



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

RFP NO. OSCA 14-042
**TITLE: Specialized Treatment Provider
for Treatment Court**
ISSUE DATE: February 24, 2014

CONTACT: Russell Rottmann
PHONE NO.: (573)522-6766
E-MAIL: osca.contracts@courts.mo.gov

RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014

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

RETURN PROPOSAL TO:

(U.S. Mail)
Office of State Courts Administrator
Attn: Contract Unit or
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

CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The vendor 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 Request for Proposal. The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the vendor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE <i>Michael Darcy</i>		DATE 3/11/14
PRINTED NAME Michael Darcy		TITLE President + CEO
COMPANY NAME Gateway Foundation, Inc.		
MAILING ADDRESS 55 E. Jackson Blvd. Suite 1500		
CITY, STATE, ZIP Chicago, IL 60604		
E-MAIL ADDRESS mdarcy@gatewayfoundation.org		FEDERAL EMPLOYER ID NO. 36-2670036
PHONE NO. 312-663-1130 x2316	FAX NO. 312-663-0504	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>AS SUBMITTED EXCEPT FOR VIRTUAL COUNSELING</i>		
CONTRACT NO. <i>OSCA 14-042-15</i>		CONTRACT PERIOD <i>July 1, 2014 through June 30, 2015</i>
CONTRACTS COORDINATOR <i>Hubert J. Conner</i>	DATE <i>4-22-2014</i>	DEPUTY STATE COURTS ADMINISTRATOR <i>Earl K...</i>



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PRINTED NAME <i>Michael Darcy</i>		TITLE <i>President + CEO</i>
COMPANY NAME <i>Gateway Foundation, Inc</i>		
MAILING ADDRESS <i>55 E. Jackson Blvd. Suite 1500</i>		
CITY, STATE, ZIP <i>Chicago, IL 60604</i>		
E-MAIL ADDRESS <i>mdarcy@gatewayfoundation.org</i>		FEDERAL EMPLOYER ID NO. <i>36-2670036</i>
PHONE NO. <i>312-663-1130 x2316</i>	FAX NO. <i>312-663-0504</i>	

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ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS:		
CONTRACT NO.		CONTRACT PERIOD
CONTRACTS COORDINATOR	DATE	DEPUTY STATE COURTS ADMINISTRATOR



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AMENDMENT 001

RFP NO. OSCA 14-042

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CONTRACTS COORDINATOR	DATE	DEPUTY STATE COURTS ADMINISTRATOR



Gateway Foundation, Inc.

Response to Request for Proposal OSCA 14-042

Specialized Treatment Provider for Treatment Court

For

Missouri State Courts Administrator

Submitted

March 17, 2014

ORIGINAL

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

PRICING PAGE

The vendor must provide firm, fixed prices for the services identified below. Should a contract award be made based upon the vendor's proposal, the prices stated herein shall be legally binding for the entire contract period.

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	137.44	Per assessment
Assessment option (Multi-axial)	144.09	Per assessment
Assessment update	55.43	Per assessment
Case Management/Community Support	11.53	Per ¼ hour
Communicable Disease Assessment/Education/Testing	10.20	Per ¼ hour
Day Treatment	61.20	Per day
Detoxification (Social Setting)	95.52 via referral	Per day
Detoxification (Modified Medical)	135.16 via referral	Per day
Early Intervention (Intake)	11.53	Per ¼ hour
Early Intervention (Group Education)	2.68	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	13.86	Per ¼ hour
Extended Day Treatment	19.23 per ¼ hour	Per day
Family Conference	13.86	Per ¼ hour
Family Therapy	17.94	Per ¼ hour
Group Counseling (Associate SA Counselor)	3.13	Per ¼ hour
Group Counseling (QSAP)	3.13	Per ¼ hour
Group Counseling (Collateral relationship)	3.13	Per ¼ hour
Group Education	2.68	Per ¼ hour
Group Education (Trauma Related)	3.13	Per ¼ hour
Individual Counseling	13.86	Per ¼ hour

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Individual Counseling (Collateral Relationship)	17.01	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	21.37	Per ¼ hour
Individual Counseling (Trauma Related)	17.94	Per ¼ hour
Medication Services	52.98	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	Actual cost	Per prescription
Missouri Recovery Support Specialist (MRSS)	7.00	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	5.00 or DMH rate.	Per ¼ hour
Relapse Prevention Counseling	13.86	Per ¼ hour
Residential Support	65.66, via referral	Per day
Treatment Court Day	12.50	Per ¼ hour
Virtual Counseling (Group)	As determined by DCCC or DMH rates	Per ¼ hour
Virtual Counseling (Individual)	16.25	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	46.80	Per test
Sample Collection with 1-panel on-site provided by vendor	2.86	Per test
Sample Collection with 2-panel on-site provided by vendor	5.72	Per test
Sample Collection with 3-panel on-site provided by vendor	8.58	Per test
Sample Collection with 4-panel on-site provided by vendor	11.44	Per test
Sample Collection with 5-panel on-site provided by vendor	14.30	Per test
Sample Collection with 6-panel on-site provided by vendor	17.16	Per test
Sample Collection with 7-panel on-site provided by vendor	20.02	Per test
Sample Collection with 8-panel on-site provided by vendor	22.88	Per test
Sample Collection with 9-panel on-site provided by vendor	25.74	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	\$6.00 or if DMH has a rate	Per test

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Drug Testing: Breathalyzer (Equipment provided by vendor)	\$3.00 No DMH rate currently	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	\$2.00 no DMH rate currently	Per test

Evidence Based Program and Practice curriculum being utilized:

Living in Balance, Seeking Safety (trauma), Helping Men Recover (trauma)

Which Cognitive Behavioral intervention staff is qualified to deliver:

Moral Reconciliation Therapy (MRT).

Please indicate if Medication Assisted Treatment (MAT) is provided. If you do not provide MAT, how and with whom MAT services are arranged and how all services are coordinated.

MAT services are provided through a service provider agreement with Assisted Recovery Centers of America (ARCA) who has located a clinic in the same building at 1430 Olive, St. Louis, MO, where Gateway operates the Corrections Outpatient program. Gateway currently refers 5-10 clients to ARCA per week and they are willing to increase their capacity to serve participant of the Drug Court.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

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) that your agency shall provide services. Check the appropriate level of service and the applicable gender that shall be provided: DWI, Adult, Veterans, Family and Juvenile.

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							

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
11	St. Charles							
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	X	X	X	X		X	X
22	St. Louis City	X	X	X	X		X	X
23	Jefferson							
24	Madison							
24	St. Francois							
24	Ste. Genevieve							

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
24	Washington							
25	Maries							
25	Phelps							
25	Pulaski							
25	Texas							
26	Camden							
26	Laclede							

RENEWAL OPTION

The Office of State Courts Administrator shall have the sole option to renew the contract for in one (1) year increments or any portion thereof for a maximum total of five (5) additional years.

Prices for the renewal period shall be requested no later than 90 days prior the effective renewal.

**Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers**

EXHIBIT A

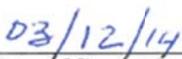
PRIOR EXPERIENCE

The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror and subcontractor's prior experience. In addition, the offeror is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Offeror Name or Subcontractor Name: <u>Gateway Foundation (d/b/a GFI Services)</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Mental Health Division of Behavioral Health
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	5400 Arsenal Mail Stop B A419 St. Louis, MO 63139
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Ms. Lynne Allar-Meine – Eastern District Administrator 314-877-0378 Lynne.Allar-Meine@dmh.mo.gov
Dates of Prior Services:	1994 to Present total, and under DMH 2008 to Present
Dollar Value of Prior Services:	\$2,600,000 over 5 contracts
Description of Prior Services Performed:	Outpatient and intensive outpatient substance abuse treatment and case management programs for adult male and female referrals from State Probation and Parole, most of whom have been recently released from prison based treatment programs. The program serves 350-400 clients at any given time. Services include group and individual counseling, group education, case management, family counseling, on-site drug testing, and consultation with Probation and Parole Officers. Ten (10) full-time Probation/Parole Officers work on-site with treatment staff serving the same clients. Clients reside in private homes in St. Louis City and County, with a small percentage residing at St. Louis Community Release Center. The objectives of the treatment program are to assist clients in maintaining the sobriety begun in institutional treatment programs and to provide tools and resources to maintain alcohol and other drug-free and crime-free lifestyles.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:


Signature of Reference Contact Person


Date of Signature

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

EXHIBIT A

PRIOR EXPERIENCE

The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror and subcontractor's prior experience. In addition, the offeror is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Offeror Name or Subcontractor Name: <u>Gateway Foundation (d/b/a GFI Services)</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Corrections Board of Probation and Parole
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	9441 Dielman Rock Island Drive Olivette, MO 63132
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Mr. John Buck – District Administrator 314-340-3808 John.Buck@doc.mo.gov
Dates of Prior Services:	2004-2005
Dollar Value of Prior Services:	Annualized to approximately \$314,000 a year
Description of Prior Services Performed:	Provisions of early intervention, substance abuse education groups to offenders on Probation/Parole supervision who have not met the criteria for more intensive treatment services. These early intervention education group services include topics including the effects of various psychoactive substances, relapse prevention, criminal thinking, drug use and its effects on the family and others. This early intervention substance abuse education program consists of 12 weekly 60-90 minute group sessions.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:



 Signature of Reference Contact Person

3-13-14

 Date of Signature

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

EXHIBIT A

PRIOR EXPERIENCE

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Offeror Name or Subcontractor Name: <u>Gateway Foundation (d/b/a GFI Services)</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Corrections Board of Probation and Parole
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	220 South Jefferson St. Louis, MO 63103
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Ms. Fannie Davis – District Administrator 314-877-1099 Fannie.Davis@doc.mo.gov
Dates of Prior Services:	1994 to Present
Dollar Value of Prior Services:	\$1,400,000 per year over the Free and Clean and Partnership for Community Restoration contracts
Description of Prior Services Performed:	Outpatient and intensive outpatient substance abuse treatment for adult male referrals from State Probation and Parole, most of whom have been recently released from prison based treatment programs. The program serves 220 to 250 clients at any given time. Services include group and individual counseling, group education, case management, family counseling, on-site drug testing, and consultation with Probation and Parole officers. Nine (9) full-time Probation/Parole Officers work on-site with treatment staff serving the same clients. Clients reside in private homes in St. Louis City and County, with a small percentage residing at St. Louis Community Release Center. The objectives of the treatment program are to assist clients in maintaining the sobriety begun in institutional treatment programs and to provide tools and resources to maintain alcohol and other drug-free and crime-free lifestyles.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:

Howard E. Ross
 Signature of Reference Contact Person

7/13/14
 Date of Signature

**Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers**

EXHIBIT B

PERSONNEL EXPERTISE SUMMARY

(Complete this Exhibit for personnel proposed. Resumes or summaries of key information may be provided)

Personnel	Background and Expertise of Personnel and Planned
<p>1. <u>Mr. Stephen Doherty, LPC, CRADC</u> (Name) <u>Center Director, Gateway St. Louis OP</u> (Title) <u>Admin. Oversight/QSAP Diagnostician</u> (Proposed Role/Function)</p>	<p>Mr. Doherty is currently the Eastern Missouri Director for Gateway Foundation. He has worked for Gateway since 2002 and in this position he manages the clinical services and administrative and fiscal functions for clients referred through state and federal departments of Correction and Mental Health contracts. Mr. Doherty has worked in the field of Substance abuse and mental health treatment for over 25 years in both the private and public funding sectors.</p>
<p>2. <u>Lori Carr, LPC, CCJP, MSAPCB Supervisor</u> (Name) <u>Asst. Director, Gateway St. Louis OP</u> (Title) <u>Clinical Supervision; Family Therapy</u> (Proposed Role/Function)</p>	<p>Ms. Carr oversees day to day operations of outpatient substance abuse programming including supervision of counselors and other clinical staff; she has over 15 years' experience in the field, including: assessments, individual and mental health counseling, facilitating counseling groups and education groups on the effects of chemical dependency on family, group counseling, etc. She will provide administrative supervision of counselors.</p>
<p>3. <u>Lola Gunn, B.S CRADC</u> (Name) <u>Counselor II</u> (Title) <u>Counselor</u> (Proposed Role/Function)</p>	<p>As a Counselor II, Ms. Gunn completes comprehensive substance abuse assessments and prepares individualized and developmentally appropriate treatment plans; provides individual and group counseling, and educational programs in accordance with treatment plan; documents treatment and discharge plans, and clients' progress and responses to treatments; and, performs case management functions. Ms. Gunn has over 10 years' experience.</p>
<p>4. <u>James Sanders, CRADC, MSAPCB Supervisor</u> (Name) <u>Clinical Supervisor</u> (Title) <u>Counselor, Clinical Services</u> (Proposed Role/Function)</p>	<p>Mr. Sanders provides direct supervision of the clinical staff and program services of the Partnership for Community Restoration Program, including supervision of day to day treatment services, scheduling of services, supervising counselors and the maintenance of clinical documentation quality assurance measures. His prior 9 experience includes serving as a Counselor at two St. Louis area treatment providers. He is completing a master's degree in Counseling. Juvenile Program Supervisor for TASC, and manager for military treatment program. He will perform clinical duties for court referrals.</p>
<p>5. <u>LaDarius Lewis, MSW, RASAC II</u> (Name) <u>Counselor II</u> (Title) <u>Counselor</u> (Proposed Role/Function)</p>	<p>As a Counselor I, Mr. Lewis completes individualized and developmentally appropriate treatment plans; provides individual and group counseling, and educational programs in accordance with each clients' treatment plan; documents treatment and discharge plans, and clients' progress and responses to treatments; and, performs case management functions. Mr. Lewis holds a Master's degree in Social Work, and has 1 year of experience in the substance abuse treatment field.</p>
<p>6. <u>Ms. Shelly Wims, RASAC II</u> (Name) <u>Counselor I</u> (Title) <u>Counselor</u> (Proposed Role/Function)</p>	<p>As a Counselor I, Ms. Wims completes individualized and developmentally appropriate treatment plans; provides individual and group counseling, and educational programs in accordance with treatment plan; documents treatment and discharge plans, and clients' progress and responses to treatments; and, performs case management functions. Ms. Wims holds a Bachelor's degree from Southeast MO State University, and has over 6 years' experience in the substance abuse treatment field.</p>

**Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers**

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION

Comes now Martha Yount as VP of Human Resources first being duly sworn on my oath
(NAME) (OFFICE HELD)
affirm Gateway Foundation is enrolled and will continue to participate in a federal work
(COMPANY NAME)
authorization program in respect to employees that will work in connection with the contracted services
related to OSCA 14-042 for the duration of the contract, if awarded, in accordance with
(RFP NUMBER)
RSMo Chapter 285.530 (2). I also affirm that Gateway Foundation does not and will not knowingly
(COMPANY NAME)
employ a person who is an unauthorized alien in connection with the contracted services related to
OSCA 14-042 for the duration of the contract, if awarded.
(RFP NUMBER)

In Affirmation thereof, the facts stated above are true and correct (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 285.530, RSMo).

Martha Yount
Signature (person with authority)

Martha Yount
Printed Name

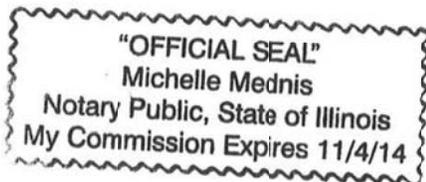
VP of Human Resources
Title

March 5, 2014
Date

Subscribed and sworn to before me this 5th of March. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of COOK, State of
(NAME OF COUNTY)
Illinois, and my commission expires on 11/4/14.
(NAME OF STATE) (DATE)

Michelle Mednis
Signature of Notary

3/5/14
Date





Company ID Number: 336492

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION
MEMORANDUM OF UNDERSTANDING**

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Gateway Foundation Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



Company ID Number: 386492

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and



Company ID Number: 386492

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

• If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

• If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers



Company ID Number: 386492

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers



Company ID Number: 386492

uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-



Company ID Number: 386492

Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,



Company ID Number: 336492

whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with



Company ID Number: 336492

Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it



Company ID Number: 386492

determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and upbading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.



Company ID Number: 386492

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers



Company ID Number: 336492

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers**



Company ID Number: 386492

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Gateway Foundation Inc.	
MARTHA YOUNT Name (Please Type or Print)	Title
Electronically Signed Signature	01/20/2011 Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed Signature	02/24/2011 Date

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name:	Gateway Foundation Inc.
Company Facility Address:	55 E. Jackson Blvd. Suite 1500 Chicago, IL 60604
Company Alternate Address:	
County or Parish:	COOK
Employer Identification Number:	362670036

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers



Company ID Number: 386492

North American Industry Classification Systems Code:	813
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	2
<p>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</p> <ul style="list-style-type: none"> MISSOURI 2 site(s) 	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	JACKIE DUSING	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2265	
E-mail Address:	jxdusing@gatewayfoundation.org	
Name:	MAETHA YOUNT	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2348	
E-mail Address:	Martha.Yount@gatewayfoundation.org	
Name:	KRISTIN OWENS	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2230	
E-mail Address:	klowens@gatewayfoundation.org	

EXHIBIT D

MISCELLANEOUS INFORMATION

Outside United States

If any products and/or services bid are being manufactured or performed at sites outside the continental United States, the bidder MUST disclose such fact and provide details in the space below or on an attached page.

Are products and/or services being manufactured or performed at sites outside the continental United States?	Yes <u> </u>	No <u> X </u>
Describe and provide details:		

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

RFP OSCA 11-036

EXHIBIT E

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

PROGRAM SERVICES

By submission of this proposal, Gateway Foundation, Inc. (“Gateway”) doing business as GFI Services in Missouri, proposes to provide a variety of services for individuals needing substance abuse treatment in St. Louis City in accordance with the provisions and requirements stated herein.

Services will be provided at GFI Services’ St. Louis Outpatient Program treatment facility at 1430 Olive Street, Suite 300, St. Louis, Missouri 63103-2303. Services will include day, evening, and/or weekend hours as needed to accommodate the needs of clients and their families.

The St. Louis Free & Clean facility occupies 14,100 square feet on the third floor of 1430 Olive St. in St. Louis. This location has been occupied by Gateway since 1994. The office was built specifically for Gateway and includes group rooms and individual counseling offices. The improvements were designed to comply with NFPA Life Safety Code for business occupancies, and with the Americans with Disabilities Act (ADA). The majority of clients served at this location are referred by corrections or court-related programs, and there is ample space to accommodate offenders referred by the Department, and the treatment site is conveniently located near public transportation

The following sections describe in detail the services available at this site.

2.2 Program Services

2.2.1 ASSESSMENT

Upon admission to the outpatient program, Gateway will conduct an assessment of each client, unless referred to the Early Intervention Program, that will include the following: 1) An intake process that will consist of the initial screening interview to determine the appropriateness for admission and the administrative and initial assessment procedures related to admission and (2) a complete evaluation/assessment of each client for treatment plan development. Gateway assessment counselor(s) will administer all components of the assessment required by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse including health screens/history, HIV/STD/TB screens, history of prior treatment, and a mental health screening.

Gateway staff will administer a structured substance abuse assessment, the Addiction Severity Index (ASI), which is the assessment instrument required by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. Counselors, with participation of the clients, will identify personal issues during a face-to-face, one-on-one interview assessment session.

2.2.2 ASSESSMENT – FIVE-AXIS DIAGNOSIS

Based upon the results of the above assessment, Gateway’s qualified diagnostician may conduct a five-axis (levels) diagnosis when appropriate or to rule in or out secondary mental health disorder(s and render diagnoses in accordance with DBH requirements). The levels are defined as follows:

- Axis I: Clinical Disorders, including major mental disorders, and learning disorders (common disorders include depression, anxiety disorders, bipolar disorder, ADHD, autism disorders, and schizophrenia).
- Axis II: Personality disorders and mental retardation (common Axis II disorders include personality disorders: paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, histrionic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder and mental retardation.)
- Axis III: Acute medical conditions and physical disorders (common Axis III disorders include brain injuries and other medical/physical disorders which may aggravate existing diseases or present symptoms similar to other disorders). This Axis III diagnosis will be based on client report and/or any collaborating information obtained from a physician.
- Axis IV: Psychosocial and environmental factors contributing to the disorder
- Axis V: Global Assessment of Functions or Children’s Global Assessment Scale for children and teens under the age of 18.

2.2.3 ASSESSMENT UPDATE

In the event a treatment court participant has received the assessment from any program operated by the contractor within the past six (6) months, the contractor shall administer an assessment update upon admission. This service consists of an update of a consumer’s assessment and an evaluation to develop treatment recommendations.

In the event a treatment court participant has received the assessment by Gateway within the past six (6) months, Gateway personnel will update the assessment and conduct an evaluation to develop treatment recommendations upon admission. A diagnostic assessment or update will be conducted when appropriate and/or to rule in/out secondary mental health disorders.

2.2.3.1 The assessment and diagnostic update will be administered in accordance with the following Department protocol:

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

---Must be completed by a Qualified Substance Abuse Professional (QSAP)

---Should not be completed when consumers transition from the various levels of service within the same agency, and if this occurs within six months, this will be an assessment update as defined by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse.

The assessment and diagnostic update will consist of the following:

---Updating the Addictions Severity Index (ASI)

---A new face-to-face diagnostic evaluation completed by a qualified diagnostician as defined in certification standards. Gateway understands that a “qualified diagnostician” includes a licensed mental health professional (e.g. LPC, LCSW) who has a minimum of one year of experience working with persons with substance abuse disorders.

2.3 CASE MANAGEMENT/COMMUNITY SUPPORT

Gateway’s case management/community support services will be delivered to participants enrolled in a CSTAR program and will consist of an array of services, provided in accordance with the individualized treatment plan, that link clients and/or family member(s) to the services and supports needed to achieve and sustain recovery. Services will be delivered in an amount and scope defined by each individual’s plan, and not all plans will contain all services.

Gateway believes that addiction is a disease of the whole person. Therefore, in order to build and maintain a life that is free of drugs, alcohol, and crime, the chemically dependent ex-client is likely to need additional supports: counseling alone is not likely to help such individuals address the myriad other issues raised by and affected by their addictions. As part of a treatment team that includes the counselor, the probation-parole officer, and the family therapist, as necessary, the case worker can help identify these other issues and develop approaches and linkages to address clients’ needs.

In addition, the case workers work closely with the primary counselor and the probation and parole officer to monitor compliance and oversee treatment activities. Although the client’s primary counselor bears primary responsibility for implementing the client’s treatment plan, the case worker helps identify other needs and ensures that those needs are addressed.

It is the case worker’s responsibility to act as a liaison between the client and the agencies or individuals who can address these needs. As such, the case worker will develop working relationships and linkage agreements with a wide variety of agencies and individuals throughout St. Louis and the respective surrounding regions. Indeed, our lengthy participation as treatment providers in Missouri has allowed us to establish linkage agreements and cooperative arrangements with other social services in the St. Louis Metropolitan area, and we expect to be able to utilize the knowledge gained from establishing these agreements.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway's St. Louis Intensive Outpatient Program has had the benefit of delivering case management services not only through its 20 years of providing treatment services to criminal justice clients, but has now been providing these services to offenders with co-occurring disorders under a contract with the Department of Mental Health. The case management staff has developed an extensive network of agencies throughout the metropolitan St. Louis area that are willing to offer a wide array of services to the offender population.

Our case workers will provide assistance with and link clients and family members/significant others to services involving various issues, which may include the following:

- day care
- housing
- job placement
- appropriate recreational opportunities
- medical or dental services
- psychological/psychiatric services
- food assistance
- social services
- driver's license
- legal issues
- vocational training
- educational assistance
- self-help resources
- financial assistance
- services for cognitive disabilities/learning disorders
- physical disability/blind/deaf/hard of hearing services
- illiteracy aid
- involving family members in the treatment and recovery processes
- communication of clinical information to other agencies
- detoxification
- residential services
- GED services
- parent support services
- transportation options
- other services which could benefit the client/significant other

Strengths-Based Case Management

Gateway's treatment program will incorporate the research-validated "Strengths-Based" Case Management (SBCM) model on the basis of evidence supporting its effectiveness in achieving the goals we have identified. Over the past decade, the SBCM approach (originally developed to meet the needs of persons with mental illnesses) has been utilized to address the needs of persons with substance use disorders and those with both substance use disorders and histories of criminal involvement, with positive short-term and longitudinal results.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

A large randomized controlled study funded by NIDA found that, as an adjunct to substance abuse treatment, and relative to standard treatment and aftercare, incorporating SBCM in the menu of services was associated with greater retention in treatment and employment functioning at six-months, and that retention in treatment was associated with decreased drug use and improved legal outcomes (Rapp, Siegal, Li, & Pranjit, 1998; Siegal, Li, & Rapp, 2002). Moreover, at 12-month follow-up, SBCM was related to greater participation in aftercare, which in turn was associated with decreased criminality.

Core tenets of the SBCM approach are as follows: 1) a focus on client strengths and assets rather than pathology or deficits; 2) a relational focus which emphasizes the centrality of the case worker/client relationship; 3) an emphasis on client-driven service provision (i.e., interventions and services are determined by the needs, desires, and goals of the client); 4) an emphasis on aggressive outreach as the preferred case management modality; 5) a stated belief in the ability of all people, regardless of their current condition or situation, to learn, grow, and change, and the case worker's ability to assist this process; and, 6) a community assets framework which views both formal and informal supports as potential resources rather than obstacles to success (Rapp & Wintersteen, 1989).

Research confirms that the core tenets and characteristics of SBCM make it a particularly good fit for persons with SA and criminal justice histories for a number of reasons (**CSAT TIP 27: Comprehensive Case Management for Substance Abuse Treatment**, 1999). Gateway has found that SBCM is a logical complement to Motivational Interviewing/Enhancement treatment techniques. The emphasis on personal value, strengths and internal resources counters the view that substance abusers and ex-clients are morally deficient and undeserving, a view that many have themselves internalized. The client-centered nature of the client/case worker relationship is antithetical to the authoritarian relationship structures experienced within the criminal justice system, with which ex-clients are often anxious to disassociate.

SBCM's focus on identifying personal desires and goals is empowering, particularly following incarceration, during which one's freedoms and self-direction have been severely restricted, and the focus on natural rather than just institutional supports has the potential to promote a fuller community reintegration. Finally, SBCM's emphasis on an intensive level of service provision and aggressive outreach and advocacy modalities seems particularly warranted for substance abusers exiting incarceration as they often require significant assistance in accessing and navigating needed community resources and supports. In sum, as described by Prendergast: *the focus on strengths, assets, accomplishments, and goal seeking seems particularly appropriate for clients who have come out of prison, with its climate of coercion, stigmatization, and dependency, and are attempting to maintain recovery and adjust to community living*" (2006, p. 43).

Although the following services are not available "in-house," i.e., provided by Gateway personnel, we will ensure that the services are offered through existing inter-provider/agency service linkage agreements with agencies that provide these services. The current St. Louis Free and Clean Program site has linkage agreements with the agencies identified below to provide the following services requested in the RFP.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Service	Existing LINKAGE AGREEMENTS for the Provision of this Service
Medication Services (Physician)	<ul style="list-style-type: none"> • Assisted Recovery Centers of America (ARCA) • BJC Behavioral Health Center
Medication Services (APN)	<ul style="list-style-type: none"> • Assisted Recovery Centers of America (ARCA)
Medication Services (Psychiatrist)	<ul style="list-style-type: none"> • BJC Behavioral Health Center, ARCA
Medication	<ul style="list-style-type: none"> • BJC Behavioral Health Center
Communicable Diseases Pre-Test Counseling	<ul style="list-style-type: none"> • Community Wellness Project • St. Louis City Health Department, Metropolitan HIV/AIDS Program
Communicable Diseases Post-Test Counseling	<ul style="list-style-type: none"> • St. Louis City Health Department, Metropolitan HIV/AIDS Program
Extended Day Treatment	<ul style="list-style-type: none"> • ARCA

Additional Resources

RESOURCE/CONTACT INFORMATION	TYPE OF SERVICE PROVIDED
Salvation Army Harbor Light Center 3010 Washington Avenue St. Louis, MO 63108	Residential substance abuse treatment
Employment Connection 13 N. Oaks Plaza St. Louis, MO 63121	Employment services and vocational training
Department of Vocational Rehabilitation Sharon Cafolla 3101 Chouteau St. Louis, MO 63103	Vocational training
Places for People 4120 Lindell St. Louis, MO 63108	Housing, integrated substance abuse/co-occurring treatment and intensive case management services.
Father Support Center, St. Louis Inc. 1401 Lasalle St. Louis, MO 63158	Parenting and family intervention
St. Louis Comprehensive Health 5471 Martin Luther King St. Louis, MO 63112	Health care
The Community Wellness Project 906 Olive Street, Suite 525 St. Louis, MO 63101	Health care
Department of Vocational Rehabilitation 3101 Chouteau St. Louis, MO 63103	Educational assistance
Grace Hill 4144 Lindell Ste. 108 St. Louis, MO 63108	Financial assistance, health care and eye glass assistance.

Gateway Foundation, Inc.**Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers**

RESOURCE/CONTACT INFORMATION	TYPE OF SERVICE PROVIDED
Behavioral Health Response 12140 Woodcrest Executive Drive Ste. 220 St. Louis, MO 63141	Crisis intervention
BJC Behavioral Health 1430 Olive Street Ste. 400 St. Louis, MO 63103	Mental health services
Salvation Army Harbor Light Center 3010 Washington St. Louis, MO 63103	Residential Substance Abuse Treatment and Social Setting Detoxification
Bridgeway Behavioral Health 1027 S.Vandeventer St. Louis, MO. 63110	Residential Substance abuse treatment and modified medical detoxification.
ADAPT 1716 S. Broadway St. Louis, MO. 63104	Psychiatric rehabilitation services
Options for Justice 200 S. Hanley Suite 207 St. Louis, MO. 63105	Legal services for persons with Developmental disabilities
Provident, Inc. 2650 Olive St. Louis, MO 63108	Mental Health, Family, Domestic Violence (perpetrator), Sex Offender Counselor services

Referrals may be made for residential services, modified medical or social setting detoxification, medical care, psychological/psychiatric services, recreational activities, self-help groups, or any unique services that clients may need and communicated to the supervising drug court officer. All referrals and their outcomes are documented in clients' records. Our procedures are as follows:

- A case management needs screening assessment is completed by the client's counselor or a caseworker.
- Individual case management needs for specific services identified in the screening are discussed with the client and goals and objectives are added to the treatment plan.
- The reason for referral is identified and explained to offenders by their case worker or their counselor.
- An appropriate agency (or agencies) is (are) identified and recommended to the offenders. Whenever possible, offenders are given a choice of several alternative agencies.
- Offenders are asked to give written consent for the referral as well as a release of background information to the community provider(s).
- Offenders are informed of their rights to refuse the recommended referral and/or to suggest alternative referrals of their choice.
- Once offenders agree to one or more referral agencies, case managers will contact the referral source(s) by telephone for an appointment and to obtain the name of the contact person.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Case managers will follow-up within seven days of the referral or appointment and will document the results of the follow-up contact in offenders files. They also will maintain communication and coordination with the other agencies.
- In the event an offender is placed on a waiting list, the case manager will attempt to identify a similar program in an effort to secure a more timely linkage

Case managers will track our referrals and will meet with providers as needed to identify ways to avoid referral acceptance delays. By tracking the referral process, Gateway intends to avoid lengthy delays by proactive intervention.

We will document in the treatment agreement any rationale for delays and will notify the state agency. All efforts to link offenders to community services will be documented.

Gateway has developed a tracking mechanism to document referrals and time frames within which community providers accept referrals and provide services. Specifically, counselors complete the referral forms both to make referrals and to document community providers' responses to referrals. Copies of these forms are included in the appendix.

Gateway case managers recognize the importance of a strong support network in maintaining recovery. Counselors will maintain contact with community resources and offenders' families as appropriate and/or will make visits to resource sites as needed to monitor offenders' progress. Additionally, they will provide offenders' progress information to each assigned offender resource provider.

2.4 COMMUNICABLE DISEASES RISK ASSESSMENT, EDUCATION, TESTING & COUNSELING

Gateway will do the following:

- Have a working relationship with the local health department, physician or other qualified healthcare provider in the community to provide any necessary testing services for human immunodeficiency virus (HIV), tuberculosis (TB), sexually transmitted diseases (STDs), and hepatitis;
- Arrange for HIV, TB, STDs and hepatitis testing to be available to the treatment court participant at any time during the course of the treatment;
- Make referrals and cooperate with appropriate entities to ensure that coordinated treatment, as appropriate, is provided for any participant with positive test;
- Arrange individual counseling for consumers prior to testing for HIV. In the event the contractor elects to provide HIV pre-test counseling, counseling shall be provided in accordance with the Missouri Department of Health and Senior Services (DHSS) Rule (19 CSR 20-26.030), as mandated by state law;
- Arrange individual post-test counseling for consumers who test positive for HIV or TB. Staff providing post-test counseling will be knowledgeable about additional services and care coordination available through the DHSS; and
- Provide group education with substance abusers and/or significant others of abusers to discuss risk reduction and the myths and facts about HIV/TB/STD/hepatitis and the risk factors for contracting these disease.

Gateway Foundation has an ongoing working relationship with the St. Louis City Health Department to provide education to our clients and staff regarding HIV, STDs, TB and other communicable diseases and to provide pre-and post-HIV test counseling to clients. Representatives from the St. Louis City Health Department provide these services, including HIV testing, on a scheduled monthly basis at Gateway's St. Louis Outpatient treatment facility.

2.5 DAY TREATMENT

Gateway's experience has been that not all clients who enter our program will be in need of the same level or intensity of treatment. Various factors will determine the level of treatment in which a client enters our program, including previous treatment experience. The diversity of treatment experience (or lack thereof) with which clients precede their Free and Clean treatment may dictate their treatment to be more or less intensive. Day treatment services consist of a comprehensive package of individualized, structured clinical services that include, but are not limited to, individual and group counseling, group education services, family counseling and family group counseling.

Gateway has learned from almost 20 years of treating clients leaving Missouri's institutional treatment centers that a small percentage, less than 25%, need Day Treatment services upon admission to Gateway's program. However, those who do need this treatment are those who have tested positive for a psychoactive substance at their initial intake/assessment session, indicating their inability to remain sober "on the streets" immediately following their release. Additionally, clients who lack any form of sober support system, clients who have significant case management needs, and clients who relapse to regular drug use are often in need of Day Treatment services.

Gateway has had experience providing this level of care from the inception of the Free and Clean treatment program in 1994. Gateway was originally awarded the Free and Clean program contract by DMH-ADA in 1994 under a "CSTAR" model of treatment. At that time, all clients were admitted to a "day treatment" level of care upon release from institutional treatment. Gateway, ADA, and the Department of Corrections later determined that this intensity of treatment was not necessarily the right level for all clients, hence the current individual assessment and treatment level placement process in place.

Gateway will provide Day Treatment when it is determined necessary by the treatment team consisting of the counselor, clinical supervisor and probation officer. Upon a recommendation for this level of care, the counselor and Probation Officer will meet with the clients to explain the rationale for this level of care recommendation and the benefits to clients. They will mutually discuss what treatment objectives will be worked on during this level of care.

The clients will be educated about and encouraged to take advantage of the various treatment services available in Day Treatment, including more frequent group and individual counseling, more frequent group education provided on a broader range of topics, more intensive vocational support services, more frequent case management services, and trauma counseling as

appropriate. There will be efforts made to frequently involve supportive family members/significant others in the clients' Day Treatment frequently.

Day Treatment Clinical Services

Gateway's Day Treatment level of care will include all clinical services provided to clients and will consist of a set of individualized, planned, therapeutic activities. The therapeutic activities will include, but are not limited to, individual counseling, group counseling, and group education. Gateway agrees and understands that free/unstructured leisure time is not considered therapeutic activities.

Gateway's Day Treatment provides clients with the opportunity for increased structure and more frequent contact with both clinical staff and Probation staff, as well as more opportunity to engage in vocational support services, possibly GED classes offered on site, more intensive case management, and other clinical services necessary such as family therapy, trauma counseling or co-occurring disorder counseling and/or group sessions. Gateway will determine at the time of initial assessment and throughout the treatment process which clients could benefit from the more intensive Day Treatment/Phase I level of care. Gateway understands that this level of treatment is a step prior to a referral to a residential treatment setting where 24-hour supervision is provided.

2.6 DETOXIFICATION (SOCIAL SETTING)

Detoxification service consists of twenty-four (24) hour, supervised monitoring, aid counseling, and medication administration, as prescribed, to withdraw an intoxicated person from alcohol, other drugs, or both, in a safe, humane, and effective manner. This level of care is provided by trained staff in a residential setting.

Gateway Foundation has established linkage agreements with providers of residential substance abuse treatment and social setting detoxification in the St. Louis metropolitan area and beyond.

These resources include Preferred Family Healthcare, Salvation Army Harbor Light, Bridgeway Behavioral Health, and outside of St. Louis, Hannibal Council on Alcoholism and Drug Abuse (Hannibal, MO), and Gibson Recovery Center (Cape Girardeau). Gateway staff and/or the St. Louis Drug Court team may determine that a client is in need of a higher/more intensive level of treatment than the Outpatient treatment Gateway provides. When this occurs, Gateway personnel will assist with referring and follow up with one of the social setting detoxification/residential support providers.

2.7 DETOXIFICATION (MODIFIED MEDICAL)

Gateway has referral relationships with Bridgeway Behavioral Health to provide modified medical detoxification services. Additionally, Gateway will utilize hospital-based detoxification services contracted through New Vision medical stabilization for persons served who have private insurance or Medicaid.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway treatment staff will assess clients' needs for detoxification services using the Clinical Opiate Withdrawal Scale (COWS), when opiates are the clients' drug of choice, and will make referrals to the above resources, or others recommended by the court, as needed.

2.8 EARLY INTERVENTION (INTAKE)

Gateway understands that Early Intervention is designed for adult drug court and veterans treatment court participants who score low risk/low need on the RANT™ (Quadrant 4). A clinical assessment is not needed for participants who score low risk/low need, however an intake session (consisting of approximately ½ hour) will be needed to schedule classes and gather information.

Gateway currently provides similar early intervention services to clients referred by Missouri Probation and Parole Officers in all of the St. Louis City and County probation district offices. This service includes gathering demographic information from all clients and assigning them to groups based on their needs including substance abuse and employment, marijuana abuse-specific groups, substance abuse, and relapse prevention groups. This early intervention intake process will be provided to Drug Court participant referrals in much the same manner.

2.9 EARLY INTERVENTION (GROUP EDUCATION)

As stated in 2.8, Gateway has 10 years of experience providing early intervention, sometimes referred to as pre-treatment education to offender clients referred by Missouri Board of Probation and Parole Officers. This service is designed to provide information to participants to assist them in making more pro-social and healthy decisions regarding the use of drugs and alcohol as it may relate to criminal behavior. Currently, Gateway provides 25-30 substance abuse education, early intervention groups per week in the St. Louis City and County Probation/Parole District offices and at the St. Louis Community Release Center. These early intervention services will be replicated and customized to fit the needs of Drug Court participants.

Gateway will provide Group Education as a component of the substance abuse treatment program. This service consists of the presentation of general and recovery-related information and its application to participants, along with group discussion in accordance with individualized treatment/rehabilitation plans that is designed to promote recovery and enhance social functioning.

Educational materials are available at a variety of comprehension levels and are culturally relevant and culturally sensitive. Clients are encouraged to seek strength from their own ethnic backgrounds as well as from the cultures of recovery in order to build a treatment plan that will help them prevent relapse.

Education topics include information about: drugs and their effects; the disease concept of chemical dependency; denial and its effects; the recovery process; the roles and purpose of self-help programs; health and nutrition education information on HIV and AIDS transmission and prevention; and intensive relapse prevention education.

Chemical dependence education and counseling also addresses recovery issues. Clients learn how to assess past relationships and determine whether maintaining those relationships is consistent with a recovery-oriented lifestyle.

As clients learn how their chemical use has affected their lives, they begin to develop plans to build positive, healthy lifestyles. Many of the issues raised in group substance abuse recovery counseling are discussed further in individual therapy sessions. Clients determine how the issues discussed have affected and continue to affect their own lives and begin developing personal relapse prevention plans; they modify these plans throughout the treatment program as they gain insights into their own behavior, attitudes and triggers that increase the risk of relapse.

Clients are introduced to 12-step issues and encouraged to attend 12-step meetings. Gateway believes that 12-step groups--Alcoholics Anonymous, Narcotics Anonymous (AA or NA)--provide clients with helpful techniques to achieve and maintain a recovery-oriented life.

2.9.1 Topics for Early Intervention groups will include the following:

- **Myth-Busting:** Substances and Addiction: Present factual information about drug effects; expand awareness of the behavioral, medical and psychological consequences of substance abuse; facilitator and group members challenge and correct the distorted beliefs about substance use and abuse.
- **Impact of Substance Abuse on Families and Social Relationships:** Understand the effects of substance abuse on the family; learn resources available for the recovery process of family members.
- **Motivation and Stages of Change:** Understand stages of change theory; help consumers reframe the impact of substance abuse on their lives; develop an internal need for behavioral change.
- **Decision Making and Understanding Criminal Thinking Errors:** Learn how thoughts and emotions contribute to behavior; learn that thoughts and emotions can be controlled; identify thoughts, emotions and behaviors related to consequences.
- **Life Management and Goal Setting:** Review significant events in life since birth; prioritize aspects of life; discuss and set life goals; examine conflict between goals and past behaviors; managing life; managing money.
- **Anger Management and the Happy Home:** Educate about anger and interpersonal relationships; develop self-control skills to manage overwhelming emotions; teach specific anger management techniques such as time-outs and conflict resolution; teach functional family relationships.

- **Stress Management:** Consumers will learn about stress management techniques that can be helpful in recovery such as meditation, relaxation training, exercise, nutrition and spiritual development.
- **What is Recovery?:** Learn recovery skills; learn basic tools of recovery; understand triggers and cravings; learn techniques for stopping thoughts that can lead to substance abuse.
- **Relapse Prevention for Substance Abuse and Criminal Thinking:** Addresses the following topics: is alcohol use ok for me?; avoiding idle time; understanding relapse drift; how work life affects recovery; guilt and shame; sex and recovery; warning signs of relapse; new friends.

Gateway will cover, at a minimum, the above stated topics in early intervention group sessions.

2.10 Early Intervention (Motivational Interviewing – Individual)

Individual Motivational Interviewing (MI) sessions will occur at the beginning and end of the 8-12 week early intervention program period. The MI session provides the opportunity to encourage and reinforce healthy life plans and decisions.

Gateway Foundation treatment staff currently utilizes Motivational Interviewing and most have been trained by a Certified Motivational Interviewing trainer who was trained by William Miller himself.

Gateway agrees that Motivational Interviewing is the most appropriate approach to apply to substance abusers who are usually ambivalent about seeking help or engaging in the treatment process. Gateway will utilize staff trained in Motivational Interviewing to conduct the sessions prescribed by this RFP at the beginning and end of the early intervention service period.

2.11 EXTENDED DAY TREATMENT

Gateway will provide Extended Day Treatment services, as appropriate, including consultative services by a Registered Nurse for the purpose of monitoring and managing participants' health.

2.11.1 Key service functions will include the following:

- Evaluation of the participant's physical condition and the need for detoxification services;
- Obtaining initial patient medical histories and vital signs;
- Monitoring health status during social setting detoxification;
- Monitoring general health needs and meeting with participants about medical concerns;
- Disease prevention, risk reduction and reproductive health education;

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Triaging medical conditions that occur during treatment and managing medical emergencies;
- Conferring with a physician as necessary or advocating for medical services through managed care organizations;
- Arranging or monitoring special dietary needs for medical conditions;
- Reviewing medication requirements with participant, educating the individual about the benefits of taking medications as prescribed and monitoring medication compliance;
- Educating participants about the medication(s) prescribed to them;
- Consulting with the physician or pharmacy to confirm medications prescribed;
- Consulting with participants on use of over-the-counter medications and monitoring their use;
- Therapeutic injection of medication (subcutaneous or intramuscular);
- Monitoring lab levels including consultation with physicians, consumers, and clinical staff;
- Coordination of medication needs with pharmacies, clients, and families, including the use of indigent drug programs;
- Monitoring medication side-effects including the use of standardized evaluations; and
- Monitoring physician orders for treatment modifications requiring patient education.

Gateway Foundation has been able to provide extended day treatment to clients receiving substance abuse treatment, including medication-assisted treatment, through our sub-contractual relationship with Assisted Recovery Centers of America (ARCA). The ARCA staff nurse provides health screens, checks vitals, and provides education to clients on health concerns and the effects and side effects of the medications prescribed by the treating physician. Gateway will utilize ARCA services for Drug Court participants in need of such services through this same sub-contractual arrangement, once approved by the contractor.

2.12 FAMILY CONFERENCE

Gateway Foundation treatment programs strongly believe in the value of family participation and involvement in clients' treatment and recovery. Therefore, all staff counselors are encouraged to attempt to engage clients' families and/or significant others in the treatment process through counseling sessions and also in group family education sessions.

Currently, Gateway provides several monthly family conferences to clients in treatment referred by Missouri Probation and Parole Officers. This process is used to educate family and significant others about the challenges of early sobriety, how the family can support healthy recovery, and how some behaviors enable continuation of active addictive behaviors. The family conference attempts to engage clients and their families in dialogue about how recovery is impacting both the recovering clients and family members and/or significant others.

2.13 FAMILY THERAPY

Family therapy consists of face-to-face, goal-oriented therapeutic interactions to resolve problems in family interaction related to the substance abuse problem and recovery. Unless prior approval has been obtained for others, family therapy will be delivered by qualified staff, i.e., person licensed in Missouri as a marital and family therapist or who is certified by the American Association of Marriage and Family Therapists; or who meets the other requirements specified in 9 CSR 30-3.110.

Gateway provides Family Therapy as a component of our treatment when appropriate to meet the identified needs on clients' treatment plan and when it is possible to engage at least one family member. Our family therapy services are based on well-established family therapy models and designed to assist the client and family members in understanding, identifying, and addressing or resolving issues related to the substance abuse and criminal behaviors. Chemical dependency does not just affect the individuals who are using; it also influences those exposed to the substance abuse and criminal behavior. Typically, families and significant others of chemically dependent adults mistrust the individual who claims to be recovering. Relationships have been injured repeatedly and trust has been destroyed.

Counseling assists family members with decisions necessary for creating functional relationships. Frequently, there are cycles or patterns of behavior portrayed by the entire family system associated with drug and alcohol use. Family counseling helps family members identify and understand these behaviors, develop healthier responses, and participate in the individual's recovery without taking responsibility for it (or for relapses). This counseling experience also helps family members to focus on their own recovery needs.

For individuals with children, family therapy may include parent-child bonding activities to assist parents in (re)building relationships, and may address parenting skills development.

The specific goal of family therapy is to assist clients and family members/significant others in confronting and resolving areas of dysfunction. Emphasis is placed on helping family members identify dysfunctional behaviors and styles of interaction, develop the motivation to change, gain the skills and techniques needed for improvement, and promote healthy, independent functioning of the family through insight and skill enhancing experiences.

Gateway's experience working with offender clients has led to our awareness that engaging client' families or significant others in the treatment process, as early after admission as possible is a positive step toward keeping clients engaged in treatment. They become accountable to not only the probation/parole officer and the treatment staff, but also to their family/significant other(s). The objective of involving family/significant other(s) is to provide information about treatment, that treatment staff are available sources of help and support, and to increase the motivators in the clients' lives to remain sober and crime free.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway begins this engagement with families at the time clients arrive for intake by asking the clients to identify not only with whom they live or will live, but also the sober-supportive people in their lives. Clients are asked to sign consent to release confidential information, thus allowing treatment staff to contact family members or significant supportive persons. The staff contacts persons identified by the clients to invite them to a family/significant other session as early in the treatment process as possible. These sessions are provided twice per week in the evening and in the morning to accommodate clients' and their significant others' various schedules.

Family/Significant Other Sessions are education groups that will be open to clients, immediate family members, and/or other "significant" people who have a vested interest in seeing clients remain sober and be successful while in treatment and on probation/parole supervision, including those who are transitioning to the community upon their release from prison. The purpose of the groups is to educate supportive others about the challenges clients face pre- and post-incarceration as related to substance abuse and criminal thinking and behavior to prepare them to be better prepared to provide needed support in a manner that is healthy for both themselves and the clients.

This group will also introduce family/supportive others to the disease of addiction to help them understand the addiction process and the dynamics of recovery, as well as identifying what role the supportive people play in assisting clients in achieving a productive, sober lifestyle. Concepts such as enmeshment and enabling are addressed, as well as healthy detachment and self-care techniques and resources. Finally, clients and family/significant others are educated about and encouraged to take advantage of other services available including individual family therapy, collateral relationship (co-dependency) individual counseling and family conferences.

Gateway employs a family systems model of family therapy as well as Brief Solution-Focused family therapy methods. Applying a strengths model, the family therapist will assist clients and their family member(s)/significant other(s) to identify what the relationship strengths are or have been in the past, as most relationships, even those affected by addictive and criminal behavior, and possibly incarceration, have had positive aspects. The family therapist will use techniques to assist the "family" to accept clients back into their family system now that they are sober.

2.14 GROUP COUNSELING (ASSOCIATE SA COUNSELOR)

Gateway Foundation treatment services/programs in St. Louis are certified by the Missouri Department of Mental Health, Division of Behavioral Health (formerly Division of Alcohol and Drug Abuse). As such, Gateway adheres to the program certification standards pertaining to the qualifications required of persons who provide group counseling. Gateway will only employ counselors who hold a credential at the Recognized Associate level (by the MSAPCB) or higher to conduct group counseling, and as defined in program certification standards.

2.14.1 Group Size

As stated above, Gateway adheres to all Department of Mental Health treatment standards including those pertaining to acceptable group size. The current DMH standard that Gateway meets is a maximum of 12 clients present in group counseling sessions. If the funder requests and there is an adequate number of staff available, Gateway will make every effort to meet the recommendation of two group co-facilitators to conduct groups which meet the 6-12 participant level.

2.15 GROUP COUNSELING (QSAP)

Although the Department of Mental Health does not distinguish between group counseling sessions facilitated by a Qualified Substance Abuse Professional versus an Associate Counselor, either in their standards or in their reimbursement rates, Gateway will design specific groups that will be facilitated by a QSAP-level counselor at the request of the funder. Gateway takes pride in exceeding the DMH standard of at least 60% of counseling staff being QSAP level. Currently, 72 % of Gateway's treatment staff in St. Louis are at the QSAP level, many whom have master's degrees and who are licensed professionals. These counselors are better qualified and trained to conduct group counseling that addresses trauma, co-occurring disorders and/or domestic violence issues.

2.15.1 Group Size

As stated above, Gateway adheres to all Department of Mental Health treatment standards including those pertaining to acceptable group size. The current DMH standard that Gateway meets is a maximum of 12 clients present in group counseling sessions. If the funder requests and there is an adequate number of staff available, Gateway will make every effort to meet the recommendation of two group co-facilitators to conduct groups which meet the 6-12 participant level.

Gateway incorporates a variety of different evidence-based treatment approaches and interventions with the offender clients we serve. Included in the evidence-based practices is Moral Reconciliation Therapy, a manualized cognitive-behavioral, cognitive restructuring treatment approach shown to be most effective with the offender population. Gateway currently provides MRT groups per week for our current clients, and we will incorporate Drug Court- referred clients into these groups as size permits and, as necessary, will begin additional groups to accommodate Drug Court-referred clients.

Additionally, Gateway employs the following evidence-based treatment practices: Medication Assisted Treatment (Suboxone, Vivitrol, Naltrexone etc.), *Living in Balance*, *Seeking Safety (trauma recovery)*, *Helping Women* and *Helping Men Recover*, *Pathway to Change*, as well as the many brief treatment interventions developed by Texas Christian University's Institute of Behavioral Research.

2.16 Group Counseling (Collateral Relationship)

Gateway will provide Group Counseling (Collateral Relationship) as a component of the substance abuse treatment program when appropriate. This service consists of face-to-face counseling and/or education, designed to address and resolve issues related to codependency and alcohol and/or other drug abuse in the family, provided to two (2) or more unrelated family members age thirteen (13) or older and/or below the age of thirteen (13) if such family member possesses the requisite social and verbal skills to participate in and benefit from counseling.

Group collateral relationship counseling may be provided by a family therapist or a QSAP for groups that include members aged 13 years or older. Those involving younger children must be provided by staff whose qualifications are outlined in 9 CSR 30-3.110. Group size shall not exceed 12 members.

2.16.1 INVOICES FOR FAMILY MEMBERS

In the event two or more members from a family attend the same group counseling session, an invoice will be submitted for only one of the family members. However, a progress note will be entered in the records of all family members who are active consumers.

As stated above under individual collateral relationship counseling, Gateway Foundation is aware that a person's abuse of or addiction to psychoactive substances affect many people around them. Counselors who work with drug court-referred clients/participants will identify the family system impacted by the clients' substance abuse and make efforts to engage family members in collateral relationship group counseling.

2.17 GROUP EDUCATION

Gateway will provide Group Education as a component of the substance abuse treatment program. This service consists of the presentation of general and recovery-related information and its application to participants along with group discussion in accordance with individualized treatment/rehabilitation plans that is designed to promote recovery and enhance social functioning.

Educational materials are available at a variety of comprehension levels and are culturally relevant and culturally sensitive. Clients are encouraged to seek strength from their own ethnic backgrounds as well as from the cultures of recovery in order to build a treatment plan that will help them prevent relapse.

Education topics include information about: drugs and their effects; the disease concept of chemical dependency; denial and its effects; the recovery process; the roles and purpose of self-help programs; health and nutrition education information on HIV and AIDS transmission and prevention; and intensive relapse prevention education. Chemical dependence education and counseling also addresses recovery issues. Clients learn how to assess past relationships and

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

determine whether maintaining those relationships is consistent with a recovery-oriented lifestyle.

As clients learn how their chemical use has affected their lives, they begin to develop plans to build positive, healthy lifestyles. Many of the issues raised in group substance abuse recovery counseling are discussed further in individual therapy sessions. Clients determine how the issues discussed have affected and continue to affect their own lives and begin developing personal relapse prevention plans; they modify these plans throughout the treatment program as they gain insights into their own behavior, attitudes and triggers that increase the risk of relapse.

Clients are introduced to 12-step issues and encouraged to attend 12-step meetings. Gateway believes that 12-step groups--Alcoholics Anonymous, Narcotics Anonymous (AA or NA)--provide clients with helpful techniques to achieve and maintain a recovery-oriented life.

Group Education will include, but is not limited to, the following topics:

- Addiction/substance abuse education
- Life management and employability skills development
- Relapse prevention for substance abuse and criminality
- Co-dependency
- Health and nutrition
- Family patterns and social relationships
- Parenting
- Orientation to twelve-step programs
- Recreational/leisure skills development
- Criminal thinking
- Smoking cessation and nicotine addiction
- Spirituality
- Relaxation and stress management techniques
- Disease model of chemical dependency
- Effects of substance abuse on pregnancy and child development
- HIV prevention
- Effects of substance abuse on driving ability
- Domestic/family violence
- Physiological impact of substance abuse usage

Group sizes will not exceed an average of 30 clients per calendar month.

2.18 GROUP EDUCATION (TRAUMA RELATED)

Gateway will provide gender-specific Group Education (Trauma Related) as a component of the substance abuse treatment program as needed. This service consists of presentation of recovery and trauma- related information and its application, along with group discussion, directly related to the attainment of individualized treatment plans objectives by staff with a specific training related to trauma and addiction.

Seeking Safety

Seeking Safety is a nationally recognized, empirically studied, integrative treatment approach developed specifically for PTSD and substance abuse. For clients with this prevalent and difficult-to-treat dual diagnosis, the most urgent clinical need is to establish safety--to work toward discontinuing substance use, letting go of dangerous relationships, and gaining control over such extreme symptoms as dissociation and self-harm.

Developed by Lisa Najavits, Ph.D. (Professor in the Department of Psychiatry, Boston University School of Medicine, Adjunct Faculty at Harvard Medical School, and Director of the Trauma Research Program in the Alcohol and Drug Abuse Treatment Centre of McLean Hospital), the *Seeking Safety* manual is divided into 25 specific units or topics, addressing a range of different cognitive, behavioral, and interpersonal domains.

Each topic provides highly practical tools and techniques to engage patients in treatment; teach "safe coping skills" that apply to both disorders; and restore ideals that have been lost, including respect, care, protection, and healing. Although the units are structured, topics can be conducted flexibly in any order and in a range of different formats and settings.

The goal of *Seeking Safety* is to provide a directive, specific treatment modality to teach people with PTSD and substance use problems a number of different coping skills. These coping skills include learning how to ask others for help, recognizing warning signs or high risk situations for drug/alcohol use, self-care, and coping with PTSD symptoms.

This approach recognizes that clients with both PTSD and drug/alcohol use problems are at risk for a number of negative outcomes, such as bad relationships, the experience of another traumatic event, or even death. Therefore, its top priority is improving the person's safety, and all skills are geared toward this goal.

2.19 INDIVIDUAL COUNSELING

Gateway will provide individual counseling as a component of the substance abuse treatment program. This component consists of structured, face-to-face and goal-oriented therapeutic interaction between a client and a counselor, designed to resolve problems related to alcohol and/or other drugs which interfere with the client's functioning. Individual counseling sessions are used to review and revise treatment plans, address issues related to the client's substance abuse and criminal activity, develop individualized treatment goals, and develop plans and strategies for meeting those goals.

Counselors help clients identify issues they need to address. Clients may discuss issues they are working on, or may discuss treatment goals and how to achieve them. If clients are participating in group counseling in addition to individual counseling, individual counseling sessions will assist clients in understanding and processing material discussed in group sessions.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway has found that this treatment modality is the most important and most impactful intervention provided to clients. Individual counseling is the most appropriate service component in which to apply motivational enhancement/interviewing techniques to engage clients in treatment, so that through their relationship with their counselor they can look at personal and interpersonal strengths and faults and develop a personalized treatment plan to address these.

Individual counseling also allows counselors, through the therapeutic relationship, to challenge and confront clients' irrational and/or criminal thinking patterns and behaviors, as well as to provide support for clients dealing with stress of re-entering society following incarceration. Research has shown that the relationships that clients develop with their counselors are the number one factor influencing the clients' successful engagement in treatment, successful completion of treatment and long-term sobriety.

Gateway has found that employing motivational interviewing and motivational enhancement techniques can be an effective method of improving client engagement, retention and successful completion of treatment goals and objectives. Gateway is committed to employing these and other evidence-based practices to assure the quality of both individual counseling services and group counseling services.

These factors also relate to reduction in recidivism. Therefore Gateway places great emphasis on training counselors to implement evidence-based practices and sound ethical practices in their individual counseling sessions. Gateway provides all clients with a minimum of two hours (8 units) of individual counseling per month, and if a crisis or other clinical matter surfaces, or if the client is in the day treatment phase of treatment, the frequency of individual counseling will increase to weekly, or more as necessary.

Counselors focus on helping clients to identify and understand the connections between their drug use and their criminal behavior; as part of this process, clients learn to identify relapse triggers and develop plans for avoiding relapse. As clients near program completion, the counselors work with clients to insure that they are able to remain drug-free

2.20 INDIVIDUAL COUNSELING (COLLATERAL RELATIONSHIP)

This component consists of individual face-to-face assessment, counseling, and/or education provided to a family member age thirteen (13) or over and/or to a family member below the age of thirteen (13) who possesses the requisite social and verbal skills of a thirteen (13) to nineteen (19) year old. All such services are designed to address and resolve issues related to co-dependency and alcohol and/or drug abuse.

Gateway Foundation will provide supportive individual counseling to co-dependent members of clients' family/significant others utilizing materials addressing co-dependency from such authors as Melody Beaty and John Bradshaw to address personal thoughts and behaviors which are often the result and a reaction to living with or being in a relationship with a person who is chemically dependent.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Counselors who will provide this service will meet requirements as a family therapist or QSAP who has training in family recovery. Services provided to children under 12 years may be provided by staff in accordance with 9 CSR 30-3.110(8).

2.21 INDIVIDUAL COUNSELING (CO-OCCURRING DISORDER)

This service consists of structured, goal-oriented therapeutic interaction between a client and a counselor designed to identify and resolve issues related to substance abuse and co-occurring mental illness disorder(s) which interfere with the client's functioning.

Gateway has observed that the range of mental health issues brought to counseling is broad. Many of the clients Gateway has served have suffered from long-term depression, bi-polar disorder, or anxiety disorders, while others are dealing with more immediate adjustment disorders coping with life following incarceration. Gateway clinicians attempt to employ solution-focused, sometimes brief, therapy techniques with most clients. A small percentage of clients may need longer-term therapy/counseling, which Gateway staff are also qualified to provide.

Gateway has determined over our 17 years of treating clients referred to the St. Louis Outpatient Treatment Program that at least 25% of the clients in treatment at any given time meet diagnostic criteria for a DSM IV Axis I diagnosis other than a substance use disorder. Gateway has utilized its masters-level licensed qualified substance abuse professionals to assess clients suspected of having a secondary co-occurring mental disorder and to provide individual counseling. The clients may be referred by a case worker to a local community mental health center for psychiatric evaluation as necessary to determine if psychotropic medication was deemed an appropriate intervention.

This service will not be used for the treatment of individuals whose psychiatric conditions meet criteria for admission to Community Psychiatric Rehabilitation Programs (CPRP). Gateway will refer those persons to the local community mental health center.

Individual counseling will be provided as specified on the offender Program Plan. Upon receipt of this program plan, the counselor will develop a treatment plan with the client identifying the presenting problem, mutually agreed upon short- and long-term goals, with measurable objectives indicating achievement of these goals.

As stated in the program plan, treatment plans will specify the frequency of counseling services and the counseling modality (individual and or family counseling) to be received by the client. Specific discharge criteria will be stated on the treatment plan and reviewed every thirty days. Counseling will address a client's presenting problem, including depression, anxiety or other mood disorders, post-traumatic stress symptoms, interpersonal conflicts and disorders of character or personality.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway staff will employ various therapeutic methods/approaches including cognitive-behavioral therapy; solution-focused problem-solving therapy, as well as reality therapy when appropriate. Gateway staff understands that no one therapeutic model or approach will fit all clients. It is also understood that when clients obtain assistance for their mental health problems, they are more likely to function as responsible, law-abiding members of society.

Individual counseling sessions are used to review and revise treatment plans, address issues related to the client's mental health issues and criminal activity, develop individualized treatment goals, and develop plans and strategies for meeting those goals. Counselors help clients identify issues they need to address, including helping clients identify and understand the connections, if any, between their mental health problems and their criminal behavior. As clients near program completion, counselors work with the United States Probation Office or Pretrial Services Office to insure clients are stable.

Gateway has observed that the range of mental health issues brought to counseling is broad. Many of the clients Gateway has served have suffered from long-term depression, bi-polar disorder, or anxiety disorders, while others are dealing with more immediate adjustment disorders coping with life following incarceration. Gateway clinicians attempt to employ solution-focused, sometimes brief, therapy techniques with most clients. A small percentage of clients may need longer-term therapy/counseling, which Gateway staff are also qualified to provide.

2.21.1 CSAT TIP 42

Gateway will provide co-occurring disorder individual counseling as part of the approved treatment plan and as appropriate and in accordance with the Center for Substance Abuse Treatment's publication, Substance Abuse Treatment for Persons with Co-Occurring Disorders (TIP 42). Gateway will utilize staff with specialized training in co-occurring disorders to provide this service. We understand and agree that staff providing this service must be QSAPs that are also licensed mental health professionals or hold the Co-Occurring Counseling Professional credential from the Missouri Substance Abuse Professional Credentialing Board (MSAPCB).

Gateway currently employs two master's-level Licensed Professional Counselors and one licensed Clinical Social worker who are Qualified Substance Abuse Professionals and who will provide co-occurring counseling services. These staff members are appropriately credentialed and have training in treating co-occurring disorders. Gateway's staff providing this service will also meet any additional clinician criteria specified in the Department's protocol. These staff members are trained in implementing SAMSHA's TIP 42 for treating co-occurring disorders.

2.22 INDIVIDUAL COUNSELING (TRAUMA RELATED)

Gateway will provide Trauma-Related Individual Counseling to appropriate individuals as part of the treatment program. Psychological trauma includes clusters of symptoms, adaptations, and reactions that interfere with the daily functioning of an individual who has experienced suffering, neglect, deprivation, physical abuse and injury, sexual abuse and/or exploitation, threatened sense of safety, or who meets the criteria for Post-Traumatic Stress Disorder (PTSD).

Trauma-related individual counseling consists of structured, goal-oriented therapeutic interaction between a client and a specially trained counselor designed to resolve issues related to psychological trauma, personal safety and empowerment of the client in the context of substance abuse problems. Gateway's clinicians will provide trauma counseling when a client's individual counselor or another clinical staff person identifies the client as experiencing some type of trauma reaction symptoms or being at risk for having such symptoms as a result of having experienced violence, physical or sexual abuse, military/war-related trauma, and other forms of trauma.

Gateway will utilize a Department-approved evidence-based treatment model, Motivational Interviewing, and/or cognitive behavioral therapy for this delivery of this service. Gateway recognizes the clinical necessity of addressing the symptoms of trauma, which are not uncommon among our clientele. Clients who report or exhibit symptoms of trauma will work with a clinician who has specific training and experience in providing therapeutic treatment services to individuals who have experienced traumatic incidences or episodes which continue to affect their healthy functioning. Although Gateway will use an approved treatment model, we propose to implement the *Seeking Safety* curriculum and associated treatment interventions, which are described elsewhere in this proposal.

Individual Counseling (Trauma-Related) will be provided by a licensed mental health professional who is a QSAP with specialized trauma training and/or equivalent work experience. The clinicians who will provide trauma individual counseling will be prepared to help clients work through a variety of types of trauma so that these events no longer have a daily impact on their quality of life. Gateway will provide continuing education opportunities to these clinicians as well, to assure that they are on the cutting edge in providing effective trauma recovery counseling.

2.23 MEDICATION SERVICES

Medication Services consist of goal-oriented interactions to assess the appropriateness of medications to assist in participants' treatment, to prescribe appropriate medications, and to provide ongoing management of a medication regimen.

Key service functions may include the following:

- Assessment of the participant's presenting condition;

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Mental status exam;
- Review of symptoms and screening for medication side effects;
- Review of client functioning;
- Assessment of the participant's ability to self-administer medication;
- Participant education regarding the effects of medication and its relationship to the participant's chemical addiction and/or mental disorder; and
- Prescription of medications when indicated.

Gateway is experienced in providing services to clients who require psychotropic medications for the treatment of mental illness typically prescribed to stabilize mood, address psychotic symptoms or to alter behavior. Through our previously described relationship with BJC Behavioral Health, Gateway will ensure that clients who require psychotropic medication will obtain an appropriate prescription from a licensed psychiatrist, medical doctor/physician, or other qualified practitioner with current prescriptive authority who meets the standards of practice established by his/her state's professional regulatory board. BJC Behavioral Health maintains a pharmacy in each of its three locations to provide these medications onsite to clients referred by Gateway. Medications prescribed and client responses to these medications will be monitored by the prescribing physician.

The qualified BJC Behavioral Health practitioner who provides medication monitoring will prescribe and evaluate the efficacy of the medications by incorporating information and feedback from any treating counselor and/or the officer and the need for laboratory testing; order laboratory tests as indicated; and monitor laboratory test results, making changes to the treatment regimen as indicated.

Gateway has entered into another inter-provider service agreement (included in the appendices) with Assisted Recovery Centers of America (ARCA) to provide health histories and physical examinations, psychiatric evaluations, prescriptions, and medication monitoring necessary to assist with addictions treatment, as well as education to both clients and staff regarding proper medication protocol and the importance of medication compliance. ARCA will provide physician and Registered Nurse services to Gateway clients, including injections of therapeutic medications. ARCA's healthcare professionals will conduct the necessary lab tests to ensure effective medication management and to avoid adverse reactions to medications prescribed.

2.23.1 LICENSED PROVIDERS

Services will be provided by a physician or a qualified advanced practice nurse, licensed pursuant to Section 335.016, RSMo.

2.23.2 KEY SERVICE FUNCTIONS

Key service functions may include the following:

- Assessment of the participants' presenting condition;

- Mental status exam;
- Review of symptoms and screening for medication side effects;
- Review of client functioning;
- Assessment of the participant's ability to self-administer medication;
- Participant education regarding the effects of medication and its relationship to the participant's chemical addiction and/or mental disorder; and
- Prescription of medications when indicated.

2.24 MEDICATION

FDA-approved medications prescribed for substance use disorder to consumers as a component of substance abuse treatment may be provided.

2.25 MISSOURI RECOVERY SUPPORT SPECIALIST (MRSS)

An individual who is not self-identified as being in recovery and has been awarded the MRSS credential by the Missouri Substance Abuse Professional Credentialing Board. A MRSS serves as a mentor to consumers in recovery. This service may consist of the following:

- Helping the individual connect with other consumers and their communities at large in order to develop a network for information and support;
- Sharing lived experiences of recovery, sharing and supporting the use of recovery tools and modeling successful recovery behavior;
- Helping individuals to make independent choices and to take a proactive role in their recovery;
- Assist individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;
- Assist individual in setting and following through with their goals;
- Support efforts to find and maintain paid, competitive, integrated employment; and
- Assist with health and wellness activities, teaching, life skills, providing support and encouragements, and helping consumers recognize his/her own potential and set positive goals.

Gateway will incorporate recovery support specialist services into our treatment milieu in order to assist drug court participants in their recovery process. Gateway maintains a close relationship with the Missouri Recovery Network and has invited MRN representatives to speak to clients about recovery support services and the process to become a MRSS. Gateway will seek out these credentialed individuals to assist in serving Drug Court participants.

2.26 PEER SUPPORT RECOVERY MENTOR (MRSS-P)

An individual who is self-identified as being in recovery and has been awarded the MRSS-P credential by the Missouri Substance Abuse Professional Credentialing Board. A MRSS-P serves as a role model to consumers in recovery. This service may consist of the following:

- Helping individuals connect with other consumers and their communities at large in order to develop a network for information and support;
- Share lived experiences of recovery, sharing and supporting the use of recovery tools and modeling successful recovery behaviors;
- Helping individuals to make independent choices and to take a proactive role in their recovery;
- Assist individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;
- Assist individuals in setting and following through with their goals;
- Support efforts to find and maintain paid, competitive, integrated employment; and
- Assist with health and wellness activities, teach life skills, provide support and encouragement and help consumers recognize his/her potential and set positive goals.

Gateway will incorporate recovery support specialist services into our treatment milieu in order to assist drug court participants in their recovery process. Gateway maintains a close relationship with the Missouri Recovery Network and has invited MRN representatives to speak to clients about recovery support services and the process to become a MRSS. Gateway will seek out these MSAPCB credentialed individuals to assist in serving Drug Court participants.

2.27 RELAPSE PREVENTION COUNSELING

Gateway provides Relapse Prevention Counseling as part of the St. Louis Free and Clean Program treatment program. This service consists of structured, goal-oriented therapeutic interaction between a client and counselor designed to assist the clients define and cope with high-risk situations, identify and respond appropriately to internal and external cues that serve as relapse warning signals, and implement individualized strategies to reduce both the risk of relapse and the duration of relapse should it occur.

To enhance the effectiveness of treatment and reduce the number of treatment referrals required before clients experience success in their recovery, following a client's relapse, a clinical staffing is conducted, attended by the client, his counselor and the supervising probation officer. Strategies are examined in an effort to discover the best means for modifying the client's treatment to address the causes for the relapse. In addition to focusing attention on the client's recovery-supporting activities and the presence and strength of his support systems, treatment is often briefly intensified to provide the additional clinical support the client requires at this time.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Relapse prevention counseling familiarizes clients with the processes of building or rebuilding a sober, crime-free, responsible life. Gateway utilizes the models of Terence Gorski, an evidence based practice, which describe the “stages” of recovery, to provide relapse prevention planning and education. These stages include the transition period, when people become aware that they are experiencing problems related to their alcohol and/or other drug use and the stabilization period, which begins after a client has been drug-free for a sufficient amount of time to detoxify and no longer experiences cravings for the drug; this normally takes from one to six months, depending on the substance(s) involved.

These stages have different relapse patterns. During the transition period, clients may believe that abstinence is unnecessary because there may be a way to control alcohol or drug use. Gateway teaches clients that abstinence is necessary, as evidenced by their having ended up in a correctional program because of their drug use. However, Gorski points out that clients need stabilization management skills to maintain abstinence during the stabilization phase.

By the time clients near completion of the program, they will have entered the stabilization phase and will be aware that controlled use of substances is not a feasible strategy for crime-free living. Therefore, relapse prevention counseling focuses on developing stabilization management skills. Clients become aware of and record their individual relapse triggers; these may include people, places, and situations and emotions that may have been associated with past drug/alcohol use and could lead clients to want to use again. They then develop detailed plans for participating in healthy, pro-social activities and cultivating associations with people who are recovering and/or who live drug- and crime-free lives and they begin to act on these plans.

These activities are important because many clients are tempted to use again as soon as they come in contact with their former drug-using and criminally involved peers—often the only group of people with whom they previously felt at home in the free world. Clients learn stress reduction techniques, techniques for resolving immediate interpersonal and situational crises that threaten sobriety.

They also participate in structured daily activities that include work, exercise, proper diet, and regular contacts with treatment providers and self-help groups, leisure interests that do not involve the use of alcohol or drugs, and they identify places to meet and socialize with positive peer influences. They learn to analyze relationships, behaviors, feelings, and events, recognize the signs of an impending relapse, and take appropriate steps—e.g., attend a 12-step meeting, call a sponsor—to avoid relapse.

Clients also learn about how recovery may differ depending on the substance of abuse, thereby enabling them to recognize the progression of recovery in their own lives. Gateway has found that providing specific “Relapse Intervention” group counseling sessions for clients who have experienced a relapse during the treatment process is an effective way to guide them back to recovery and to avoid continued use, possible criminal activity, and likely discharge from treatment. Therefore, we provide weekly group sessions focused specifically on assisting these clients to dissect their most.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Issues related to the family and qualitative aspects of existing social support networks occupy a position of particular importance. Clients are encouraged to evaluate the role of their families, significant others, and past associates in the development of their former chemically dependent lifestyles. The primary question is whether existing social support networks would hinder or assist the maintenance of a recovering lifestyle.

Clients learn how to assess past relationships and determine whether maintaining those relationships is consistent with a recovery-oriented life. Clients learn how their chemical use has affected their lives and they begin to develop plans to rebuild positive, healthy lives. Many of the issues raised in chemical dependence education and recovery classes are discussed further in group and individual therapy sessions, as clients determine how the issues discussed continue to affect their own lives.

As stated previously, Gateway presently utilizes the prevention relapse prevention model developed by Terrence Gorski. With Department approval, we will continue to implement this model or adopt a preferred model if necessary.

The Change Companies Interactive Journaling Modules

In addition to the Department-approved relapse prevention model, Gateway will include a relapse prevention/re-entry curriculum using interactive journaling workbooks developed by The Change Companies. The two modules are Relapse Prevention (with Basic and Intensive approaches), and Re-entry.

The focus of the relapse prevention module includes relapse triggers and warning signs; the focus of the re-entry preparation module is life skills and transition planning. Each module will emphasize Stages of Change reference points and relapse triggers/warning signs. The subtopics for the relapse prevention modules will include the following:

Life Skills related to Re-Entry and Relapse Prevention

- Anger Management
- Managing Stress
- Budgeting
- Identification of Alternatives and Recovery Resources
- Health issues
- Decision-Making
- Goal-Setting
- Cognitive Issues

Social/Environmental Factors that Support Re-Entry

- Healthy Relationships
- Support System Development
- Healthy Peer Groups
- Family and Recovery

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Healthy Boundaries
- Conflict Resolution Skills
- Employment Readiness Pre-Planning

Employment Readiness Planning to Assist with Re-Entry Stabilization

- Employment Matching
- Job Search/Identification
- Application and Interviewing skills
- Sustaining Employment

The **Re-Entry Module** will address topics similar to those identified in Life Skills/Social/Employment sections above, but from the transition perspective. The topics in the Reentry module include the following.

Family Relationships

- Reconnecting with Your Family
- Unhealthy vs. Healthy Family Relationships
- Five Ways to Improve Your Family Relationships

Peer Relationships

- Learning to Handle Peer Relationships
- Unhealthy vs. Healthy Peer Relationships
- Focus on Positive Qualities
- Benefits of Healthy Peer Relationships

Community Reintegration

- Accepting Authority
- Working with Authority Figures
- Learning from Authority Figures
- Where Will You Live?
- Taking Care of Your Health
- Taking Care of Legal Responsibilities

Employment Readiness

- The Role of Work
- Exploring Your Interests
- Exploring Your Skill Sets
- Beginning Your Job Search
- Overcoming Employment Barriers
- Commonly Asked Interview Questions
- Getting a Job is a Good Beginning

Decision-making Skills

- Making Responsible Decisions
- Seven Steps to Good Decision-making

Moving Forward

Maintaining Your Momentum

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2.28 RESIDENTIAL SUPPORT

Residential support service consists of twenty-four (24) hour supervised room, board and structured non-treatment activities.

As stated above, Gateway Foundation has established linkage agreements with providers of residential substance abuse treatment in the St. Louis metropolitan area and beyond. These resources include Preferred Family Healthcare, Salvation Army Harbor Light, and Bridgeway Behavioral Health, and outside of St. Louis, Hannibal Council on Alcoholism and Drug Abuse (Hannibal, MO), and Gibson Recovery Center (Cape Girardeau). Gateway staff and/or the St. Louis Drug Court team may determine that a client is in need of a higher/more intensive level of treatment than the Outpatient treatment Gateway provides. When this occurs, Gateway personnel will assist with referring and follow up with one of the social setting detoxification/residential support providers.

2.29 TREATMENT COURT DAY

Treatment Court Day refers to staff participating in treatment court staffing and hearings, as required by the treatment court.

Gateway Foundation has participated for three years as a treatment team member of the U.S. District Court of Eastern Missouri's Federal Drug Court program. We have learned the importance of the treatment team members' representation during drug court proceedings. Gateway commits to provide the same drug court representation through a designated treatment professional providing information to the court team regarding the progress, status and participation of drug court referred participants/clients.

2.30 VIRTUAL COUNSELING (GROUP COUNSELING)

Gateway Foundation is aware that providing services in the most accessible manner possible to participants of drug courts may be necessary. To that end, Gateway will provide the necessary technology to provide Virtual Counseling groups as described in this RFP if/when approved by the DCCC. Gateway will provide counseling personnel who are qualified and trained in the use of available technology to provide virtual counseling groups.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway will do the necessary research about the most effective methods to provide virtual counseling groups in order to assure the efficacy of this treatment modality. Gateway will provide virtual counseling, which DMH refers to as “telehealth” applying the standards set by and approved by the DCCC and by DMH standard 13 CSR 70-3.190, Telehealth Services.

2.31 VIRTUAL COUNSELING (INDIVIDUAL COUNSELING)

Gateway is aware that providing services in the most accessible manner possible to participants of drug courts may be necessary. To that end, Gateway will provide the necessary technology to provide Virtual Counseling as described in this RFP if/when approved by the DCCC. Gateway will provide counseling personnel who is qualified and trained in the use of available technology to provide virtual counseling. Gateway will do the necessary research about the most effective methods to provide virtual counseling in order to assure the efficacy of this treatment modality. . Gateway will provide virtual counseling, which DMH refers to as “telehealth” applying the standards set by and approved by the DCCC and by DMH standard 13 CSR 70-3.190, Telehealth Services.

2.32 DRUG/ALCOHOL TESTING

Gateway has significant experience providing toxicology testing services to clients served and referred by various state and federal criminal justice systems. Gateway provided specific drug testing services for eight years, a specialized contract with the United States District Court of Eastern Missouri providing on-site urine drug testing for persons supervised by Federal Probation and Federal Pre-trial Services Office.

Gateway currently provides on-site urine drug testing and will do so for referrals through the Drug Court, utilizing a product manufactured by Medtox Laboratories, a five- (5) panel device that can be custom ordered to test for various drugs. Currently Gateway tests for cocaine, opiates, THC, PCP and amphetamine/methamphetamine using this NIDA-approved testing device. Gateway will purchase and utilize testing device(s) that test for specific drugs requested by the referring drug court. Gateway currently utilizes the Alco-Sensor Breathalyzer testing device to perform breath-alcohol tests on clients referred by both state and federal criminal justice systems. Gateway will utilize the same breathalyzer testing device to perform breath-alcohol tests at the request of the drug court(s) which refer clients for treatment.

All individuals collecting samples for drug testing must follow the Collector Standards (attachment 3) and submit a completed the Collector Guidance Acceptance form before providing this service.

Gateway’s St. Louis Corrections Outpatient program has 20 years of experience providing on-site urinalysis/drug testing of substance abuse clients. Gateway’s staff is trained and meets DMH and Joint Commission standards for the implementation of urine collection for drug testing. Gateway’s staff collects an average of 400 on-site urine drug tests per month currently,

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

and at one time Gateway held a contract with the U.S. District Court of Eastern Missouri to provide an average of 1500 on-site drug tests per month to referred offenders for United States Probation and Pre-trial services. Gateway will follow the recommended guidelines and policies for administration of on-site drug testing, and has included the Collector Guidance Acceptance forms in this proposal.

2.4 Program Service Requirements

2.4.1 INTAKE/ASSESSMENT

Gateway will provide a face-to-face intake session with all participants within seven (7) calendar days of the date of referral from the treatment court unless otherwise amended and/or directed by the treatment court. Any exceptions will be documented in the client record. Participants scoring low risk/low need and qualify for Early Intervention services do not require an assessment.

2.4.2 Gateway's assessment will, at a minimum:

- Be completed by a qualified substance abuse professional (QSAP);
- Include all components required of a comprehensive assessment included in DMH certification standards;
- Include screening for an individuals history of trauma and current personal safety;
- Identify information including, but not limited to, name, age, gender, race and presenting problem;
- Provide presenting situation;
- Contain substance abuse history;
- Contain social and family history;
- Provide medical evaluation: HIV/STD/TB/ Risk and Service needs;
- Contain educational and vocational history;
- Contain treatment history including the date, length of stay, outcome and name of the facility for all psychiatric and substance abuse services;
- Provide recommendation and clinical justification for the level of care of the treatment services; and
- Include screening for Medicaid, private insurance or other medical benefits.

2.4.3 FIVE-AXIS DIAGNOSIS

Gateway understands that the Department may request a five-axis diagnosis by a qualified diagnostician.

2.5 TREATMENT PLANNING

Gateway will develop a treatment plan for each participant and will review the document with the treatment court within fourteen (14) calendar days of admission to the program and

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

periodically as directed by the treatment court. We agree and understand that the treatment court has the final authority on the assignment of treatment level and approval of any changes in treatment level. Gateway staff will attend meetings as required by the treatment court.

To achieve clients' recovery goals, each individual will have an individualized treatment plan that will include the following:

- Short- and long-term goals
- Measurable objectives
- Type and frequency of service to be received
- Specific criteria for treatment completion and the anticipated timeframe
- Documentation of treatment plan review (including defendant's/offender's input) and continued need for treatment if necessary (at least every 90 days)

The plan also will include information on family and significant others' involvement (i.e., community support programs, etc.), as appropriate.

2.6 LEVEL OF TREATMENT

Gateway understands that, for the purpose of this contract, one (1) unit of service is defined as fifteen (15) minutes of face-to-face service.

Gateway is familiar with and experienced in providing fee-for-service contracted services in 15-minute units. Since 1994, Gateway has provided these services in St. Louis through contracts with the Missouri Department of Corrections and the Missouri Department of Mental Health.

2.6.1 Gateway will notify the treatment court if there is a need for detoxification services and will assist the treatment court in the referral process for such services, if requested.

Gateway Foundation understands that, as a result of relapse or possibly at the beginning of treatment, a client may be in need of either medical or social setting detoxification. If/when this occurs, Gateway staff will coordinate with the drug court treatment team and assist with making a referral to appropriate social setting detoxification (as mentioned previously) or to a provider of medical or modified medical detoxification such as Bridgeway Behavioral Health located on Delmar Boulevard.

2.6.2 Gateway will only provide treatment services at the request of the treatment court. Any exceptions and/or changes to the levels of service will be approved in writing by the treatment court and documented in the participant's treatment record prior to services being provided.

As a result of over 20 years of experience working with clients referred by the Missouri Department of Corrections, Division of Probation and Parole, Gateway is committed to collaborative efforts to assure that offenders, drug-court and/or criminal justice involved clients receive the most appropriate level/intensity of treatment. Gateway commits to notify the drug court treatment team of any recommended changes of treatment intensity/level and to assure that

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

any such change is approved by the drug court and said approval is documented in writing in the clinical treatment record.

2.7 REPORTING REQUIREMENTS

Gateway will document each service provided in the participant's clinical record. Progress notes will include the following information:

- Type of service
- Date
- Beginning and ending time
- Synopsis of the service
- Signature of service provider

2.7.1 Gateway staff will engage in regular communication with the treatment court, including the provision of a written and verbal report from the treatment provider(s) at each staffing that includes the following:

- Attendance of the participant at treatment appointments;
- Compliance (to include level of participation and completion of assignments, etc);
- Progress (is participant moving forward in achieving treatment plan goals and objectives);
- Recommendations by the treatment provider concerning: (a) current treatment services and any modifications needed (if the participant is doing well and making progress in treatment), (b) concerns (if the participant is not progressing), suggested improvements or sanctions if warranted, and (c) additional direction (recommendations for other services or action);
- A summary of material covered in treatment in order for the judge to ask the participant open-ended questions about their treatment and progress; and
- Drug test results.

2.7.2 Gateway will notify the treatment court in the event any of the following occur:

- Missed appointments;
- Positive urinalysis;
- Changes in the participant's treatment plan;
- Need for additional services;
- Changes in the participant's family and/or living situation, such as major illness or injury, death, pregnancy, or other;
- Incidents involving participants where threats, assaults or possible crimes may have occurred.

2.7.3 Upon referral, Gateway will evaluate each participant for eligibility for Medicaid benefits, private insurance coverage, or any other medical benefits. As required by the DCCC, Gateway will submit an OSCA Monthly Medical Benefit Report indicating a summary of the number of participants who have medical coverage through Medicaid, private insurance, or other sources (i.e. MO Department of Mental Health, SROP funds) as well as the dollar amount submitted for reimbursement. Gateway also will provide detailed supporting documentation to the treatment court coordinator on a monthly basis for verification purposes. Supporting documentation will be submitted even when invoices are not submitted.

Gateway understands and agrees that the treatment court should be the last source of payment for services after all other sources of payment have been exhausted and that costs for services that are subject to payment from a third party health insurance carrier should be avoided. If a third party requires the member to pay any cost-sharing (such as co-payment, coinsurance, or deductible) the treatment court will pay the cost-sharing amounts, but the treatment court's liability for such cost-sharing amounts will not exceed the amount the treatment court would have paid under Gateway's price for the service.

Gateway will maintain information detailing third party savings in the event that OSCA may request this information during the contract period. Gateway will maintain records in such a manner as to ensure that all money collected from third party resources may be identified on behalf of participants and will make these records available for audit and review and certify that all third party collections are identified and used as a source of revenue.

OFFERER'S EXPERIENCE AND CAPABILITY

GATEWAY FOUNDATION, INC.

Legal Form of Business

Gateway Foundation, Inc. is a 501c (3) not-for-profit corporation incorporated in the State of Illinois. The corporate office is located at the following address:

Gateway Foundation, Inc.
55 East Jackson Blvd.
Suite 1500
Chicago, IL 60604

Gateway is governed by a diverse 19-member Board of Directors whose responsibility it is to further the stated mission of the agency, set policies and establish a vision for the agency, and monitor agency performance. Board members are recruited predominantly on the basis of professional expertise.

Established in 1968, Gateway today has 28 treatment sites spanning five states, including Illinois, Texas, Delaware, Missouri and New Jersey, and served nearly 30,000 persons in FY13. Programs are provided in both community and correctional settings and serve a diverse clientele, including adolescents and adults with single and poly-substance addictions and those with co-occurring mental health disorders.

Types of Business Ventures

Gateway's mission is the provision of residential and outpatient substance abuse and mental health treatment programs for the indigent and incarcerated. We are actively engaged in the following types of business:

- Residential substance abuse treatment programs in correctional facilities
- Outpatient substance abuse treatment for correctional clients
- Transitional treatment programming for correctional clients
- Community-based substance abuse treatment, including residential rehabilitation, intensive outpatient treatment, and drug court programs
- Community-based mental health treatment, including adult and child/adolescent outpatient treatment, and adult residential rehabilitation for substance abuse and co-occurring mental health disorders

The organization's programs are divided into the following two major Divisions, each headed by a Vice President:

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- **Corrections Division:** Consists of 23 institutional treatment programs in three states (Texas, Missouri, New Jersey) and an outpatient program in St. Louis, Missouri.
- **Community Services Division:** Consists of seven residential rehabilitation sites in two states (Illinois, Delaware) that serve adolescents and/or adults and nine outpatient programs in Illinois

GATEWAY HISTORY/EXPERIENCE WITH OFFENDER POPULATIONS

Gateway Foundation has understood and addressed the connection between criminal activity and substance abuse since it began providing services in 1968¹. Over the past 43 years, Gateway Foundation, Inc. has become one of the largest and most trusted providers of substance abuse and co-occurring treatment services in the United States. Gateway is a private, not-for-profit organization incorporated in the State of Illinois. Throughout our four decades of service, our mission has been, and continues to be, the provision of substance abuse and co-occurring disorders treatment programs that are therapeutically effective and cost efficient. Gateway specifically targets under-served populations in the areas served, including the indigent and the incarcerated, both adult and adolescent.

Gateway began its history of service with the opening of Crieger Ellis Houses in Chicago in 1968, operating in a traditional therapeutic community model. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s. The first was the Lake Villa Treatment Center, followed by the Springfield facility in 1972 and Kedzie House in 1974. These successful programs are still in operation. In addition, the Belleville Outpatient program opened in 1982, the Caseyville residential center in southern Illinois opened in 1988, and Lake Villa Adolescent program was dedicated in 1984.

Linkages between Gateway and the criminal justice system in Illinois resulted in the development of the first in-jail treatment program for male and female detainees at the Cook County Jail, the largest single site county jail in the country at that time. In 1980, the Cook County Department of Corrections began a pilot program to provide separate quarters for 100 inmates receiving Gateway treatment services. The Residential Treatment Unit offered systematic intake and screening in order to house and identify drug-dependent offenders as they entered the Jail.

As a result of the success of the men's program at Cook County Jail, Gateway began providing services in the Women's Division of the Jail in 1986. The Illinois Department of Corrections (IDOC) was impressed with the service delivery for Cook County inmates and requested that

¹ On June 28, 1968, the name Gateway Houses Foundation was officially entered with the Cook County Recorder's Office. It was changed to Gateway Foundation in 1983 to better reflect the expanded array of services offered.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Gateway provide programming in the Illinois prison system. Gateway established treatment services within the Illinois Department of Corrections for women at Dwight, Logan, and Kankakee Correctional Centers in 1988, and for men at Graham, Sheridan, Lincoln, Taylorville, and Jacksonville Correctional Centers. The Sheridan Correctional Center was re-opened in 2004 as a National Model Correctional Therapeutic Community, and Gateway operated the fully-dedicated 1,100 bed facility from 2004 through 2006². Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period evidenced outstanding success in reducing recidivism for those served.

In the early 1990s, Gateway began providing services for the Texas Department of Criminal Justice, through the vision of then-Governor Ann Richards. As a result of her in-prison substance abuse treatment initiative, Gateway was selected to provide treatment services in the State of Texas in 1992. Between 1992 and 2007, Gateway grew to become the State's exclusive substance abuse treatment vendor in correctional facilities by 2003. At present, Gateway provides in-custody treatment programs for male and female inmates at 11 treatment institutions within the Texas Department of Criminal Justice system, totaling 4,741 beds. The TDCJ/Gateway program at the Estelle Unit in Huntsville was named "2002 National Program of the Year" by the National Commission on Correctional Healthcare, evidencing Gateway's ability to provide appropriate services for special needs population as well.

Gateway continued its expansion into corrections-based treatment through establishing programs in Arizona, Missouri, Indiana, Virginia and New Jersey. Although the Arizona and Indiana projects were de-funded after the first contract period due to political and budgetary considerations.

Since 1998, Gateway has provided in-prison treatment services in **Missouri** to women in a 240-bed cognitive-behavioral treatment program at the Women's Eastern Reception and Diagnostic Correctional Center in Vandalia, MO. This contract was recently expanded to include the provision of services for women at the 256-bed Chillicothe Correctional Center, and a 62-bed special needs treatment program for men at the Northeast Correctional Center. A 525-bed program for men at the Maryville Treatment Center in Maryville, MO, is designated as an "integrated" program, meaning a blending the Department of Corrections counseling staff with the Gateway clinical staff to provide services.

In September 2008, Gateway began providing in-prison TC services at the Ozark Correctional Center in Fordland, MO. This 650-bed fully dedicated treatment prison is the largest single program in Gateway's corrections operations. The latest expansion of Gateway's Missouri operations came in July 2010, when Gateway began operating the 275-bed short and intermediate term treatment programs at the Western Reception, Diagnostic and Correctional Center in St. Joseph, MO. Gateway also provides diagnostic assessment services and a partial-day treatment program through this contract. In total, through the programming at the institutions outlined above, Gateway operates over 2,000 treatment beds per year for inmates in Missouri.

² Gateway voluntarily relinquished the contract to another provider.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

In **New Jersey**, Gateway is the sole provider of in-prison substance abuse treatment services for the NJDOC. There are eight programs housed in institutions across the state. Gateway provides services to over 2,000 inmates per year in New Jersey. Seven of those programs began in October of 2002 and have been in operation for 10+ years. Gateway received a renewal contract from NJDOC in 2010, further evidence of the outstanding services provided for the State of New Jersey.

In May 2009, Gateway assumed responsibility for the Pre-Release Center, a 450-bed male residential program for pre-trial, court-ordered, or sentenced offenders and for the Day Reporting Center, an intensive supervision program for 200 pre-trial men located within the Department of Community Supervision and Intervention of the Cook County Sheriff's Office in Chicago, Illinois.

In FY 2013, Gateway corrections programs admitted nearly 17,000 clients: 10% of these clients were women, 66% were minority, and all were clients with little to no annual income.

3.19 Business Compliance Documentation

Gateway Foundation is in full compliance with the laws regarding conducting business in the state of Missouri. We have certified by signing the signature page of this original document and any amendment signature page(s) that the Gateway Foundation and any proposed subcontractors either are presently in compliance with such laws or will be in compliance with such laws prior to any resulting contract award and will provide documentation of compliance upon request by OSCA.

4.5.5 Detailed Resumes for Proposed Key Personnel

See attachments

4.5.6 Licenses and/or Certifications Required by Law for Proposed Personnel

See attachments

4.10 Employee Bidding/Conflict of Interest

No Gateway employees are also employees of the state of Missouri, a member of the general assembly, a statewide elected official, other political subdivisions, or publicly funded institutions.

Stephen M. Doherty

EDUCATION

M.Ed. Counseling, Stephen F. Austin University, Nacogdoches, TX 1988-1990

B.A. Psychology, Stephen F. Austin University, Nacogdoches, TX 1984-1988

LICENSE/CERTIFICATION

Licensed Professional Counselor, (LPC) 1995

Missouri Certified Reciprocal Alcohol and Drug Counselor (CRADC) 1994

Certified Criminal Justice Addictions Professional, (CCJP) 2008

PROFESSIONAL EXPERIENCE

Gateway Foundation, St. Louis , MO Director of Eastern Missouri 2007-present

Washington University Brown School of Social Work – Adjunct Faculty 2013

Missouri Baptist University Adjunct Faculty 2008-present

Gateway Foundation, St. Louis , MO Program Director 2002-2007

Provident Counseling, St. Louis, MO. Asst. Director of Clinical Services 1998-2002

Provident Counseling, St. Louis, MO. Director of Addictions Treatment 1991-2002

Provident Counseling, St. Louis MO. Center Director-Crestwood Center 1995-1998

Provident Counseling, St. Louis MO. Assoc. Director Central Intake Units 1994-1995

Provident Counseling, St. Louis, MO. Clinical Therapist 1990-2002

LifeCare Psychiatric Unit, Lufkin, TX. Primary Therapist 1989-1990

Peavy Switch Recovery Center, Lufkin TX. Client Manager 1988-1988

Alcohol and Drug Abuse Council of Deep East Texas - Education Director 1988-1989

During my experience in a leadership role the collaborative efforts of a team of dedicated employees have led to the following accomplishments that highlight my career:

- Provided management and oversight of various programs and services including: mental health and family counseling, substance abuse assessment and treatment, domestic violence batterer's intervention, safe custody exchange and supervised visitation, counseling for persons with developmental disabilities and their families.

- Managed service contracts with State and Federal Departments of Corrections, Illinois Department of Human services, Missouri and Illinois Departments of Family and Children and Family Services, St. Louis County Productive Living Board, St. Louis County Justice Department, Missouri Department of Mental Health, Several Employee Assistance and Managed Care Companies as well as administering client fee for service programs.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

PAGE 2

- Identification and implementation of innovative services to increase the financial viability of various programs and of not for profit agencies; maintained quality improvement measures as well as treatment standards established by Missouri and Illinois Departments of Mental Health, State and Federal Departments of Corrections and the Joint Commission on Accreditation of Healthcare Organizations.
- Provided clinical, administrative and fiscal oversight of an outpatient chemical dependency and mental health treatment program serving up to 1500 active corrections clients, with a staff of 40 full and part-time counselors, caseworkers and administrative staff.
- Assisted in proposal and grant writing to enable not for profit agencies to respond to and obtain funding from various public and private sources that have been successfully implemented in both Illinois and Missouri.
- Adjunct Faculty Member Missouri Baptist University, and workshop speaker/presenter on diverse clinical and administrative topics for agencies requesting specific clinical expertise with compulsive behaviors, mental health and social service intervention strategies, including presentations made to community agencies, funding agencies, graduate students, undergraduates, and specific target populations.
- Developed provider relationships with public funders, other social service agencies, employers and managed mental healthcare companies so that client needs could be met and clinical services could be provided at various program sites.
- Developed and managed budgets for mental health, substance abuse and social service programs, working collaboratively with the finance and accounting departments to assure quality fiscal management.

PROFESSIONAL/COMMUNITY AFFILIATIONS

2009-2012 President, Missouri Substance Abuse Professional Credentialing Board

2006-2009 Board Member of the Missouri Substance Abuse Professional Credentialing Board.

2006-2012 State Advisory Council Member of the Missouri Recovery Network

2004-2012 Council Member - Missouri Department of Mental Health, Division of Alcohol and Drug Abuse State Advisory Council.

1998-02 Member of Illinois Department of Human Services' Substance Abuse and Domestic Violence Interdisciplinary Taskforce

1998 Provided testimony to the Missouri Legislature regarding treatment strategies for abusers of methamphetamine.

1997 Consulted with Missouri Departments of Mental Health and Corrections evaluating funding proposals for Department of Corrections funded alcohol and drug abuse treatment services.

1995 Missouri Association of Alcohol and Drug Abuse Programs, Secretary (1996), Vice President (1997).

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Objective

I am a Professional Counselor seeking to expand my career by sharing knowledge of the field through education.

Education

~2005-Master of Science in Education/Agency Counseling, Missouri Baptist University

~2002-Bachelor of Science in Psychology/Criminal Justice, Central Methodist University

~1999-Associate in Science, Criminal Justice, Mineral Area College

Work Experience

7/2012-Current, Assistant Director, Gateway Foundation

I am responsible for the day to day administrative oversight of chemical dependency counselors. I lead staffing teams that assist struggling clients to make more positive choices for their lives. I am currently assisting the agency in it's efforts toward Joint Commission Accreditation. I mentor students/interns during the pursuit of their education in the counseling field. I provide coaching and education to current counselors to assist them with fine tuning their counseling skills and identifying the needs of our clients.

12/2011-7/2012-Southeast Region Institutional Treatment Coordinator, Kansas City Community Center

This position required supervision of two prison-based substance abuse contracts; one at Farmington Correctional Center and one at Easter Region Reception Diagnostic and Correctional Center. I was responsible for the oversight of employees at both sites, adherence to contractual requirements, preparation and submission of billing, and maintenance of the daily functions of the programs within the prison setting. I also provided direct client services to include providing full psycho-social assessments, psycho-educational groups, and process groups.

12/2010-12/2011-Therapist, Missouri Sex Offender Program, MHM Services, Inc. at Farmington Correctional Center

As a therapist, I provided education and counseling to offenders remanded to the Department of Corrections. I was responsible for assessing offenders for psychopathy, risk to re-offend, and risk to the community. I participated in teams that decided the outcome of early release dates based on the offender's behavior while in treatment.

12/2008-7/2010-Assessment Counselor, Kansas City Community Center @Easter Reception Diagnostic & Correctional Center

I was responsible for providing full psychosocial assessment of offenders remanded to the Missouri Department of Corrections for a drug and/or alcohol related offense. The assessment was a tool used by treatment counselors to better assess the needs of offenders entering institutional treatment.

7/2006-12/2008-Substance Abuse Counselor/Patient Educator, Southeast Missouri Mental Health Center

As a Counselor/Educator, I was responsible for educating clients who struggled with chemical dependency as well as co-occurring disorders regarding relapse prevention, the Disease Concept, the Bio-Psycho-Social Model, emotion regulation, etc. I also provided individual and group counseling, family counseling, treatment planning, discharge planning, and linkage to community resources as needed.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Lola Gunn

PROFESSIONAL PROFILE

Highly motivated, creative, flexible, resourceful, detail and goal oriented, professional with a Bachelors of Arts Degree in Psychology, Certified Reciprocal alcohol Drug Counselor, and Internationally Certified Alcohol & Drug Counselor. Dedicated to the cause of human dignity and social welfare achieving a reputation for consistently going beyond what is expected to produce win-win outcomes.

EDUCATION, HONORS

COLUMBIA COLLEGE Columbia, MO
Bachelors of Arts Degree in Psychology December 2004 Deans List: Overall-GPA 3.46/4.0

CERTIFICATIONS

Certified Reciprocal Alcohol and Drug Counselor December 9, 2010
Recognized By: Missouri Substance Abuse Professional Credentialing Board
Internationally Certified Alcohol and Drug Counselor
Recognized By: The International Certification & Reciprocity Consortium

PROFESSIONAL EXPERIENCE & SELECTED ACCOMPLISHMENTS

Gateway Foundation, Saint Louis, MO 9/2011 to present
Counselor II, Free and Clean and PCR Programs

- Provide Comprehensive psychosocial assessments to offender clients
- Maintain a caseload of 25-35 male offender clients
- Provide Individual and group counseling, group psycho-education and case management services and supporting documentation of all services.

Preferred Family Healthcare Saint Louis MO 07/2007-06/2011

Relapse Prevention Mentor/Counselor Relapse Prevention Mentoring Program

- Participated in clinical staffing /treatment providing feedback on all pertinent cases.
- Provided daily or scheduled mentoring sessions with assigned clients.
- Facilitated group and family safety net meetings, individual counseling and group education as scheduled.
- Assisted and monitored clients in development of daily structured schedule.
- Helped clients develop of outside support systems and maintained contact with supporters.
- Handled crisis situations.
- Maintained positive and professional relationships with referral sources, clients, and coworkers adhering to code of ethics and agency policies and standards.

LANGSTON MIDDLE SCHOOL Saint Louis MO 09/2005-05/2006

Cross Categorical / Self Contained Teacher

- Developed curricula and lesson plans with educational objectives based on Missouri Standards for implementation within a self-contained setting to accommodate individual learning styles and ability.
- Assessed and evaluated the individual needs of students with learning, mental, and behavior disabilities.
- Designed and utilized Idealized Education Plans, goals, and objectives to help students meet academic and social needs.
- Worked with individual and small group using a variety of instructional and motivational strategies.
- Participated in grade level curriculum and team meetings. Attended professional development workshops, seminars, and staff meetings.

Gateway Foundation, Inc.

Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Organized and implemented lessons in the core curricular domains with the main emphasis on concept development, language, communication, motor and self-help skills.
- Unobtrusively raised the stick of achievement higher and offered criticism without killing self-confidence.
- Inspired in each student a passion for excellence to the best of their abilities.
- Established goals and developed strategies that fostered self-advocacy for learning and
- Self-determination to achieve their maximum potential.
- Demonstrated ability to develop trusting rapport with students.
- Built positive relationships with parents/guardians
- Built strengths motivating achievement while demanding success

JOYCE D. JOHNSON MD, F.A.A.C.P. Saint Louis, MO 07/2003-07/2005

Practice Manager/Outreach Coordinator

- A thriving private family medical practice servicing a large minority population of diverse, multicultural, and socioeconomic patients/families in which 75 percent are considered highly at risk. Recruited back to manage all daily office processes and functions, supervise, evaluate, train, coach and mentor a staff of 5, and to:
 - Coordinate and implement services to help meet the health and social needs of at-risk patients/families.
 - Effectively provide case management, counseling, and mentoring for 25-30 patients and their family members of diverse socioeconomic multicultural backgrounds and abilities.
 - Perform needs perform needs assessments, eligibility determinations and referrals.
 - Worked with outside agencies of patient family members for referral and resources to help meet their need for economic resources.
 - Assisted high school students with mental illness and learning disabilities find and gain entrance to systems of post-secondary education to further help meet their need for economic stability.

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

James A. Sanders

OBJECTIVE - To obtain a position as a Substance Abuse Clinical Supervisor

EDUCATION - UNIVERSITY OF MISSOURI-ST. LOUIS, M. ED. Clinical Mental Health Counseling, Graduation in the spring of 2014

PITTSBURG STATE UNIVERSITY, Bachelor of Arts, July 2010 GPA: 3.94, Major: Psychology

PROFESSIONAL LISCENSE - CRADC

PROFESSIONAL EXPERIENCE

Clinical Supervisor- Gateway Foundation, 9/13 to present: (1) Provide clinical oversight of outpatient treatment services to 140 adult male offenders and five counselors and case workers who provide comprehensive outpatient treatment to these offender clients. (2) Provide supervision, training and clinical record documentation reviews.

Saint Louis Metro Treatment Center, 12/11-9/13, Substance Abuse Counselor: (1) Provide direct care in determining patient's status and issues through interviewing and clinical assessment. (2) Use my knowledge of alcohol, drug dependency and counseling to design treatment plans based on patient's needs. (3) Modify treatment as needed by maintaining case history and progress notes. (4) Educate patient's about available community based organizations, and social and employment services. (5) Provide clinical and professional training to other staff members.

Preferred Family Healthcare - 2/10-12/11, Substance Abuse Counselor: (1) Facilitated group counseling, family conferences, and individual sessions. (2) Completed intake screening and assessments. (3) Assisted consumers through the transition process and developed treatment plans. (4) Assisted in professional supervision and provided training on clinical issues and evidenced based practices.

House Inc. - 3/07-3/10, Substance Abuse Counselor & Manager: (1) Completed intake screening and assessments. (2) Used assessments to develop treatment plans. (3) Provided individual and group counseling. (4) Managed the daily operations of a halfway house.

HONORS - Excellence in undergraduate scholarship at Pittsburg State University in the Department of Psychology and Counseling. Magna Cum Laude at Pittsburg State University.

REFERENCES - Upon request

LaDarius Lewis

OBJECTIVE: To obtain employment within a diverse organization that offers the opportunity to help others

EXPERIENCE: **Counselor, Gateway Foundation, St. Louis Corrections Outpatient, September 2013 to present.** Provide outpatient treatment to Missouri Board of Probation and Parole referred clients, including group and individual counseling, group psycho-education and case management services.

MSW Practicum Student- Gateway Foundation St. Louis Corrections Outpatient, May 2013 to September 2013. Provide case management services to offender clients and their families prior to and following the offenders' release from the Missouri Department of Corrections.

Intern, Incarnate Word Foundation, St. Louis, Mo August 2011 – August 2012

- Research evidence based practice strategies
- Develop youth violence report
- Organize panel for youth violence presentation
- Organize and facilitate round table discussions on racial segregation
- Create micro lending data spreadsheets
- Assist youth violence task force creating a network analysis
- Research and inventory summer youth employment programs

Intern, South Grand Senior Ministries, St. Louis, Mo Jan 2011 – May 2011

- Researching needs of seniors
- Conduct/research community assessments
- Develop request for proposal

Case Manager/Intern, Community Alternatives, Inc., St. Louis, Mo Feb 2010 – June 2010

Assisting/Support clients with activities of daily living
Medication support to clients
Managing home visits
Writing treatment plans
Assessments

PR & Special Events Intern, Mathews-Dickey Boys' & Girls' Club, St. Louis, Mo, Sept 2009 – Jan 2010

Completed over 160 practicum hours
Mentoring
Program planning
Monitoring children within club
Writing press releases
Assisting with clerical duties

Parking Attendant, BJC Siteman Cancer Center, St. Louis, Mo, Dec 2006 - 2013

Responsible for attending to patient's vehicles
Cashier
Provide customer service and information about the hospital
Provide emotional support to patients experiencing grief
Assist in transporting patients throughout the hospital

EDUCATION: St. Louis University, St. Louis, Mo, August 2013,
Master of Social Work.

Fontbonne University, St. Louis, Mo, May 2010
Bachelors of Arts in Human Services

Forest Park Community College, St. Louis, Mo, May 2007
Associates of Arts in Psychology

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

Honors: Dean's List

Skills: 40-60 words per minute
Familiar with Microsoft Office
Good communication skills
Good customer service skills
Fast learner
Mentoring
Developing research skills
Developing group facilitation skills

SHELLY WIMS

CAREER OBJECTIVE

To obtain a challenging, growth oriented position in the field of Substance Abuse as a Substance Abuse Counselor

SUMMARY OF QUALIFICATIONS

- Ability to provide leadership to, and work with diverse groups of people
- Excellent verbal and written communication skills
- Proficient in the use of computers and experience with Word, Access, Excel, Outlook, Database programs and the Internet
- Committed to a career in community outreach and office work; motivated to learn and grow in responsibility and business skills
- Strong organization and interpersonal skills

EXPERIENCE

Gateway Foundation
St. Louis, Missouri

November 2008 – Present

COUNSELOR II

- Prepare individualized treatment plan
- Develop client discharge plan that integrate aftercare treatment
- Conduct individual counseling sessions
- Prepares and conducts group counseling
- Prepares and conducts educational programs and lectures on scheduled topics
- Maintain regular communication with client
- Perform case management and serves as client advocate
- Attends job specific training sessions offered within and outside of organization

Bridgeway Behavioral Health
St. Louis, Missouri

April 2008 – Present

RESIDENTIAL TECHNICIAN (Part Time – Weekends)

- Coordinate the day-to-day activities of the Residential Technicians
- Provides on the job training to new employees
- Facilitates group education
- Assist with site detoxification procedures
- Maintains agency drug testing procedures and required documentation
- Monitors client self-administration of medication

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Operates agency vehicles for client transportation or other business needs

Compassionate Ministries Fellowship
St. Louis, Missouri

January 2007 – Present

ADMINISTRATIVE ASSISTANT/ ACCESS TO RECOVERY DIRECTOR

- Type letters and correspondence
- Create brochures & fliers announcing upcoming events
- Maintain appointment/travel calendar for Pastor
- Data entry
- Supervise Christian Bookstore
- Set up meeting arrangements
- Filing
- General office duties
- Coordinate weekly substance abuse/addiction support group meetings
- Empower participants by becoming more organized in daily activities and coping with everyday issues
- Network with professional care providers and local faith based programs

Center for Women in Transition
St. Louis, Missouri

December 2006 – August 2007

PROGRAM DEVELOPMENT COORDINATOR

- Community Outreach
- Public Speaking
- Volunteer Coordinator
- Responsible for public service announcements and public relations via power point presentations at various community organizations
- Grant Research
- Special Events/Fundraising
- Volunteer Recruitment
- General office support

Missouri Bootheel Regional Consortium, Inc./Missouri Bootheel Healthy Start
Sikeston, Missouri

August 2004 –November 2006

CASE MANAGER

- Worked closely with high risk clients
- Conducted intake and assessment
- Conducted regular in home visit with low, moderate and high risk clients
- Maintained confidential records, documentations, and monthly progress reports
- Coordinated outreach and referral services

Gateway Foundation, Inc.
Response to RFP OSCA 14-042 Treatment Court Specialized Service Providers

- Actively recruited case management clients

PROGRAM DEVELOPMENT COORDINATOR

- Worked collaboratively with various community agencies & faith based organizations
- Designed, developed and conducted educational workshops addressing identified needs of the community
- Coordinated community outreach and recruitment for clients and volunteers
- Coordinated volunteer trainings, briefing and ongoing educational opportunities
- Reviewed proposals and budgets for various outreach activities
- Coordinated monthly volunteer meetings and agendas
- Worked with volunteers to organize annual volunteer recognition and awards program
- Participated in audit with excellent results
- Assisted in preparation of grant proposal
- Assisted CEO in interviewing and hiring process
- Assisted in reviewing and revising policies and procedures
- Assisted in coordinating volunteer leadership development trainings
- Responsible for public service announcements and public relations via power point presentations at various community organizations

ACTIVITIES & COMMITTEES

- Missouri Institute of Mental Health FACE UP Program
- Missouri Institute of Mental Health Girls Holla Back Program
- Committed Caring Faith Communities (CCFC) Advisory Board
- CCFC Advanced Addictions Academy Instructor
- MERRGE (Missouri Eastern Region Re-entry Group Effort)
- MRN (Missouri Recovery Network) Board of Directors
- Department of Mental Health Champions Award Recipient

EDUCATION

Southeast Missouri State University
August 1986 – August 1990

Cape Girardeau, Missouri
Major: Business Administration

Southeast Missouri State University
January 2011 – May 2011

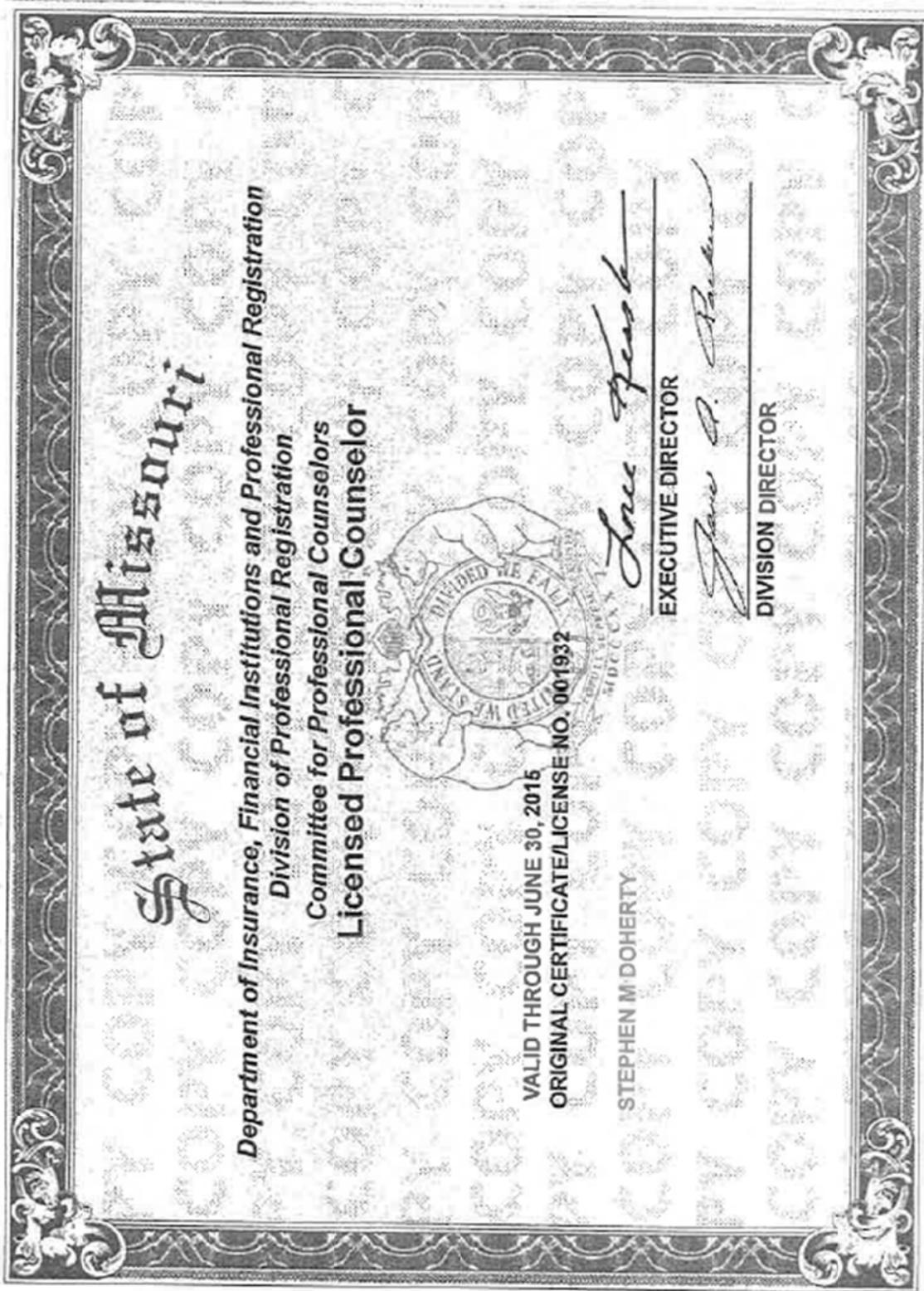
Cape Girardeau, Missouri
Degree: Bachelors General Studies
Minor: Business

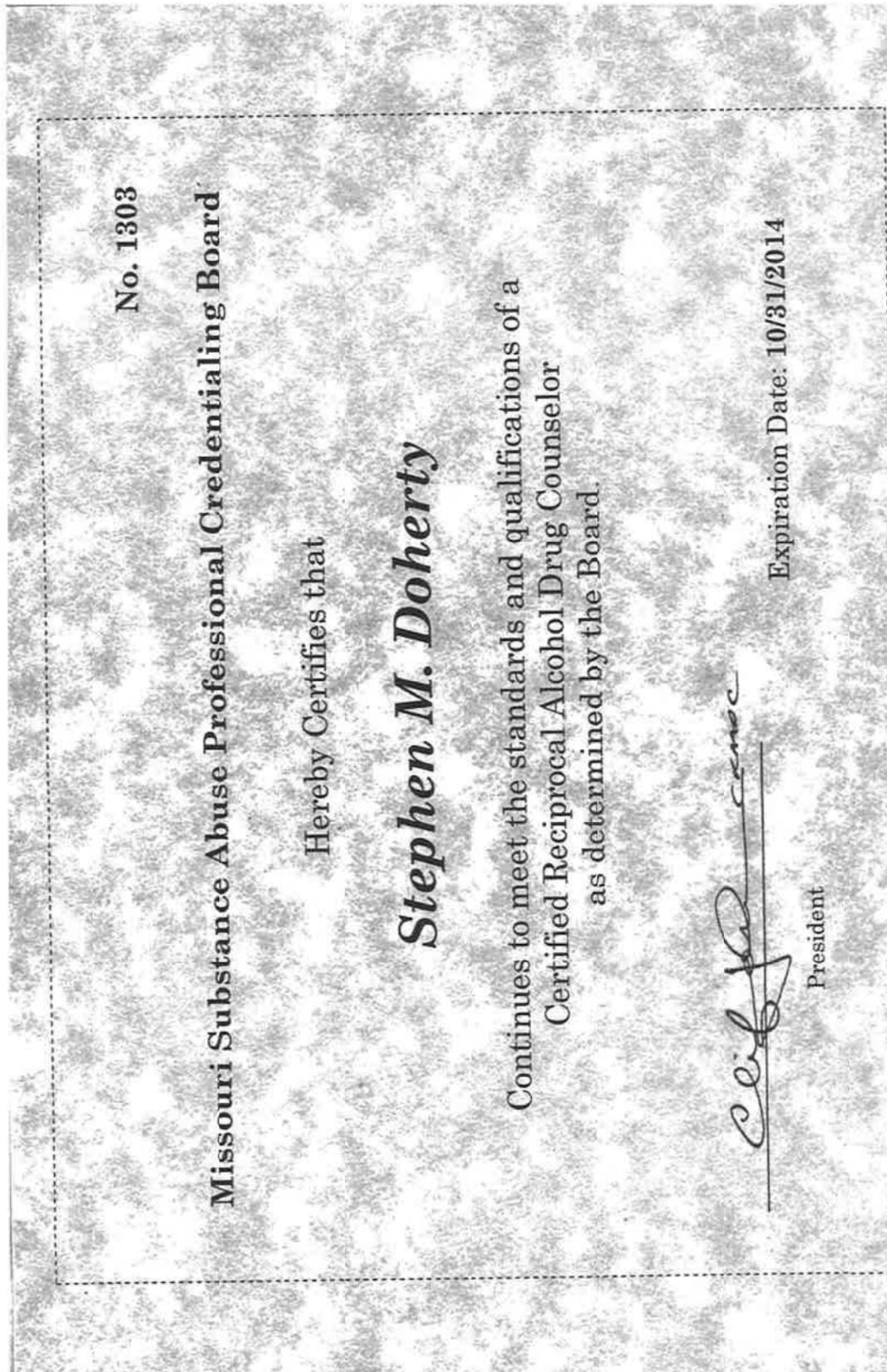
Lindenwood University
January 2012 – Present

St. Louis, Missouri
Program: Master of Arts in Professional
Counseling

REFERENCE

Available upon request





No. 4323

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

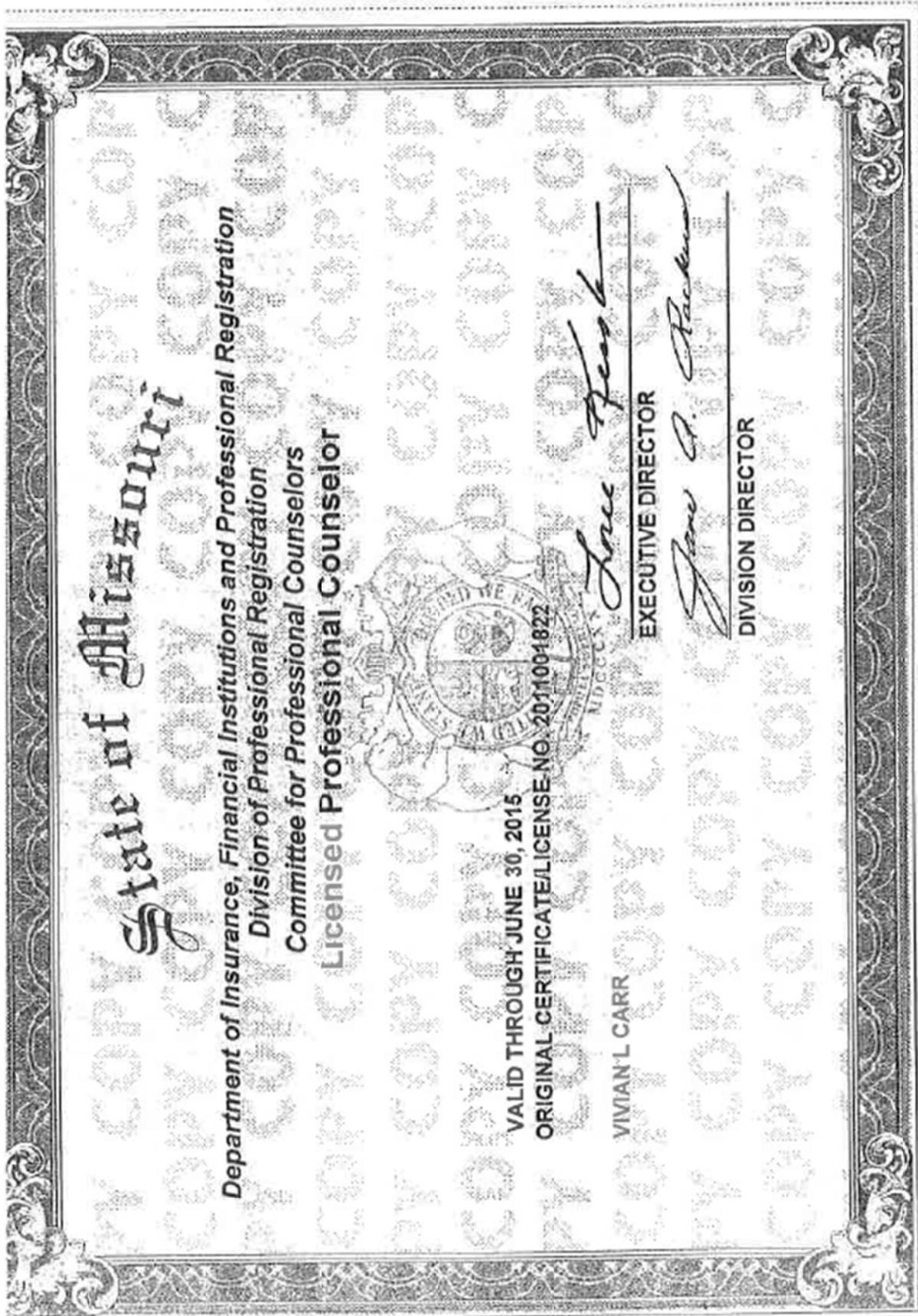
Stephen M. Doherty

Continues to meet the standards and qualifications of a
Certified Criminal Justice Addictions Professional
as determined by the Board.



President

Expiration Date: 10/31/2014



No. 4190

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Vivian L. Swyers

Continues to meet the standards and qualifications of a
Certified Criminal Justice Addictions Professional
as determined by the Board.



President

Expiration Date: 4/30/2014

No. 4719

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Lola A. Gunn

Continues to meet the standards and qualifications of a
Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.



President

Expiration Date: 10/31/2014

No. 4528

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

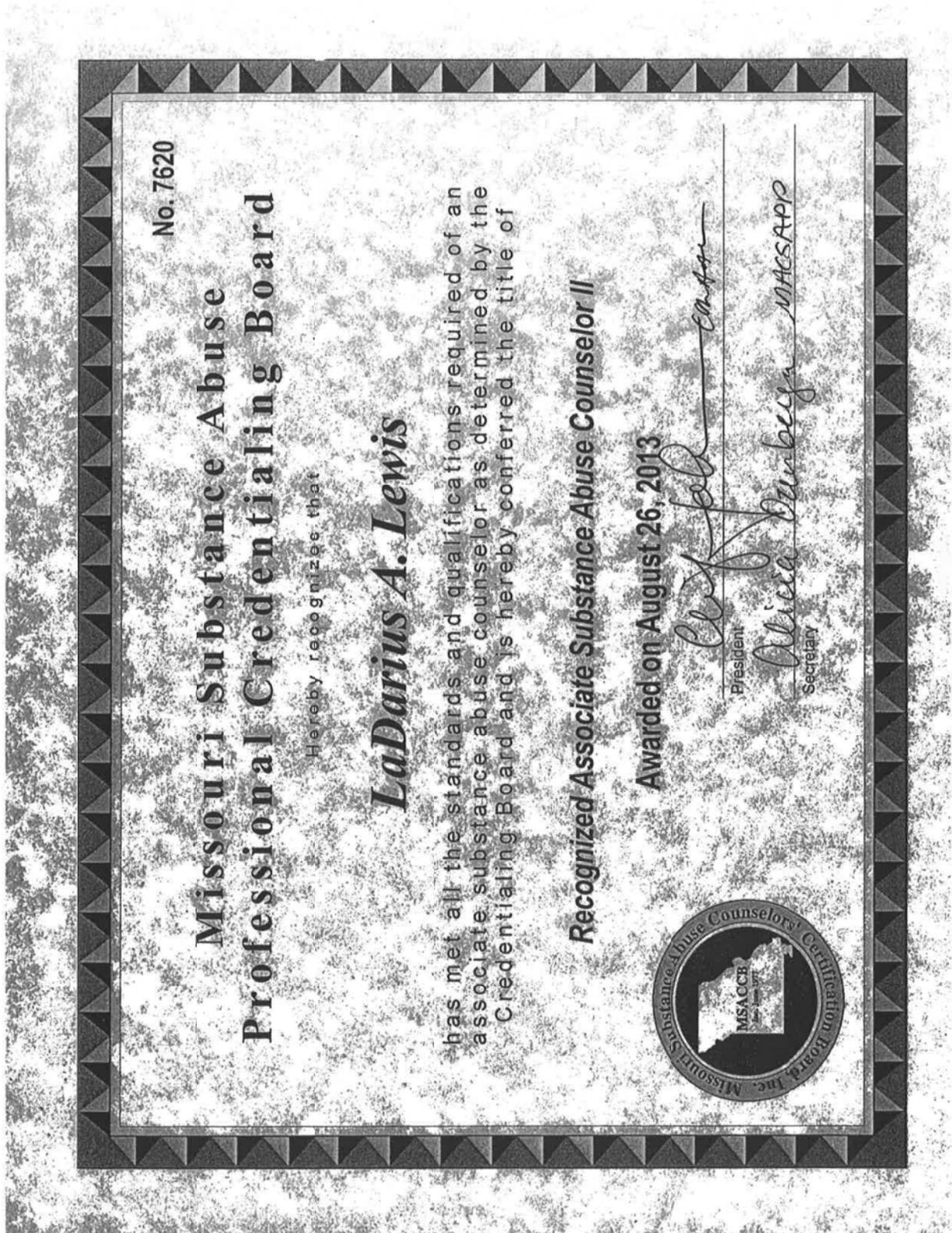
James A. Sanders

has met the standards and qualifications required of a
Certified Reciprocal Alcohol Drug Counselor
as determined by the Credentialing Board.



President

Expiration Date: October 31, 2014



No. 5707

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Shelly Wims

Continues to meet the standards and qualifications of a
Recognized Associate Substance Abuse Counselor II
as determined by the Board.



President

Expiration Date: 10/31/2014