



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

**RFP NO. OSCA 19-00284  
TITLE: Specialized Treatment Provider  
for Treatment Court**

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

**ISSUE DATE: August 6, 2019  
RETURN PROPOSAL NO LATER THAN: 4 pm on August 27, 2019**

**Proposal submission:** Proposals may be sent electronically to [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov). If you would like to submit a written proposal, please print or type the RFP number on the lower left hand corner of the envelope.

**RETURN PROPOSAL TO:**

(U.S. Mail)  
Office of State Courts Administrator  
Attn: Contracts or  
P.O. Box 104480  
Jefferson City, MO 65110 - 4480

(Courier Service)  
Office of State Courts Administrator  
Attn: Contracts  
2112 Industrial Drive  
Jefferson City, MO 65109

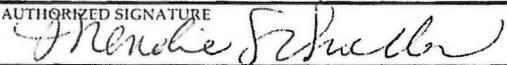
**CONTRACT PERIOD: OCTOBER 1, 2019 THROUGH JUNE 30, 2020**

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



**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, and in accordance with all requirements and specifications contained herein, including the Terms and Conditions attached hereto. The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror 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 offeror and the Office of State Courts Administrator.

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE 		DATE 8/26/19
PRINTED NAME Mendie Schoeller		TITLE Chief Compliance and Ethics Officer
COMPANY NAME Preferred Family Healthcare		
MAILING ADDRESS 900 LaHarpe St., P.O. Box 767		
CITY, STATE, ZIP Kirksville, MO 63501		
E-MAIL ADDRESS <a href="mailto:contractgrantmanagement@pfh.org">contractgrantmanagement@pfh.org</a>		
TELEPHONE NUMBER: 417-869-8911	FACSIMILE NUMBER:	

**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 19-00284-04</i>		CONTRACT PERIOD <i>October 15, 2019 through June 30, 2020</i>
CONTRACTS SECTION 	DATE <i>10/29/19</i>	DEPUTY STATE COURTS ADMINISTRATOR 

## PRICING PAGES

The offeror must provide not to exceed prices for the services identified below. Should a contract award be made based upon the offeror's proposal, the prices stated herein shall be legally binding for the entire contract period.

**OFFEROR NAME: Preferred Family Healthcare, Inc.**

Service Description	Not to Exceed Price	Unit of Service
Assessment	\$122.16	Per assessment
Assessment option	\$371.14	Per assessment
Assessment update	\$122.16	Per assessment
Case Management/Community Support	\$25.31	Per ¼ hour
Communicable Disease Assessment/Education/Testing	\$10.56	Per ¼ hour
Day Treatment	\$84.48	Per day
Detoxification (Social Setting)	\$123.85	Per day
Early Intervention (Intake)	\$14.36	Per ¼ hour
Early Intervention (Group Education)	\$2.78	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	\$14.36	Per ¼ hour
Family Conference	\$14.36	Per ¼ hour
Family Therapy	\$18.58	Per ¼ hour
Group Counseling	\$6.19	Per ¼ hour
Group Counseling ( Collateral relationship)	\$3.24	Per ¼ hour
Group Education	\$2.78	Per ¼ hour
Group Education (Trauma Related)	\$3.24	Per ¼ hour
Individual Counseling	\$14.36	Per ¼ hour
Individual Counseling (Collateral Relationship)	\$17.62	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	\$22.14	Per ¼ hour
Individual Counseling (Trauma Related)	\$18.58	Per ¼ hour

**PRICING PAGES (cont.)**

Missouri Recovery Support Specialist (MRSS)	\$20.76	Per ¼ hour
Peer Support Recovery Mentor ( <u>Certified Peer Specialist</u> )	\$20.76	Per ¼ hour
Modified Medical Treatment	\$409.56	Per day
Relapse Prevention Counseling	\$14.36	Per ¼ hour
Residential Support	\$36.16	Per day
Treatment Court Day	\$25.31	Per ¼ hour
Virtual Counseling (Group)	\$6.19	Per ¼ hour
Virtual Counseling (Individual)	\$14.36	Per ¼ hour
*Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	\$14.80	Per test
*Sample Collection with 1-panel on-site provided by contractor	\$2.96	Per test
*Sample Collection with 2-panel on-site provided by contractor	\$5.92	Per test
*Sample Collection with 3-panel on-site provided by contractor	\$8.88	Per test
*Sample Collection with 4-panel on-site provided by contractor	\$11.84	Per test
*Sample Collection with 5-panel on-site provided by contractor	\$14.80	Per test
*Sample Collection with 6-panel on-site provided by contractor	\$17.76	Per test
*Sample Collection with 7-panel on-site provided by contractor	\$20.72	Per test
*Sample Collection with 8-panel on-site provided by contractor	\$23.68	Per test
*Sample Collection with 9-panel on-site provided by contractor	\$26.64	Per test
*Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	\$14.80	Per test
Drug Testing: Breathalyzer (Equipment provided by contractor)	\$14.80	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	\$14.80	Per test

### PRICING PAGES (cont.)

The offeror must provide copies of invoices of actual cost per dose for the medications and services identified below with the double asterisk.

**Medication Service – Physician Office Visit	No pricing needed	Per office visit
Medication: [Medication Assisted Treatment (MAT)]		
**Naltrexone - Oral	No pricing needed	Per Dose
**Extended-Release Injectable Naltrexone (Vivitrol®)	No pricing needed	Per Dose
**Buprenorphine (i.e. Subutex®),	No pricing needed	Per Dose
**Buprenorphine/Naloxone (i.e. Suboxone®)	No pricing needed	Per Dose
**Buprenorphine Implants	No pricing needed	Per Dose
**Methadone	No pricing needed	Per Dose
**Acamprosate	No pricing needed	Per Dose
**Disulfiram	No pricing needed	Per Dose
**Buprenorphine Extended-Release Injection (i.e. Sublocade™)	No pricing needed	Per Dose
**Baclofen (Lioresal)	No pricing needed	Per Dose
**Benzotropine (Cogentin)	No pricing needed	Per Dose
**Carbamazepine (tegretol)	No pricing needed	Per Dose
**Chlordiazepoxide (Librium)	No pricing needed	Per Dose
**Clonazepam (Klonopin)	No pricing needed	Per Dose
**Clonidine (Catapres)	No pricing needed	Per Dose
**Divalproex sodium (Depakote)	No pricing needed	Per Dose
**Gabapentin (Neurontin)	No pricing needed	Per Dose
**Haloperidol (Haldol)	No pricing needed	Per Dose
**Hydroxyzine (Vistaril)	No pricing needed	Per Dose
**Folic Acid	No pricing needed	Per Dose

**Lorazepam (Ativan)	No pricing needed	Per Dose
**Olanzapine(Zyprex	No pricing needed	Per Dose
**Prazosin (Minipress)	No pricing needed	Per Dose
**Prochlorperazine (Compazine)	No pricing needed	Per Dose
**Propranolol (Inderal)	No pricing needed	Per Dose
**Quetiapine fumarate (Seroquel	No pricing needed	Per Dose
**Thiamine	No pricing needed	Per Dose
**Trimethobenzamide (Tigan)	No pricing needed	Per Dose
**Trazodone (Desyrel)	No pricing needed	Per Dose

**\*Exhibits G and H must be completed for any individual who collects urine specimens for drug testing.**

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.

**OFFEROR NAME:** Preferred Family Healthcare

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

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

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

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

\*\*\*Virtual Services offered in all circuits

## EXHIBIT A

### TREATMENT PHILOSOPHY

**1. What is the program's philosophy of treatment?**

*Preferred Family Healthcare (PFH), Inc.* prioritizes the development of collaborative relationships with men, women, their families and community resources to foster healthy and functional living for all members involved. PFH's primary goal is to treat all the women and men we serve with dignity and respect, to encourage community mindedness and approach the treatment process from a holistic perspective and team-driven approach.

*The treatment provided by PFH* focuses on each client's individualized and specific needs identified during the comprehensive assessment. Services are provided in a therapeutic, alcohol and drug-free setting that encourages productive, meaningful, age-appropriate alternatives to substance use. Service delivery is consistent with the current state of knowledge and generally accepted practices. Treatment is also individualized according to the person's age, cultural background, race, and sex. Treatment interventions promote the recovery process, provide skill development, and address relapse prevention. The programs use a holistic approach that addresses the client's physical, mental, emotional, and spiritual needs. Family members are encouraged to participate in the treatment process with the consent of the person served. This can be accomplished either formally by receiving services designed for family members or informally by getting progress updates, asking questions, and /or reading materials related to recovery.

*The persons served* are informed of what is available in our community to encourage and assist in the recovery process, both during and after treatment. The locations and meeting times of self-help groups that are active and welcoming are provided to persons served. Program goals and outcomes include learning about the disease of addiction, achieving abstinence, improving functioning and satisfaction in life areas such as family/interpersonal relationships, work/school, health, financial, legal, and ensuring a smooth transition to maintain recovery with the individual's established social support system post discharge.

**2. Does the program use harm reduction techniques? Yes**

**a. If so, please describe.**

PFH understands that substance use disorders (SUD) manifest as a complex, multi-faceted phenomenon whereas the continuum exists from use, misuse, abuse to severe substance use. Further, PFH supports the use of practical strategies to support safer use, understanding abstinence is not always effective in meeting client's needs. To implement such a strategy, *PFH uses a variety of therapeutic interventions, all driven by an individualized plan of care intended to best help the client reach their goals.*

These include:

- Education: education is an integral part of all levels of treatment focusing on providing factual information on physical and psychosocial risks of substance use, relapse prevention, risks of infectious diseases and other physical health problems, and potential social problems. Education is provided in the group setting and reinforced in case management and counseling sessions.
- Pharmacological interventions: medication assisted treatment has been at the center of PFH's program enhancement and best practice initiatives for over 10 years. Each individual is screened for eligibility and appropriateness for use of alcohol and opioid-agonist and antagonist medications to help support his/her recovery.
- Enhanced social support: PFH's case management team provides community-based support to clients in all levels of programming. Again based on the individualized treatment plan, the case manager/ community support specialist assists the consumer in identifying needs or changes that need to occur in their home environment (living situation, job, for example) and assists them in accomplishing goals to distance themselves from people, places and things that would trigger a potential return to substance use.

## OSCA 19-00284 Specialized Treatment Provider

Each of the Treatment Courts holds bi-weekly program staffing meetings directly followed by court review sessions with the participants. The participant goes through three phases to progress to graduation. The DWI Court phases listed below provide an example. The other Treatment Courts have similar accountability with phase wording matching the specialized court programs.

- PHASE I requires bi-weekly court attendance for a minimum of four months; They will begin attending treatment as outlined in their individual treatment plan, complete a relapse prevention plan, attend community based support group meetings, and adhere to a 10:30 curfew, and there must be 30 consecutive days of sobriety immediately prior to advancing to the next phase.
- PHASE II requires the participant attend court bi-weekly for a minimum of six months and during that time the person will continue addressing barriers to sobriety, including issues concerning the family; maintain employment; begin GED preparation, and maintain 60 consecutive days of sobriety immediately prior to moving to the next phase.
- PHASE III has the participant attending court sessions every four weeks for a minimum of eight months and the person has to maintain 120 consecutive days of sobriety prior to graduation. In addition, in Phase III, participants must maintain stable housing and employment, develop an aftercare plan, and complete community service, which ranges from 0-480 hours.

*At all times, participants are expected to comply with court orders, demonstrate engagement in treatment, keep all appointments, submit to random drug testing, and make monthly court fee payments.*

### 2. Are services offered for both individuals and families?

PFH's mission to provide integrated care supports the philosophy that affected family members become engaged and participate in recovery and/or support services for optimal success. Therefore, a key focus of CSSs and case managers (CM) is to address social support and/or family issues.

To facilitate this, for each client admitted, the CSS/CM schedules a family conference to best coordinate care, and build or strengthen the safety net of family members, referral sources, and chosen people of significance in each client's life.

The intent of the family conference is to provide an overview to the client's safety net on what to expect during treatment & recovery, and also address needs and resources for the family with respect to their loved one's substance use disorder. Family conference is often used as a venue for mediation to promote healthy conversation between the safety net and the client. Following that initial interaction, ongoing support is provided to the safety net through a variety of means, based on the person's needs and desires, including family counseling.

## PROGRAM DESIGN AND TREATMENT

### 1. What are the key elements of the program's design?

Individualized care with therapeutic interventions along with frequency and intensity of services being determined based on comprehensive assessment. Input from the client and treatment team including court staff is highly valued with all parties working collaboratively for the benefit of the client.

### 2. Does the design utilize evidence-based treatments? Yes

#### a. If so, please cite specific modalities and how they are used.

Evidence-based curriculum utilized within PFH services includes:

*Living in Balance (LIB)*. LIB emphasizes relapse prevention. LIB: Moving From a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program consisting of a series of 1.5- to 2-hour psychoeducational and experiential training sessions. The manual includes 12 core and 21 supplemental sessions with ten (10) additional sessions addressing co-occurring disorders. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions,

range of other disorders such as substance abuse, depression, post-traumatic stress disorder, and eating disorders. There are four components of DBT: skills training group, individual therapy, phone coaching and therapist consultation team. Individuals receiving DBT services typically have multiple issues to address. DBT assist the therapist in prioritizing the order in which problems should be addressed. The priority order is as follows: life-threatening behaviors, therapy-interfering behaviors, quality of life behaviors, and skills acquisition. Research has shown DBT to be effective in reducing suicidal behavior, non-suicidal self-injury psychiatric hospitalization, treatment dropout, substance use, anger, and depression and improving social and global functioning

*Seeking Safety.* Seeking Safety is a treatment for participants with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female participants, and a variety of settings (e.g., outpatient, inpatient, residential). It can be used with people with a trauma history, regardless of whether they meet the criteria for PTSD. Treatment is available as a book, providing both participant handouts and guidance for clinicians. The treatment manual is available in both English and Spanish. Seeking Safety focuses on coping skills and psychoeducation. Seeking Safety meets criteria in the field as an effective treatment for PTSD/substance use.

*24/7™ Dad.* Fathers participate in topics, which focus on key fathering characteristics – like masculinity, discipline, and work-family balance - and helps men evaluate their parenting skills. Mothers are invited near the end to discuss what the fathers have learned. The curriculum is sensitive to individual learning differences and can be trained in a group or one-on-one format. Facilitator conducts 12 sessions (if A.M. or P.M.) or 24 sessions (if A.M. and P.M.) that cover a holistic approach to fathering. Men complete pre and post assessments that measure impact of program.

*Nurturing Parent.* The Nurturing Parenting Programs are evidenced based parenting programs that can be offered in a group setting, a home setting or in a combination of group and home settings. The first Nurturing Parenting Program was developed and validated in a multi-site, 3-year national study from 1983 to 1985. The NIMH study demonstrated the effectiveness of the Nurturing Parenting philosophy and implementation strategies in remediating the current abuse, and preventing the recurrence of abuse in 93% of the families completing the program. The Nurturing Parenting Programs are recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Registry for Evidence-based Parenting Programs (NREPP), and a number of state and local agencies as proven programs for the prevention and treatment of child abuse and neglect.

*Habilitation, Empowerment and Accountability Therapy (HEAT).* PFH utilizes a promising practice called HEAT is designed for males ages 18 to 29 and uses a holistic approach for treatment. Unlike traditional therapies, the 9-month intervention focuses on more than just the individual does. The goal is for participants to walk away with the skills to sustain a drug-free, crime-free, productive life and by fostering community support to provide the supportive resources necessary to get that individual back on the road of recovery.

**2. Are individuals screened and assessed for both mental and substance use disorders? Yes**

**a. Are standardized instruments used to screen and assess for each type of disorder? Yes,**  
PFH uses a variety of screening and assessment tools to provide a complete picture of the individual's behavioral health, physical and social needs.

**b. If so, what instruments are used?**

*Addiction Severity Index (ASI).* Treatment planning for adults with multi-dimensional needs requires a comprehensive assessment of the individual's substance use history and patterns of use, including drug(s) of

abuse, chronological patterns of use, specific reasons for use, consequences of use, family history of drug and alcohol use, as well as a complete understanding of where the person sits with respect to social determinants of health. Given that drug court clients come to PFH by way of the criminal justice system, primarily due to a conviction or plea to a drug-related offense, while a substance-related charge can indicate substance use, this alone cannot direct need for treatment. To ensure staff obtain a full picture of each participant's current situation, and to direct care in a manner which best serves the individual, PFH will utilize the ASI as a general intake screening and assessment tool to gather personalized data on the following areas: medical, employment/ support, drug and alcohol use, legal, family/ social, psychiatric, and problem behaviors (both lifetime and past 30 days). The ASI takes

Regions	Employment	Basic Needs	Medical	Mental Health	Faith Based
Northwest	PFH	Powell Center, Hillcrest Ministries, Bishop Sullivan Harvesters	Research, Samuel U. Rodgers, Clay County Dept of health	Research Crittenden Heartland Tri- County Mental Health, Two Rivers Cornerstone of Care, Signature	Pleasant Valley Baptist Church
Northeast	High Hope	Salvation Army, The Crossing Thrift Store	Northeast Regional Health Council Clarity Healthcare Northeast Regional Medical Center Scotland County Hospital Samaritan Hospital	PFH, Mark Twain Behavioral Health White Oak Counseling	Salvation Army The Crossing
Central	PFH Career Center	Salvation Army, SERVE, Goodwill, Samaritan Center	SSM Community Health Center of Central Missouri Capital Region Medical Center Family Medical Care	SSM, Community Health Center, Capital Region Medical Group Burrell Behavioral Health	Community Churches
Southwest	Ozark Workforce Development Center	Shiloh	Access Health Care County Health Departments	Ozark Center Behavioral Health Skyline	Community Churches
Eastern Region	PFH/Bridgew ay Behavioral Health	St. Louis Area Food Bank Biddle House St. Patrick Center PFH/Bridgeway Behavioral Health Rauschenbach Housing EnergyCare DollarHelp Utility Assistance through CSTAR Legal Advocacy	Affinia Healthcare, Gateway to Better Health, People's Health Clinic	LCSWs, LPCs and Psychiatrists – employed by PFH	Community Churches Bridges Program/ Behavioral Health Network

**6. Does the program use manualized treatment curricula? Yes**

**a. If so, which curricula are used?**

The following are all evidence-based manualized curriculum described above: Living In Balance, MATRIX, MRT, MI/MET, Seeking Safety.

#### OSCA 19-00284 Specialized Treatment Provider

- The Department of Social Services - both the Children's Division and Family Support Division;
- Community Clothes Closets;
- Consumer Credit Counseling;
- Medical and Mental Health Services;
- Social Supports: AA, NA and NAMI meetings;
- Legal Services/Advocacy - providing support and assistance as appropriate for those involved in the legal system including both the adult and juvenile systems;
- Employment Services - employment services, Individual Placement and Support services, Missouri Career Center, etc.;
- Housing Services - HUD, OCAC, shelters, etc.;
- Additional Parent Support or Classes;
- Harmony House - family violence shelter; and
- Various other connections and contacts depending on needs of the individuals and their families.

The CSS/CM monitors the utilization of community services and the ability of the men, women and their families to develop natural supports through the development of constructive relationships with community agencies and other resources. These material and social connections are critical to each client's success and is monitored throughout the treatment court program. Each CSS/CM is vitally interested in assisting each individual in becoming self-reliant and teaching and demonstrating critical thinking and constructive decision-making skills.

#### **b. How do you determine who needs/receives case management or community support?**

CM services are offered to assist individuals in meeting the needs identified and are include on their treatment plans. As part of the "whole person" approach to treatment, PFH identifies existing barriers to an individual's recovery and helps him/her to resolve those barriers. PFH has a long history of assisting individuals in removing such barriers by helping them to build social support systems, access community resources, improve educational performance, obtain employment, locate medical care, and establish a supportive living environment. In order to address these needs, case management will be offered to treatment court participants. The agency has found that this additional support in assisting individuals to find and obtain community resources has been effective in empowering the individual and his/her family in making positive strides towards recovery. Such involvement includes the identification of needs in such areas as vocation, employment, housing, health, and family. In addition, staff members assist the family in discovering and connecting with area resources to address these needs, linking the consumer and his/her family to these resources by making the referral and acting as a liaison between the resource and the client.

#### **3. What are the program's after-hours and emergency service protocols?**

At residential programs, PFH employs a minimum of two (2) adequately trained and physically able, paid staff on the premises 24 hours a day, 7 days each week... A minimum of one (1) staff member per shift is trained in CPR and First Aid. Counseling staff are available onsite from 8:00 am to 8:00 pm Monday through Friday. All programs have a crisis on-call systems established with 24 hours/7days per week coverage and clients are briefed at admission on how and when to use the crisis line. Client records are available through PFH's electronic health record, Credible, so any staff members on-call at any site can have immediate access to documentation allowing them to orient themselves to the client to respond to the crisis in the most helpful and appropriate manner possible.

#### **3. Are processes in place to assist the uninsured in accessing insurance coverage, through either Medicaid or federal/state insurance exchanges? Yes**

##### **a. Does staff assist with application process?**

PFH CMs are well versed in the requirements and process for applying for Medicaid and utilize our health navigator or one local to their region to ensure that clients are educated and have access to insurance exchange plans. Specifically related to Medicaid, PFH screens all program participants for Medicaid eligibility. PFH maintains

As mentioned above, PFH has developed a Cultural Competency Plan that has identified goals to promote cultural understanding and cultural competency throughout the agency. The goals of this plan are: 1. PFH will create and maintain an atmosphere where staff and persons served aim for culturally inclusive behavior and activities, ensure cultural differences are heard and explored, and actively seek to learn from other cultures. 2. PFH will provide an environment where people are treated with respect and are supported in realizing their full potential. 3. PFH will achieve diversity in personnel and leadership, which is reflective of the cultural diversity of the persons and communities served. Activities to achieve these goals are identified, measurements are established, and evaluation of the efforts is conducted by the Assure Cultural Understanding Committee.

**2. Does the diversity of the treatment team appropriately reflect the diversity of the community?**

PFH acknowledges that its diversity contributes to the overall success of the agency. For this reason, PFH strives to create and foster a work environment that supports growth, enhances potential, and promotes appreciation and respect for all employees and clients in pursuit of our organizational goals and improving our clients' mental and physical health. Each employee brings a unique background, style, perspective, set of values, and beliefs that enriches our organization, fosters creativity, and stimulates growth and change. We believe our diversity increases our ability to solve problems and increases both individual and organizational effectiveness. Our clients benefit not only from the improved organization but also from the acceptance and value they feel from a staff that has come to appreciate diversity.

PFH makes every effort to recruit persons who are representative of the community/cultures that the program serves for all positions including leadership, management, direct services, and support services. Such steps include advertising in newspapers that have a primarily minority reader base, provide on-line employment advertising, and attend job fairs that serve diverse populations. Every employment advertisement includes the statement that PFH is an equal opportunity employer. The agency's efforts are evaluated through reports submitted to the Equal Employment Opportunity Commission. Accordingly, our staff encompasses a rich mixture of diverse religious, racial, and cultural backgrounds

PFH currently employs more than 3,000 staff members with a racial breakdown of: African-American 18%, Caucasian 78%, Latinx 2%, and Other 2%. The gender breakdown is female 75% and male 25%. In addition, our staff composition reflects the client composition at our sites.

**3. To what extent does the treatment team include multidisciplinary staff?**

PFH provides treatment for our consumers using a holistic approach. Our clinical teams consist of staff holding varying licensures and certifications with demonstrated competency in substance use disorders as well as co-occurring disorder treatment. Clinical positions may vary according to state guidelines and region. Positions include:

- Program director has the responsibility of overseeing all parts of the site functioning including: managing the clinical development of staff, ensuring compliance with regulatory/certification standards, remaining abreast new developments in the field of substance use and mental health, conflict resolution, as well as building and maintaining relationships in the community. The Program director generally has an advanced degree or certification in the field with a minimum of three years of management/supervisory experience.
- Clinical supervisor has appropriate training and expertise regarding the treatment of individuals with substance use and mental health disorders. The Clinical Supervisor has an employment history demonstrating progressive responsibility in regards to caseload management, supervisory experience, and leadership. This position is responsible for management of day-to-day activities, crisis intervention, and clinical supervision of therapists/counselors, associate counselors, CSS/CMs, registered nurses, and behavioral health technicians. All clinical supervisors hold appropriate educational credentials and/or certification/licensure for this level of responsibility.
- Therapists must be provisionally or fully licensed appropriate for the state in which they practice. Primary duties include Screening and Assessment; facilitation of treatment planning, individual counseling, co-occurring & trauma therapy, group counseling, crisis intervention, consultation with peers, and Documentation..
- All Therapists must obtain a minimum of 36 hours of continuing education every 2 years.

**5. What type of staff training has been provided that aligns with the needs of the program's target population?**

PFH staff working with individuals in recovery receive an array of training depending on their specified job duties. Trainings include trauma informed supports, cognitive behavioral therapies, motivational interviewing, community supports, cultural diversity, medication assisted treatments and psychopharmacology.

## **INSURANCE AND MEDICAID**

**1. Does the program accept the major Medicaid plans (including CSTAR) or other health plans in the catchment area?**

PFH explores third party or other payment liability for services for treatment court clients before billing CSTAR POS, Medicaid, or OSCA. PFH has secured contracts with a variety of plans, including managed Medicaid, commercial and Medicare Advantage products. Once a client completes CSTAR or initial SROP service requirements and other funding sources are not available, OSCA resources will be billed according to the plan of services established with the client and the treatment court team.

When a third party requires the participant to pay cost sharing (e.g. co-payment, coinsurance, deductible), it is understood the treatment court shall pay the cost sharing amounts. The treatment court's liability for such cost-sharing amounts shall not exceed the amount the treatment court would have paid under the vendor's price for the service.

All third party options explored and utilized will become part of the participant record and reported on a quarterly cost savings report, when requested by OSCA. We will not bill OSCA for any service covered by another source of revenue. This includes using CSTAR and SROP payments as the third party payment prior to accessing treatment court funds. These records will be available for audit and review by OSCA.

PFH understands we may keep 100% of third party collections when those collections do not exceed the total amount of the contractors financial liability for the participant, there are no payments made by OSCA related to fee for service, and such recovery is not prohibited by federal or state law.

**2. Does the program offer medication assisted therapies conformant to the Medicaid formularies? Yes.**

In accordance with best practice guidelines, a physician or qualified advance practice nurse or physician's assistant may prescribe approved medications for the treatment of clients' for substance use disorders. PFH screens each program participant for eligibility and appropriateness for medication-assisted treatment (MAT). This screening includes evaluation of motivation as well as individual health. The MAT offered by PFH does conform to the formularies negotiated between the Department of Mental Health and Missouri HealthNet. PFH has been utilizing MAT since 2006 and has established medication education, client/medication contracts, and a system for participation updates to be provided to the doctor/APRN who is prescribing the medications for the individual (as well as the court).

Medication services, provided by a physician or a qualified advance practice nurse, will be available to assist treatment court clients with their physical needs in many of our identified regions. This service consists of goal-oriented interactions to assess the appropriateness of prescription medications that can assist an individual in realizing his/her treatment goals. Each participant prescribed medications to support recovery will be provided education, have routine reviews concerning compliance with taking medications, and understand that regular updates will be provided to the prescriber.

## **QUALITY ASSURANCE MECHANISM**

**1. Do participants have an opportunity to voice constructive opinions regarding ways to improve the program?**

PFH has gained a reputation as an agency to rely upon. Much of this is derived from our practice of listening actively to feedback from individuals we serve, staff, and referral sources through our "voice and choice" and "request for change" programs. Feedback and requests are addressed often times resulting in programmatic changes

#### OSCA 19-00284 Specialized Treatment Provider

PFH recognizes that clinical supervision, like substance abuse counseling, is a profession in its own right, with its own theories, practices, and standards. Therefore, clinical supervisors are also provided supervision and participate in their own *community of practice*. Communities of Practice can be defined as any group of persons who come together to explore, learn and engage in a process of collaborative inquiry, knowledge exchange and development of shared practices. The clinical supervisors' community of practice provides guidance and support on negotiating individual development plans, direct observation of clinical services, skill-based supervision and coaching, and performance feedback, which are the critical tasks of clinical supervision. Communities of Practice has been implemented agency-wide for the last 2 years.

Overall, clinical supervision is an essential part of all PFH programs and every clinician, regardless of level of skill and experience, needs and receives this guidance and support on an ongoing basis in order to effectively benefit those we serve.

Treatment plan involvement	I am involved in developing and updating my plan for services	90%
Staff availability	I have someone to go to if I have questions or need help.	90%
Encouragement by staff	Staff is encouraging when providing care/services.	90%
Staff responsiveness	Staff is responsive to my concerns.	90%
Client recommendation of services	I would recommend a friend or family member to PFH if there was a need.	90%
Customer service	My individual appointments began on time.	90%
<b>SATISFACTION (Referral Sources)</b>	<b>MEASURE</b>	<b>GOAL</b>
Treated with dignity and respect	Clients served are treated with dignity and respect	90%
Perception of staff support	Services provided support to the clients	90%
Staff responsiveness	Staff is responsive, e.g. returns calls, and is on time for appointments, answer emails and questions.	90%
Impact of services	Services provided have made a positive difference to the individuals referred/funded for services.	90%
Satisfaction with services	I am satisfied overall with the quality of services provided by PFH	90%
Recommendation of services	I would recommend PFH services to others.	95%
<b>SATISFACTION (Employees)</b>	<b>MEASURE</b>	<b>GOAL</b>
Employees are satisfied with their supervisors, support levels and employment.	Percentage of employees who affirmatively rated the statement: "Overall, I am satisfied with PFH as my employer?"	90%
	Percentage of employees who affirmatively rated the statement: "I receive guidance/feedback from my supervisor."	90%
	Percentage of employees who affirmatively rated the statement: "I have the materials and equipment I need to do my job well."	90%

OSCA 19-00284 Specialized Treatment Provider

Collateral counseling: Planned, face-to-face, goal-oriented therapeutic interaction with an individual or group to address dysfunctional behaviors and life patterns associated with having a substance using family member.

Group counseling: Face-to-face, goal-oriented therapeutic interaction between a counselor and clients. Group Counseling is designed to promote clients' self-understanding, self-esteem, and resolution of personal problems through self-disclosure and interpersonal interaction among group members.

Group education: The presentation of general information and review of application to participants through didactic presentations, formatted exercises, and group discussions in accordance with the individualized treatment plan, which is designed to promote recovery and enhance social functioning. Topics for group education will vary but generally include the following areas: progression of disease/recovery, relapse prevention/trigger identification, cognitive functioning/thinking errors, stages of change, HIV/TB/STD education, physical and emotional effects of mood altering substances, Relationship between substance use and criminality, positive decision making, stress management, spirituality, parenting skills, life/social skill development, career development, and anger management/conflict resolution.

Case management/Community Support Services consists of specific activities with or on behalf of a particular client in accordance with an individual treatment plan to maximize the client's adjustment and functioning within the community. Case management assists the client in accessing & coordinating resources in the community in order to assist in sustaining recovery, maximizing involvement of natural support systems, and promoting client independence and responsibility.

Extended Day Treatment is facilitated by a registered nurse or licensed practical nurse and is focused on assessing medical needs of the client, accessing medical care, medication education, and general health education.

Trauma Individual Counseling: is individual counseling for clients who have experienced trauma. All clients are screened for trauma related issues and are referred for this service if they meet specific criteria.

Trauma Group Education: is the presentation and processing of recovery and trauma related information and its application to group participants. Group members benefit from self-disclosure, as well as giving and receiving feedback in a forum where others have experienced similar challenges due to trauma.

Medication Assisted Treatment: If it is determined that a client may benefit from Medication Assisted Treatment and meets the motivational and physical criteria necessary for this supportive intervention then he/she will be referred for medication assisted treatment.

## **2. How does the program address participant motivation?**

PFH is continuously looking for ways to keep clients engaged in treatment. Program staff administers the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) to assess each consumer's current level of motivation and desire to change. Completion of these instruments allows the staff to understand where the consumer is in his/her life and begin to plan individual support/interventions appropriate for the consumer. Understanding what drives a person to change and where they are in the change process is invaluable in all aspects of treatment. Approaches reflect what is most important to the client, which motivates them to continue moving through the various levels of care. The client's motivation for change will be measured through the SOCRATES scale, enabling the counselor and Client to determine the approach best suited to the individual client. The Stages of Change model includes five stages: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance stages. Utilizing interventions that are consistent with a client's readiness for change increases the likelihood of the intervention's success.

### **a. Does the program utilize motivational enhancement theories?**

Yes, both MI and MET are both foundational aspects of the treatment program.

## **3. Is the program willing to be an active member of the court team (e.g., participate in staffing and hearings)?**

PFH currently participates as a member of the court team in all districts it is involved and sees the great benefit in doing so; therefore PFH has no reservations in agreeing to continue to serve as an active member of the court teams.

*Each client who receives MAT supports is educated regarding the medication they are receiving. For example:*

Each patient to whom buprenorphine is prescribed is cautioned to follow the directions exactly, particularly during the induction stage:

- Critical issues involve when to begin dosing, the frequency of subsequent doses, and the importance of avoiding the use of any other illicit or prescription opioid.
- Concurrent use of non-opioid sedating medications or over-the-counter products are also discussed,
- Patients are to be advised to avoid the use of alcohol.
- Patients are to be cautioned about potential sedation or impairment of psychomotor function during the titration phase of induction with buprenorphine.
- Finally, because opioids can contribute to fatal overdoses in individuals who have lost their tolerance to opioids or in those who are opioid-naïve (such as a child or other family member), proper and secure storage of the medication must be discussed.
- In circumstances where there are children/youth in the patient's home, the subject of safe storage and use should be revisited periodically throughout the course of treatment, with the discussions documented in the patient record.

**3. Does the program have a MAT prescribing physician/nurse practitioner on staff?**

All PFH clients have access to a prescribing physician/nurse practitioner either through PFH employed provider or PFH-contracted service. Medication Services are delivered face-to-face or via telehealth. In the Northeastern region, a part-time nurse practitioner is available for MAT prescribing. All other practitioners are contracted and described below.

**a. if so, what specialized training or certification has been received?**

All physician/nurse practitioners prescribing buprenorphine have obtained their DATA 2000 waiver, which includes the required SAMHSA training. Additionally, many of PFH practitioners seek MAT-related trainings in order to keep updated about changes and the new pharmacology entering the market.

**4. Does the program have established relationships with MAT prescribing physicians in the community?**

As referenced above, PFH employs and contracts with practitioners for appropriate capacity. Program sites in the Eastern region have a full time physician and a part-time nurse practitioner, and utilizes Assisted Recovery Centers of America (ARCA) for contractual physician services/MAT. Program sites in the Central and Southwest have an independent physician available to prescribe MAT, and the Central region has an independent nurse practitioner available should demand exceed the physician's capacity. In the Northwest region, PFH both contracts a physician and nurse practitioner for MAT services, and utilizes the local community mental health center for MAT.

**5. What communication protocols are in place with MAT prescribing physicians or other medical staff (both onsite and offsite) to ensure that there is adequate communication regarding individual's MAT compliance and progress?**

Although confidentiality of the individual client is valued and important, communication among the treatment team is vital to determine compliance and progress.

*Terms of MAT treatment typically includes:*

- Acknowledgement of the potential benefits and risks of therapy and the goals of treatment;
- Identification of one provider and one pharmacy from whom the patient will obtain prescriptions;
- Authorization to communicate with all providers of care (and sometimes significant others) and to consult the state's Prescription Drug Monitoring Program (PDMP), if one is available;
- Other treatments or consultations in which the patient is expected to participate, including recovery activities; avoidance of illicit substances; permission for drug screens (of blood, urine, saliva or hair/nails) and pill counts as appropriate; mechanisms for prescription renewals, including exclusion of

OSCA 19-00284 Specialized Treatment Provider

- Divalpores sodium (Depakote)
- Gabapentin (Neurontin)
- Haloperidol (Haldol)
- Hydroxyzine (Vistaril)
- Folic Acid
- Lorazepam (Ativan)
- Olansapine (Sypresa)
- Prazosin (Minipress)
- Prochlorperazine (Compazine)
- Propranolol (Inderal)
- Quetiapine fumarate (Seroquel)
- Thiamine
- Trimethobenzamide (Tigan)
- Trazodone (Desyrel)

Under the supervision of our programs physicians, nurse practitioners, and nurses, PFH utilizes newer medications approved for treating alcohol dependence including acamprosate calcium (Campral) and naltrexone (ReVia, Vivitrol). These medications decrease craving, especially those related to protracted withdrawal.

Under the supervision and direction of our program physicians, nurse practitioners, and nurses, PFH utilizes two forms of buprenorphine: Subutex (pure “BUP”) and Suboxone for opioid dependence. Suboxone also contains naloxone, an opiate-blocking agent. Subutex is most often used for detoxification from opioids while Suboxone is most often used as a stabilization and maintenance medication. The naloxone in Suboxone deters intravenous use of buprenorphine. If Suboxone is injected, it will result in immediate opioid withdrawal. It is often the choice for use in outpatient settings.

Although PFH does not prescribe or administer methadone, PFH does provide treatment to clients currently taking methadone. Methadone is a synthetic opioid that has been used to treat people with opioid addiction for more than 40 years. Methadone can be effective and safe in the treatment of opioid addiction when it is used appropriately and in concert with appropriate treatment.

PFH also uses Oral Naltrexone and Vivitrol (long-acting naltrexone injection) as an aid in the treatment of opioid dependence. Vivitrol contains no opioids, is given in a monthly injection, and helps clients with cravings.

**a. How long have these medications been used by the prescribing medical staff?**

These medications have been used by prescribing practitioners since their release in the market. PFH has been at the forefront of MAT interventions.

**b. How many existing participants within the program receive MAT?**

PFHs state of the art electronic health record – Credible Behavioral Health, reports that 900+ clients received MAT during 2018.

**7. Does the program have a MAT taper, length of time requirement, or other policy that is not consistent with MAT evidence-based principles?**

Although treatment is individualized, in general, clients follow a treatment regimen similar to the following phases.

*Phase I: Evaluation/Stabilization.* This phase generally lasts one to four weeks. During Phase I, clients must attend all required treatment sessions and provide random urine drug screens weekly. The doctor, nurse, and counselor review drug screen results, lab tests, treatment attendance, participation in self-help, and progress on treatment plan goals to determine when clients are ready to step down to Phase II. Any barriers to ongoing participation in MAT will be defined, with solutions identified.

*Phase II: Stabilization/Maintenance.* This phase generally lasts 4-8 weeks. Clients must attend all required treatment program sessions and provide random drug screens. The doctor and counselor review drug screen results, lab tests, treatment attendance, participation in self-help, progress on treatment plan goals, and positive interactions with peers in group sessions to determine when clients are ready to move to phase III. Clients are

## **EXHIBIT B**

### **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.

<b>Offeror Name or Subcontractor Name:</b> <u>Preferred Family Healthcare, Inc.</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Mental Health, Division of Behavioral Health
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	Missouri Department of Mental Health, Division of Behavioral Health
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Connie Cahalan, Director of Children's Services <u>Connie.Cahalan@dmh.mo.gov</u> (573) 526-8197
Dates of Prior Services:	July 1992 to present
Dollar Value of Prior Services:	SFY 2017: \$17,882,967
Description of Prior Services Performed:	Adolescent CSTAR: Residential and Outpatient Substance Use Disorder Treatment provided to adolescents in St. Charles, Jefferson City, Kirksville, St. Joseph, Joplin, St. Louis, Hannibal, Liberty, and Kansas City

*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 B**

### **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.

<b>Offeror Name or Subcontractor Name:</b> <u>Preferred Family Healthcare, Inc.</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Mental Health, Division of Behavioral Health
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	706 East Elm, P.O. Box 687, Jefferson City, MO 65102
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Angie Stuckenschneider, Director of Prevention and Mental Health Promotion <a href="mailto:Angie.stuckenschneider@dmh.mo.gov">Angie.stuckenschneider@dmh.mo.gov</a> 573-751-9105
Dates of Prior Services:	1984- Present
Dollar Value of Prior Services:	SFY 2020: \$372,473
Description of Prior Services Performed:	C2000 PFH provides Prevention Services in 27 MO counties to engage communities to create change for healthier and safer living communities. Prevention Specialists will help facilitate development of coalition teams capable of making changes in substance use patterns in their communities and to assist those teams in the implementation of evidence-based prevention strategies.

*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 B**

### **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.

<b>Offeror Name or Subcontractor Name:</b> <u>Preferred Family Healthcare, Inc.</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Mental Health, Division of Behavioral Health
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	706 East Elm, P.O. Box 687, Jefferson City, MO 65102
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Angie Stuckenschneider, Director of Prevention and Mental Health Promotion <a href="mailto:Angie.stuckenschneider@dmh.mo.gov">Angie.stuckenschneider@dmh.mo.gov</a> 573-751-9105
Dates of Prior Services:	FY2002 to present
Dollar Value of Prior Services:	SFY 2020: \$212,269
Description of Prior Services Performed:	SPIRIT PFH works with the Knox R-1 and Scotland R-1 School Districts and the communities to help prevent the use of alcohol, tobacco, and other drugs by youth by establishing a continuum of evidence-based prevention services in various grade levels.

*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 C****PERSONNEL EXPERTISE SUMMARY**

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

**OFFEROR NAME:** Preferred Family Healthcare

<b>Personnel</b>	<b>Background and Expertise of Personnel and Planned Duties</b>
1. <u>Bryan</u> (Name) <u>Vice President-Integrated Health Services</u> (Title) <u>Oversight of treatment services-Eastern MO</u> (Proposed Role/Function)	Bryan is a Certified Reciprocal Alcohol Drug Counselor (CRADC) and has over fifteen years supervising and directing SUD services to adolescents and adults in Eastern Missouri. He oversees the drug court services provided in St. Louis and St. Louis County.
2. <u>Beth</u> (Name) <u>Vice President- Integrated Integrate Services</u> (Title) <u>Oversight of treatment services- Eastern MO</u> (Proposed Role/Function)	Beth is a Certified Reciprocal Alcohol Drug Counselor (CRADC) and has over twenty years of experience in the SUD treatment field and over ten years supervising treatment programs. She oversees the drug court services provided in Eastern Missouri.
3. <u>Nancy</u> (Name) <u>Vice President- Integrated Health Services</u> (Title) <u>Oversight of treatment services-Western MO</u> (Proposed Role/Function)	Nancy has eight years of experience overseeing PFH's SUD treatment services in Western Missouri and Kansas. She oversees the drug court services provided in Western Missouri, including the Kansas City and Joplin areas.
4. <u>Una</u> (Name) <u>Vice President- Integrated Health Services</u> (Title) <u>Oversight of treatment services-Central MO</u> (Proposed Role/Function)	Una is a Certified Co-occurring Disorders Professional (CCDP) and a Registered Alcohol and Drug Counselor (RADC). She has been with PFH for nearly 20 years, most of that time supervising SUD programs. Una oversees the drug court services provided in Central and Southwestern MO, including programs in Jefferson City and Springfield.
5. <u>Kathy</u> (Name) <u>Vice President- Integrated Health Services</u> (Title) <u>Oversight of treatment services- North MO</u> (Proposed Role/Function)	Kathy is a Certified Co-occurring Disorders Professional (CCDP), Certified Reciprocal Alcohol Drug Counselor (CRADC), and Medication Assisted Recovery Specialist (MARS). She has over twenty years of experience in the SUD field, most of it supervising treatment programs. She oversees the drug court services provided in Northern Missouri.
6. <u>Christy</u> (Name) <u>Vice President- Integrated Health Services</u> (Title) <u>Oversight of treatment services- Hannibal</u> (Proposed Role/Function)	Christy is a Certified Advanced Alcohol Drug Counselor (CAADC), Certified Reciprocal Advanced Alcohol and Drug Counselor (CRAADC), International Certified Advance Alcohol and Drug Counselor (IRAADC), a Licensed Professional Counselor (LPC), and a Medication Assisted Recovery Specialist (MARS). She has been with PFH for over seven years and oversees the SUD services we provide in Hannibal and Quincy.

**Judicial Circuit 7**

First Name	Last Name	Title	Credentials
Jack		Counselor	Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)
Shelby		Therapist	Licensed Professional Counselor (LPC)
Josh		Therapist	Licensed Professional Counselor (LPC)
Fadhili		Community Support Specialist	MO Associate Alcohol & Drug Counselor II (MAADC II)
Jessica		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Angelana (Angie)		Lead Therapist	Licensed Professional Counselor (LPC)
Angela		Community Support Specialist	

**Judicial Circuit 9**

First Name	Last Name	Title	Credentials
Shane		Counselor	Certified Alcohol and Drug Counselor (CADC)
Valerie		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Deena		Community Support Specialist	

**Judicial Circuit 11**

First Name	Last Name	Title	Credentials
Kyla		Alumni Specialist	MO Associate Alcohol & Drug Counselor II (MAADC II)
Reena		Clinical Supervisor	Licensed Professional Counselor (LPC)
Cynthia		Peer Support Recovery (PSR) Specialist	Certified Peer Specialist (CPS)
Cynthia	I	Therapist	Licensed Professional Counselor (LPC)
Kate	I	Therapist	Provisional Licensed Professional Counselor (PLPC)
Angel		Therapist	Provisional Licensed Professional Counselor (PLPC)
Olivia	L	Associate Counselor	
Ian		Associate Counselor	
Darla		Therapist	Provisional Licensed Professional Counselor (PLPC)
Hannah		Lead Community Support Specialist (CSS)	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Megan		Program Director	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Stephanie		Associate Counselor	Provisional Licensed Professional Counselor (PLPC)
Emily		Community Support Specialist	
Anna		Family Therapist	Licensed Clinical Social Worker (LCSW)
Jennifer		Therapist	Licensed Professional Counselor (LPC)

**Judicial Circuit 12**

First Name	Last Name	Title	Credentials
David		Therapist	Provisional Licensed Professional Counselor (PLPC)
Jennifer		Associate Counselor	

Judicial Circuit 16

First Name	Last Name	Title	Credentials
Shelby		Residential Director	
Victoria		Therapist	Provisional Licensed Professional Counselor (PLPC)
Dan		Teacher/Facilitator	Educator's Certificate
Jeff		Therapist	Provisional Licensed Professional Counselor (PLPC)
Margaux		Lead Therapist	Licensed Clinical Professional Counselor (LCPC)
Kaitlynn		Clinical Supervisor	Licensed Professional Counselor (LPC)
Shamika		ARTC Regional Coordinator	MO Associate Alcohol & Drug Counselor II (MAADC II)
Kaitlyn		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)

Judicial Circuit 20

First Name	Last Name	Title	Credentials
Samantha		Therapist	Licensed Professional Counselor (LPC), Certified Alcohol and Drug Counselor (CADC)
David		Therapist	Provisional Licensed Professional Counselor (PLPC)
Monica		Clinical Supervisor	MO Associate Alcohol & Drug Counselor II (MAADC II), Certified Reciprocal Alcohol Drug Counselor (CRADC)
Justin		Associate Counselor	MO Associate Alcohol & Drug Counselor I (MAADC I)
Kari		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Jennifer		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)

## Judicial Circuit 21 (continued)

First Name	Last Name	Title	Credentials
Jalen		Behavioral Health Technician	
Alyssa		Community Support Specialist	MO Associate Alcohol & Drug Counselor II (MAADC II)
Brian		School Teams Coordinator	
Cindy		Program Director	Licensed Professional Counselor LPC
Danielle		Associate Counselor	
Shelby		Clinical Supervisor	Certified Alcohol and Drug Counselor (CADC)
Alexia		Community Support Specialist	
Alicia		Associate Counselor	
Justin		TREE Family Coordinator	Licensed Master Social Worker (LMSW)
Brigid		Therapist	Provisional Licensed Professional Counselor (PLPC)
Stewart		Employment Specialist	
Daniel		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Angela	I	Associate Counselor	
Brittany		Community Support Specialist	
Jessica		Therapist	Provisional Licensed Professional Counselor (PLPC)
Laura		Special Projects Coordinator	Licensed Professional Counselor (LPC)
Scott		Therapist	Licensed Master Social Worker (LMSW)
Elizabeth	I	Registered Nurse	Registered Nurse (RN)
Amtoni		Therapist	Licensed Professional Counselor (LPC)
Dawn		Outreach Specialist	
Shayna		TREE Family Coordinator	Licensed Master Social Worker (LMSW)
Jaidan	I	Counselor	Certified Alcohol and Drug Counselor (CADC)
Eden		School Teams Coordinator	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Merrie		Employment Specialist	Certified Alcohol and Drug Counselor (CADC)
Bryan		Vice President of Integrated Health Services	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Sarah		Therapist	Provisional Licensed Professional Counselor (PLPC)

## Judicial Circuit 22

First Name	Last Name	Title	Credentials
Angela		Community Support Specialist	MO Associate Alcohol & Drug Counselor II (MAADC II)
Anthony		Behavioral Health Technician	
Christine		Peer Specialist	Certified Peer Specialist (CPS)
Michael		Program Director	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Bobbie		Counselor	Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)
Howard		Associate Counselor	
Keith		Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Stacey		Clinical Supervisor	Certified Criminal Justice Addictions Professional (CCJP)
Nathaniel		Peer Specialist	
Joshua		Community Support Specialist	
Kathryn		Therapist	Licensed Professional Counselor (LPC)
Latoya		Behavioral Health Technician	
Warren		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Alonda		Community Support Specialist	
Suzanne		Community Support Specialist	
Edgar		Clinical Supervisor	Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)
Lester		Behavioral Health Technician	
Sandra		Lead Counselor	Certified Criminal Justice Addictions Professional (CCJP)
Jacita		Client Engagement Specialist	
Charles		Behavioral Health Technician	
Timothy		Behavioral Health Technician	
Gaynell		Registered Nurse	Registered Nurse (RN)
Veronica		Clinical Supervisor	
Norton		Community Support Specialist	

Judicial Circuit 22 (continued)

First Name	Last Name	Title	Credentials
Unique		Behavioral Health Technician	
Matthew		Therapist	Licensed Master Social Worker (LMSW)
Jennifer		Behavioral Health Technician	
Briana		Statewide Disease Management Director	
Nicole		Community Support Specialist	
Shawn		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Samantha		Community Support Specialist	
Jeffrey		Peer Specialist	
Amanda		Therapist	Licensed Master Social Worker (LMSW)

## Judicial Circuit 26

First Name	Last Name	Title	Credentials
Una		Vice President of Integrated Health Services	Certified Co-Occurring Disorders Professional (CCDP), Registered Alcohol Drug Counselor (RADC)
Rebecca		Community Support Specialist	MO Associate Alcohol & Drug Counselor II (MAADC II)
Courtney		Therapist	Provisional Licensed Professional Counselor (PLPC)
Mia		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Gary		Associate Counselor	
Dedra		CSS Supervisor	
Cynthia		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Kelly	N	CSS Supervisor	
Felix		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Drew		Project Coordinator	Certified Criminal Justice Addictions Professional (CCJP)
Justin		Therapist	Licensed Professional Counselor (LPC)
Jeff		Therapist	Licensed Clinical Social Worker (LCSW)
Brian		Clinical Supervisor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Sheryl		Associate Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Chrystala		Therapist	
Ralph		Clinical Supervisor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Kirby		Counselor	MO Associate Alcohol & Drug Counselor II (MAADC II)
Deidre		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)

OSCA 19-00284 – Specialized Treatment Provider

Judicial Circuit 41

First Name	Last Name	Title	Credentials
Max		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)

Judicial Circuit 43

First Name	Last Name	Title	Credentials
Ashley		Community Support Specialist	
Dean		Associate Counselor	
Dawn		Community Support Specialist	MO Associate Alcohol & Drug Counselor II (MAADC II)

Judicial Circuit 45

First Name	Last Name	Title	Credentials
Brittany		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)
Tiffany		Therapist	Licensed Practical Nurse (LPN)
Natalie		Alumni Specialist	Certified Alcohol and Drug Counselor (CADC)
Titus		Therapist	Provisional Licensed Professional Counselor (PLPC)
Janet		Counselor	Certified Alcohol and Drug Counselor (CADC)
Michelle		Clinical Supervisor	Provisional Licensed Professional Counselor (PLPC)

Virtual Services (all circuits)

First Name	Last Name	Title	Credentials
Rebecca		Associate Counselor	
Brenda		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC), Certified Co-Occurring Disorders Professional (CCDP)
Zach		Clinical Supervisor	Certified Alcohol and Drug Counselor (CADC)
Gina		Peer Specialist	Certified Peer Specialist (CPS)
Hannah		Therapist	Provisional Licensed Professional Counselor (PLPC)
Michelle		Counselor	Certified Reciprocal Alcohol Drug Counselor (CRADC)

## EXHIBIT E

### MISCELLANEOUS INFORMATION

OFFEROR NAME: Preferred Family Healthcare \_\_\_\_\_

#### 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 _____	No <u>  X  </u>
Describe and provide details:		

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.

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

OFFEROR NAME: Preferred Family Healthcare

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.

Mendie Schoeller, Chief Compliance and Ethics Officer

Name and Title of Authorized Representative



Signature

8/21/19

Date

OFFEROR NAME: \_\_\_\_\_

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

Charles Bullman Charles Bullman 10/4/19  
Collector 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.

T. H. Hall Third 10/8/19  
Treatment court Judge/Coordinator Circuit Date

OFFEROR NAME: \_\_\_\_\_

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

Melanie Tipton      Melanie Zyt      10-4-19  
Collector 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.

T. Smith      Third      10-8-19  
Treatment court Judge/Coordinator      Circuit      Date

OFFEROR NAME: \_\_\_\_\_

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

Ashley Hale      Ashley Hale      10/4/2019  
Collector 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.

[Signature]      Third      10/8/19  
Treatment court Judge/Coordinator      Circuit      Date

OFFEROR NAME: \_\_\_\_\_

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

Dawn Hughes                      Dawn Hughes                      10-4-19  
Collector 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.

T. J. Smith                      Third                      10/8/19  
Treatment court Judge/Coordinator                      Circuit                      Date

OFFEROR NAME: \_\_\_\_\_

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

EAN CHANCE HOWERY      Chance Howery      10/4/19  
Collector 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.

T. J. Howell      Third      10/8/19  
Treatment court Judge/Coordinator      Circuit      Date

OFFEROR NAME: \_\_\_\_\_

## Office of State Courts Administrator



### Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

Deena Smith      [Signature]      10-4-19  
Collector 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.

[Signature]      9th      10-27-19  
Treatment court Judge/Coordinator      Circuit      Date

OFFEROR NAME: \_\_\_\_\_

## Office of State Courts Administrator



### Collector Guideline Acceptance Form OSCA 19-00284

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 OSCA with 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 results to OSCA and my employer

Shane England      Sh B.S., CADC      10/07/19  
Collector 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.

Bryce D. Pettrell      9TH      10/07/19  
Treatment court Judge/Coordinator      Circuit      Date