



Office of State Courts Administrator
P.O. Box 104480
2112 Industrial Drive
Jefferson City, Missouri 65110- 4480

CONTRACT RENEWAL 002
CONTRACT NO. OSCA 14-042-36
TITLE: Specialized Treatment Provider
for Treatment Court
ISSUE DATE: April 27, 2016

OSCA CONTACT: Beth Rodeman
PHONE NO.: (573) 522-2617
FAX NO.: (573) 522-6152
E-MAIL: osca.contracts@courts.mo.gov

RETURN RENEWAL NO LATER THAN: May 27, 2016

RETURN RENEWAL VIA FAX OR E-MAIL TO THE CONTACT ABOVE, OR BY MAIL TO:

(U.S. Mail)
Office of State Courts Administrator
Attn: Contract Unit
PO Box 104480
Jefferson City MO 65110 - 4480

(Courier Service)
Office of State Courts Administrator
Attn: Contract Unit
2112 Industrial Dr.
Jefferson City MO 65109

MAILING INSTRUCTIONS: Print or type **Contract Number** and **Return Due Date** on the lower left hand corner of the envelope.

CONTRACT RENEWAL PERIOD: JULY 1, 2016, THROUGH JUNE 30, 2017

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING LOCATIONS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The contractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions of the renewal. The contractor further agrees that the language of this renewal shall govern in the event of a conflict with his/her proposal. The contractor further agrees that upon receipt of an authorized purchase order or when this renewal is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the contractor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE <i>Ward M. Lawson PhD</i>		DATE 06/14/2016
PRINTED NAME Ward M. Lawson, PhD, ABPP, ABMP		TITLE Clinic Director
COMPANY NAME Tri-County Psychological Services, Inc.		
MAILING ADDRESS P.O. Box 256		
CITY, STATE, ZIP Marshfield, MO 65706		
E-MAIL ADDRESS ozarkscare@yahoo.com		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER 417-859-7746	FAX NUMBER 417-859-7411	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>In its entirety as submitted.</i>		
CONTRACT NUMBER OSCA 14-042-36		CONTRACT PERIOD July 1, 2016, through June 30, 2017
CONTRACTS PRINCIPLE MANAGEMENT ANALYST <i>Beth Rodeman</i>	DATE 6/15/16	DEPUTY STATE COURTS ADMINISTRATOR <i>Carl Brown</i>

Pricing Page

The contractor must provide firm, fixed prices for the services identified below. The prices stated herein shall be legally binding for the entire contract period.

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	\$115.00	Per assessment
Assessment option	\$115.00	Per assessment
Assessment update		Per assessment
Case Management/Community Support		Per ¼ hour
Communicable Disease Assessment/Education/Testing	\$17.25	Per ¼ hour
Day Treatment		Per day
Detoxification (Social Setting)		Per day
Early Intervention (Intake)		Per ¼ hour
Early Intervention (Group Education)		Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)		Per ¼ hour
Extended Day Treatment		Per day
Family Conference	\$17.25	Per ¼ hour
Family Therapy	\$17.25	Per ¼ hour
Group Counseling (Associate SA Counselor)		Per ¼ hour
Group Counseling (QSAP)	\$4.32	Per ¼ hour
Group Counseling (Collateral relationship)	\$4.32	Per ¼ hour
Group Education	\$4.32	Per ¼ hour
Group Education (Trauma Related)	\$4.32	Per ¼ hour
Individual Counseling	\$17.25	Per ¼ hour
Individual Counseling (Collateral Relationship)	\$17.25	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	\$17.25	Per ¼ hour
Individual Counseling (Trauma Related)	\$17.25	Per ¼ hour
Medication Services		Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]		Per prescription

Missouri Recovery Support Specialist (MRSS)		Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)		Per ¼ hour
Modified Medical Treatment		Per day
Relapse Prevention Counseling	\$17.25	Per ¼ hour
Residential Support		Per day
Treatment Court Day	\$11.50	Per ¼ hour
Virtual Counseling (Group)	\$4.32	Per ¼ hour
Virtual Counseling (Individual)	\$17.25	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)		Per test
Sample Collection with 1-panel on-site provided by vendor		Per test
Sample Collection with 2-panel on-site provided by vendor		Per test
Sample Collection with 3-panel on-site provided by vendor		Per test
Sample Collection with 4-panel on-site provided by vendor		Per test
Sample Collection with 5-panel on-site provided by vendor		Per test
Sample Collection with 6-panel on-site provided by vendor		Per test
Sample Collection with 7-panel on-site provided by vendor		Per test
Sample Collection with 8-panel on-site provided by vendor		Per test
Sample Collection with 9-panel on-site provided by vendor		Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)		Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)		Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)		Per test

Evidence Based Program and Practice curriculum being utilized: Family systems, CBT, ACT (Acceptance & Commitment Therapy) Assertive Community Treatment

Which Cognitive Behavioral intervention staff is qualified to deliver: RET, Beck's CBT, ACT

Pricing Page, Continued

Instructions: Below is a list of the judicial circuits and counties in the state of Missouri. Check either the applicable counties or the entire judicial circuit(s) your agency shall provide services. Check the appropriate level of service that shall be provided: DWI, Adult, Family, Veterans and/or Juvenile. Check the applicable gender for which services shall be provided.

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
1	Clark							
1	Schuyler							
1	Scotland							
2	Adair							
2	Knox							
2	Lewis							
3	Grundy							
3	Harrison							
3	Mercer							
3	Putnam							
4	Atchison							
4	Gentry							
4	Holt							
4	Nodaway							
4	Worth							
5	Andrew							
5	Buchanan							
6	Platte							
7	Clay							
8	Carroll							
8	Ray							
9	Chariton							
9	Linn							
9	Sullivan							
10	Marion							
10	Monroe							
10	Ralls							
11	St. Charles							

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
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CIRCUIT								
12	Audrain							
12	Montgomery							
12	Warren							
13	Boone							
13	Callaway							
14	Howard							
14	Randolph							
15	Lafayette							
15	Saline							
16	Jackson							
17	Cass							
17	Johnson							
18	Cooper							
18	Pettis							
19	Cole							
20	Franklin							
20	Gasconade							
20	Osage							
21	St. Louis							
22	St. Louis City							
23	Jefferson							
24	Madison							
24	St. Francois							
24	Ste. Genevieve							
24	Washington							
25	Maries							
25	Phelps							
25	Pulaski							
25	Texas							
26	Camden							
26	Laclede							
26	Miller							

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
26	Moniteau							
26	Morgan							
27	Bates							
27	Henry							
27	St. Clair							
28	Barton							
28	Cedar							
28	Dade							
28	Vernon							
29	Jasper							
30	Benton							
30	Dallas							
30	Hickory							
30	Polk							
30	Webster	X	X	X	X	X	X	X
31	Greene							
32	Bollinger							
32	Cape Girardeau							
32	Perry							
33	Mississippi							
33	Scott							
34	New Madrid							
34	Pemiscot							
35	Dunklin							
35	Stoddard							
36	Butler							
36	Ripley							
37	Carter							
37	Howell							
37	Oregon							
37	Shannon							

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
38	Christian							
39	Barry							
39	Lawrence							
39	Stone							
40	McDonald							
40	Newton							
41	Macon							
41	Shelby							
42	Crawford							
42	Dent							
42	Iron							
42	Reynolds							
42	Wayne							
43	Caldwell							
43	Clinton							
43	Davless							
43	DeKalb							
43	Livingston							
44	Douglas							
44	Ozark							
44	Wright							
45	Lincoln							
45	Pike							
46	Taney							

Note: Effective January 1, 2017, Taney County will become the 46th Circuit in Missouri. Until then, it will continue to be included in the 38th circuit.



ACE American Insurance Company

Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations

PRODUCER NUMBER 273865

DATE OF ISSUE January 19, 2016

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION

POLICY/CERTIFICATE NUMBER: 78G22538548					
1.	Named Insured:	Ward M Lawson			
	Address:	PO Box 256			
	City, State & Zip Code:	Marshfield, MO 65706 0256			
2.	Policy Period:	From: 01/01/2016	To: 01/01/2017		
	12:01 A.M. local time at the address shown in Item 1.				
3.	COVERAGE	LIMITS OF LIABILITY		PREMIUM	
		Professional Liability	\$1,000,000 Each Incident		\$3,000,000 Aggregate
	Wrongful Employment Practices		\$5,000 Aggregate		\$958.00
	REIMBURSEMENTS				\$46.00
	Licensing Board Defense	\$50,000 per Proceeding			
	Other Governmental Regulatory Body Defense	\$10,000 per Proceeding			
	Deposition Expense	\$5,000 per Insured			
	Premises Medical Payment	\$2,500 per Person	\$75,000 Aggregate		
	Assault and/or Battery		\$1,000 Aggregate		
	Loss of Earnings	\$500 per Day, per Insured	\$15,000 Aggregate Per Incident		
Surcharge(s)					
Total Premium			\$1,003.00		
4.	Retroactive Date	11/12/1993			
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s): PF15215a, PF33748, PF15217a (05/07), CC-1K11h (03/14), PF15245a, PF15234a, PF15224a, All4X10, PF15277a, All5X45, PF17914 (02/05).				
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 181 W Madison St Ste 2900 Chicago, IL 60602		All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674		
	7.	REPRESENTATIVE:	Agent or broker: Trust Risk Management Services, Inc. doing business in MO as Potomac Risk Management Services, Inc.		
		Office address: 1791 Paysphere Circle			
		City, State, Zip: Chicago, IL 60674			
		Website: www.trustinsurance.com			
		Phone: 1.877.637.9700			

CERTIFICATE OF INSURANCE

<p>Master Policy Named Insured National Professional Purchasing Group Association, Inc. c/o Lockton Affinity, LLC P. O. Box 410679 Kansas City, Missouri 64141-0679</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE CERTIFICATE DESCRIBED BELOW.</p>
<p>Named Insured Member: John Quinn 981 Bradford Ct. Marshfield, MO 65706</p> <p>Member Certificate Number: 120-1006258-03 Primary Occupation: NBCC National Certified Clinical Mental Health Counselor</p>	<p>INSURERS AFFORDING COVERAGE: Certain Underwriters at Lloyd's, London</p>

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

1. **Unique Market Reference Number: B0713GLOPR1500702**

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

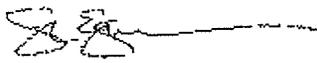
From: 04/15/2016
 To: 04/15/2017

Both dates at 12:01 a.m. Local Time at the address stated in Item 1 above.

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

4. **Insuring Agreements and Limits of Liability**

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

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

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY

C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

DAVID COOPER GOODEN
1194 GREEN HILL RD
FORDLAND MO 65652

Additional Named Insureds:

Type of Work Covered: SOCIAL WORKERS / PROFESSIONAL SOCIAL WORKER

Location of Operations: N/A
(Different than address listed above)

Claim History: None

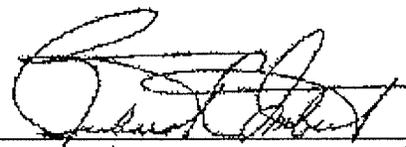
Retroactive date is 08/01/2009

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	560-000041788	8/01/15	8/01/16	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

Certificate Issued to:
Name: DAVID COOPER GOODEN
1194 GREEN HILL RD
Address: FORDLAND MO 65652


Authorized Representative