



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

AMENDMENT 001

RFP NO. OSCA 14-042

**TITLE: Specialized Treatment Provider
for Treatment Court**

ISSUE DATE: December 8, 2014

CONTACT: Russell Rottmann

PHONE NO.: (573)522-6766

E-MAIL: osca.contracts@courts.mo.gov

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>Angela Wesson</i>		DATE 11/12/15
PRINTED NAME Angela Wesson		TITLE Executive Director
COMPANY NAME Counselors Obediently Preventing Substance abuse (COPS)		
MAILING ADDRESS 3800 Agnes		
CITY, STATE, ZIP Kansas City, MO 64128		
E-MAIL ADDRESS Acwesson@copskc.com		FEDERAL EMPLOYER ID NO. [REDACTED]
PHONE NO. 816/923-9212	FAX NO. 816/921-0022	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>IN ITS ENTIRETY AS SUBMITTED</i>		
CONTRACT NO. <i>OSCA 14-042-40</i>	CONTRACT PERIOD <i>MARCH 12, 2015 through June 30, 2016</i>	
CONTRACTS COORDINATOR <i>Russell W. Rottmann</i>	DATE <i>3/11/2015</i>	DEPUTY STATE COURTS ADMINISTRATOR <i>Carl Evans</i>

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	10.20	Per assessment
Assessment option (Multi-axial)	10.20	Per assessment
Assessment update	10.20	Per assessment
Case Management/Community Support	5.20	Per ¼ hour
Communicable Disease Assessment/Education/Testing	NA	Per ¼ hour
Day Treatment	5.20	Per day
Detoxification (Social Setting)	NA	Per day
Detoxification (Modified Medical)	NA	Per day
Early Intervention (Intake)	10.20	Per ¼ hour
Early Intervention (Group Education)	2.08	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	5.20	Per ¼ hour
Extended Day Treatment	NA	Per day
Family Conference	3.12	Per ¼ hour
Family Therapy	10.20	Per ¼ hour
Group Counseling (Associate SA Counselor)	2.08	Per ¼ hour
Group Counseling (QSAP)	3.12	Per ¼ hour
Group Counseling (Collateral relationship)	3.12	Per ¼ hour
Group Education	2.08	Per ¼ hour
Group Education (Trauma Related)	2.08	Per ¼ hour
Individual Counseling	10.20	Per ¼ hour
Individual Counseling (Collateral Relationship)	10.20	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	10.20	Per ¼ hour
Individual Counseling (Trauma Related)	10.20	Per ¼ hour
Medication Services	NA	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	NA	Per prescription

OSCA 14-042 Treatment Court Specialized Service Providers

Missouri Recovery Support Specialist (MRSS)	7.00	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	7.00	Per ¼ hour
Relapse Prevention Counseling	3.42	Per ¼ hour
Residential Support	15.45	Per day
Treatment Court Day	NA	Per ¼ hour
Virtual Counseling (Group)	NA	Per ¼ hour
Virtual Counseling (Individual)	NA	Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	NA	Per test
Sample Collection with 1-panel on-site provided by vendor		Per test
Sample Collection with 2-panel on-site provided by vendor		Per test
Sample Collection with 3-panel on-site provided by vendor		Per test
Sample Collection with 4-panel on-site provided by vendor		Per test
Sample Collection with 5-panel on-site provided by vendor	4.05	Per test
Sample Collection with 6-panel on-site provided by vendor		Per test
Sample Collection with 7-panel on-site provided by vendor	4.05	Per test
Sample Collection with 8-panel on-site provided by vendor	4.05	Per test
Sample Collection with 9-panel on-site provided by vendor	5.20	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)		Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)	5.20	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)		Per test

Evidence Based Program and Practice curriculum being utilized:

Stages of Recovery by Terence Gorski, Hazelden - Coming Back From Relapse and SAMHSA Curriculum
 The Measure of a Man, The Measure of a Woman by Gene A. Grez and Basic Principle of Life

Which Cognitive Behavioral intervention staff is qualified to deliver:

JoAnn Stovall, LMSW,

CRADDC, CCGC

Angela Wesson, MDiv, BS, RSAP, MRSS-P

Carolyn Thomas, RASAC, CAS

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.

The program collaborates with ReDiscover for referral for MAT assistance.

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		X	X			X	X
8	Carroll							
8	Ray							
9	Chariton							
9	Linn							
9	Sullivan							
10	Marion							
10	Monroe							
10	Ralls							
11	St. Charles							

OSCA 14-042 Treatment Court Specialized Service Providers

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
13	Boone							
13	Callaway							
14	Howard							
14	Randolph							
15	Lafayette							
15	Saline							
16	Jackson		X	X			X	X
17	Cass		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							

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Describe and provide details:		

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 voluntary 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.

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Angela Wesson Executive Director
Name and Title of Authorized Representative

Angela Wesson 1/12/15
Signature Date

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION

Comes now Angela Wesson as Executive Director first being duly sworn on my oath

Counselors Obediently Preventing Substance Abuse (COPS) is enrolled and will continue to participate in a federal work

authorization program in respect to employees that will work in connection with the contracted services

related to OSCA 12-042 for the duration of the contract, if awarded, in accordance with

RSMo Chapter 285.530 (2). I also affirm that COPS does not and will not knowingly

employ a person who is an unauthorized alien in connection with the contracted services related to

OSCA 12-042 for the duration of the contract, if awarded.

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).

Angela Wesson
Signature (person with authority)

Angela Wesson
Printed Name

Angela CWesson

Executive Director
Title

1/12/15
Date

Subscribed and sworn to before me this 12 of Jan 2015. I am

commissioned as a notary public within the County of Platte, State of

Missouri, and my commission expires on Aug 15, 2015.

Emily M. Dike 1/12/2015
Signature of Notary Date



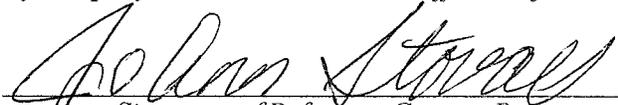
EXHIBIT A

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>Angela Wesson</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Addiction Counseling Services
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	14817 W 84 th Terrace Lenexa, KS 66215
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	JoAnn Stovall 816/820-7739
Dates of Prior Services:	2007 to present
Dollar Value of Prior Services:	41.20 hr
Description of Prior Services Performed:	This person does anger management, domestic violence, gambling counseling and outpatient treatment services.

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

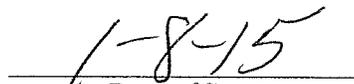

Date of Signature

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>Angela Wesson</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	First Call
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	9091 State Line Road Kansas City, MO 64114
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Michelle Comtois 816/361-5900 Firstcallkc.org
Dates of Prior Services:	2009 to present
Dollar Value of Prior Services:	20.60 per day treatment 50.00 Assessments
Description of Prior Services Performed:	COPS has enrolled several individuals for certified outpatient treatment through referral from the organization.

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:

Michelle Comtois
Signature of Reference Contact Person

1/6/15
Date of Signature

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>Angela Wesson</u>	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Dismas House of KC
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	3100 Main Suite 301 Kansas City, MO 64111
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Ladell Flowers 816/522-5776 lflowers@dismashousekc.com
Dates of Prior Services:	2006 to present
Dollar Value of Prior Services:	20.60 per day treatment 41.20 Assessments 15.45 per day housing
Description of Prior Services Performed:	COPS has enrolled several individuals for certified outpatient treatment through referral from this organization.

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:

Ladell M. Flowers
Signature of Reference Contact Person

1/18/15
Date of Signature

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: Angela Wesson	
Reference Information (Prior Services Performed For :)	
Name of Reference Company:	Department of Corrections
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	1730 Prospect Kansas City, MO 641
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Shari Morlang 816/482-5882
Dates of Prior Services:	October 2012 to present
Dollar Value of Prior Services:	15.45 per day housing 20.60 per day treatment
Description of Prior Services Performed:	COPS has enrolled several individuals for certified outpatient treatment and transitional housing

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

1-8-15

Date of Signature



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling
Director



Jeremiah W. (Jay) Nixon
Governor

12/24/2014

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Inquirer
Registrant: WESSON, ANGELA CAROL
Registrant Number: 26981177

COUNSELORS OBEDIENTLY PREV SUB ABUSE
ATTN: ANGELA WESSON
3800 AGNES AVE
KANSAS CITY, MO 64128

The Family Care Safety Registry (FCSR) received your request for a background screening on 12/23/2014. The background screening, confirmation #116945105264, conducted on 12/23/2014, indicated the following:

No finding reported in the background screening.

The results above were confirmed by searching the following state databases that contain Missouri data only, using the above registrant's name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Health and Senior Services
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

A copy of this background screening has been provided to the individual registrant. If finding(s) were indicated, you may obtain specific information about these results by contacting the FCSR toll free at 866-422-6872, or by submitting your request in writing to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102. The request must be signed and must include your name, address, telephone number, the reason for requesting the information, the registrant's full name and Social Security number, and the confirmation number from the first paragraph above.

The FCSR provides background screening information for employment purposes only. Any person who uses the information obtained from the registry for any purpose other than that specifically provided for in sections 210.900 to 210.936 is guilty of a class B misdemeanor, RSMo §210.921.3. The FCSR bases criminal history identification on the name, Social Security number and date of birth provided by the inquirer, not by the use of fingerprints. Please be advised that you must contact your licensing representative or other agency contact to determine whether this background screening meets state agency requirements for licensure, certification or registration. If you have questions or need assistance, you may contact the FCSR's toll free call center at 866-422-6872, or visit our Internet site at <http://health.mo.gov/safety/fcsr/>.



www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.