer's disability/diagnosis. Prepare package of required eligibility materials, including obtaining necessary signatures, and forward to the Bureau of Community Supports and Services (BCSS) and designee.

NAKIA L. HAMILTON, LPC-S

5917 Amhurst Street Metairie, LA 70003

(504) 251-5368(w)

(504) 304-5986(f)

nlhamilt@yahoo.com

Grace Behavioral Health, LLC Metairie, LA

Licensed Mental Health Professional/Mental Health Professional/Corporate Compliance Office

2012-Present

Provides lead responsibility on MHR assessment team for each assigned consumer in which services are rendered. Administer and score LOCUS/CANS. Act as team leader of the service planning team, sign and date the Treatment Plans and Quarterly Report. Provide crisis intervention services for community support staff as needed. Notify the provider's staff psychiatrist of any significant change in a recipient's physical or mental status. Provides all core services except medication management, when needed to fulfill the approved service agreement. Assures that all activity plans are developed and implemented. Coordinates all services for the MHR recipient. This includes but is not limited to assurance of active recipient involvement in all aspects of care, coordination and management of all services provided through MHR agency, and access and coordination of services provided through non-MHR agencies. Completes Initial Screening of prospective recipients. Supervises all non-licensed mental health staff that serve as a member of his/her assigned recipients' team, meeting the supervision requirements of the MHR program. Evaluates charts of a representative sample of caseload quarterly. Consults with physician and other clinic personnel and community agency personnel to develop social diagnosis and plan of treatment or service and to interpret psycho-social factors related to illness, treatment, and continuity of care needs. Submits progress notes after seeing recipient with proper documentation and appropriate signatures. Maintains list of all persons referred to other agencies. Participates in ongoing accreditation initiatives, trainings growth, and change. Acknowledges responsibility to participate in agency growth. Provide leadership and oversight of the Corporate Compliance Program. Serve as the organization's internal and external point of contact for all corporate compliance issues. Develop, implement, and monitor the organization's Corporate Compliance Program, including internal and external monitoring, auditing, investigative and reporting processes, procedures, and systems. Provide regular communication to leadership. Provide specific guidance and ongoing education to staff members who are expected to know and comply with specific laws and guidelines in their regular job duties. Ensure that mechanisms for preventing, detecting, reporting, and resolving compliance issues are operating in a functioning manner. Ongoing identification and assessment of compliance systems and issues. Plan and provide guidelines for development of service specific compliance procedures through the development, revision, and ongoing monitoring of the organizational Corporate Compliance policies and process.

Grace Outreach Center New Orleans, LA

Mental Health Professional/CARF Coordinator

2012

Provides community support work to recipients, as assigned. Provide individual and/or group counseling to recipients, as assigned. Provide group psychosocial skills training to recipients, as assigned. Participates in staff training assignments. Assess, review or monitor a recipient's status in relation to rehabilitation. Identify, report, and maintain weekly appointments for community resources. Submit accurate, legible and complete weekly counseling notes and progress notes. Arrange appointments and transportation for recipient's psychiatric visits. Participate in the agency's Performance Improvement Initiative. Submit re-authorization to the office within 5 days of notification. Attend and conduct staff meetings. Participate in ongoing accreditation initiatives, trainings growth, and change. Maintain membership in at least one accreditation team.

NAKIA L. HAMILTON, LPC-S

5917 Amhurst Street Metairie, LA 70003

(504) 251-5368(w)

(504) 304-5986(f)

nlhamilt@yahoo.com

Fidelity Behavioral Health Metairie, LA
Mental Health Professional/Health & Safety Officer

2011

Provides community support work to recipients, as assigned. Provide individual and/or group counseling to recipients, as assigned. Provide group psychosocial training to recipients, as assigned. Participates in staff training assignments. Assess, review or monitor a recipient's status in relation to rehabilitation. Identify, report, and maintain weekly appointments for community resources. Submit accurate, legible and complete weekly counseling notes and progress notes. Arrange appointments and transportation for recipient's psychiatric visits. Participate in the agency's Performance Improvement Initiative. Submit re-authorization to the office within 5 days of notification. Attend and conduct staff meetings. Participate in ongoing accreditation initiatives, trainings growth, and change. Maintain membership in at least one accreditation team. Duties as Health and Safety Office: Inspections, drills, emergency plan and procedures, developing and implementing policies.

Enhanced Destiny Services, LLC New Orleans, LA
Mental Health Professional

2009

Provides community support work to recipients, as assigned. Provide individual and/or group counseling to recipients, as assigned. Provide group psychosocial skills training to recipients, as assigned. Participates in staff training assignments. Assess, review or monitor a recipient's status in relation to rehabilitation. Identify, report, and maintain weekly appointments for community resources. Submit accurate, legible and complete weekly counseling notes and progress notes. Arrange appointments and transportation for recipient's psychiatric visits. Participate in the agency's Performance Improvement Initiative. Submit re-authorization to the office within 5 days of notification. Attend and conduct staff meetings. Participate in ongoing accreditation initiatives, trainings growth, and change. Maintain membership in at least one accreditation team.

LANGUAGES

English-native language

MEMBERSHIPS

Delta Sigma Theta Sorority, Inc.

Louisiana Counseling Association

REFERENCES

Nedra V. Scott
Professional Reference
(504) 390-0078

Nhung Pham
Professional Reference
(337) 504-1400

Tracey Pittman
Professional Reference
(504) 919-2226

NAKIA L. HAMILTON, LPC-S

5917 Amhurst Street Metairie, LA 70003

(504) 251-5368(w)

(504) 304-5986(f)

nlhamilt@yahoo.com

Nathaniel D. Collins
Personal
(504) 296-9238

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Nathaniel Collins, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Registered Agent of NDC Child and Family Services, LLC (Entity), the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish (Briefly describe the services the SOQ will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B X there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

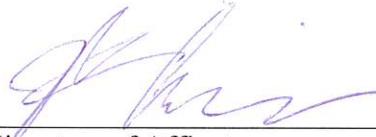
Choice B ~~_____~~ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

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.



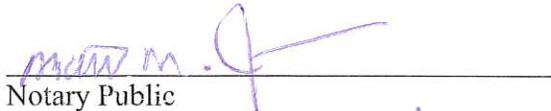
Signature of Affiant

Nathaniel Collis

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 1ST DAY OF September, 2022



Notary Public

Matthew M. Friedman

Printed Name of Notary

LA BAR #29578

Notary/Bar Roll Number

My commission expires at death.

MATTHEW M. FRIEDMAN
Notary Public
State of Louisiana
Bar No. 29578
My commission is for life

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Nakia

Hamilton, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized manager of NOG II Child and Family Services, LLC (Entity),

the party who submitted a Statement of Qualifications (SOQ) to _____
Jefferson Parish (Briefly describe the services the SOQ

will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B X there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B X There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

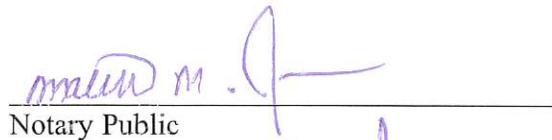
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection 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

Nakia Hamilton
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 1st DAY OF September, 2022.


Notary Public

Matthew M. Friedman
Printed Name of Notary

LA BAR #29578
Notary/Bar Roll Number

My commission expires at death.

MATTHEW M. FRIEDMAN
Notary Public
State of Louisiana
Bar No. 29578
My commission is for life