



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

**CONTRACT RENEWAL 002  
CONTRACT NO. OSCA 14-042-08  
TITLE: Specialized Treatment Provider  
for Treatment Court  
ISSUE DATE: April 27, 2016**

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

**RETURN RENEWAL NO LATER THAN: May 27, 2016**

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

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

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

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

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

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING LOCATIONS:**

**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

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

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE <i>Terri Morris</i>		DATE 5-20-16
PRINTED NAME Terri Morris		TITLE CEO
COMPANY NAME Community Mental Health Consultants, Inc.		
MAILING ADDRESS 815 South Ash Street		
CITY, STATE, ZIP Nevada, MO 64772		
E-MAIL ADDRESS terrikmorris@sbcglobal.net		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER 417-667-8352	FAX NUMBER 417-667-9216	

**NOTICE OF AWARD (OSCA USE ONLY)**

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>In its entirety as submitted.</i>		
CONTRACT NUMBER OSCA 14-042-08	CONTRACT PERIOD July 1, 2016, through June 30, 2017	
CONTRACTS PRINCIPLE MANAGEMENT ANALYST <i>Beth Rodeman</i>	DATE 5/20/16	DEPUTY STATE COURTS ADMINISTRATOR <i>Paul Brown</i>

### Pricing Page

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

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	175.00	Per assessment
Assessment option	N/A	Per assessment
Assessment update	117.99	Per assessment
Case Management/Community Support	11.09	Per ¼ hour
Communicable Disease Assessment/Education/Testing	10.20	Per ¼ hour
Day Treatment	80.00	Per day
Detoxification (Social Setting)	N/A	Per day
Early Intervention (Intake)	N/A	Per ¼ hour
Early Intervention (Group Education)	N/A	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	N/A	Per ¼ hour
Extended Day Treatment	80.00	Per day
Family Conference	13.87	Per ¼ hour
Family Therapy	17.25	Per ¼ hour
Group Counseling (Associate SA Counselor)	5.50	Per ¼ hour
Group Counseling (QSAP)	5.50	Per ¼ hour
Group Counseling ( Collateral relationship)	5.50	Per ¼ hour
Group Education	2.58	Per ¼ hour
Group Education (Trauma Related)	2.58	Per ¼ hour
Individual Counseling	13.33	Per ¼ hour
Individual Counseling (Collateral Relationship)	13.33	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	20.55	Per ¼ hour
Individual Counseling (Trauma Related)	20.55	Per ¼ hour
Medication Services	12.50	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	Cost of Meds	Per prescription

Missouri Recovery Support Specialist (MRSS)	20.05	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	20.05	Per ¼ hour
Modified Medical Treatment	N/A	Per day
Relapse Prevention Counseling	N/A	Per ¼ hour
Residential Support	N/A	Per day
Treatment Court Day	10.00	Per ¼ hour
Virtual Counseling (Group)	5.50	Per ¼ hour
Virtual Counseling (Individual)	13.33	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	N/A	Per test
Sample Collection with 1-panel on-site provided by vendor	8.00	Per test
Sample Collection with 2-panel on-site provided by vendor	9.00	Per test
Sample Collection with 3-panel on-site provided by vendor	10.00	Per test
Sample Collection with 4-panel on-site provided by vendor	11.00	Per test
Sample Collection with 5-panel on-site provided by vendor	12.00	Per test
Sample Collection with 6-panel on-site provided by vendor	13.00	Per test
Sample Collection with 7-panel on-site provided by vendor	14.00	Per test
Sample Collection with 8-panel on-site provided by vendor	15.00	Per test
Sample Collection with 9-panel on-site provided by vendor	16.00	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	7.00	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	5.00	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	N/A	Per test

**Evidence Based Program and Practice curriculum being utilized:**

**Which Cognitive Behavioral intervention staff is qualified to deliver:**

**Pricing Page, Continued**

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

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

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

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

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

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

Exhibit A

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 14-042-08

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

I have provided a completed background check, and

I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Melissa Brundige      Melissa Brundige      8/22/16  
Collector Printed name      Signature      Date

CMHC Inc. Cass Co. Psych      [Signature]      8-22-16  
Treatment Provider/Agency Printed Name      Signature      Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

Donna Allen      8-22-16  
Drug Court Judge/Coordinator

Exhibit A

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 14-042-08

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- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

<i>Nicole Cheri Palmer</i>	<i>Nicole Cheri Palmer</i>	<i>8-15-16</i>
Collector Printed name	Signature	Date

<i>CMHC JDC: Cass Co. Psych</i>	<i>[Signature]</i>	<i>8-22-16</i>
Treatment Provider/Agency Printed Name	Signature	Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

<i>Donna Allen</i>	<i>8-22-16</i>
Drug Court Judge/Coordinator	

Exhibit A

# Office of State Courts Administrator



Collector Guideline Acceptance Form  
OSCA 14-042-08

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Melissa Brundige      Melissa Brundige      8/22/16  
Collector Printed name      Signature      Date

MHC Inc; Melinda Mental Health Services      Shari Mow      8/22/16  
Treatment Provider/Agency Printed Name      Signature      Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

James R. Bubel  
Drug Court Judge/Coordinator

Exhibit A

# Office of State Courts Administrator



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- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Kendall Stroer      [Signature]      8/15/16  
Collector Printed name      Signature      Date

CMHC Inc. Nevada Mental Health      [Signature]      8/15/16  
Treatment Provider/Agency Printed Name      Signature      Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

James R. Bickel  
Drug Court Judge/Coordinator

Exhibit A

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 14-042-08

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Cindy L Brannan                      Cindy L Brannan                      8/15/16  
Collector/Printed name                      Signature                      Date

IMHC Inc - Nevada Mental Health                      [Signature]                      8/15/16  
Treatment Provider/Agency Printed Name                      Signature                      Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

James R. Buehler  
Drug Court Judge/Coordinator