



**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

ISSUE DATE: August 6, 2019

RETURN PROPOSAL NO LATER THAN: 4 pm on August 27, 2019

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

RETURN PROPOSAL TO:

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

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


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

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

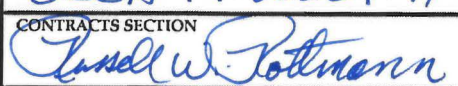

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, and in accordance with all requirements and specifications contained herein, including the Terms and Conditions attached hereto. The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the offeror and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE 	DATE 8-26-19
PRINTED NAME John Gary	TITLE Executive Director
COMPANY NAME Gibson Recovery Center, Inc.	
MAILING ADDRESS 340 South Broadview Street	
CITY, STATE, ZIP Cape Girardeau, MO 63703	
E-MAIL ADDRESS garyj@gibsonrecovery.org	
TELEPHONE NUMBER: 573-332-0416 ext 105	FACSIMILE NUMBER: 573-335-2698

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <i>IN ITS ENTIRETY AS SUBMITTED</i>		
CONTRACT NO. OSCA 19-00284-11		CONTRACT PERIOD October 1, 2019 through June 30, 2020
CONTRACTS SECTION 	DATE 9/25/19	DEPUTY STATE COURTS ADMINISTRATOR 



August 26, 2019

Office of State Courts Administrator
Attn: Russell W. Rottmann, Contract Unit
PO Box 104480
Jefferson City, MO 65110-4480

Enclosed is Gibson Recovery Center's application for OSCA Specialized Treatment Provider for Treatment Court Contract Renewal for contract period October 1, 2019 through June 30, 2020.

Thank you for your support

Respectfully,

John Gary
Executive Director

o: 573-332-0416
f: 573-335-2698

340 S. Broadview
Cape Girardeau, MO 63701

gibsonrecoverycenter.org

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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: Gibson Recovery Center, Inc.

Service Description	Not to Exceed Price	Unit of Service
Assessment	\$60.00	Per assessment
Assessment option	\$120.00	Per assessment
Assessment update	\$40.00	Per assessment
Case Management/Community Support	\$11.00	Per ¼ hour
Communicable Disease Assessment/Education/Testing	\$12.50	Per ¼ hour
Day Treatment	\$66.00	Per day
Detoxification (Social Setting)	\$66.00	Per day
Early Intervention (Intake)	\$13.96	Per ¼ hour
Early Intervention (Group Education)	\$3.00	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	\$14.86	Per ¼ hour
Family Conference	\$11.00	Per ¼ hour
Family Therapy	\$12.00	Per ¼ hour
Group Counseling	\$3.00	Per ¼ hour
Group Counseling (Collateral relationship)	\$3.00	Per ¼ hour
Group Education	\$2.75	Per ¼ hour
Group Education (Trauma Related)	\$2.75	Per ¼ hour
Individual Counseling	\$13.86	Per ¼ hour
Individual Counseling (Collateral Relationship)	\$13.86	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	\$13.86	Per ¼ hour
Individual Counseling (Trauma Related)	\$13.86	Per ¼ hour

PRICING PAGES (cont.)

Missouri Recovery Support Specialist (MRSS)	\$10.00	Per ¼ hour
Peer Support Recovery Mentor (<u>Certified Peer Specialist</u>)	\$10.00	Per ¼ hour
Modified Medical Treatment	\$395.00	Per day
Relapse Prevention Counseling	\$13.86	Per ¼ hour
Residential Support	\$20.62	Per day
Treatment Court Day	\$11.25	Per ¼ hour
Virtual Counseling (Group)	\$3.25	Per ¼ hour
Virtual Counseling (Individual)	\$14.86	Per ¼ hour
*Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	\$10.00	Per test
*Sample Collection with 1-panel on-site provided by contractor	\$4.00	Per test
*Sample Collection with 2-panel on-site provided by contractor	\$5.00	Per test
*Sample Collection with 3-panel on-site provided by contractor	\$5.50	Per test
*Sample Collection with 4-panel on-site provided by contractor	\$6.00	Per test
*Sample Collection with 5-panel on-site provided by contractor	\$6.50	Per test
*Sample Collection with 6-panel on-site provided by contractor	\$7.00	Per test
*Sample Collection with 7-panel on-site provided by contractor	\$9.00	Per test
*Sample Collection with 8-panel on-site provided by contractor	\$10.50	Per test
*Sample Collection with 9-panel on-site provided by contractor	\$12.00	Per test
*Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	\$5.00	Per test
Drug Testing: Breathalyzer (Equipment provided by contractor)	\$5.00	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	\$5.00	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
**Benztropine (Cogentin)	No pricing needed	Per Dose
**Carbamazepine (tegretol)	No pricing needed	Per Dose
**Chlordiazepoxide (Librium)	No pricing needed	Per Dose
**Clonazepam (Klonopin)	No pricing needed	Per Dose
**Clonidine (Catapres)	No pricing needed	Per Dose
**Divalproex sodium (Depakote)	No pricing needed	Per Dose
**Gabapentin (Neurontin)	No pricing needed	Per Dose
**Haloperidol (Haldol)	No pricing needed	Per Dose
**Hydroxyzine (Vistaril)	No pricing needed	Per Dose
**Folic Acid	No pricing needed	Per Dose
**Lorazepam (Ativan)	No pricing needed	Per Dose
**Olanzapine(Zyprex	No pricing needed	Per Dose
**Prazosin (Minipress)	No pricing needed	Per Dose

**Prochlorperazine (Compazine)	No pricing needed	Per Dose
**Propranolol (Inderal)	No pricing needed	Per Dose
**Quetiapine fumarate (Seroquel)	No pricing needed	Per Dose
**Thiamine	No pricing needed	Per Dose
**Trimethobenzamide (Tigan)	No pricing needed	Per Dose
**Trazodone (Desyrel)	No pricing needed	Per Dose

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

Below is a list of the Judicial Circuits and Counties in the State of Missouri. Check either the applicable counties or the entire Judicial Circuit(s) that your agency shall provide services. Check the appropriate level of service and the applicable gender that shall be provided: DWI, Adult, Veterans, Family and Juvenile.

OFFEROR NAME: Gibson Recovery Center, Inc.

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							
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							
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							
22	St. Louis City							
23	Jefferson							
24	Madison	X	X	X			X	X
24	St. Francois							
24	Ste. Genevieve	X	X	X			X	X
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							
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							
32	Bollinger	X	X	X			X	X
32	Cape Girardeau	X	X	X			X	X
32	Perry	X	X	X			X	X
33	Mississippi	X	X	X			X	X
33	Scott	X	X	X			X	X
34	New Madrid	X	X	X			X	X
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							
45	Lincoln							
45	Pike							
46	Taney							

EXHIBIT A
Additional Treatment Provider Information

OFFEROR NAME: Gibson Recovery Center, Inc.

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?

We tailor clinically proven addiction treatment plans to each patient and family member. We blend the latest evidence-based practices from medicine and psychology with historically proven addiction treatment methods like cognitive behavioral therapy, dialectical behavioral therapy, 12-Step integration, motivational interviewing, addiction counseling and peer support. Our approach also includes health, fitness and nutrition; education for patient and their families and spirituality. Every patient has an integrated, multidisciplinary team of highly trained and credentialed staff members who are full time and on site. The team creates personalized treatment plans that are based on each patient's individual needs.

2. Does the program use harm reduction techniques?

a. If so, please describe.

Gibson Center does not use a harm reduction technique, however all patients who are prescribed medication to curb cravings for an opioid use disorder are also given Narcan.

Level of Care

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

Level of care is determined by a variety of factors, including:

- Assessment of clients need for crisis or detoxification services
- Risk Factors
- Resources available to the client

2. Are services offered for both individuals and families?

Services are offered to both individual and families.

Program Design and Treatment Interventions

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

Screening, Assessment and Referral
Physical and Mental Health Consultation
Medication and Medication Monitoring
Psychoeducational Classes
Individual and Group Counseling
Community Support and Employment Services

2. Does the design utilize evidence-based treatments?

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

Gibson Center understands that an evidence based curriculum is recommended. GRC will utilize the following curricula in its treatment court programs

- Moral Reconation Therapy (MRT)
- Living in Balance
- Matrix Model
- Motivational Interviewing
- Medication Assisted Treatment

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

All individuals are screened during the intake process for both mental and substance use disorders.

- a. **Are standardized instruments used to screen and assess for each type of disorder?**
- b. **If so, what instruments are used?**
Daily Living and Activities (DLA 20), CAGE, MAST, DAST, MMPI
3. **How do you address individuals' co-occurring needs?**
Gibson Center employs co-occurring counseling staff as well as staff licensed to prescribe medication in the state of Missouri that can provide appropriate mental health and substance use services.
4. **Which community partnerships have been established by the program, and how have these been maintained over time?**
Gibson Center partners with local community mental health centers, Community Counseling Center and Bootheel Counseling Services.
6. **Does the program use manualized treatment curricula?**
 - a. **If so, which curricula are used?**
7. **Does the program use cognitive behavior therapy (CBT)?**
 - a. **If so, which curricula are used?**
Embracing Change, Recovery for Life, Moral Reconation Therapy, Gorski's Relapse Prevention and Seeking Safety for trauma

Program Operations

1. **Does the program provide case management and/or community support services?**
 - a. **If so, please describe.**
 - b. **How do you determine who needs/receives case management or community support?**
Gibson Center has a team of Community Support Advocates to provide case management and community support services. Need is determined through a needs assessment and/or referrals from other team members.
3. **What are the program's after-hours and emergency service protocols?**
Gibson Center has 24 hour on call staffed by a counselor.
3. **Are processes in place to assist the uninsured in accessing insurance coverage, through either Medicaid or federal/state insurance exchanges?**
 - a. **Does staff assist with application process?**
All individuals are screened for insurance coverage upon intake. Community Support Advocates assist individuals in applying for any assistance, including insurance through the health insurance exchange.
4. **Does the program offer or assist with transportation services?**
Gibson Center does provide transportation support to assist individuals in accessing treatment services.

Staff Characteristics and Qualifications

1. **What attempts have been made to ensure cultural competency among the program's team?**
Gibson Center provides cultural diversity training as part of its ongoing staff development priorities. Organizational leadership participates in a statewide cultural diversity coalition to bring awareness and drive statewide policy and training on this issue.
2. **Does the diversity of the treatment team appropriately reflect the diversity of the community?**
There is diversity within the current makeup of the team.
3. **To what extent does the treatment team include multidisciplinary staff?**
 - a. **Do these staff have experience in working with court referrals and with drug-involved offenders?**
Treatment teams at Gibson Center include staff with expertise in counseling, primary healthcare, mental health, employment specialists community support staff, as well as nursing staff.
3. **What type of staff training has been provided specific to treatment court programs?**

GRC staff participate in annual drug court professionals conference, as well as internal in-service training and online training system within Gibson Center.

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

Staff have participated in motivational interviewing, medication assisted treatment and overdose education training, daily living training, as well as trainings offered by the agency.

Insurance and Medicaid

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

Gibson Center does accept major Medicaid plans.

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

Yes

Quality Assurance Mechanism

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

a. How is this feedback used?

Gibson Center solicits feedback from its patients through various means. We collect quarterly feedback surveys, discharge surveys, suggestion boxes, social media feedback.

2. Is clinical supervision available on site?

a. If so, who provides this supervision?

Clinical supervision is available on site to all staff by a supervisor that has been trained as a clinical supervisor.

Program Evaluation

1. What performance measures does the program compile and monitor?

a. How are these measures used by program administrators?

Measurements tracked are attendance, completion, drug use, housing, employment status, medication compliance. This data is used as part of Gibson Center's overall quality improvement process.

2. Is the program willing to share completed evaluations (methodologies and results) with the court?

Yes

Competencies the Provider Must Have or Must Be Willing to Develop

1. Will the program provide treatment of varying duration?

a. If so, please describe.

Treatment is individualized, therefore duration of treatment will vary based on the patient.

2. How does the program address participant motivation?

a. Does the program utilize motivational enhancement theories?

Gibson Center staff use motivational interviewing and motivational enhancement theories.

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

Gibson Center staff are more than willing to be an active member of the court team, including participating in staffing and hearings, as necessary.

Medication Assisted Treatment (MAT)

1. Does the program support medication assisted treatment (MAT) approaches to recovery?

MAT is a priority for all Gibson Center programs.

2. How do you screen and educate individuals about MAT?

Every consumer is educated about MAT and any staff member is able to make a referral to this service.

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

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

Gibson Center has one full time nurse practitioner as well as 4 contracted physicians and nurse practitioners who have all been trained to treat behavioral health disorders.

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

We have a relationship with a network of physicians that we can call on to provide services to our patients via telehealth.

4. 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?

Staff are available onsite to participate in treatment team meetings that are on our medical team to provide updates on patients compliance and progress.

6. What addiction medications are currently available to the program or the program's community MAT provider network?

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

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

Gibson Center medical providers are currently able to prescribe any medication used for the treatment of addictions, with the exception of methadone. Our prescribing staff have been providing these medications for over 10 years. Currently, within in the treatment court programs, we have 15-20 participants uses 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?

No

8. Has the program negotiated addiction medication costs with pharmacies within the catchment area?

Yes

9. What staff training has been received related to MAT?

a. List staff and the dates they received MAT training.

All GRC receive specialized training on MAT services internally by a trainer that is used statewide to conduct training for the Missouri Credentialing Board for their Medication Awareness Specialist program. Some staff have formally participated in the MARS program.

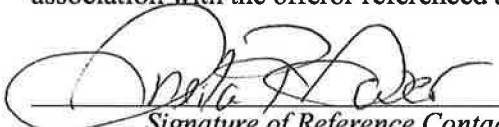
EXHIBIT B

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>Gibson Recovery Center, Inc.</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Cape Girardeau County Drug Court
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	32 nd Judicial Circuit Drug Court Cape Girardeau County Courthouse 100 Court St., Suite 103 Jackson, MO 63755
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Sheila Sauer, Drug Court Administrator 573-201-2961 Sheila.Sauer@courts.mo.gov
Dates of Prior Services:	July 1 2016 - Current
Dollar Value of Prior Services:	\$38,691.91
Description of Prior Services Performed:	Provide substance use treatment services, assessment, individual therapy, intake, group education and counseling, crisis intervention, residential, detoxification, relapse prevention counseling, family therapy and drug testing.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:


Signature of Reference Contact Person

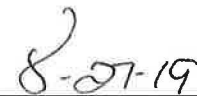
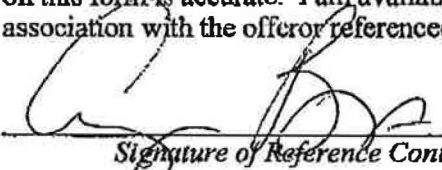

Date of Signature

EXHIBIT B**PRIOR EXPERIENCE**

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

Offeror Name: <u>Gibson Recovery Center, Inc.</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Ste. Genevieve County Drug Court
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	24 th Judicial Circuit Drug Court 55 S. 3 rd Street Ste. Genevieve, MO 63670
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Angela Bohnert, Probation Officer 573-883-2791 Angela.Bohnert@doc.mo.gov
Dates of Prior Services:	July 1 2016 - Current
Dollar Value of Prior Services:	\$562.06
Description of Prior Services Performed:	Provide substance use treatment services, assessment, individual therapy, intake, group education and counseling, crisis intervention, residential, detoxification, relapse prevention counseling, family therapy and drug testing.

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

8/23/19
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>Gibson Recovery Center, Inc.</u>	
Subcontractor Name, if applicable: _____	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	33 rd Circuit Drug Court
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	33 rd Judicial Circuit Drug Court 200 N. Main St., 2 nd Floor PO Box 369 Charleston, MO 63834
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Stephanie Lemmons, Drug Court Administrator 573-683-2146 ext 253 Stephanic.Lemons@courts.mo.gov
Dates of Prior Services:	July 1 2016 - Current
Dollar Value of Prior Services:	\$111,999.79
Description of Prior Services Performed:	Provide substance abuse treatment services, assessment, individual therapy, intake, group education and counseling, crisis intervention, residential, detoxification, relapse prevention counseling, family therapy and drug testing.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:



Signature of Reference Contact Person



Date of Signature

EXHIBIT C

PERSONNEL EXPERTISE SUMMARY

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

OFFEROR NAME: Gibson Recovery Center, Inc.

Personnel	Background and Expertise of Personnel and Planned Duties
1. <u>Ryan Essex</u> (Name) <u>Chief Operating Officer</u> (Title) <u>Administrator</u> (Proposed Role/Function)	Resume Attached. Job Description Attached. 15 years + experience. Oversee the clinical programs and administrative contract oversight for Gibson.
2. <u>Ashley Naeger</u> (Name) <u>Program Director</u> (Title) <u>Clinical Supervision</u> (Proposed Role/Function)	Resume Attached. Job Description Attached. Licensed Professional Counselor Duties Include: providing clinical supervision and clinical services.
3. <u>Lynsea Casey</u> (Name) <u>Director of Outpatient Services</u> (Title) <u>Clinical Supervision</u> (Proposed Role/Function)	Resume Attached. Job Description Attached. Licensed Professional Counselor Duties Include: providing clinical supervision and clinical services.
4. <u>Cindy Miller</u> (Name) <u>Senior Counselor</u> (Title) <u>Individual Counseling</u> (Proposed Role/Function)	Resume Attached. Job Description Attached. Duties include: administer substance use/dependency screening and assessments for each participant, participate in weekly staffing, make treatment recommendations to the Court, provide individual, family, and group therapy sessions as well as classes on chemical dependency, relapse prevention and life skills.
5. <u>Nick Brindley</u> (Name) <u>Counselor-In-Training</u> (Title) <u>Individual Counseling</u> (Proposed Role/Function)	Resume Attached. Job Description Attached. Duties include: providing substance use individual counseling as well as group counseling and education.
6. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	

EXHIBIT D

AFFIDAVIT OF WORK AUTHORIZATION

Comes now John Gary as Executive Director first being duly sworn on my oath
(NAME) (OFFICE HELD)

affirm Gibson Recovery Center, Inc. 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 for the duration of the contract, if awarded, in accordance with
(RFP NUMBER)

RSMo Chapter 285.530 (2). I also affirm that Gibson Recovery Center, Inc. does not and will not
employ

(COMPANY NAME)

a person who is knowingly an unauthorized alien in connection with the contracted services related to
OSCA 19-00284 for the duration of the contract, if awarded.

(RFP NUMBER)

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).

John Gary
Signature (person with authority)

John Gary

Printed Name

Executive Director

Title

8-26-19
Date

Subscribed and sworn to before me this 26th of August. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of Cape Girardeau State of
(NAME OF COUNTY)

Missouri, and my commission expires on 11-29-20.
(NAME OF STATE) (DATE)

Kimberly A. Humphrey 8-26-19
Signature of Notary Date

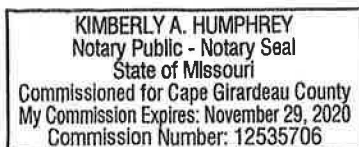


EXHIBIT E

MISCELLANEOUS INFORMATION

OFFEROR NAME: Gibson Recovery Center, Inc.

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

EXHIBIT F

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

OFFEROR NAME: _____Gibson Recovery Center, Inc._____

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: Gibson Recovery Center, Inc.

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.

John Gary, Executive Director

Name and Title of Authorized Representative

Signature



Date

8-26-19