



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

**CONTRACT NO. OSCA 19-00284-14  
Renewal 003 and Amendment  
TITLE: Specialized Treatment Provider  
for Treatment Court**

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

**ISSUE DATE: April 26, 2022**

**RETURN RENEWAL NO LATER THAN: May 10, 2022**

**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, 2022 THROUGH JUNE 30, 2023**

**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 4/27/2022
PRINTED NAME Susan Hickman Hickman		TITLE Executive Director
COMPANY NAME Family Self Help Center, Inc. dba Lafayette House		
MAILING ADDRESS P.O. Box 1765		
CITY, STATE, ZIP Joplin, MO 64802		
E-MAIL ADDRESS <a href="mailto:susan.hickman@lafayettehouse.org">susan.hickman@lafayettehouse.org</a> <a href="mailto:susanhickman@lafayettehouse.org">susanhickman@lafayettehouse.org</a>		
TELEPHONE NUMBER: 417-782-1772	FACSIMILE NUMBER: 417-782-3832	

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

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: <b>In its entirety as submitted</b>		
CONTRACT NO. OSCA 19-00284-14		CONTRACT PERIOD July 1, 2022 through June 30, 2023
CONTRACTS SECTION 	DATE 06/03/2022	DEPUTY STATE COURTS ADMINISTRATOR 

CONTRACT RENEWAL 003 and Amendment to OSCA 19-00284-14

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

**Contract renewal period:** July 1, 2022, through June 30, 2023

The Office of State Courts Administrator desires to renew the above referenced contract with the following changes shown in **bold**.

Section 2.2 – Program services

2.2.31 **Drug/Alcohol Testing**

- 1) The contractor shall provide collection services for drug testing services as deemed necessary by the treatment court. **This may include MAT services as well.**

Section 2.3 Medication Assisted Treatment (MAT) Funding

- 2.3.1 1) MAT services, including prescribed addiction medications, medication services and psychosocial services (substance use disorder treatment), must be invoiced by treatment providers contracted with OSCA and certified by the Missouri Department of Mental Health. Treatment providers must verify, **as requested**, the physician (or other medical professional) is licensed/certified to prescribe medication and/or order administration by qualified staff.

Section 2.5 Reporting Requirements

- 2.5.1 7) Medication Services, MAT referrals, prescriptions and **dosage**; and

Section 3.7 Invoicing and Payment.

- 3.7.3 3) A separate, detailed corresponding invoice with a unique identification number that includes only MAT participant information, addiction medication given, **dosage**, medication services and psychosocial services. The invoices shall include a detail cost of medication prescribed and/or administered. Invoices without detailed participant information and medication cost shall not be paid;

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

## 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:** Family Self Help Center, Inc. dba Lafayette House

Service Description	Not to Exceed Price	Unit of Service
Assessment	370 <sup>00</sup>	Per assessment
Assessment option	NA	Per assessment
Assessment update	NA	Per assessment
Case Management/Community Support	25 <sup>00</sup>	Per ¼ hour
Communicable Disease Assessment/Education/Testing	25 <sup>00</sup>	Per ¼ hour
Day Treatment	NA	Per day
Detoxification (Social Setting)	NA	Per day
Early Intervention (Intake)	NA	Per ¼ hour
Early Intervention (Group Education)	NA	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	NA	Per ¼ hour
Family Conference	18 <sup>50</sup>	Per ¼ hour
Family Therapy	18 <sup>50</sup>	Per ¼ hour
Group Counseling	6 <sup>00</sup>	Per ¼ hour
Group Counseling ( Collateral relationship)	6 <sup>00</sup>	Per ¼ hour
Group Education	8 <sup>75</sup>	Per ¼ hour
Group Education (Trauma Related)	8 <sup>75</sup>	Per ¼ hour
Individual Counseling	14 <sup>00</sup>	Per ¼ hour
Individual Counseling (Collateral Relationship)	14 <sup>00</sup>	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	14 <sup>00</sup>	Per ¼ hour
Individual Counseling (Trauma Related)	14 <sup>00</sup>	Per ¼ hour

**PRICING PAGES (cont.)**

Missouri Recovery Support Specialist (MRSS)	<i>NA</i>	Per ¼ hour
Peer Support Recovery Mentor ( <u>Certified Peer Specialist</u> )	<i>8075</i>	Per ¼ hour
Modified Medical Treatment	<i>NA</i>	Per day
Relapse Prevention Counseling	<i>NA</i>	Per ¼ hour
Residential Support	<i>NA</i>	Per day
Treatment Court Day	<i>1500</i>	Per ¼ hour
Virtual Counseling (Group)	<i>NA</i>	Per ¼ hour
Virtual Counseling (Individual)	<i>NA</i>	Per ¼ hour
*Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	<i>NA</i>	Per test
*Sample Collection with 1-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 2-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 3-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 4-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 5-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 6-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 7-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 8-panel on-site provided by contractor	<i>NA</i>	Per test
*Sample Collection with 9-panel on-site provided by contractor	<i>NA</i>	Per test
*Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	<i>No charge</i>	Per test
Drug Testing: Breathalyzer (Equipment provided by contractor)	<i>1000</i>	Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	<i>800</i>	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
Topiramate	No pricing needed	Per Dose

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: Family Self Help Center, Inc. dba Lafayette House

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							
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							
29	Jasper	X	X	X				X
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	X	X	X			X	X
40	Newton	X	X	X			X	X
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							