

***BID RESPONSE PACKET***  
***710-23-0001***

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Jordan Consulting & Psychological Services, PLLC		
Address:	2120 S. Waldron Rd., Suite 5B, Fort Smith,		
City:	Fort Smith	State:	AR Zip Code: 72903
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> African American <input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____ * See Minority and Women-Owned Business Policy			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Donala K. Jordan	Title:	Principal / Psychologist
Phone:	(479) 769-2313	Alternate Phone:	(501) 442-3695
Email:	donalajakjordan@jordancps.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Donala K. Jordan Psy.D Title: Principal / Psychologist  
 Printed/Typed Name: Donala K. Jordan Date: 10/11/2022

## SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Jordan Consulting & Psychological Services	Date:	10/11/2022
Signature:	Donald K. Jordan	Title:	Psychologist/Principal
Printed Name:	Donald K. Jordan		

# PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**



Contract Number \_\_\_\_\_  
 Attachment Number \_\_\_\_\_  
 Action Number \_\_\_\_\_

**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:  Yes  No

TAXPAYER ID NAME: \_\_\_\_\_ IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Jordan FIRST NAME: Donala M.I.: K

ADDRESS: 2120 S. Waldron Rd., Suite 5B, STATE: AR ZIP CODE: 72903 COUNTRY: USA

CITY: Fort Smith

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

**F O R I N D I V I D U A L S \***

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

**F O R A N E N T I T Y ( B U S I N E S S ) \***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action Number \_\_\_\_\_

## Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Donalata K. Jordan Title Psychologist/Principal Date 10/11/2022  
Vendor Contact Person Donalata K. Jordan Title Psychologist/Principal Phone No. (479) 769-2313

Agency use only  
Agency Number 0710 Department of Human Services  
Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_  
Agency Phone No. \_\_\_\_\_ Agency Contact Phone No. \_\_\_\_\_  
Agency Contract or Grant No. \_\_\_\_\_





**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**JORDAN CONSULTING AND PSYCHOLOGICAL SERVICES,  
PLLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 14, 2019.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 11th day of October 2022.

  
John Thurston

Secretary of State

Online Certificate Authorization Code: cb047bd49b52505

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

**Arkansas Psychology Board**  
101 E. Capitol Avenue, Suite 415  
Little Rock

Donala K Jordan  
2120 S. Waldon Rd., Ste. 5B  
Fort Smith, AR 72903

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STATE OF ARKANSAS



**ARKANSAS PSYCHOLOGY BOARD**

*Attests that*

**Donala K Jordan**

Is licensed as a

**Psychologist - Active Status**

8/31/2018

Date Issued

6/30/2023

Expiration Date

18-20P


License Number

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**ARKANSAS PSYCHOLOGY BOARD**  
101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167

**THIS CERTIFIES THAT**  
Donala K Jordan  
**IS DULY LICENSED IN THE STATE OF ARKANSAS AS A**  
Psychologist  
Active Status

License No. 18-20P  
Issued 8/31/2018 Expires 6/30/2023  
Signature \_\_\_\_\_





# Donala K. Jordan, Psy.D., LP

## AR Psychology License No. 18-20P

2120 S. Waldron Rd. Suite 5B  
Fort Smith, AR 72903  
Office: (479) 769-2313  
[www.jordancps.com](http://www.jordancps.com)  
[donalakjordan@jordancps.com](mailto:donalakjordan@jordancps.com)

### PROFESSIONAL EXPERIENCE

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#### Clinical Psychologist Principal

June 2019 – Present

Jordan Consulting and Psychological Services, PLLC  
Fort Smith, AR

#### Site Description:

Jordan Consulting and Psychological Services, PLLC (JCPS) is an independent private practice that delivers high-quality, tailored, psychotherapy, psychological assessment, and consultation to the River Valley and Northwest Arkansas areas. The principal aim of JCPS is to facilitate desired outcomes while attenuating disruptions associated with desired change.

#### JCPS Responsibilities:

Providing specialized psychotherapy and specialized psychological assessments. Functioning as a Certified Forensic Psychologist for the State of Arkansas providing criminal forensic evaluations (fitness to proceed [competence] and criminal responsibility) for juvenile and adult defendants as ordered by the Court. Functioning as the Designated Psychologist for the Human Reliability Program (HRP) for the Office of Secure Transportation (OST; Fort Chaffee, AR) via the National Nuclear Security Administration (NNSA) through the United States Department of Energy (DOE) providing HRP psychological assessments. Consulting with community organizations covering topics related to the importance of mental health and seeking mental health services.

#### Consulting Psychologist

January 2021 – Present

Hope Cares at Riverview Hope Campus  
Fort Smith, AR

#### Site Description:

Riverview Hope Campus is a place where homeless service providers offer comprehensive assistance including meals, showers, laundry service, rapid rehousing, temporary housing, case management, and mental health (Hope Cares) and medical services (Mercy-Hope Campus) to the homeless individuals aged 18 and older in the River Valley area.

**Responsibilities:**

Assisting in the direction of clinical services and programming for individuals residing in an emergency shelter via Hope Cares. Assisting in the development, implementation, and evaluation of evidence-based treatment services utilizing outcome rating measures (e.g., ORS, SRS, and GSRS). Assisting in quality improvement actions. Assisting in quarterly multidisciplinary treatment team meetings. Providing psychological testing as needed. Providing training for clinical staff and graduate students in the field of mental health.

**Director of Mental Wellness****August 2018 – June 2019****Assistant Professor of Clinical Psychology**

Arkansas College of Osteopathic Medicine  
Fort Smith, AR

**Site Description:**

The Arkansas College of Osteopathic Medicine (ARCOM) is an osteopathic medical school that trains osteopathic physicians to serve underserved areas in Western Arkansas and Eastern Oklahoma.

**Director of Mental Wellness Responsibilities:**

Providing Wellness Advisement to medical students; Facilitating student well-being through development & implementation of evidence-based student wellness programming; Fostering the development of medical students increased interpersonal/intrapersonal functioning and skills needed as an empathic and humanistic osteopathic physician; Facilitating the implementation of required accommodations granted under the ADA.

**Faculty Responsibilities:**

Team-teaching behavioral science Foundations of Health Care course during the pre-clinical medical education curriculum; Course Director for Health Care Foundations course in new Master of Biomedical Sciences program; Supervising medical students in team-based learning activities, human-computer simulation activities; Interviewing candidates for medical school; Engaging in community service; and Conducting scholarly research within the school and community.

**Research as Primary Investigator:**

*Examining the relationship between adverse childhood experiences, burnout, and resilience in pre-clinical medical students.*

(IRB Approved: 12/2018)

*Can visual art activities reduce stress and improve wellness in medical students.*

(IRB Approved: 01/2019)

*Cost of poverty experience pilot study.*  
(IRB Approved: 02/2019)

## **PROFESSIONAL PRESENTATIONS**

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**University of Central Arkansas: Graduate Department of Psychology and Counseling      April 2021**  
**Annual Diversity Seminar**

*Examining Professional Identify and Cultural Competence through the Local Clinical Scientist Model*  
Presented via teleconference, Fort Smith, AR.

**Arkansas Psychological Association Spring Conference      April 2021**

*Rural Communities and Mental Health*  
Presented via teleconference, Fort Smith, AR.

**River Valley Out of Darkness Walk: Event Speaker      October 2019**

*Understanding Major Precipitating, Risk, and Protective Factors for Suicide in Rural Communities.*  
Presented at Creekmore Park, Fort Smith, AR.

**34<sup>th</sup> Annual AOMA State Convention      August 2019**

*Adverse Childhood Experiences (ACEs) and Physical Health: Considering the Impact of Psychological and Behavioral Substrates in Chronic Health Conditions.* Presented at the 34<sup>th</sup> Annual AOMA State Convention, Branson, MO.

**FEMA Flood Follow-up & YOU MATTER: Economic Development Town Hall Meeting      August 2019**

Panelist: *Psychological Distress After A Natural Disaster.* Fort Smith, AR.

**MINDfest 2018      October 2018**

*Making Your Perspective Matter: What You Need to Know About the Influence of Race and Help Seeking Behaviors for Mental and Physical Wellness.* Presented at 2<sup>nd</sup> Annual MINDfest, Little Rock, AR.

**Mental Health Council of Arkansas 46<sup>th</sup> Annual Behavioral Health Institute      August 2018**

*Understanding Anxiety Disorders and Related Symptoms in African Americans.* Presented at the Mental Health Council of Arkansas 46<sup>th</sup> Annual Behavioral Health Institute, Little Rock, AR.

**Union County Arkansas Community Correction      April 2018**

*Transition to Wellness.* Presented to Union County Arkansas Community Correction, El Dorado, AR.

**Annual Crisis Intervention Training (CIT)      April 2018**

*Issues That Impact Youth Behavior.* Presented Arkansas Law Enforcement, Camden, AR.



**Mental Health Council of Arkansas 45<sup>th</sup> Annual Behavioral Health Institute** **August 2017**  
*Case Study Using Fairbairn's Object Relations Theory with African American Male Experiencing Major Depressive Disorder.* Presented at the Mental Health Council of Arkansas 45<sup>th</sup> Annual Behavioral Health Institute, Hot Springs, AR.

## **EDUCATION**

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**Doctor of Psychology in Clinical Psychology** **August 2017**  
Minnesota School of Professional Psychology at Argosy University  
Eagan, MN  
*American Psychological Association Accredited Program*  
Clinical Research Project (Dissertation Equivalent): *An Examination of Potential Predictors of Type 2 Diabetes Mellitus in African American Adolescents Using the Minnesota Student Survey*  
Chair: Hideko Sera, Psy.D.

**Master of Science in Psychology** **September 2012**  
Capella University  
Minneapolis, MN  
Clinical Psychology Specialization; Graduation with Distinction  
Integrative Master's Project: *Psychological Experiences of African American Men with Depression Seeking Mental Health Services*  
Advising Faculty: Loren Faibisch, Ph.D.

**Bachelor of Science in Psychology** **May 2010**  
University of Arkansas at Pine Bluff  
Pine Bluff, AR

## **POST-DOCTORAL TRAINING & PRE-DOCTORAL INTERNSHIP**

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**Post-Doctoral Psychology Training** **August 2017 - July 2018**  
South Arkansas Regional Health Center  
El Dorado, AR  
Supervisor: Diedra Hayman, Ph.D., LP

**Clinical Psychology Doctoral Internship** **August 2016 - July 2017**  
South Arkansas Regional Health Center  
El Dorado, AR  
*APA Accredited Internship*  
Supervisor: Richard Sylvester, Ph.D., LP

**Site Description:**

SARHC provides outpatient services for children, adolescents, adults, and older adults with a wide range of mental health disorders.

**Responsibilities:**

Conducting diagnostic evaluations, providing individual, group, and family therapy. Providing day treatment services, including therapeutic art group and evidenced-based Illness Management and Recovery for adults living with serious mental illness. Providing individual therapy and assessment to children and adolescents who have demonstrated difficulties functioning appropriately in school settings.

Conducting forensic psychological assessments including fitness and responsibility for adults, intelligence testing, projective testing including Rorschach Inkblot Test, personality assessment, and pre-surgical evaluations for bariatric surgery, occipital neuralgia related surgery, and pain management (pain pump). Providing psychological services to SARHC's satellite clinic in Camden, AR. Providing community outreach, program evaluation, assisting in maintaining APA accreditation, providing didactic training for SARHC staff, and supervising master's level practicum students conducting therapy.

**PRACTICA EXPERIENCE**

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**Advanced Doctoral Assessment Extern****September 2015 - May 2016**

Hennepin County Mental Health Center  
Human Services and Public Health Department  
Minneapolis, MN

*(Completed hours: 620)*

Supervisor: Yohance Pickett, Ph.D., LP

**Site Description:**

Hennepin County Mental Health Center (HCMHC) is a non-profit, integrated health care community clinic located in downtown Minneapolis. HCMHC provides high quality, culturally competent outpatient mental health and chemical use services for children, adolescents, adults, and families with serious mental illness. HCMCH gives priority to those who may encounter barriers to care.

**Responsibilities:**

Conducting diagnostic assessments, psychological evaluations, parental evaluations, and combined parent-child evaluations per orders of the court. Evaluating court ordered parents with open child protection cases related to abuse and neglect. Parent-child evaluations include diagnostic assessment, psychological evaluation, and two hours of observation consisting of free play and vignettes. Serving as a mobile assessor for court ordered emotionally disturbed youth in community settings and juvenile detention centers. Referral sources include Child Protective

Services (CPS), Juvenile Court, Family Court, Developmental Disabilities Services, and internal and community referrals.

Conducting diagnostic assessments, intellectual functioning, personality, achievement, projective, and adaptive behavior evaluations. Evaluation instruments include WAIS-V, WASI-II, WMS-IV, TONI-3, Shipley-2, Towers of London, CAARS, Rotter's Incomplete Sentence Blank, TAT, HTP, Rorschach, RAT, PSI-4, AAPI, CASII, SDQ, BASC-2, MCMI-III, MACI, MMPI-2-RF, MMPI-A, UCLA PTSD Reaction Index, Vineland-2, Achenbach CBCL, and Trail Making Test. Conducting individual psychotherapy with adolescents and adults with comorbid physical health issues. Used Outcome Rating Scales (ORS) and Session Rating Scales (SRS) outcome data to inform treatment progress and provide feedback.

**Doctoral Therapy Extern**

**September 2014 - May 2015**

NorthPoint Health and Wellness Center  
Minneapolis, MN

*(Completed Hours: 653)*

Supervisor: Michael Thomas, Psy.D., LP

**Site Description:**

NorthPoint Health and Wellness Center is a private, non-profit integrated community mental health center located in North Minneapolis. NorthPoint serves both children and adults, and racially, ethnically and linguistically diverse populations.

**Responsibilities:**

Conducting structured diagnostic assessments and individual psychotherapy with racially and culturally diverse patient population including adolescents and adults, aged 18 to 65 years. Case conceptualizations and therapeutic interventions utilized included behavioral, cognitive, psychodynamic, and systems theories. Diagnoses included major depressive disorder, anxiety disorder, bipolar disorders, chemical dependency, and schizoaffective disorder with comorbid chronic health conditions including diabetes mellitus, hypertension, chronic pain, obesity, and health-compromising behaviors.

Gathered and evaluated pre-and post-outcome data for each individual psychotherapy patient each session to inform evidence-based treatment. Outcome measures included the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). Integrated ORS and SRS data with Patient Health Questionnaire-9 (PHQ-9) to track clients' progress over the course of therapy and invite client feedback. Gained proficiency using an electronic medical record. Researched and planned implementation of therapeutic art group with adults living with suicidal risks, depressive, anxiety, and chronic health disorders.



**Doctoral Assessment Extern****September 2013 - May 2014**

Brakins Consulting & Psychology Services, LLC  
African American Child Wellness Institute, Inc.  
Golden Valley, MN & Minneapolis, MN  
(Completed Hours: 705)  
Supervisor: BraVada Garrett-Akinsanya, Ph.D., LP

**Site Description:**

This site specializes in providing mental health services predominantly African-American children and families and individuals of African descent. There are two locations in the Minneapolis suburbs and North Minneapolis. The African American Child Wellness Institute, Inc. is non-profit, grant funded agency. Brakins Consulting & Psychology Services, LLC is a private practice.

**Responsibilities:**

Conducting culturally competent mental health services including diagnostic and psychological evaluations with children, adolescents, and adults, especially of African descent. Ages ranged from 4 years to 62 years. Diagnoses included major depressive disorder, social anxiety disorder, PTSD, chemical dependency and characterological disorders. Assessment instruments included TAT, DAP, HTP, MMPI-2, BDI, BAI, MACI, FBS, Child Behavioral Checklist, BRIEF, Multimodal Life History, Home & Family Interview, TSCYC, TSI, WRAT, MCMII-III, WAIS-IV, WPPSI-III, WISC-IV, C-TONI, BASC-2, SDQ, CASII, Vineland-2, Executive Measures Behavior Assessment, and Connors Behavioral Rating Scale. Provided internal and external assessment consultation. Assisted in collecting and evaluating outcome data for the African American Child Wellness and Success program (children's mental health) and Project Murua (parenting program).

**Master's Therapy Extern****January 2012 - June 2012**

Walker Family Clinic  
Psychiatric Research Institute  
University of Arkansas for Medical Sciences  
Little Rock, AR  
(Completed Hours: 607)  
Supervisor: Betty Everett, Ph.D., LP

**Site Description:**

The Walker Family Clinic provides general and specialty outpatient mental health services for adolescents and adults within a multidisciplinary setting.

**Responsibilities:**

Conducting clinical diagnostic interviews and individual psychotherapy with a predominantly middle class population at a medical university based outpatient clinic. Diagnoses included major depressive disorder, anxiety disorders, eating disorders, and characterological disorders.

Therapies used included CBT, behavioral activation, and psychoeducation. Utilized brief screening instruments for symptom evaluation and monitoring. Co-facilitated weekly DBT group.

## **DOCTORAL GRADUATE STUDENT AFFILIATED ACTIVITIES**

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### **President**

**June 2015 - May 2016**

*Graduate Student Senate (GSS)*

Minnesota School of Professional Psychology

Eagan, MN

#### **Responsibilities:**

- Chairs meetings and facilitates planning and implementation of projects
- Provides agenda for meetings and follows up between meetings as needed
- Implements Student Senate Constitution and By-laws.
- Serves as the official spokesperson for the GSS
- Responsible for planning and executing Annual Graduate Student Research Conference, school social events, and other programming as determined by that year's senate

### **Member**

**January 2015 - May 2016**

*Politics and Advocacy in Clinical Psychology (PACP)*

### **Student Issues: Ethnoracial Minorities**

**June 2015**

Palacios, D., Dahlstrom, A., Foster, K., **Jordan, D.**, Globerman, S., Koester, A., Murphy, S., Schaub, P., Szajner, K., & Wiljamaa, S. (2015). MSSP Student Issues: Ethnoracial Minorities. Presented to Program Dean and MSPP faculty on June 18<sup>th</sup>, 2015. Eagan, MN.

### **79<sup>th</sup> Minnesota Psychological Association Annual Convention**

**March 2015**

Jordan, D. (2015). Poster presentation: An examination of potential predictors of type 2 diabetes mellitus in African American adolescents. Plymouth, MN.

## **RELATED EMPLOYMENT EXPERIENCE**

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### **Arkansas State Hospital**

**February 2007 - December 2011**

Little Rock, AR

Behavioral Specialist and Founder of Creative Expressions Therapeutic Art Program

30-40 hours weekly

#### **Responsibilities:**

Providing therapeutic programming to psychiatric patients at the only state psychiatric hospital in Arkansas. Providing behavioral programming for a 30-bed acute adult unit for individuals with

severe and persistent mental illness, ages 18-70 years. Diagnoses included schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, chemical dependency and characterological disorders. Assisting in creating a safety protocol for individuals in crisis. Founded Creative Expressions therapeutic art program. Applied and received \$22,500 in grant funding from the Fiori Foundation. Held annual art exhibitions (2009-2011) where 100% of proceeds went to the patient artist. Coordinating community fundraising event at Boswell-Mourot Fine Art in Little Rock, AR.

**Pediatric Specialty Care, Inc.**

**January 2006 - January 2007**

Benton, AR

Early Childhood Technician

25 hours per week

**Responsibilities:**

Worked with intellectually, neurologically, and physically challenged children (ages 6 weeks-6 years old) on behavior modification and education plans to improve adaptive functioning. Provided individual and group educational and skill building activities.

**The League Treatment Center**

**May 2004 - August 2004**

Brooklyn, NY

Paraprofessional/Assistant Teacher

40-50 hours per week

**Responsibilities:**

Assisted instructing a small classroom of children with autistic spectrum disorders and developmental delays using applied behavior analysis.

**Jenkins Memorial Center**

**June 2001 - December 2003**

Pine Bluff, AR

Direct Support Provider

20 hours per week

**Responsibilities:**

Provided 1:1 adaptive and behavioral training to a preteen male with Autism and intellectual disability.

**PROFESSIONAL AWARDS**

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**Outstanding Patient Care**

**April 2009**

Arkansas State Hospital

Little Rock, AR



**Excellent Performance in Life Saving Situation**  
Arkansas State Hospital  
Little Rock, AR

**April 2009**

**CONFERENCES & WORKSHOPS ATTENDED**

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**American Psychological Association Practice Leadership Conference** **March 7 – 10, 2020**  
Washington, D.C.

**A Centennial Commemoration: Historical Contributions of African American Psychologists from Arkansas** **February 28, 2020**  
Little Rock, AR

**American Psychological Association 122<sup>nd</sup> Annual Convention** **August 7 - 10, 2014**  
Washington, D.C.

**Minnesota Psychological Association Annual Convention** **April 11 - 12, 2014**  
Plymouth, MN

**Expressive Therapies Summit** **November 12 - 15, 2010**  
Manhattan, NY

**Healthy People 2020: Health Equity for All Arkansans** **April 15, 2010**  
Arkansas Minority Health Summit  
Little Rock, AR

**37<sup>th</sup> Annual Behavioral Health Institute** **August 11 - 14, 2009**  
Mental Health Council of Arkansas  
Hot Springs, AR

**SELECTED PROFESSIONAL EXPERIENCES AND TRAININGS**

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**Ancient Principles in Today's Treatment Environments** **February 2013**  
Minnesota Psychological Association and Metropolitan State University  
Saint Paul, MN

**Team Models in Rehabilitation** **November 2012**  
MSPP at Argosy University  
Eagan, MN

<b>Gang Violence Presentation</b> MSPP at Argosy University Eagan, MN	<b>November 2012</b>
<b>Therapeutic Assessment: Basic Constructs and Applications</b> MSPP at Argosy University Eagan, MN	<b>October 2012</b>
<b>Current and Future Marketplace for Psychologists</b> MSPP at Argosy University Eagan, MN	<b>October 2012</b>
<b>I've Looked at Life from Both Sides Now</b> Arkansas State Hospital Little Rock, AR	<b>January 2009</b>
<b>Developing Trauma-Informed Behavioral Healthcare Systems</b> Arkansas State Hospital Little Rock, AR	<b>September 2009</b>
<b>Promoting Recovery</b> Arkansas State Hospital Little Rock, AR	<b>October 2009</b>
<b>Serious Mental Illness: Recent Findings and Implications</b> Arkansas State Hospital Little Rock, AR	<b>November 2008</b>
<b>Intentional Trauma Informed Support</b> Arkansas State Hospital Little Rock, AR	<b>September 2007</b>

## **PROFESSIONAL AFFILIATIONS**

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### **Arkansas Psychological Association (ArPA)**

Board of Directors Member  
Chair: Diversity Committee  
Chair: Rural Mental Health

### **American Psychological Association (APA)**

Division 12: Society of Clinical Psychology

Division 38: Health Psychology

Division 10: Society for the Psychology of Aesthetics, Creativity, and the Arts

Division 8: Society for Personality and Social Psychology



## BUSINESS ASSOCIATE AGREEMENT

Arkansas Department of Human Services, Choose Division or Office (“Covered Entity”) and (“Business Associate”) enter into this Business Associate Agreement (“BAA”) as of (“Effective Date”).

Covered Entity and Business Associate agree that under entered into by Covered Entity and Business Associate (the “Agreement”), Business Associate provides services for or on behalf of Covered Entity that may involve access to PHI (as defined below) and that, as such, the parties agree as follows:

### I. DEFINITIONS

Unless otherwise specified in this BAA, all capitalized terms used in this BAA not otherwise defined have the meanings ascribed by HIPAA and ARRA, as each may be amended from time to time.

- A. “**ARRA**” means the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, Pub. Law No.111-5 and its implementing regulations.
- B. “**Breach**” means the actual or reasonably suspected acquisition, access, Use or Disclosure of PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of the PHI.
- C. “**Breach Notice Rule**” means the federal breach notification regulations issued pursuant to ARRA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- D. “**Compliance Date**” means, in each case, the date by which compliance is required under the referenced provision of ARRA’s or HIPAA’s implementing regulations, as applicable.
- E. “**Discovery**” means the first day on which Business Associate, or any workforce member, agent, or Subcontractor of Business Associate, knows, or, by exercising reasonable diligence would have known, of a Breach.
- F. “**Encrypt**” means to use an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key, which process conforms to NIST Special Publications 800–111, 800–52, 800–77, or 800–113, as appropriate, or that is otherwise validated against the Federal Information Processing Standards (FIPS) 140–2.
- G. “**ePHI**” means PHI as defined below, which is transmitted or maintained in electronic media.
- H. “**HIPAA**” means the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations.
- I. “**PHI**” means Protected Health Information, as defined in 45 C.F.R. § 160.103, limited to the Protected Health Information received from, or received, created, or accessed on behalf of, Covered Entity.
- J. “**Privacy Rule**” means the federal privacy regulations issued pursuant to HIPAA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- K. “**Security Incident**” means the successful unauthorized access, Use, Disclosure, modification or destruction of ePHI or interference with system operations in an information system. Unsuccessful attempts to breach security, including pings and other broadcast attacks on Business Associate’s firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as such incidents do not result in unauthorized access, use or disclosure of PHI, shall not be deemed Security Incidents. However, more than 20 unsuccessful attempts or other patterns of successive attempts, that are not individual deemed Security Incidents in themselves shall be considered Security Incidents due to the number or pattern of such events.

- L. “**Security Rule**” means the federal security regulations issued pursuant to HIPAA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- M. “**Subcontractor**” means Business Associate’s subcontractors and agents that create, receive, maintain or transmit PHI for the purpose of performing any of Business Associate’s obligations under the Agreement.

## **II. RESPONSIBILITIES OF BUSINESS ASSOCIATE.**

- A. Business Associate shall provide relevant training on HIPAA and the requirements of this agreement to all persons accessing PHI or ePHI. The training materials and records shall be provided to the covered entity upon request.
- B. Business Associate shall implement and use appropriate Technical, Physical and Administrative Safeguards to reasonably and appropriately protect the Confidentiality, Integrity and Availability of PHI and to prevent Use or Disclosure of PHI, other than as permitted by this BAA.
- C. Business Associate shall, within the earlier of the Compliance Date or 90-days from the Effective Date, comply with all applicable provisions of the Security Rule. The Business Associate shall conduct a risk assessment to evaluate compliance with the Security Rule and shall, at the request of the Covered Entity, provide a written attestation acknowledging completion and communicating the results of the risk assessment.
- D. Business Associate shall Encrypt all transmissions of ePHI and all portable media or storage devices on which ePHI may be stored, including laptops, back-up media, CDs, or USB drives.
- E. Within 30-days after receiving a written request from Covered Entity, make available information necessary for Covered Entity to make an accounting of disclosures of PHI about an Individual, as provided in 45 C.F.R. § 164.528; and in accordance with 42 U.S.C. § 17935(c) and its implementing regulations as of the Compliance Date, make that accounting directly to the Individual if directed to do so by Covered Entity.
- F. At the request of Covered Entity and in the time, manner, and form designated by Covered Entity, not to exceed 15-days, provide access to PHI in a Designated Record Set to Covered Entity or, if directed by Covered Entity, to an Individual or to a recipient designated by the Individual, in accordance with the requirements of 45 C.F.R. § 164.524. Business Associate shall not charge Covered Entity or any Individual any fee associated with the production of PHI in accordance with this section that exceeds fees described at 45 C.F.R. § 164.524.
- G. Make available PHI in a Designated Record Set, no more than 30-days following receipt of a written request by Covered Entity, PHI for amendment and incorporate any amendments to the PHI as directed by Covered Entity, all in accordance with 45 C.F.R. § 164.526.
- H. Business Associate shall notify Covered Entity, in writing, no more than 3-days following Business Associate’s receipt directly from an Individual of any request for an accounting of disclosures or access to or amendment of PHI as contemplated in Sections II (D) (E) or (F), above.
- I. Business Associate shall require each Subcontractor to agree, in writing, to the same restrictions and conditions that apply to Business Associate. Furthermore, to the extent that Business Associate provides ePHI to Subcontractor, Business Associate shall require Subcontractor to comply with all applicable provisions of the Security Rule upon the earlier of the Compliance Date or 90-days from the Effective Date. If Subcontractor is not subject to the jurisdiction or laws of the United States, or if any use or disclosure of PHI in performing the obligations under this BAA or the Agreement will be outside of the jurisdiction of the United States, Business Associate must require Subcontractor to agree by written contract with Business Associate to be subject to the jurisdiction of the Secretary, the laws, and the courts of the United States, and waive any available jurisdictional defenses that pertain to the parties’ obligations under this BAA, HIPAA, or ARRA.

- J. Business Associate shall not Use or Disclose PHI except as necessary to perform its obligations under the Agreement or as otherwise required by this BAA, provided that such Use or Disclosure is permitted by applicable law and complies with each applicable requirement of 45 C.F.R. § 164.504(e).
1. In compliance with 45 C.F.R. § 164.502(b)(1), as of its Compliance Date or no more than 90-days following the Effective Date, whichever is earlier, Business Associate shall request, Use, and Disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, Use, or Disclosure.
  2. Business Associate shall not use PHI to make or cause to be made any communication that would constitute Marketing.
- K. Without unreasonable delay, and in any event, no more than 24-hours after Discovery, Business Associate shall notify Covered Entity of any Breach, Use or Disclosure of PHI not permitted under this BAA, or any Security Incident. Business Associate shall deliver the initial notification of such Breach, in writing, which must include a reasonably detailed description of the Breach and the steps Business Associate is taking and would propose to mitigate or terminate the Breach. Furthermore, Business Associate shall supplement the initial notification, no more than 5 calendar-days following Discovery, with information including the identification of each individual whose PHI was or is believed to have been involved; a reasonably detailed description of the types of PHI involved, and written updates every 5 calendar-days until the event has been concluded; all other information reasonably requested by Covered Entity, including all information necessary to enable Covered Entity to perform and document a risk assessment in accordance with 45 C.F.R. Part 164 subpart D; and all other information necessary for Covered Entity to provide notice to individuals, the U.S. Department of Health & Human Services (“HHS”), or the media, if required. Despite anything to the contrary in the preceding provisions, in Covered Entity’s sole and absolute discretion and in accordance with its directions, Business Associate shall conduct, or pay the costs of conducting, an investigation of any Breach and shall provide or pay the costs of providing any notices required by the Breach Notice Rule or other applicable law.
- L. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate that is not permitted by this BAA.
- M. Business Associate shall make available to HHS its internal practices, books, and records, relating to the Use and Disclosure of PHI pursuant to the Agreement for purposes of determining Business Associate’s and Covered Entity’s compliance with the Privacy Rule.
- N. Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI.
- O. To the extent Business Associate is to carry out one or more of Covered Entity’s obligations under the Privacy Rule, the Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligations.
- P. Business Associate shall provide contact information for one primary person and one secondary person in Appendix A. Any changes in the contact information shall be forwarded to the Covered Entity.
- Q. The Business Associate shall respond in writing within 10 business days to the Covered Entity’s request(s) to attest to the Business Associate’s compliance with the Privacy Rule, the Security Rule, and the Responsibilities of the Business Associate as specified in this BAA. The Business Associate shall make available to the Covered Entity its internal practices, books, and records, relating to the Use and Disclosure of PHI as necessary to substantiate the attestation of compliance.

### **III. RESPONSIBILITIES OF COVERED ENTITY**

Covered Entity shall notify Business Associate, in writing, of an Individual’s request to restrict the Use or Disclosure of such Individual’s PHI, any limitations in Covered Entity’s Privacy Notice relevant to Business Associate’s performance of its obligations under this BAA or the Agreement, or any revocation by an Individual of authorization to Use or Disclose PHI.

#### **IV. TERM, TERMINATION AND DAMAGES**

- A. This BAA is effective as of the Effective Date and terminates when Business Associate and its Subcontractors no longer have access to PHI, and when all of the PHI in Business Associate's possession, inclusive of PHI in the possession of Business Associate's Subcontractors, has been returned or destroyed, unless earlier terminated in accordance with Sections IV(B) through (C) of this BAA.
- B. Upon Covered Entity's determination of a breach of a material term of this BAA by Business Associate, Covered Entity may terminate this BAA. As of the Compliance Date of 45 C.F.R. § 164.504(e)(1)(iii), if either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of this BAA, the non-breaching party will provide notice thereof to the other party. Such notice must clearly specify the nature of the breach or violation. Each party must take reasonable steps to cure the breach or end the violation. If after 30-days or such longer time specified in writing by the non-breaching party, the non-breaching party reasonably determines that such steps are unsuccessful in curing the breach or ending the violation, the non-breaching party may terminate this BAA and the Agreement, if feasible. In the event that termination is not feasible, the non-breaching party shall report the problem to HHS.
- C. Except as provided below, Business Associate shall return or destroy all PHI, including all PHI in possession of its Subcontractors, immediately following the termination or expiration of this BAA. However, in the event that Business Associate is legally obligated to retain such PHI, Business Associate may do so provided that:
  - 1. Business Associate notifies Covered Entity of such legal obligation, in writing, immediately upon Business Associate's notice of such legal obligation, which such writing must describe in detail the legal obligation;
  - 2. Business Associate extends all protections, limitations, and restrictions contained in this BAA to Business Associate's Use or Disclosures of any PHI retained after termination or expiration of this BAA;
  - 3. Business Associate limits any further Use or Disclosures solely to satisfying such legal obligation for which it has provided Covered Entity with written notice in accordance with Section IV(C)(1), above.
  - 4. Business Associate returns or destroys all PHI when such legal obligation has been fulfilled or has concluded.
- D. In addition to any damages recoverable under this BAA, the parties acknowledge that certain breaches or violations of this BAA may result in litigation or investigations pursued by federal or state governmental authorities of the United States resulting in civil liability or criminal penalties. Each party shall cooperate in good faith in all respects with the other party in connection with any request by a federal or state governmental authority for additional information and documents or any governmental investigation, complaint, action, or other inquiry.

#### **V. INDEMNIFICATION**

Business Associate shall indemnify Covered Entity, its owners, employees and representatives in the event Business Associate's performance or failure to perform under this BAA has given rise to liabilities, costs, damages, and losses (including attorneys' fees) reasonably and properly incurred by Covered Entity in connection with any actual, threatened, or pending, civil, criminal, or administrative cause of action, claim, inquiry, investigation, lawsuit, or other proceeding (collectively a "Claim"). Upon demand by Covered Entity, Business Associate shall defend any Claim brought or threatened against Covered Entity, at Business Associate's expense, by counsel acceptable to Covered Entity. Business Associate shall not authorize or enter into any settlement without Covered Entity's written consent.

**VI. GENERAL TERMS**

- A. This BAA amends and is made a part of the Agreement. Any changes or modification to this BAA must be in writing and signed by both parties.
- B. To the extent not clear, the terms of this BAA are to be construed to allow for compliance by the parties with HIPAA or ARRA. If any provision of the BAA is in conflict with any provision of the Agreement, the conflicting provision of this BAA prevails to the extent necessary for the parties to comply with HIPAA and ARRA.
- C. Nothing in this BAA confers upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities, whatsoever.
- D. Sections II(G)(H)(J)(M) and Sections IV, V, VI(E)(F) survive the termination for any reason or expiration of this BAA.
- E. In the event Business Associate receives a notification from or on behalf of HHS regarding a compliance review, an audit, or an investigation or inquiry of any kind pertaining to the services provided under the Agreement or Covered Entity, it will notify Covered Entity no more than 3-days following its receipt of that notice.
- F. The law of the State of Arkansas without regard to its internal law on the conflict of laws, controls this BAA. The Business Associate consents and submits to the jurisdiction of the federal and/or state courts of Arkansas, and hereby waives any defense based upon venue, inconvenience of forum, or lack of personal jurisdiction in any action or suit brought in connection with or relating to this BAA or related matters. The Business Associate will bring any action or suit concerning this Agreement or related matters in federal or state court or the Arkansas Claims Commission with appropriate subject matter jurisdiction in Little Rock, Arkansas. **The Business Associate acknowledges that it has read and understands this clause and agrees willingly to these terms.**
- G. The parties may execute this BAA in a number of counterparts and each counterpart signature, when taken with the other counterpart signatures, is treated as if executed upon one original of this BAA. A facsimile or pdf signature, or a scanned image of an original signature, of any party to this BAA is binding upon that party as if it were an original.

Signed:

BUSINESS ASSOCIATE:

Signed:

Title:

Date:

*Donald K. Jordan, Psy.D.*  
*Psychologist*  
*10/11/2022*

COVERED ENTITY

Choose Division or Office

Signed:

Title:

Date:



**Appendix A: Business Associate Contact Information**

Business Associate Primary Contact:

Name: *Donata K. Jordan*  
Title: *Psychologist*  
Address: *2120 S. Waldron Rd, Suite 5B*  
City: *Fort Smith*  
State: *AR, 72903*  
Phone: *(479) 769-2313*  
Fax:  
Email: *donata.k.jordan@jordan.cps.com*

Business Associate Secondary Contact:

Name:  
Title:  
Address: *MA*  
City:  
State:  
Phone:  
Fax:

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 1**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** September 23, 2022  
**SUBJECT:** 710-23-0001 Forensic Evaluations

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The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

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**CHANGE OF BID OPENING DATE/TIME**

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- Bid submission date and time has changed to October 13, 2022, at 1:00pm CST
- Bid opening date and time has changed to October 13, 2022, at 2:00pm CST

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**ADDITIONAL SPECIFICATIONS**

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Page 9, Add the following along with Attachment B – Written Questions:

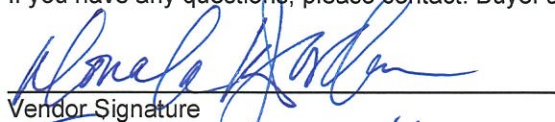
**CLARIFICATION OF BID SOLICITATION**

- A Contractor may submit written questions requesting clarification of information contained in this *Bid Solicitation*. Written questions should be submitted by 4:00 p.m., Central Time on September 29, 2022. Submit written questions by email to the buyer as shown on page one (1) of this *Bid Solicitation*.
- B. The attached response template (*Attachment B*) **must** be used for submission of all written questions. All questions should include the information specified in the response template. Written questions submitted in a different format may not be answered by DHS.
- C. Contractor's written questions will be consolidated and responded to by the State. The State's consolidated written response is anticipated to be posted to the OP website by the close of business on October 6, 2022.
- D. Answers to verbal questions may be given as a matter of courtesy and must be evaluated at contractor's risk.

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The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

  
Vendor Signature

10/11/2022  
Date

Jordan Consulting and Psychological Services, PLLC  
Company



JORDAN CONSULTING  
& PSYCHOLOGICAL SERVICES  
— PLLC —

2120 S. Waldron Rd., Suite 5B Fort Smith, AR 72903

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## **JCPS, PLLC EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

JORDAN CONSULTING AND  
PSYCHOLOGICAL SERVICES, PLLC IS AN  
EQUAL OPPORTUNITY EMPLOYER. ALL  
EMPLOYMENT IS DECIDED ON THE  
BASIS OF QUALIFICATIONS, MERIT, AND  
BUSINESS NEED.