

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

Proposal submission: Proposals may be sent electronically to 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

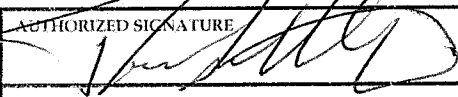
CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2022

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
PRINTED NAME ROBERT FREGALETTE		TITLE OWNER/DIRECTOR
COMPANY NAME FREEDOM RECOVERY CENTER, LLC		
MAILING ADDRESS 100 E MAIN STREET		
CITY, STATE, ZIP UNION, MO 63084		
E-MAIL ADDRESS rfregalette@freedom-center.net		
TELEPHONE NUMBER: 636-221-7551	FACSIMILE NUMBER:	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS in its entirety as submitted		
CONTRACT NO. OSCA 19-00284-46		CONTRACT PERIOD March 17, 2022 through June 30 2023
CONTRACTS SECTION 	DATE 03/17/2022	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: FREEDOM RECOVERY CENTER, LLC

Service Description	Not to Exceed Price	Unit of Service
Assessment	125.00	Per assessment
Assessment option	200.00	Per assessment
Assessment update	100.00	Per assessment
Case Management/Community Support	23.50	Per ¼ hour
Communicable Disease Assessment/Education/Testing	15.00	Per ¼ hour
Day Treatment	100.00	Per day
Detoxification (Social Setting)	-----	Per day
Early Intervention (Intake)	25.00	Per ¼ hour
Early Intervention (Group Education)	3.25	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	15.00	Per ¼ hour
Family Conference	17.86	Per ¼ hour
Family Therapy	17.86	Per ¼ hour
Group Counseling	3.83	Per ¼ hour
Group Counseling (Collateral relationship)	3.83	Per ¼ hour
Group Education	2.98	Per ¼ hour
Group Education (Trauma Related)	3.45	Per ¼ hour
Individual Counseling	14.86	Per ¼ hour

Individual Counseling (Collateral Relationship)	15.25	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	15.25	Per ¼ hour
Individual Counseling (Trauma Related)	17.00	Per ¼ hour

Missouri Recovery Support Specialist (MRSS)	8.00	Per ¼ hour
Peer Support Recovery Mentor (Certified Peer Specialist)	12.00	Per ¼ hour
Modified Medical Treatment	-----	Per day
Relapse Prevention Counseling	15.00	Per ¼ hour
Residential Support	-----	Per day
Treatment Court Day	18.00	Per ¼ hour
Virtual Counseling (Group)	3.83	Per ¼ hour
Virtual Counseling (Individual)	14.86	Per ¼ hour
*Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	40.00	Per test
*Sample Collection with 1-panel on-site provided by contractor	15.00	Per test
*Sample Collection with 2-panel on-site provided by contractor	20.00	Per test
*Sample Collection with 3-panel on-site provided by contractor	25.00	Per test
*Sample Collection with 4-panel on-site provided by contractor	30.00	Per test
*Sample Collection with 5-panel on-site provided by contractor	35.00	Per test
*Sample Collection with 6-panel on-site provided by contractor	40.00	Per test
*Sample Collection with 7-panel on-site provided by contractor	45.00	Per test
*Sample Collection with 8-panel on-site provided by contractor	50.00	Per test
*Sample Collection with 9-panel on-site provided by contractor	55.00	Per test
*Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	40.00	Per test

Drug Testing: Breathalyzer (Equipment provided by contractor)	30.00	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	25.00	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
Topiramate	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: _____

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

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9	Chariton							
9	Linn							
9	Sullivan							
10	Marion							
10	Monroe							
10	Ralls							

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
11	St. Charles							
12	Audrain							
12	Montgomery							
12	Warren	X	X	X	X		X	X
13	Boone							
13	Callaway							
14	Howard							
14	Randolph							
15	Lafayette							
15	Saline							
16	Jackson							
17	Cass							
17	Johnson							
18	Cooper							
18	Pettis							
19	Cole							
20	Franklin	X	X	X	X		X	X

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20	Gasconade	X	X	X	X		X	X
20	Osage	X	X	X	X		X	X
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							

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
25	Texas							
26	Camden							
26	Laclede							
26	Miller							
26	Moniteau							
26	Morgan							
27	Bates							
27	Henry							
27	St. Clair							
28	Barton							
28	Cedar							
28	Dade							
28	Vernon							

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29	Jasper							
30	Benton							
30	Dallas							
30	Hickory							
30	Polk							
30	Webster							
31	Greene							
32	Bollinger							
32	Cape Girardeau							
32	Perry							
33	Mississippi							
33	Scott							
34	New Madrid							
34	Pemiscot							
35	Dunklin							
35	Stoddard							
36	Butler							
36	Ripley							
JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
37	Carter							
37	Howell							
37	Oregon							
37	Shannon							
38	Christian							

39	Barry							
39	Lawrence							
39	Stone							
40	McDonald							
40	Newton							
41	Macon							
41	Shelby							
42	Crawford							
42	Dent							
42	Iron							
42	Reynolds							
42	Wayne							
43	Caldwell							
43	Clinton							
43	Daviess							
43	DeKalb							
43	Livingston							
44	Douglas							
44	Ozark							
44	Wright							

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45	Lincoln							
45	Pike							
46	Taney							

EXHIBIT A

Additional Treatment Provider Information

OFFEROR NAME: FREEDOM RECOVERY CENTER, LLC

The offeror shall respond to each question/statement below to supply OSCA with accurate and comprehensive information regarding the services provided within offeror's agency.

Treatment Philosophy

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

Everyone needs an advocate, especially those struggling with substance use disorders. We are committed to helping people and their families understand their disorders and assist on their personal journey to recovery. We recognize that substance use disorders can contain many components and that a simple and easy answer does not exist. We are an interdisciplinary team that works, with each consumer to ensure that individual needs are addressed while assisting our clients in making informed decisions. We recognize that everyone who turns to us for assistance comes with a unique person history and a set of circumstances. Our assessment process provides recommendation and referrals designed to help individuals and families make informed decisions about their next step in their recovery journey.

2. Does the program use harm reduction techniques?

We do not utilize formal harm reduction techniques

- a. If so, please describe.

Level of Care

1. What criteria are used to determine the appropriate levels of care?

Intensive Outpatient Program (IOP)

Anyone of the following criteria must be met..

- a. The consumer's psychosocial functions has become impaired by moderate-sever symptoms of substance use disorder and treatment cannot be adequately managed in a lower level of care; or
- b. The consumer's mood, affect or cognition has deteriorated to the extent that a higher level of care will likely be needed if intensive outpatient treatment is not provided; or
- c. The consumer has completed inpatient residential treatment or a partial hospital/day treatment program, and requires the structure and monitoring available in an intensive outpatient program; or
- d. The consumer has a non-supportive living situation creating an environment in which the consumer's condition is likely to worsen without the structure and support of the intensive outpatient program.

As well as all the following:

- a) The consumer is not at imminent risk of serious harm to self or others.
- b) Co-occurring medical conditions, if present, can be safely managed in an outpatient setting.

- c) **Co-occurring mental health condition, if present, can be safely managed at this level of care.**
- d) **The consumer has a not supportive living condition, if present, can be safely managed in an outpatient setting.**
- e) **The consumer is not at risk for severe withdrawal or delirium tremens.**
- f) **The consumers and/or his/her family/social support system understand and can comply with the requirements of an IOP, or the consumer is likely to participate in treatment with the structure and supervision afforded by IOP. And all the following may apply...**
- g) **Individual with treatment mandates (e.g. court orders) as their primary motivation for treatment; or those with limited motivation for behavioral change may be appropriate for this level of care as opposed to higher levels of care that require more motivation.**

2. Are services offered for both individuals and families?

Yes, services are offered and encouraged for both individuals and families.

Program Design and Treatment Interventions

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

The Key elements in the programs design are Individualized treatment, Client Empowerments and Holistic wellness.

2. Does the design utilize evidence-based treatments?

Yes, the design utilizes evidence-based modalities.

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

Motivational Interviewing is utilized to help motivate consumers to change as well as help determine which stage of change, they are in when determining appropriate strategies. Cognitive Behavioral Therapy is utilized to address skewed thinking and believe systems to facility behavioral change. 12 step facilitation is utilized to introduce and open consumers to the 12 step recovery programs and local recovery community support systems for longevity of sobriety. The program has also adopted SAMHSA's evidence on recovery and recovery support and having incorporated peer support services.

3. Are individuals screened and assessed for both mental and substance use disorders?

Yes, individuals are screened and assessed for both mental health and substance use disorders.

a. Are standardized instruments used to screen and assess for each type of disorder?

Yes, standardized instruments are used to screen and assess.

b. If so, what instruments are used?

The instruments utilized are the ASI (Addiction Severity Index), MHSF-III (Mental health screening Form – III), PTSD Symptom Scale, SIAS (Social Interaction Anxiety Scale), Beck Depression Inventory, Life Skills Evaluation, Family Strengths and Needs Survey, RANT (Risk and Needs Triage) Nursing Assessment, COWS (Clinical Opiate Withdrawal Scale) and the CIWA (Clinical Institute Withdrawal Assessment for Alcohol)

4. How do you address individuals' co-occurring needs?

We partner with several community organizations to provide for addressing individuals co-occurring needs. We utilize Tele-Medicine have doctors, nurses, psychiatrists, and psychiatric nurse practitioner available at our location to help address these needs

5. Which community partnerships have been established by the program, and how have these been maintained over time?

We have established partnerships with the Franklin County Alternative Treatment Court (20th Circuit), Missouri Department of Corrections (Adult Institutions/Probation and Parole), Division of Family Services, Compass Health, McAuley Clinic, Alkermes, and Ozark Health Care with Dr. Jass, MD and David Guss, MD).

The professional partnerships have been maintained over time through mutual respect, regular staffing, communication placing the consumers' needs and goals as our mutual priority.

6. Does the program use manualized treatment curricula?

Yes, the program uses manualized treatment curricula

- a. If so, which curricula are used?

Moral Reconciliation Therapy, Untangling Relationships, Parenting and Family Values, Taking the High Road, Responsible Living, Breaking the Chains of Trauma (Men and Women), Coming Back From Relapse, Coping with Anger, Healing Men Recover, Matrix, 12 Step Facilitation, Quitting Series (Hazelden)

7. Does the program use cognitive behavior therapy (CBT)?

Yes, the program utilizes CBT

- a. If so, which curricula are used?

Moral Reconciliation Therapy, Untangling Relationships, Parenting and Family Values, Taking the High Road, Responsible Living, Breaking the Chains of Trauma (Men and Women), Coming Back From Relapse, Coping with Anger, Healing Men Recover, Matrix, 12 Step Facilitation, Quitting Series (Hazelden)

- b. List staff and the dates they received training for each CBT.

Robert Fregalette— 2014 Moral Reconciliation Therapy, Untangling Relationships, Parenting and Family Values, Taking the High Road, Responsible Living, Breaking the Chains of Trauma (Men and Women), Coming Back From Relapse, 2014-Coping with Anger, Healing Men Recover, Matrix, 12 Step Facilitation.

Tracy Sovar---2021- Moral Reconciliation Therapy, Parenting and Family Values, Untangling Relationships, Taking the High Road, Responsible Living, Breaking the Chains of Trauma (Men and Women), Coming Back From Relapse, Coping with Anger, Healing Men Recover, Matrix, 12 Step Facilitation, Quitting Series (Hazelden)

Jennifer McNeil— 2017-Moral Reconciliation Therapy, Untangling Relationships, Parenting and Family Values, Taking the High Road, Responsible Living, Breaking the Chains of Trauma (Men and Women), Coming Back From Relapse, Coping with Anger, Healing Men Recover, Matrix, 12 Step Facilitation, Quitting Series (Hazelden)

Kenajo Bell— -- 2021-Moral Reconciliation Therapy, Untangling Relationships, Parenting and Family Values, Taking the High Road, Responsible Living, Breaking the Chains of Trauma (Men and Women), Coming Back From Relapse, Coping with Anger, Healing Men Recover, Matrix, 12 Step Facilitation, Quitting Series (Hazelden)

Program Operations

1. Does the program provide case management and/or community support services?

Yes, the program provides case management and/or community support services.

- a. If so, please describe.

Staff assist consumers in all life area domains of need including but not limited to attending Family Support meetings, working with Probation and Parole, maintaining team treatment goals with community partners, obtaining assistance (food stamps, health insurance, housing, child care, transportation, food pantries, mental health services), completing job applications, teach to write resume, educate on budgeting, shopping and basic social skills, assisting in finding support group meetings and fun social activities.

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

The level of consumer assistance is based on consumer need.

2. What are the program's after-hours and emergency service protocols?

Protocols are in place for Director and Clinical supervisor to receive after hours messages directly. Emergency services are directed to 911.

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

Yes, process are in place to assist with helping consumers get insurance based on financial income and their need for insurance.

- a. Does staff assist with application process?

Yes, staff assist with the application process and educates them on how to do it for themselves in the future.

4. Does the program offer or assist with transportation services?

No, this program does not offer transportation services, however, staff does provide documentation for other programs that do offer transportation services.

Staff Characteristics and Qualifications

1. What attempts have been made to ensure cultural competency among the program's team?

Cultural competency is addressed through ethical expectations, continued training and clinical supervision.

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

The diversity of the treatment team appropriately reflects the diversity of the community.

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

The treatment team includes both mental health and medical professionals, peer support staff, and incorporates community partnerships for the additional disciplines when appropriate.

- a. Do these staff have experience in working with court referrals and with drug-involved offenders?

Yes, staff has experience in working with court referrals and with drug involved offenders. Tracy has 19 years' experience, Robert 9 years, Jennifer 5 years, Kenajo 1 year.

What type of staff training has been provided specific to treatment court programs? The staff has extensive training specific to treatment court programs including but not limited to Best Practices Trainings in DWI and Treatment Court. We attend the Missouri Association of Drug Court Professionals state conference trains annually. Staff also attends the Missouri Addiction Counselors Trainings 2 times a year in the Spring and

the Fall. At least 2 staff members went to National Association of Drug Court Professionals National Trainings and 3 are trained in RANT.

4. What type of staff training has been provided that aligns with the needs of the program's target population? **The staff also receives training in Ethics, Motivational Interviewing, CBT, Trauma Informed Care, Moral Reconation Therapy, 12 step Facilitation, and Cognitive Restructuring, Matrix, HIPPA Confidentiality.**

Insurance and Medicaid

1. Does the program accept the major Medicaid plans (including CSTAR) or other health plans in the catchment area? **The program accepts some Medicaid plans (NOT CSTAR), and other health plans in the catchment area.**
2. Does the program offer medication assisted therapies conformant to the Medicaid formularies? **Yes, the program offers medication assisted therapies conformant to the Medicaid formularies.**

Quality Assurance Mechanism

1. Do participants have an opportunity to voice constructive opinions regarding ways to improve the program? **Yes, participants have the ongoing opportunity to voice constructive opinions regarding the ways to improve the program.**
 - a. How is this feedback used? **The feedback is presented to the treatment team for discussion and possible implementation.**
2. Is clinical supervision available on site? **Yes, clinical supervision is available on site.**
 - a. If so, who provides this supervision? **The supervision is provided by the Certified Clinical Supervisor.**

Program Evaluation

1. What performance measures does the program compile and monitor? **The program compiles consumer satisfaction surveys. The program also maintains records of admittance, discharge and the demographics of consumers.**
 - a. How are these measures used by program administrators? **The measure and responses are utilized in research into program improvements.**
2. Is the program willing to share completed evaluations (methodologies and results) with the court? **The program is willing to share completed evaluations with the court.**

Competencies the Provider Must Have or Must Be Willing to Develop

1. Will the program provide treatment of varying duration?
YES, the program provides treatment of varying duration.
 - a. If so, please describe.
The program length is determined by the consumer need, motivation and treatment goal obtainment. The program does not have a set length, the program length is individualized. In partnering with the Franklin, Osage and Gasconade County Treatment Courts, minimum lengths are determined for phases, but treatment goals are separate.
2. How does the program address participant motivation?
The program utilizes Motivational Interviewing to address consumer motivation.
 - a. Does the program utilize motivational enhancement theories?
In conjunction with Alternative Treatment Court the program utilizes motivational enhancements theories.

3. Is the program willing to be an active member of the court team (e.g., participate in staffing and hearings)? **The program is currently an active member of the court team and is absolutely willing to continue to participate in staffing, hearings, as well as honor other request made by the Judge and Administrator.**

Medication Assisted Treatment (MAT)

1. Does the program support medication assisted treatment (MAT) approaches to recovery?
Yes, the program support medication assisted treatment (MAT) approaches to recovery
2. How do you screen and educate individuals about MAT?
The Clinician and Probation officer screen the individual gathering a complete drug history, utilizing shared decision-making approach. The Clinician completes assessments using the SAMSHA tools available and the ASI/ISAP and refers the consumer for MAT services. The Program also uses Alkermes to provide group education on the different medications available. Consumers are screened by a Nurse and then seen by either a physician or nurse practitioner.
3. Does the program have a MAT prescribing physician/nurse practitioner on staff? **The program utilizes TeleMed and has partnered with another agency allowing for a prescribing physician/nurse practitioner to be available during regular business hours.**
 - a. If so, what specialized training or certification has been received?
The program utilizes, psychiatrists, suboxone certified physicians and psychiatric nurse practitioners as well as a contracted nurse in the office.
4. Does the program have established relationships with MAT prescribing physicians in the community? **Yes, the program has established relationships with MAT prescribing physicians in the community.**
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? **Weekly updates between members of the treatment team and shared electronic charting, when available are utilized, to ensure consumer MAT compliances and progress.**
6. What addiction medications are currently available to the program or the program's community MAT provider network? **Addiction medications are Campral, Antabuse, Suboxone, Subutex, Naltrexone and Vivitrol. In addition, any medications as deemed medically necessary by the prescriber.**
 - a. How long have these medications been used by the prescribing medical staff? **The program is fortunate to have partnered with an agency whose prescribing staff has extensive experience with addiction medication.**
 - b. How many existing participants within the program receive MAT? **The program currently has 10 participants utilizing MAT services.**
7. Does the program have a MAT taper, length of time requirement, or other policy that is not consistent with MAT evidence-based principles? **The program does not determine the MAT protocol, this is determined by the prescriber and the consumer.**
8. Has the program negotiated addiction medication costs with pharmacies within the catchment area? **Yes, the program negotiated addiction medication costs with pharmacies within the catchment area.**
9. What staff training has been received related to MAT? **Staff trainings were attended that focused on the physiological, psychological, and pharmacological aspects of addiction and MAT. Staff includes Medication assisted Recovery Specialist and licensed nursing staff.**

List staff and the dates they received MAT training.

Robert Fregalette – MAT – 2015, 2016, 2017, 2018, 2019

Jennifer McNeil – MAT-2017,2018,2019

Tracy Sovar – MAT – 2015, 2016, 2017, 2018, 2019

Kenajo Bell—MAT-2021

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.

Offeror Name: <u>Freedom Recovery Center</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Franklin County Treatment Court
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	401 E. main St. Union, MO 63084
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	The Honorable Joseph W. Purschke 636-583-6337 joseph.purschke@courts.mo.gov
Dates of Prior Services:	
Dollar Value of Prior Services:	0
Description of Prior Services Performed:	ALL levels of outpatient treatment for the Franklin County Drug & DWI + Family Treatment Courts.

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

2/16/22
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.

Offeror Name: <u>Freedom Recovery Center</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	20 th Judicial Circuit Treatment Court
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	401 E. main St #100c Union, MO 63084
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Sherry Huxol, Administrator 636-583-1550 sherry.huxol@courts.mo.gov
Dates of Prior Services:	
Dollar Value of Prior Services:	\$ 170,867
Description of Prior Services Performed:	All levels of outpatient treatment for the 20 th Judicial Circuit Treatment Court.

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:

Sherry Huxol
Signature of Reference Contact Person

2/16/22
Date of Signature

EXHIBIT B**PRIOR EXPERIENCE**

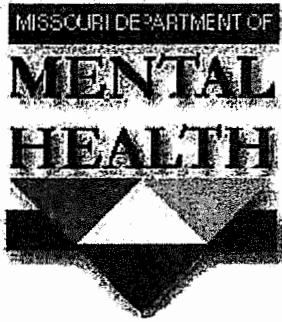
The offeror should copy and complete this form for each reference being submitted as demonstration of the offeror and subcontractor's prior experience. In addition, the offeror is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience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

Offeror Name: <u>Freedom Recovery Center</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	<u>Probation & Parole</u> <u>Tamra Pearson</u>
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	<u>3 Truman Court</u> <u>Union, MO 63084</u>
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	<u>Tamra Pearson</u> <u>(636) 583-8933 ext. 258</u> <u>tamra.pearson@doc.mo.gov</u>
Dates of Prior Services:	
Dollar Value of Prior Services:	
Description of Prior Services Performed:	<u>All levels of outpatient treatment</u> <u>for the Franklin County Treatment</u> <u>Court</u>

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:

Tamra Pearson
Signature of Reference Contact Person

2/22/22
Date of Signature



*Having demonstrated compliance with certification standards for
organizations providing substance use disorder treatment*



Freedom Recovery Center, LLC

is provisionally certified by

**The Department of Mental Health
Division of Behavioral Health**

to provide the following Substance Use Disorder Outpatient Treatment:

- Outpatient Substance Use Disorder Treatment - Adult
 - ♦ Intensive Outpatient Rehabilitation
 - ♦ Supported Recovery

199

Provisional Certificate Number

August 1, 2021 - January 31, 2022

Date

Verified by DMH - Provisional Certificate good to 4/30/22



James F. Wang
Deputy Director

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

FREEDOM RECOVERY CENTER LLC
100 EAST MAIN ST STE B
UNION MO 63084

Additional Named Insureds:

ROBERT FREGALETTE
TRACY SOVAR
JENNIFER MCNEIL

Type of Work Covered: ADDICTION/MENTAL HEALTH COUNSELING

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 09/09/2020

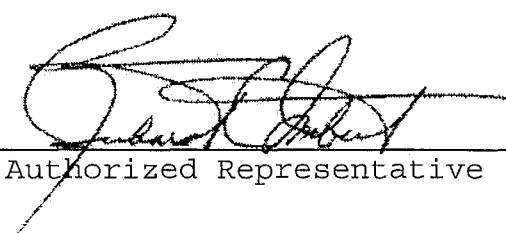
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5005-6640	9/09/21	9/09/22	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$50,000.

This Certificate Issued to:

Name: FREEDOM RECOVERY CENTER LLC
100 EAST MAIN ST STE B
Address: UNION MO 63084


Authorized Representative

Service Contract between Ozark Healthcare, LLC (OHC) and Freedom Center for Recovery, LLC (FCFR)

Date: January 02, 2020

RE: Provision of medication-assisted treatment (MAT) clinical services to Freedom Center for Recovery (FCFR) clients by OHC, through Dr. Jasdanwala (Dr. "Jazz") and other eligible prescribers, provides medication-assisted treatment (MAT) for persons with substance use disorders. FCFR desires to refer eligible patients for MAT services to OHC via tele-health. Telehealth must be HIPPA Compliant see below for acceptable programs.

Screening and Assessment: FCFR will conduct a preliminary screening for all social setting detox (SSD), day treatment (level 1) and intensive outpatient (level 2) clients admitted to their substance use disorders programs to determine what persons may be candidates for MAT services at OHC. FCFR will use the COWS and CIWA screening tools, in conjunction with an interpretive summary, to determine if MAT services may assist the person-served as part of their recovery efforts. Persons will then get educational information from FRC staff to encourage engagement in MAT services with OHC, or the provider of their choice.

Appointments: A designated employee of FCFR will coordinate referrals by calling/text OHC at (573) 739-9806 or via designated HIPAA compliant Email for persons in need of MAT services. Once the appointment is confirmed, the program nurse will securely send the screening tools (COWs and/or CIWA) and the interpretive summary to OHC with the related signed HIPAA release for coordination of care. Same day appointments will be reserved for clients experiencing acute withdrawal symptoms as identified by FCFR staff.

Care Coordination: OHC will directly enter clinical notes into FCFR electronic health record system within 5 business days from the date of service. If no EHR is available, OHC will send notes with invoices weekly or bi-monthly or monthly. FCFR nurses and care coordinators (case managers) will follow-up with all persons-served to incorporate MAT services as part of FCFR's overall treatment plan.

Tele-medicine: Most care provided by OHC will be done using tele-medicine technology. Freedom Center for Recovery will have nursing or case management staff available to initiate all tele-medicine sessions, participating in such sessions only if clinically necessary. FCFR staff shall also be responsible for supplying clients with a urine drug screen as clinically indicated and requested by OHC providers. The tele-medicine software and hardware will be of FCFR's choice and will be provided by FCFR and managed by FRC's IT team, examples of these are, VSee Pro, Office 365 Skype Business, and Jabber. Parties will use Office 365 Skype Business.

For telehealth mark on the note

Liability Insurance: OHC shall carry separate liability insurance for MAT prescribers working with FCFR. A copy of such coverage shall be made available to FCFR. FCFR will not be responsible for providing liability insurance coverage to OHC.

Reimbursement and Billing: All rates will be one flat fee using the master pricing page. Freedom Center for Recovery, LLC will bill for all MAT services provided by OHC through their payor source such as OSCA, Treatment Court, ETC. Freedom Center for Recovery will reimburse Ozark Healthcare the following the rates:

- Medication Services (Physician New Patient) \$22.80 per unit
- Medication Services (Physician New Patient) \$45.61 per unit
- Medication Services (Physician New Patient) \$68.41 per unit
- Medication Services (Physician New Patient) \$102.63 per unit
- Medication Services (Physician New Patient) \$136.84 per unit
- Medication Services (Physician Established Patient) \$36.04 per unit
- Medication Services (Physician Established Patient) \$54.05 per unit
- Medication Services (Physician Established Patient) \$90.09 per unit
- Medication Services (Physician Established Patient) \$144.15 per unit
- Medication Services (Diagnostic Evaluation – Physician) \$54.05 per ¼ hour
- Medication Services (Diagnostic Evaluation-APN) \$34.21 per ¼ hour

OHC will provide invoices for services completed weekly or bi-weekly or monthly. There is no charge for no shows. OHC agrees to accommodate the number of days and hours FCFR needs for MAT services.

Payment for Services: Payment to Ozark Healthcare, LLC will be at the rate of the DMH Reimbursement rate per patient visit that FCFR will receive based on the Medication Service Code for new patients and established patients. A visit shall be each MAT-related clinical intervention. No person-served may have more than 1 visit per day. FCFR will need to identify a Pharmacy for OHC to call in medications.

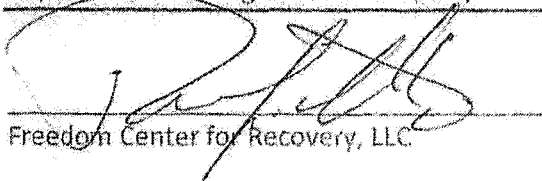
FCFR will run an event report by:

- the 15th day of each month that includes a total visit count that includes the preceding calendar month reflecting applicable code and reimbursement based on clinical documentation provided by OHC and entered into FCFR's electronic health record or submitted invoices in lieu of the EHR, FCFR will submit a check to Ozark Healthcare, LLC for services provided within this time frame.

Other service that OHC provide such as Recovery Housing, tele-trauma, and SA tele-counseling can be discuss if wanted by FCFR.

Each Quarter, FCFR and OHC will review service quality indicators such as patient satisfaction, promptness in appointments, ability to accommodate walk-in appointments, feedback from care coordination staff will also be discussed each quarter and more frequently if needed.

Term: This MOU is made effective as of 01/01/2020. Upon mutual agreement by OHC and FCFR, this MOU may be renewed thereafter. Either party may terminate this agreement at any time by giving 30-day notice, in writing to the other party.


Freedom Center for Recovery, LLC

1/2/20
Date

Freedom Center for Recovery, LLC
100 East Main St
Union, MO 63084


Ozark Healthcare

1/6/20
Date

Ozark Healthcare, LLC
11105 CR 3030
Rolla, MO 65401

EXHIBIT C**PERSONNEL EXPERTISE SUMMARY**

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

OFFEROR NAME: _____

Personnel	Background and Expertise of Personnel and Planned Duties
1. <u>Robert Fregalette</u> (Name) <u>Owner/Vice President,</u> (Title) <u>Director/Counselor</u> (Proposed Role/Function)	Robert is in the Administrative Director Role as well as assisting with Counseling/RANT screenings/Facilitation of Groups. Resume Attached
2. <u>Tracy Sovar</u> (Name) <u>Clinical Supervisor/Exec Sec/Treasurer</u> (Title) <u>Supervisor/Counselor/Facilitator</u> (Proposed Role/Function)	Tracy is in Administrative position on the board as Exec. Secretary/ Treasurer. She is also the Clinical Supervisor. She further assist with counseling, assessments, RANT screenings, group facilitation. Resume Attached.
3. <u>Jennifer McNeil</u> (Name) <u>Counselor</u> (Title) <u>Counselor/Facilitator</u> (Proposed Role/Function)	Jennifer is a counselor. She does RANT screenings, and is also a group facilitator. Resume Attached
4. <u>Connie Johntson</u> (Name) <u>Nurse, LPN</u> (Title) <u>Nurse</u> (Proposed Role/Function)	Connie Johntson, LPN is the nurse. Resume Attached
5. <u>Kenajo Bell</u> (Name) <u>Facilitator/Counselor/Peer Support</u> (Title) <u>Peer Support/Facilitator</u> /counselor (Proposed Role/Function)	Kenajo is has her peer credential, recently got her MAADC counselor credential and she utilizes one or the other with different clients. She is also a group facilitator. Resume attached.

6. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
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EXHIBIT D

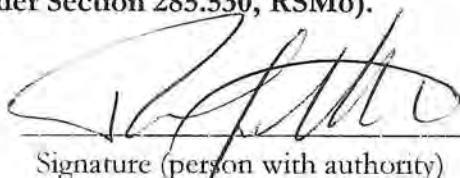
AFFIDAVIT OF WORK AUTHORIZATION

Comes now Robert Fregalette as Director first being duly sworn on my oath
(NAME) (OFFICE TITLE)
 affirm Freedom Recovery Center, LLC is enrolled and will continue to
 participate in a federal work

(COMPANY NAME)
 authorization program in respect to employees that will work in connection with the contracted
 services related to OSCA 19-00284, Specialized Treatment Provider for Treatment Court for the
 duration of the contract, if awarded, in accordance with

(REP NUMBER)
 RSMo Chapter 285.530 (2). I also affirm that Freedom Recovery Center, LLC does not and will
 not employ a person who is knowingly an unauthorized alien in connection with the contracted
 services related to **OSCA 19-00284, Specialized Treatment Provider for Treatment Court** 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).**


 Signature (person with authority)

Robert Fregalette,

Printed Name

Director

Title

3-15-22

Date

Subscribed and sworn to before me this 15th of March 2022. I am
(DAY) (MONTH, YEAR)
 commissioned as a notary public within the County of Franklin, State of
(NAME OF COUNTY)
Missouri, and my commission expires on 10/25/2025.
(NAME OF STATE) (DATE)

Chelsea Thornton

Signature of Notary

3-15-22

Date

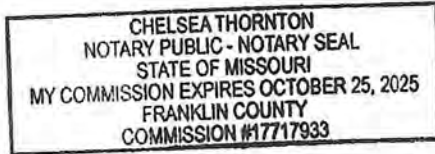


EXHIBIT E

MISCELLANEOUS INFORMATION

OFFEROR NAME: _____

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:		

EXHIBIT F

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

OFFEROR NAME:

Freedom Recovery Center, LLC, Robert Fregalette

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

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

OFFEROR NAME: Freedom Recovery Center, LLC – Robert Fregalette

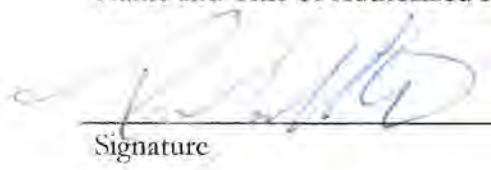
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(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.

Robert Fregalette, Director of Freedom Recovery Center, LLC

Name and Title of Authorized Representative



Signature

2-15-22

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

Robert Fregalotte [Signature] 2-15-22
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.

Treatment court Judge/Coordinator Circuit Date

EXHIBIT H

Collector Background Checks and Family Care Safety Registry

The following are the procedures individuals must complete in order to receive payment for the collection of urine on treatment court participants for drug testing purposes.

Any individual who collects urine specimens must have completed **Criminal Background Checks** as follows:

1. The Missouri Automated Criminal History System (MACHS) Fingerprint Search Portal allows any member of the public to schedule an appointment to be fingerprinted through IDEMIA, the state fingerprint services vendor, for a fingerprint-based criminal background check. IDEMIA will utilize electronic image capturing (also known as livescan) to capture an applicant's fingerprints electronically and transmit them to the MSHP for processing. IDEMIA does not receive or have access to criminal history records.
2. Print the Missouri State Highway Patrol Applicant Fingerprint Services of Missouri form below, form SHP-984C 04/13, regarding fingerprinting and following the directions it contains. When completing the online information and when asked for a Registration Number, input **7236**. This code **MUST** be used or your background check will be sent to another agency and you will have to pay for your fingerprinting again!
3. Many questions regarding the fingerprinting process can be answered using the following website: <https://www.machs.mshp.dps.mo.gov/MACHSFP/faq.html>
4. A copy of the NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS is included below for your information as well.

No. 3042

Missouri Credentialing Board

Hereby Certifies that

Tracy Sovar

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



Executive Director

Expiration Date October 31, 2022

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 5617

Missouri Credentialing Board

Hereby Certifies that

Tracy Souvar

Continues to meet the standards and qualifications
of a SATOP Qualified Professional-REACT
as determined by the Board.



Executive Director

Expiration Date October 31, 2022

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.



This Certificate verifies that

Tracy Sovar

completed the

**Clinical Supervision: Building Chemical
Dependency Counselor Skills Training**

on Feb 17-19, 2010 and is awarded
21 contact hours through the MSAPCB



Cert. #852

Trainer

**Missouri Credentialing Board
428 East Capitol, 2nd Floor
Jefferson City, Missouri 65101
573.616.2300, fax: 573.616.2303
help@missouricb.com**

Name Tracy D. Sovar

LEVEL CRADC

CERTNO 3042

CERTDATE 12/1/2009

STATUS Active

EXPDATE 10/31/2022

MSAPCB Supervision Number 852

[Print This Page](#)



**Missouri Credentialing Board
428 East Capitol, 2nd Floor
Jefferson City, Missouri 65101
573.616.2300, fax: 573.616.2303
help@missouricb.com**

**Name Tracy D. Sovar
LEVEL SQP-R
CERTNO 5617
CERTDATE 1/1/2010
STATUS Active
EXPDATE 10/31/2022
MSAPCB Supervision Number 852**

[Print This Page](#)



No. 7713

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Robert A. Fregalette

has met all the standards and qualifications required of an
associate substance abuse counselor as determined by the
Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor II

Awarded on December 16, 2014



Cliff John *CHAAP*

President

Alicia Ozubeyn *MACSAPP*

Secretary

No. 7713

Missouri Credentialing Board

Hereby Certifies that

Robert A. Fregalette

Continues to meet the standards and qualifications
of a Missouri Associate Alcohol Drug Counselor II
as determined by the Board.



Executive Director

Expiration Date October 31, 2022

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 10483

Missouri Credentialing Board

Hereby Certifies that

Jennifer J. McNeil

Continues to meet the standards and qualifications
of a Missouri Associate Alcohol Drug Counselor II
as determined by the Board.



Executive Director

Expiration Date October 31, 2021

No. 10483

Missouri Credentialing Board

Hereby recognizes that

Jennifer J. McNeil

has met all the qualifications required of an associate alcohol drug counselor as determined by the
Credentialing Board and is hereby conferred the title of

Missouri Associate Alcohol Drug Counselor II

Awarded on May 24, 2019

Stacy Langendorf



Stacy Langendorf

MCB Executive Director

No. 13694

Missouri Credentialing Board

Hereby recognizes that

Kenajo A. Bell

has completed the required Medication Awareness Recovery Specialist Training program and is hereby
conferred the title of

Medication Awareness Recovery Specialist

Awarded on June 11, 2021



[Handwritten Signature]
MCB Executive Director


No. 13887

Missouri Credentialing Board

Hereby Certifies that

Kenajo A. Bell

has met the qualifications required of a
Missouri Associate Alcohol Drug Counselor II
as determined by the Credentialing Board.



Executive Director

Expiration Date **October 31, 2023**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 13242

Missouri Credentialing Board

Hereby recognizes that

Kenajo A. Bell

has met all the qualifications required of a recovery support professional as determined by the
Credentialing Board and is hereby conferred the title of

Certified Peer Specialist

Awarded on December 28, 2020



Stacy Longenderfer

MCB Executive Director

MICHAEL L. PARSON
GOVERNOR



MARK STRINGER
DIRECTOR

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
PHONE: (573) 751-4122 FAX: (573) 751-8224
www.dmh.mo.gov

September 21, 2020

Kenajo Bell
1120 Walton St.
St. Clair, MO 63077

Re: *Request for Exception*

Dear Ms. Bell:

On September 21, 2020, the Department of Mental Health Exceptions Committee ("Committee") considered your request for an exception from 9 CSR 10-5.190. After careful consideration of the information you submitted, the Committee voted to grant your request for an exception.

This exception becomes effective as of the date of this letter. I encourage you to maintain a copy of this letter in your files, in the event any questions arise about whether an exception has been granted.

If you have any questions, please contact me at 573-751-8202.

Sincerely,

A handwritten signature in cursive script, reading "Lisa Limbach".

Lisa Limbach
Paralegal
Department of Mental Health

/ll