



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

**CONTRACT NO. OSCA 19-00284-11  
Renewal 005  
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)**

**ISSUE DATE: February 13, 2024**

**RETURN RENEWAL NO LATER THAN: March 29, 2024**

**Renewal submission:** Renewals may be sent electronically to [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov). If you would like to submit the renewal in paper form, 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: JULY 1, 2024 THROUGH JUNE 30, 2025**

**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 11-7-24
PRINTED NAME <b>John Gary</b>	TITLE <b>Chief Executive Officer</b>
COMPANY NAME <b>Gibson Recovery Center, Inc.</b>	
MAILING ADDRESS <b>340 South Broadway Street</b>	
CITY, STATE, ZIP <b>Cape Girardeau, MO 63703</b>	
E-MAIL ADDRESS <b><a href="mailto:garyj@gibsonrecovery.org">garyj@gibsonrecovery.org</a></b>	
TELEPHONE NUMBER: <b>573-332-0416 ext. 105</b>	FACSIMILE NUMBER:

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

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: Accepted in it's entirety		
CONTRACT NO. <b>OSCA 19-00284-11</b>		CONTRACT PERIOD <b>July 1, 2024, through June 30, 2025</b>
CONTRACTS SECTION <i>Mitchell Bonine</i>	DATE 11/7/2024	DEPUTY STATE COURTS ADMINISTRATOR <i>R. Morrissey</i>

**PRICING PAGES**

## 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.

Gibson Center for Behavioral Change

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

Service Description	Not to Exceed Price	Unit of Service
Comprehensive Assessment	270.33	Per assessment
Assessment update	135.16	Per assessment
Case Management/Community Support	24.51	Per ¼ hour
Crisis Intervention	38.45	Per ¼ hour
Day Treatment	39.55	Per day
Ambulatory Withdrawal Management	475.03	Per day
Medically Monitored Withdrawal Management	510.09	Per day
Early Intervention	34.46	Per ¼ hour
Family Conference	28.95	Per ¼ hour
Family Therapy	34.46	Per ¼ hour
Group Counseling	6.89	Per ¼ hour
Group Counseling (Collateral relationship)	6.89	Per ¼ hour
Group Rehabilitative Support	4.08	Per ¼ hour
Group Counseling (Trauma Related)	4.08	Per ¼ hour
Individual Counseling	34.46	Per ¼ hour
Individual Counseling (Collateral Relationship)	34.46	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	34.46	Per ¼ hour
Individual Counseling (Trauma Related)	34.46	Per ¼ hour

**PRICING PAGES, continued**

Peer Support and Family Support	22.15	Per ¼ hour
Residential Support	360.79	Per day
Treatment Court Day	24.51	Per ¼ hour
*Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	55.00	Per test
*Sample Collection with 1-panel on-site provided by contractor	3.12	Per test
*Sample Collection with 2-panel on-site provided by contractor	6.24	Per test
*Sample Collection with 3-panel on-site provided by contractor	9.36	Per test
*Sample Collection with 4-panel on-site provided by contractor	12.48	Per test
*Sample Collection with 5-panel on-site provided by contractor	15.60	Per test
*Sample Collection with 6-panel on-site provided by contractor	18.72	Per test
*Sample Collection with 7-panel on-site provided by contractor	21.84	Per test
*Sample Collection with 8-panel on-site provided by contractor	24.96	Per test
*Sample Collection with 9-panel on-site provided by contractor	28.08	Per test
*Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	17.50	Per test
Drug Testing: Breathalyzer (Equipment provided by contractor)		Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)		Per test

## PRICING PAGES, continued

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.**