

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

RFP NO. OSCA 25-02848-08

RENEWAL: 001

TITLE: Specialized Treatment Provider  
for Treatment Court

CONTACT: Mitchell Bonine

PHONE NO.: (573) 522-6766

E-MAIL: [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov)

Proposal submission: Proposals may be sent electronically to [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov).

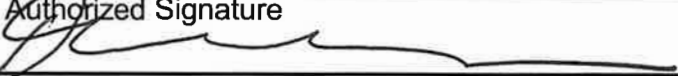
**CONTRACT PERIOD: FROM APPROVAL DATE THROUGH JUNE 30, 2027**

**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<br> |                                  | Date<br>5/18/26   |
| Printed Name<br>David Yoder                                                                                |                                  | Title<br>Director |
| Company Name<br>Assessment & Counseling Service, LLC dba Assessment & Counseling Solutions                 |                                  |                   |
| Mailing Address<br>11640 Gravois Road, Suite 245                                                           |                                  |                   |
| City, State, Zip<br>St. Louis, Missouri 63126                                                              |                                  |                   |
| E-Mail Address<br><a href="mailto:d.yoder.acs@gmail.com">d.yoder.acs@gmail.com</a>                         |                                  |                   |
| Telephone Number<br>314-740-0096                                                                           | Facsimile Number<br>314-849-2852 |                   |

**Notice of Award (OSCA Use Only)**

|                                                                                             |                  |                                                          |
|---------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|
| Accepted by Office of State Courts Administrator as Follows<br>As submitted in its entirety |                  |                                                          |
| Contract No.<br>25-02848-08                                                                 |                  | Contract Period<br>July 1, 2026 through June 30, 2027    |
| Contracts Section<br><i>Mitchell Bonine</i>                                                 | Date<br>06/09/26 | Deputy State Courts Administrator<br><i>R. Morrissey</i> |

CONTRACT RENEWAL 001 to OSCA 25-02848-XX

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

**Contract renewal period:** July 1, 2026, through June 30, 2027

The Office of State Courts Administrator desires to renew the above referenced contract.

A completed Pricing Page must be returned with the completed and signed cover page of this renewal document prior to full execution by OSCA.

All Company created marketing documents and information that is added to the RFP must be ADA compliant

All other terms, conditions and provisions of the previous contract period shall remain the same and apply hereto.

**PRICING PAGES**

The offeror must provide firm, fixed 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. Offerors shall only bid on treatment services they are certified by DMH to provide (excluding Treatment Court Day). By submitting a bid for a treatment service, by providing treatment services and/or submitting bills pursuant to any contract resulting from this RFP, the offeror represents that offeror is certified by DMH to provide the service for which offeror is submitting a bid. OSCA will not reimburse treatment services that offerors are not certified by DMH to provide (excluding Treatment Court Day).

**OFFEROR NAME:**

| Service Description                                                     | Not to Exceed Price | Unit of Service |
|-------------------------------------------------------------------------|---------------------|-----------------|
| Comprehensive Assessment                                                | 150.00              | Per assessment  |
| Assessment update                                                       | 50.00               | Per assessment  |
| Case Management/Community Support                                       | 25.00               | Per ¼ hour      |
| Communicable Disease Counseling                                         |                     | Per ¼ hour      |
| Crisis Intervention                                                     | 25.00               | Per ¼ hour      |
| Day Treatment                                                           |                     | Per day         |
| AmbulatoryWithdrawal Management                                         |                     | Per day         |
| Medically Monitored Withdrawal Management                               |                     | Per day         |
| Clinically Managed ResidentialWithdrawal Management                     |                     | Per day         |
| Clinically Managed High-Intensity Residential Services (Adult Criteria) |                     | Per day         |
| Early Intervention                                                      |                     | Per ¼ hour      |
| Family Conference                                                       | 25.00               | Per ¼ hour      |
| Family Therapy                                                          | 25.00               | Per ¼ hour      |
| Group Counseling                                                        | 6.50                | Per ¼ hour      |
| Collateral Dependent Counseling (Individual)                            | 25.00               | Per ¼ hour      |
| Collateral Dependent Counseling (Group)                                 | 6.50                | Per ¼ hour      |
| Group Rehabilitative Support                                            | 6.50                | Per ¼ hour      |
| Group Rehabilitative Support (Trauma)                                   | 6.50                | Per ¼ hour      |

| Service Description                                                                 | Not to Exceed Price | Unit of Service |
|-------------------------------------------------------------------------------------|---------------------|-----------------|
| Individual Counseling                                                               | 25.00               | Per ¼ hour      |
| Individual Counseling (Co-Occurring Disorder)                                       | 30.00               | Per ¼ hour      |
| Trauma Individual Counseling                                                        | 30.00               | Per ¼ hour      |
| Missouri Peer and Family Support                                                    | 15.00               | Per ¼ hour      |
| Residential Support                                                                 |                     | Per day         |
| Treatment Court Day                                                                 | 15.00               | Per ¼ hour      |
|                                                                                     |                     |                 |
| *Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)                      |                     | Per test        |
| *Sample Collection with 1-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 2-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 3-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 4-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 5-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 6-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 7-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 8-panel on-site provided by contractor                      |                     | Per test        |
| *Sample Collection with 9-panel on-site provided by contractor                      |                     | Per test        |
| *Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court) |                     | Per test        |
| Drug Testing: Breathalyzer (Equipment provided by contractor)                       |                     | Per test        |
| Drug Testing: Breathalyzer (Equipment provided by Treatment Court)                  |                     | Per test        |

**PRICING PAGES (cont.)**

The offeror must provide copies of invoices of actual cost per prescription for the medications and services identified below with the double asterisk. ~~The maximum amount payable per unit to the Contractor for accepted deliverables under this portion of the contract shall not exceed per unit pricing offered 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, unless a change is requested in writing in accordance with paragraph 2.3.4, Price Escalation Clause.~~

|                                                                     |                   |                  |
|---------------------------------------------------------------------|-------------------|------------------|
| <b>**Medication Service – Physician Office Visit</b>                |                   |                  |
| Medication Services Support                                         |                   |                  |
| Medication: [Medication Assisted Treatment (MAT)]                   |                   |                  |
| <b>**Naltrexone - Oral</b>                                          | No pricing needed | Per Prescription |
| <b>**Extended-Release Injectable Naltrexone (Vivitrol®)</b>         | No pricing needed | Per Prescription |
| <b>**Buprenorphine (i.e. Subutex®),</b>                             | No pricing needed | Per Prescription |
| <b>**Buprenorphine/Naloxone (i.e. Suboxone®)</b>                    | No pricing needed | Per Prescription |
| <b>**Buprenorphine Extended-Release Injection (i.e. Sublocade™)</b> | No pricing needed | Per Prescription |
| <b>**Buprenorphine Implants</b>                                     | No pricing needed | Per Prescription |
| <b>**Methadone</b>                                                  | No pricing needed | Per Prescription |
| <b>**Acamprosate</b>                                                | No pricing needed | Per Prescription |
| <b>**Disulfiram</b>                                                 | No pricing needed | Per Prescription |
|                                                                     |                   |                  |
| <b>**Baclofen (Lioresal)</b>                                        | No pricing needed | Per Prescription |
| <b>**Benzotropine (Cogentin)</b>                                    | No pricing needed | Per Prescription |
| <b>**Carbamazepine (Tegretol)</b>                                   | No pricing needed | Per Prescription |
| <b>**Chlordiazepoxide (Librium)</b>                                 | No pricing needed | Per Prescription |
| <b>**Clonazepam (Klonopin)</b>                                      | No pricing needed | Per Prescription |
| <b>**Clonidine (Catapres)</b>                                       | No pricing needed | Per Prescription |
| <b>**Divalproex Sodium (Depakote)</b>                               | No pricing needed | Per Prescription |

|                                |                     |                  |
|--------------------------------|---------------------|------------------|
| **Gabapentin (Neurontin)       | Nopricing<br>needed | Per Prescription |
| **Haloperidol (Haldol)         | Nopricing<br>needed | Per Prescription |
| **Hydroxyzine (Vistaril)       | Nopricing<br>needed | Per Prescription |
| **Folic Acid                   | Nopricing<br>needed | Per Prescription |
| **Lorazepam (Ativan)           | Nopricing<br>needed | Per Prescription |
| **Olanzapine (Zyprexa)         | Nopricing<br>needed | Per Prescription |
| **Prazosin (Minipress)         | Nopricing<br>needed | Per Prescription |
| **Prochlorperazine (Compazine) | Nopricing<br>needed | Per Prescription |
| **Propranolol (Inderal)        | Nopricing<br>needed | Per Prescription |
| **Quetiapine (Seroquel)        | Nopricing<br>needed | Per Prescription |
| **Thiamine                     | Nopricing<br>needed | Per Prescription |
| **Trimethobenzamide (Tigan)    | Nopricing<br>needed | Per Prescription |
| **Trazodone (Desyrel)          | Nopricing<br>needed | Per Prescription |
| **Topiramate (Topamax)         | Nopricing<br>needed | Per Prescription |

**\*Attachment 1 and 2 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:** Assessment & Counseling Solutions

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

| JUDICIAL<br>CIRCUIT | COUNTY      | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---------------------|-------------|-----|-------|--------|----------|----------|------|--------|
| 10                  | Marion      |     |       |        |          |          |      |        |
| 10                  | Monroe      |     |       |        |          |          |      |        |
| 10                  | Ralls       |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 11                  | St. Charles |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 12                  | Audrain     |     |       |        |          |          |      |        |
| 12                  | Montgomery  |     |       |        |          |          |      |        |
| 12                  | Warren      |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 13                  | Boone       |     |       |        |          |          |      |        |
| 13                  | Callaway    |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 14                  | Howard      |     |       |        |          |          |      |        |
| 14                  | Randolph    |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 15                  | Lafayette   |     |       |        |          |          |      |        |
| 15                  | Saline      |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 16                  | Jackson     |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 17                  | Cass        |     |       |        |          |          |      |        |
| 17                  | Johnson     |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 18                  | Cooper      |     |       |        |          |          |      |        |
| 18                  | Pettis      |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 19                  | Cole        |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 20                  | Franklin    |     |       |        |          |          |      |        |
| 20                  | Gasconade   |     |       |        |          |          |      |        |
| 20                  | Osage       |     |       |        |          |          |      |        |
|                     |             |     |       |        |          |          |      |        |
| 21                  | St. Louis   | X   | X     |        |          |          |      |        |

| JUDICIAL<br>CIRCUIT | COUNTY         | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---------------------|----------------|-----|-------|--------|----------|----------|------|--------|
| 22                  | St. Louis City |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 23                  | Jefferson      |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 24                  | Madison        |     |       |        |          |          |      |        |
| 24                  | St. Francois   |     |       |        |          |          |      |        |
| 24                  | Ste. Genevieve |     |       |        |          |          |      |        |
| 24                  | Washington     |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 25                  | Maries         |     |       |        |          |          |      |        |
| 25                  | Phelps         |     |       |        |          |          |      |        |
| 25                  | Pulaski        |     |       |        |          |          |      |        |
| 25                  | Texas          |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 26                  | Camden         |     |       |        |          |          |      |        |
| 26                  | Laclede        |     |       |        |          |          |      |        |
| 26                  | Miller         |     |       |        |          |          |      |        |
| 26                  | Moniteau       |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 27                  | Bates          |     |       |        |          |          |      |        |
| 27                  | Henry          |     |       |        |          |          |      |        |
| 27                  | St. Clair      |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 28                  | Barton         |     |       |        |          |          |      |        |
| 28                  | Cedar          |     |       |        |          |          |      |        |
| 28                  | Dade           |     |       |        |          |          |      |        |
| 28                  | Vernon         |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 29                  | Jasper         |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 30                  | Benton         |     |       |        |          |          |      |        |
| 30                  | Dallas         |     |       |        |          |          |      |        |
| 30                  | Hickory        |     |       |        |          |          |      |        |
| 30                  | Polk           |     |       |        |          |          |      |        |
| 30                  | Webster        |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 31                  | Greene         |     |       |        |          |          |      |        |

| JUDICIAL<br>CIRCUIT | COUNTY         | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---------------------|----------------|-----|-------|--------|----------|----------|------|--------|
| 32                  | Bollinger      |     |       |        |          |          |      |        |
| 32                  | Cape Girardeau |     |       |        |          |          |      |        |
| 32                  | Perry          |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 33                  | Mississippi    |     |       |        |          |          |      |        |
| 33                  | Scott          |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 34                  | New Madrid     |     |       |        |          |          |      |        |
| 34                  | Pemiscot       |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 35                  | Dunklin        |     |       |        |          |          |      |        |
| 35                  | Stoddard       |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 36                  | Butler         |     |       |        |          |          |      |        |
| 36                  | Ripley         |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 37                  | Carter         |     |       |        |          |          |      |        |
| 37                  | Howell         |     |       |        |          |          |      |        |
| 37                  | Oregon         |     |       |        |          |          |      |        |
| 37                  | Shannon        |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |
| 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          |     |       |        |          |          |      |        |
|                     |                |     |       |        |          |          |      |        |

| JUDICIAL<br>CIRCUIT | COUNTY     | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---------------------|------------|-----|-------|--------|----------|----------|------|--------|
| 43                  | Caldwell   |     |       |        |          |          |      |        |
| 43                  | Clinton    |     |       |        |          |          |      |        |
| 43                  | Daviess    |     |       |        |          |          |      |        |
| 43                  | DeKalb     |     |       |        |          |          |      |        |
| 43                  | Livingston |     |       |        |          |          |      |        |
|                     |            |     |       |        |          |          |      |        |
| 44                  | Douglas    |     |       |        |          |          |      |        |
| 44                  | Ozark      |     |       |        |          |          |      |        |
| 44                  | Wright     |     |       |        |          |          |      |        |
|                     |            |     |       |        |          |          |      |        |
| 45                  | Lincoln    |     |       |        |          |          |      |        |
| 45                  | Pike       |     |       |        |          |          |      |        |
|                     |            |     |       |        |          |          |      |        |
| 46                  | Taney      |     |       |        |          |          |      |        |



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



## **Assessment and Counseling Services dba Assessment and Counseling Solutions**

*is fully certified by*

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

*to provide the following substance use disorder treatment program:*

- Outpatient Substance Use Disorder Treatment - Adult
  - Supported Recovery

3773

Certificate Number

June 1, 2025 - May 31, 2028

Date



  
Deputy Director of Community Operations



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



## **Assessment and Counseling Services dba Assessment and Counseling Solutions**

*is fully certified by*

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

*to provide the following programs:*

- ❖ **Substance Awareness Traffic Offender Program (SATOP)**
  - **Offender Management Unit (OMU)**
  - **Offender Education Program (OEP)**
  - **Clinical Intervention Program (CIP)**
  - **Serious Repeat Offender Program (SROP)**
  - **Weekend Intervention Program (WIP)**

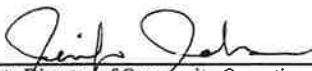
**3773**

Certificate Number

**June 1, 2025 - May 31, 2028**

Date



  
Deputy Director of Community Operations



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



## **Assessment and Counseling Services dba Assessment and Counseling Solutions**

*is fully certified by*

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

*to provide the following:*

***Required Educational Assessment and Community Treatment Programs (REACT)***

- REACT - Screening Unit (RSU)
- REACT - Education Program (REP)

**3773**

Certificate Number

**June 1, 2025 - May 31, 2028**

Date



  
Deputy Director of Community Operations