



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

**CONTRACT RENEWAL 002  
CONTRACT NO. OSCA 14-042-39  
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>Mary B Parrigon</i>		DATE May 16, 2016
PRINTED NAME <b>Mary B Parrigon</b>		TITLE <b>Executive Director</b>
COMPANY NAME <b>Ozark Center</b>		
MAILING ADDRESS <b>P.O. Box 2526</b>		
CITY, STATE, ZIP <b>Joplin, MO 64803</b>		
E-MAIL ADDRESS <b>mbparrigon@freemanhealth.com</b>		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER <b>417-347-7600</b>	FAX NUMBER <b>417-347-7608</b>	

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

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>In its entirety as submitted.</i>		
CONTRACT NUMBER <b>OSCA 14-042-39</b>		CONTRACT PERIOD <b>July 1, 2016, through June 30, 2017</b>
CONTRACTS PRINCIPLE MANAGEMENT ANALYST <i>Beth Rodeman</i>	DATE <b>5/20/16</b>	DEPUTY STATE COURTS ADMINISTRATOR <i>[Signature]</i>

**ACORD™****CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
7/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> NEGLEY ASSOCIATES 103 Eisenhower Parkway, Suite 101 Roseland, NJ 07068 (973) 830-8500	<b>CONTACT NAME:</b>		
	<b>PHONE</b> (A/C, No, Ext): (    )	<b>FAX</b> (A/C, NO): (    )	
<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b> Ozark Center 1105 E. 32nd St., Suite 2 Joplin, MO 64803	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A Scottsdale Insurance Company		
	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		
INSURER F			

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	OPS0066752	07/01/2015	07/01/2016	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS—COMP/OP AGG	\$ 4,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per Person)	\$
							BODILY INJURY (Per Accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXEC OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> W/C STATU- <input type="checkbox"/> OTHER TORY LIMITS	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EACH EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	
A	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	OPS0066752	07/01/2015	07/01/2016	2,000,000 Each Claim 4,000,000 Aggregate	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> Missouri Dept. of Mental Health P.O. Box 687 Jefferson City, MO 65102	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Nicholas Brown</i>
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**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	344.60	Per assessment
Assessment option	344.60	Per assessment
Assessment update	113.42	Per assessment
Case Management/Community Support	11.09	Per ¼ hour
Communicable Disease Assessment/Education/Testing	11.99 (TB Test & Counseling only)	Per ¼ hour
Day Treatment	85.50	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	15.00	Per day
Family Conference	13.33	Per ¼ hour
Family Therapy	13.33	Per ¼ hour
Group Counseling (Associate SA Counselor)	5.20	Per ¼ hour
Group Counseling (QSAP)	5.75	Per ¼ hour
Group Counseling ( Collateral relationship)	5.75	Per ¼ hour
Group Education	5.00	Per ¼ hour
Group Education (Trauma Related)	5.75	Per ¼ hour
Individual Counseling	13.33	Per ¼ hour
Individual Counseling (Collateral Relationship)	16.36	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	13.72	Per ¼ hour
Individual Counseling (Trauma Related)	17.25	Per ¼ hour

Medication Services	27.53	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	Cost	Per prescription
Missouri Recovery Support Specialist (MRSS)	19.85	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	19.85	Per ¼ hour
Modified Medical Treatment	395.60	Per day
Relapse Prevention Counseling	13.33	Per ¼ hour
Residential Support	19.83	Per day
Treatment Court Day	13.33	Per ¼ hour
Virtual Counseling (Group)	N/A	Per ¼ hour
Virtual Counseling (Individual)	N/A	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	N/A	Per test
Sample Collection with 2-panel on-site provided by vendor	N/A	Per test
Sample Collection with 3-panel on-site provided by vendor	N/A	Per test
Sample Collection with 4-panel on-site provided by vendor	N/A	Per test
Sample Collection with 5-panel on-site provided by vendor	N/A	Per test
Sample Collection with 6-panel on-site provided by vendor	N/A	Per test
Sample Collection with 7-panel on-site provided by vendor	N/A	Per test
Sample Collection with 8-panel on-site provided by vendor	N/A	Per test
Sample Collection with 9-panel on-site provided by vendor	N/A	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	N/A	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:**

**Moral Reconciliation Therapy (MRT), Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE), Motivational Interviewing (MI) and Rational Emotive Behavioral Therapy (REBT)**

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

**Moral Reconciliation Therapy (MRT), Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE), Motivational Interviewing (MI) and Rational Emotive Behavioral Therapy (REBT)**

**Pricing Page, Continued**

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

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

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

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
26	Moniteau							
26	Morgan							
27	Bates							
27	Henry							
27	St. Clair							
28	Barton	X	X	X	X		X	X
28	Cedar							
28	Dade							
28	Vernon							
29	Jasper	X	X	X	X		X	X
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	X	X	X	X		X	X
40	Newton	X	X	X	X		X	X
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.