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
P.O. Box 104480
Jefferson City, MO 65110 - 4480

or

(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 08/25/2019
PRINTED NAME: Michael Rogers	TITLE: Executive Director, President
COMPANY NAME: Higher Ground Recovery Center	
MAILING ADDRESS: 2032 E Kearney St Ste 214	
CITY, STATE, ZIP: Springfield, MO 65803	
E-MAIL ADDRESS: mrogers@highergound417.org	
TELEPHONE NUMBER: 417-869-0700	FACSIMILE NUMBER: 417-869-0705

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: IN ITS ENTIRETY AS SUBMITTED		
CONTRACT NO. OSCA 19-00284-13		CONTRACT PERIOD October 1, 2019 through June 30, 2020
CONTRACTS SECTION Russell W. Rottmann	DATE 9/24/19	DEPUTY STATE COURTS ADMINISTRATOR

HIGHER GROUND
RECOVERY CENTER

Transmittal Letter
August 25th 2019

TO: Office of State Courts Administrator
Attn: Contracts
2112 Industrial Dr.
Jefferson City, MO 65109

RE: RFP NO. OSCA 19-00284

Dear Russell Rottmann:

As President of Higher Ground Recovery Center (HGRC), I am pleased to submit the enclosed proposal to the Office of State Courts Administrator in response to RFP NO. OSCA 19-00284.

HGRC is certified by the Missouri Department of Mental Health, Division of Behavioral Health as a Level Two Intensive Outpatient Substance Abuse Program and is the contracted Access Site for recovery support services in the Southwest Region of Missouri.

HGRC has been providing services to the Greene County Drug Court since 2012 and continues to operate at the highest professional standard. HGRC is a Biblically-based program that incorporates evidence-based practices and is an excellent alternative option for individuals seeking to renew or establish a life built on recovery principles supported in Biblical truth.

Our past experience, cultural sensitivity, spiritual emphasis, and commitment to continue providing excellence in services make HGRC an outstanding treatment option in the 31st District.

My sincerest thanks for this opportunity!

Respectfully,

Michael J. Rogers
President, Executive Director

2032 East Kearney Street, Suite 214 • Springfield, MO • 65803 • Phone: 417-869-0700 • Fax: 417-869-0705
www.highergound417.org • *recovery@highergound417.org*

Higher Ground Recovery Center
RFP NO. OSCA 19-00284

Table of Contents

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: **Higher Ground Recovery Center**

Service Description	Not to Exceed Price	Unit of Service
Assessment	$147.52	Per assessment
Assessment option	$354.41	Per assessment
Assessment update	$112.75	Per assessment
Case Management/Community Support	$13.52	Per ¼ hour
Communicable Disease Assessment/Education/Testing		Per ¼ hour
Day Treatment		Per day
Detoxification (Social Setting)		Per day
Early Intervention (Intake)	$13.52	Per ¼ hour
Early Intervention (Group Education)		Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	$13.52	Per ¼ hour
Family Conference	$13.52	Per ¼ hour
Family Therapy	$18.24	Per ¼ hour
Group Counseling	$5.75	Per ¼ hour
Group Counseling (Collateral relationship)		Per ¼ hour
Group Education	$2.74	Per ¼ hour
Group Education (Trauma Related)	$2.98	Per ¼ hour
Individual Counseling	$13.52	Per ¼ hour
Individual Counseling (Collateral Relationship)	$13.52	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	$13.52	Per ¼ hour
Individual Counseling (Trauma Related)	$13.52	Per ¼ hour

PRICING PAGES (cont.)

Missouri Recovery Support Specialist (MRSS)	$12.08	Per ¼ hour
Peer Support Recovery Mentor (Certified Peer Specialist)	$12.08	Per ¼ hour
Modified Medical Treatment		Per day
Relapse Prevention Counseling	$13.52	Per ¼ hour
Residential Support		Per day
Treatment Court Day	$13.52	Per ¼ hour
Virtual Counseling (Group)		Per ¼ hour
Virtual Counseling (Individual)	$13.52	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

Note: Drug/Alcohol Testing in Greene County provided by Avertest, LLC dba Averhealth. If that should change Higher Ground can provide testing in compliance with the RFP drug and alcohol testing requirements.

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		X	X	X		X	X
32	Bollinger							
32	Cape Girardeau							
32	Perry							
33	Mississippi							
33	Scott							
34	New Madrid							
34	Pemiscot							
35	Dunklin							
35	Stoddard							
36	Butler							
36	Ripley							

EXHIBIT A
Additional Treatment Provider Information

OFFEROR NAME: Higher Ground Recovery Center

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?

The mission of Higher Ground Recovery Center (HGRC) is to provide evidence-based clinical treatment and recovery support services from a faith-based perspective to people suffering from substance use and their families. The vision of HGRC is to see people flourish and mature together in relationship with God as they are equipped with the necessary tools to live a healthy and abundant lifestyle and fulfill their God-given purpose.

HGRC is committed to serving those in need of substance abuse treatment who freely choose to receive services in a Biblically-based supportive environment.

HGRC believes that the use of mood and mind altering substances can lead to mental, physical, and spiritual impairment clinically identified in the DSM-V as substance use disorders. Consistent with the disease model of addiction in that substance use disorders are primary, progressive, chronic, and fatal in nature, we also believe that with bio/psycho/social interventions in the appropriate treatment settings individuals and their families can recover and become healthy and productive members of their community.

We believe that in many cases substance use disorders can best be treated by applying the truth of Scripture to established mindsets and strongholds in the life of the user through individual counseling, addiction education, spiritual life-skills education, Bible study, and self-help groups.

We believe that whenever possible and clinically appropriate, treatment should be provided in the least restrictive setting. Therefore, our goal is to assist the consumer to progress until he/she can adequately address their needs to become self-sustaining and sufficient through the use of community based supports such as the church, faith-based recovery supports, Christ-centered 12-step groups, Alcoholics Anonymous, Narcotics Anonymous and other self-help groups.

Church attendance is not a requirement of the program, but we do encourage program participants to attend regular church services as they grow in relationship with God and become willing. We do not necessarily promote any particular religion, but we do promote connection in a local church and growth in personal relationship with God.

We believe that recovery is not only freedom from addiction, but freedom to become all that God has created us to be. Through Christ we can become good parents, valued employees, loving neighbors, and productive members of the community.

We believe that the freedom found in Christ cannot be kept unless it is "given away," by carrying the Message to other addicts and by making Biblical principles the determining factor in all our worldly affairs.

We believe that cultural and linguistic competency is an essential component of our consumers' treatment. We believe that we must provide an environment for recovery that is sensitive to the needs of all people and honors our diversity.

We believe that in order to assist consumers in their recovery that we must identify risk factors and protective factors that will aid them in the recovery process and provide them with skills in the area of conflict resolution, communication, stress management, relapse prevention, and family communication.

We believe that the involvement of community resources is necessary to provide a partnership between treatment and the community at large to better assist our consumers and aid in developing a healthier and supportive community base.

We believe that those who seek treatment should be treated with respect and dignity, and that regardless of their social or economic status, race, color, national origin, age sex or handicap, that services be provided.

2. **Does the program use harm reduction techniques?**

HGRC is informed on the evidence-based arguments for and against the use of harm reduction approaches to treating substance use disorders and understands that this is a difficult concept to incorporate into treatment programs such as HGRC where total abstinence for successful completion is required. We do not currently have policy specific to harm reduction, however, as an exception, we do not disapprove of opioid replacement therapies for our program participants as a form of harm reduction and do not consider the use of MAT, including narcotic replacement medications, if taken as directed, a deterrent from successful completion of the HGRC program.

a. If so, please describe. N/A

Level of Care

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

Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report. (Emergency and Urgent Care Guidelines are posted in HG offices)

Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours or the program shall make appropriate arrangements to provide for necessary supports until the person can be seen for screening.

Routine service needs are indicated when a person requests services or follow-up but otherwise presents no significant impairment in the ability to care for self and no apparent harm to self or others. A person with routine services needs should be seen as soon as possible to the extent that resources are available.

The following seven dimensions have been identified as the general assessment dimensions used nationally in treatment placement criteria and guidelines.

1. Acute intoxication and/or withdrawal.
2. Physical complications.
3. Psychiatric complications.
4. Life areas impairment.
5. Treatment acceptance/resistance.
6. Loss of control/relapse.
7. Recovery environment.

The HGRC phone & face-to-face screening tool and psych-social assessment have been designed to address all seven dimensions. An individual must exhibit all five (5) of the following for outpatient program eligibility:

1. Free from symptoms of intoxication or withdrawal.
2. Lack of need for more structured or intensive treatment.
3. Absence of crisis that cannot be resolved by community support services.
4. Evidence of a desire to maintain a drug-free lifestyle.
5. Willingness to participate in a BIBLICALLY based program.

Additional/alternative eligibility criteria:

1. Has completed more intensive treatment at another facility and needs to develop a support structure while continuing treatment at a minimal level, or
2. Is on a waiting list for a more structured program.

2. Are services offered for both individuals and families?

HGRC services are individually oriented and whenever possible, efforts are made to involve family members, when appropriate, in order to promote positive relationships. HGRC maintains the following policies:

1. Family ties and supports shall be encouraged in order to enrich and support recovery goals.
2. Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.
3. When the family situation has been marked by circumstances that may jeopardize safety (such as domestic violence, child abuse and neglect, separation and divorce, or financial and legal difficulties), family members shall be encouraged to participate in education and counseling sessions to better understand these effects and to reduce the risk of further occurrences.

Program Design and Treatment Interventions

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

HGRC is a minimally to intensive (DMH Certified Level 2 and 3) outpatient substance abuse program focused on addiction education and aftercare. Our program offers 3 to 16 hours of weekly services which may include individual counseling, group education, group counseling, family counseling, community support and co-dependency counseling. All services are facilitated from a Biblical perspective. Consumers are clearly informed that the program is Biblically-based prior to

admission. Consumers are encouraged to develop support through the local church and the 12-step recovery community.

2. Does the design utilize evidence-based treatments? Yes

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

HGRC utilizes a variety of evidence-based practices including:

Moral Reconation Therapy (MRT)

Our MRT trained counselors address ego, social, moral, and positive behavioral growth utilizing MRT workbooks and exercises requiring homework and peer-based group feedback. Over a period of a minimum of 3 to 6 months consumers meet in weekly groups focusing on the seven basic treatment issues of MRT with the goal of increasing moral reasoning and ultimately positive behavior change and reduction of recidivism.

Motivational Interviewing (MI)

HGRC utilizes the MI client-centered counseling style approach for eliciting behavioral change by helping clients to explore and resolve ambivalence regarding motivation to change through the development of rapport, reflective listening, affirmation, and encouragement to engage consumer's self-efficacy for change.

The Matrix Model

HGRC utilizes components of the Matrix Model to educate consumers on addiction and recovery processes as well as promote consumer's self-esteem, dignity, and self-worth. Through relapse prevention groups, addiction and recovery education groups, individual counseling and social supports, as well as drug and alcohol testing, consumers are educated in a positive and encouraging environment with the goal of reinforcing positive behavior change.

Acceptance and Commitment Therapy (ACT)

Trained staff utilize mindfulness and behavioral activation to increase clients' psychological flexibility--their ability to engage in values-based, positive behaviors while experiencing difficult thoughts, emotions, or sensations. Used mostly in individual counseling and some group, ACT is used to establish psychological flexibility by focusing on the following six core processes:

- Acceptance of private experiences (i.e., willingness to experience odd or uncomfortable thoughts, feelings, or physical sensations in the service of response flexibility)
- Cognitive defusion or emotional separation/distancing (i.e., observing one's own uncomfortable thoughts without automatically taking them literally or attaching any particular value to them)
- Being present (i.e., being able to direct attention flexibly and voluntarily to present external and internal events rather than automatically focusing on the past or future)
- A perspective-taking sense of self (i.e., being in touch with a sense of ongoing awareness)
- Identification of values that are personally important
- Commitment to action for achieving the personal values identified

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

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

b. If so, what instruments are used?

Individuals are screened and assessed for both substance use disorders (SUD's) and prior or existing mental health disorders. A custom screening tool is used as well as the ASI, ASI-MV, MAST, DAST, and COWS assessment tools.

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

While HGRC recognizes the complexity of dual diagnoses, we also understand symptoms can be over-lapping and easily misdiagnosed and that to produce good outcomes both substance use and mental health disorders need to be addressed simultaneously. Our policy states:

- Each individual shall have access to a full range of services provided by qualified, trained staff. For individuals with clearly established co-occurring disorders, coordinated services for these disorders shall be provided or arranged.
- Each individual shall receive services necessary to fully address his/her treatment needs. The screening and assessment process shall ensure that:
    a. All necessary services will be provided in accordance with HGRC's capabilities and certification.
    b. An appropriate referral is made to a program which can provide all necessary services and maintain appropriate involvement until the individual is admitted to the other program; or
    c. All necessary services will be provided within HGRC's capability and promptly arrange additional services from another program.
- It is the responsibility of the qualified counselor assigned to the consumer to ensure that services are not redundant or conflicting, and to maintain communication regarding the individual's treatment plan and progress. All continuity of care communication will be documented by the assigned counselor in the consumer's record.

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

HGRC was charter member and continues in a leadership role of The Recovery Coalition of the Ozarks, a southwest regional coalition or "recovery-oriented system of care" that meets monthly and maintains MOU's between a variety of recovery oriented providers and individuals including SA treatment providers, mental or behavioral health providers, and recovery support providers. In addition, Higher Ground is a founding member with a seat on the executive board of the Missouri Recovery Coalition of Recovery Support Providers, a 501c3 Missouri Non-Profit organization and the accrediting body for recovery housing in Missouri.

6. Does the program use manualized treatment curricula? Yes

a. If so, which curricula are used?

Higher has manualized a custom treatment curriculum that incorporates components of The Matrix Model, Relapse Prevention, Helping Men in Recovery and Beyond Trauma, and the Living Free Curriculum (as of yet not evidenced-based but widely used among faith-based community).

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

a. If so, which curricula are used?

Moral Reconation Therapy (MRT)
Acceptance and Commitment Therapy (ACT)

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

Moral Reconation Therapy (MRT)

Michael

32 hour basic training in MRT 11/6/14 – 11/14/14
6.5 hour Breaking the Chains of Trauma - MRT 2/10/15
13 hours Veteran, Trauma, and PTSD Training - MRT 2/9/2017

Lizabeth

32 hour basic training in MRT completed on 8/17/2017

Candy

32 hour basic training in MRT completed on 8/11/2016

Lisa

32 hour basic training in MRT completed on 7/20/2017
32 hour Domestic Violence MRT completed on 3/29/2018
6.5 Hour Trauma MRT completed on 9/21/2018

Acceptance and Commitment Therapy (ACT)

Lizabeth

12 hour workshop "Acceptance and Commitment Therapy Training" 12/1/16 – 12/2/16.

Program Operations

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

a. If so, please describe.

HGRC does not employ case/social workers at this time but its clinicians do provide community support services which consist of specific activities with or on behalf of a particular client in accordance with the individual's treatment plan to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility. Key service functions of community support include:

1. Participating in the interdisciplinary team meeting in order to identify strengths and needs related to development of the individual's treatment plan;
2. Attending periodic meetings with designated team members and the client, whenever feasible, in order to review and update the treatment plan;
3. Contacting clients who have unexcused absence from the program in order to re-engage the person and promote recovery efforts;
4. Arranging and referring for services and resources and, when necessary, advocating to obtain the services and quality of services to which the person is entitled;
5. Monitoring service delivery by providers external to the program and ensuring communication and coordination of services;
6. Locating and coordinating services and resources to resolve a crisis;
7. Providing experiential training in life skills and resource acquisition;
8. Providing information and education to an individual in accordance with the person's treatment plan; and
9. Planning for discharge.

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

A client must be reasonably involved in other treatment and rehabilitation services in order to be eligible for community support on an ongoing basis. HGRC's staffing pattern and arrangements to provide community support services shall be responsive to the needs, goals and outcomes expected for clients and are provided on an as needed basis.

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

HGRC uses the emergency and urgent care procedures that are outlined in the American Red Cross Community First Aid and Safety Book for medical emergencies. After-hours emergencies are directed to call 911 or go directly to the nearest emergency center. In addition, the following Emergency and Urgent Care Guidelines are posted in our office complex.

Situations Requiring Immediate Medical Attention

With alcohol or drug use there are situations when medical care or medical assessment is needed. Some are life-threatening emergencies. Others while not immediately as critical still require medical assessment and intervention to avoid serious problems.

Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report. (See Emergency and Urgent Care Guidelines in Forms Section)

Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours or the program shall make appropriate arrangements to provide for necessary supports until the person can be seen for screening.

Recognized Medical Emergencies

Many emergencies are clearly recognizable. The client needs life support when evidence of shallow, uneven breathing; rapid pulse; or fluctuating levels of consciousness.

Threat of danger to others or harm to self.

In these cases, use emergency transportation, police, or rescue squads. When an individual is transported for emergency care — inform the emergency department of the patient's imminent arrival. Any information that can be provided to emergency staff is helpful, including current status; names of family or friends who may be with the patient and can provide information; diagnostic impressions; and any known relevant past medical history.

Need for Immediate Medical Evaluation

Sometimes the situation may not be immediately life threatening. But prompt medical attention can be important to avoid serious problems.

The following are some situations when medical evaluation is important —

- The individual has taken drugs/alcohol that may represent toxic levels, or lead to poisoning, or cause organ damage. Medical attention is important even if the individual has no symptoms at the moment.
- Use of unknown substances and unknown amounts taken.
- Hallucinations
- Marked paranoia
- Confusion or delirium
- Severe agitation, and efforts to quiet the person are unsuccessful
- Severe shaking or tremors

- Rapid heartbeat. (Rate of 110 per minute).
- Fever. (38.0° C or 100.5° F)
- Evidence of injury, especially head trauma
- Whenever an individual is semi-conscious. Able to be arouse the person briefly, but the person falls asleep again as soon as the stimulus is stopped.

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

HGRC does not at this time assist in accessing Medicaid or coverages through the state insurance exchange.

a. Does staff assist with application process? N/A

4. Does the program offer or assist with transportation services? No.

Staff Characteristics and Qualifications

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

All HGRC staff providing clinical services are required to hold current credentials (or be registered under supervision) that require the demonstration of competence in the recognition of diversity and client demographics, culture, and other factors influencing behavior in order to provide services that are sensitive to the uniqueness of the individual. Staff are encouraged to engage in continuing education on this clinical domain as reflected in CE certificates attached in Exhibit C: Attachments

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

HGRC does take pride in exhibiting a diversity on its team demonstrated by a variety of experience, race, gender, age, education, religious, and recovery differences.

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

HGRC employs RSS Recovery Coordinators, Missouri Recovery Support Specialists (MRSS's) and CPS's (peers), Missouri Associate Drug Alcohol Counselors, Qualified Addictions Professionals, Licensed Professional Counselors, and Ordained Ministers to provide a continuum of substance use and mental health disorder services as well as community based recovery supports and spiritual supports.

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

Yes. The majority of HGRC's referrals are Probation & Parole, DSS, or Drug Court referrals.

4. What type of staff training has been provided specific to treatment court programs?

Since 2004 HGRC has had staff represented in attendance at various MADCP/MATCP annual conferences as well as local trainings provided by the Greene County Drug Court.

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

HGRC staff have participated in a myriad of trainings that include but are not limited to: "Critical Issues for Missouri Drug Courts," "Substance Abuse Treatment For Adults in the Criminal Justice System," "Criminal Thinking: Understanding, Evaluating and Treating the Hostile Resistant Client," "Habilitation, Empowerment, and Accountability Therapy" (H.E.A.T), "Acceptance and Commitment Therapy," "Moral Reconation Therapy," "Treatment Issues for Men," Medically Assisted Treatment," "Dual Diagnosis Client," "Hepatitis C," "Medication Assisted Treatment for Opioid Dependent Persons," "Methamphetamine Treatment: Effective Approaches," "Substance Abuse Among Sex Offenders," "Effects of Dependence on the Family," "Enhancing Motivation for Change in SA Treatment," "Promoting Awareness of Motivational Incentives," "Understanding PTSD: A Supportive & Practical Perspective," "Working With Survivors of Domestic Violence," "Restoring Life After Sexual Trauma," "Child Abuse and Neglect Issues," "Duties to Report, Warn, and/or Protect," "Substance Abuse Treatment and Family Therapy," "Diagnosing and the DSM IV," "Stages of Change/Pathways to Recovery," "Sex Addiction Treatment," "Recovery Oriented Systems of Care," "Substance Abuse and Suicide Prevention," "Social Media Ethics," "EMDR Basic Training," "Treating Domestic Violence," "Compassion for the Suicide Soul," Etc.

Insurance and Medicaid

1. **Does the program accept the major Medicaid plans (including CSTAR) or other health plans in the catchment area?** No. HGRC is not CSTAR contracted and is not set up to accept other insurances at this time.
2. **Does the program offer medication assisted therapies conformant to the Medicaid formularies?** No

Quality Assurance Mechanism

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

   Consumer satisfaction data is collected using our Client Satisfaction Questionnaire. Staff are required to make every effort to administer and collect the completed questionnaire, whenever possible, from all clients at prior to discharge from the program—regardless of reason for discharge.

   a. **How is this feedback used?**

   Data are systematically aggregated and analyzed on an ongoing basis. Data collection analyses are performed using valid, reliable processes. Performance data is compared over time and with other sources of information. Undesirable patterns in performance and sentinel events are intensively analyzed. Strategies are developed by the directors and implemented for service improvement, based on the data analysis. The effectiveness of those strategies in achieving improved services delivery and outcomes are continually evaluated. If improved service delivery and outcomes have not been achieved, new strategies are revised and implemented.

2. **Is clinical supervision available on site?** Yes
   a. **If so, who provides this supervision?**

   HGRC currently has in its employ two (2) Qualified LPC Supervisor (Michael Rogers & Lizabeth Tardie) and three (3) MCB Qualified Clinical Supervisors (Lisa Rogers, Michael Rogers, and Lizabeth Tardie).

Program Evaluation

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

Outcomes for individuals served by HGRC are measured by systematical collection and evaluation of data related to the following four areas:

1. Safety for the individual and others in his or her environment.
2. Improved management of daily activities, including the management of the symptoms associated with a mental health and/or substance use disorder and also the reduction of distress related to these symptoms.
3. Improved functioning related to occupational/educational status, legal situation, social and family relationships, living arrangements, and health and wellness.
4. Consumer satisfaction with services.

HGRC uses the federal GPRA instrument and a consumer satisfaction survey to collect and evaluate outcome data.

a. How are these measures used by program administrators?

As the designated Quality Assurance (QA) Officer, the HGRC Clinical Director is accountable to the HGRC Board of Directors for all quality improvement activities.

Responsibilities of the QA Officer include:

- Positive program development and improvement.
- Coordinating the quality improvement plan
- Implementing the quality improvement plan.

Data is collected to assess:

- Service delivery processes and outcomes.
- Opportunities for improvement.
- Improvement efforts.

The QA Officer assesses data quarterly and identifies areas needing improvement and develops policies to be implemented by program staff. In addition, quarterly internal chart audits are conducted to evaluate screening, intake, assessment, treatment planning, progress notes, and discharge.

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? Yes

a. If so, please describe.

Episode lengths and intensities are individualized according to need. Treatment plans are reviewed with each participant at least every ninety (90) days during their treatment episode. The occurrence of a crisis or significant clinical event may require a further review and modification of the treatment plan. This may include extending the episode length and/or intensity, or referral to a more intensive or appropriate program. Successful completion is determined not by program duration but by improved functioning in the following domains:

1. Safety for the individual and others in his or her environment.

2.. Improved management of daily activities, including the management of the symptoms associated with a substance use disorder and also the reduction of stress related to these symptoms;

3. Improved functioning related to:

a. Occupational/Educational status.
b. Legal situation.
c. Social and family relationships.
d. Living arrangement.
e. Health and wellness.

In addition, the following criteria must also be met:

1. Individuals shall demonstrate an ability to abstain from all mood- and mind-altering chemicals (including alcohol) for a period no less than 90 days prior to successful completion.

2. Successful individuals shall demonstrate involvement in faith-based, 12-step, sponsor, and peer-to-peer supports.

3. Successful individuals shall have completed a realistic aftercare plan that includes ongoing support through the faith-based and/or 12-step community.

2. How does the program address participant motivation?

HGRC clinicians are continually improving their skills at eliciting and enhancing motivation to change through the development of person-centered motivational enhancing strategies that are specific to the five stages-of-change model. Motivational interviewing is a common thread throughout our approach to treatment.

a. Does the program utilize motivational enhancement theories? Yes.
Most HGRC clinicians have received training in Motivational Interviewing and the Stages of Change.

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

Medication Assisted Treatment (MAT)

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

MAT has been demonstrated to be effective in the treatment of alcohol dependence with Food and Drug Administration approved drugs such as disulfiram, naltrexone and acamprosate; and opioid dependence with methadone, naltrexone and buprenorphine. As part of a comprehensive treatment program, MAT has been shown to:

- Improve survival
- Increase retention in treatment
- Decrease illicit opiate use
- Decrease hepatitis and HIV seroconversion
- Decrease criminal activities
- Increase employment
- Improve birth outcomes with perinatal addicts
-

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

Upon admission each individual is assessed by a QAP for MAT utilizing the following universal screening instruments:

- Addiction Severity Index (ASI)
- Michigan Alcohol Screening Test (MAST)
- Drug Abuse Screening Test (DAST).

When risky or dependent use (moderate to severe) is indicated for alcohol or opiates the individual is considered a potential candidate for MAT and further consideration is given to the individual's:

- Motivation to change
- Potential for relapse
- Co-occurring medical and psychiatric issues
- Ability to tolerate medications
- Prescription drug and MAT history
- Willingness to voluntarily engage in MAT as an adjunct to the HGRC treatment protocol.

Special consideration is given to individuals who:

- Are pregnant or trying to conceive.
- Are at risk for binge use.
- Have health problems that may be induced or exacerbated by drug or alcohol use.
- Have one or more chronic health problems that are not responding to treatment.
- Have social or legal problems that may be caused or worsened by alcohol or drug use.
- Are at high risk for opiate withdrawal. When risk is indicated the Clinical Opiate Withdrawal Scale (COWS) is administered to assess withdrawal severity.

If the individual's initial assessment battery indicates a moderate to severe substance use disorder (alcohol and/or opiates) and supports the use of MAT the QAP shall:

- Provide education about MAT and the increased potential for positive outcomes when integrated with non-pharmacological SA treatment.
- Discuss potential MAT medications.
- Discuss medical provider options and MOU's.
- Discuss possible funding options for MAT.
- Secure written informed consent.

3. Does the program have a MAT prescribing physician/nurse practitioner on staff? No.

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

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

Currently HGRC maintains MAT MOU's with Ozarks Community Hospital (OCH), Burrell Behavioral Health (BBH), and Behavioral Health Group (BHG)

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?

Communication protocols in our MOU's include the following directives:

> "Upon admission for MAT, in addition to providing pharmacological intervention, the provider will engage in intermittent and ongoing collaborative assessment, treatment planning, and appropriate discharge planning that is consistent with relevant MAT guidelines in cooperation with HGRC."

6. What addiction medications are currently available to the program or the program's community MAT provider network? Suboxone/Subutex (buprenorphine) Methadone, Naltrexone, Vivitrol

a. How long have these medications been used by the prescribing medical staff? Our MAT providers all have multiple years of experience prescribing and monitoring addiction medications.

b. How many existing participants within the program receive MAT? 10

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.

Michael MARS (Medication Assisted Recovery Specialist)

- 6 hours "Advancing Access to Addiction Medications" - 3/20/2018
- 6 hour MAT workshop on - 8/12/2016
- 40 hour MAT Training - 12/8/2016

Michael MARS

- 40 hour MAR Training - 6/4/2017

Lizabeth MARS

- 40 hour MAR Training - 6/4/2017
- 6 hour MAT workshop - 8/12/2016

Candy

- 6.75 hour "Developing a MAT Protocol" NADCP workshop - 11/30/2018
- 6 Hour "Medication and Treatment" workshop - 6/22/2018
- 6 hour MAT workshop – 8/12/2016
- 6 hour MAT training - 6/20/2015

Lisa

- 6 hour MAR Training - 2-17-2017

ATTACHMENT TO EXHIBIT A

HGRC Program Service Descriptions

4.6.2 The offeror should present a detailed description of all products and services proposed
Assessment

For billing purposes the assessment includes an initial screening, assessment, orientation and intake.

Screening:
Each individual referred for services shall have prompt access to a screening in order to determine eligibility and to plan an initial course of action, including referral to other services and resources, as needed.

At the individual's first contact with Higher Ground Recovery Center (whether by telephone or face-to-face contact), any emergency or urgent service needs shall be identified and addressed by staff trained to conduct initial screening.
The Screening:

1. Shall be conducted by trained staff.
2. Shall be responsive to the individual's request and needs.
3. Shall include notice to the individual regarding service eligibility and an initial course of action. If indicated, the individual shall be linked to other appropriate services and resources in the community.
4. Shall include basic information about the individual's presenting situation and symptoms, presence of factors related to harm or safety, and demographic and other identifying data.

Assessment:
A comprehensive assessment using the ASI (Addiction Severity Index) shall be completed by a DMH designated Qualified Addictions Professional (QAP). The QAP shall assist in ensuring an appropriate level of care, identifying necessary services and developing an individualized treatment plan. The assessment data shall subsequently be used in determining progress and outcomes.

Within the first three (3) outpatient services, each consumer shall participate in an assessment that more fully identifies his or her needs and goals which shall be addressed in an individualized plan. The participation of family and other collateral parties (e.g., referral source, employer, school, other community agencies) in assessment and individualized plan development shall be encouraged as appropriate to the validity of the assessment.

Documentation of the screening and assessment must include, but is not limited to, the following:

1. Demographic and identifying information.
2. Statement of needs, goals, and treatment expectations from the individual requesting services. The family's perceptions are also obtained, when appropriate and available.
3. Presenting situation/problem and referral source.
4. History of previous psychiatric and/or substance abuse treatment including number and type of admissions.
5. Health screening (HIV Risk Assessment and Non-Emergency Medical Evaluation)
6. Current medications and identification of any medication allergies and adverse reactions.
7. Recent alcohol and drug use for at least the past thirty (30)-days and, when indicated, a substance use history that includes duration, patterns, and consequences of use.

8. Current psychiatric symptoms.
9. Family, social, legal, and vocational/educational status and functioning. The collection and assessment of historical data is also required.
10. Current use of resources and services from other community agencies.
11. Personal and social resources and strengths, including the availability and use of family, social, peer and other natural supports.
12. Either a diagnostic impression by a DMH defined *qualified diagnostician*, in accordance with the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, if conducted by QAP, a statement of problem or need.

Assessment Diagnosis Option

Includes all the preceding plus a face-to-face diagnostic evaluation completed by a qualified diagnostician as defined in DMH certification standards.

Assessment Update

For consumers previously enrolled in a DMH program having an ASI completed in CIMOR within the last six months, an ASI update may be utilized if clinically appropriate to do so. The ASI update is a review of the original ASI with updates to the severity ratings and a new clinicians report. The severity ratings will guide the development of the treatment plan and service options.

Individual Counseling

Individual counseling is a structured, goal-oriented therapeutic process in which an individual interacts on a face-to-face basis with a counselor in accordance with the individual's treatment plan in order to resolve problems related to substance abuse that interfere with the person's functioning.

Key service functions of individual counseling may include, but are not limited to:

1. Exploration of an identified problem and its impact on functioning;
2. Examination of attitudes, feelings, and behaviors that promote recovery and improved functioning;
3. Identification and consideration of alternatives and structured problem-solving;
4. Decision making; and
5. Application of information presented to the individual's life situation in order to promote recovery and improved functioning.

Individual counseling shall only be performed by a QAP, a MAADC I or II, or an intern/practicum student as described in 9 CSR 10-7.110(5).

Individual Counseling (Co-Occurring Disorder)

Individual co-occurring counseling is a structured, goal-oriented therapeutic process in which the consumer interacts on a face-to-face basis with a counselor in accordance with the consumer's treatment plan in order to assist the consumer in managing substance use and medication challenges, depression, emotional trauma, bipolar disorder, anxiety and mood disorders.

Key service functions of individual counseling may include, but are not limited to:

1. Exploration of an identified problem(s) and their impact on functioning;

2. Examination of the correlation between mental health disorders and substance use.
3. Staged interventions that begin with engaging the consumer; persuading him or her to become involved in recovery-focused activities; acquiring skills and support to control the illnesses; and then helping the consumer with relapse prevention.
4. Motivational interventions to help the consumer become committed to self-management of their illnesses.
5. Promoting an understanding of the long-term nature of recovery.
6. Utilizes a Motivational Interviewing approach.

Individual co-occurring counseling shall be provided by a licensed mental health professional who is a QAP with specialized co-occurring training and/or equivalent work experience.

Individual Counseling (Trauma Related)

Individual trauma counseling is a structured, goal-oriented therapeutic process in which the consumer interacts on a face-to-face basis with a counselor in accordance with the consumer's treatment plan in order to assist the consumer in managing substance use and symptoms related to trauma.

Key service functions of individual counseling may include, but are not limited to:

1. Exploration of the trauma(s) and their impact on functioning;
2. Examination of the correlation between trauma and substance use.
3. Staged interventions that begin with engaging the consumer; persuading him or her to become involved in recovery-focused activities; acquiring skills and support to help manage symptoms of trauma and substance use; and then helping the consumer with relapse prevention.
4. Motivational interventions to help the consumer become committed to self-management of their illnesses.
5. Promoting an understanding of the long-term nature of recovery.
6. Utilizes a Motivational Interviewing approach.

Individual trauma counseling shall be provided by a licensed mental health professional who is a QAP with specialized trauma training and/or equivalent work experience.

Relapse Prevention Counseling

Relapse prevention counseling is a structured, goal-oriented therapeutic process in which the consumer interacts on a face-to-face basis with a counselor in accordance with the consumer's treatment plan in order to assist the consumer in identifying and managing relapse warning signs, urges to use, relapse triggers and cues, and high risk situations.

Key service functions of relapse counseling may include, but are not limited to:

1. Exploration of past relapse patterns and warning signs;
2. Examination and identification of the causes of relapse and assisting the consumer in developing an individualized relapse prevention plan;
3. Staged interventions that begin with engaging the consumer; persuading him or her to become involved in or increase recovery-focused activities; and, acquiring skills and support to help manage temptations to use.

Relapse Prevention Counseling shall only be performed by a QAP, a MAADC I or II, or an intern/practicum student as described in 9 CSR 10-7.110(5).

Case Management

Case management consists of specific activities with or on behalf of a particular consumer in accordance with an individual treatment plan to maximize the consumer's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting consumer independence and responsibility.

Key service functions of community support include:

1. Participating in the interdisciplinary team meeting in order to identify strengths and needs related to development of the individual's treatment plan;
2. Attending periodic meetings with designated team members and the consumer, whenever feasible, in order to review and update the treatment plan;
3. Contacting consumers who have unexcused absence from the program in order to re-engage the consumer and promote recovery efforts;
4. Arranging and referring for services and resources and, when necessary, advocating to obtain the services and quality of services to which the person is entitled;
5. Monitoring service delivery by providers external to the program and ensuring communication and coordination of services;
6. Locating and coordinating services and resources to resolve a crisis;
7. Providing experiential training in life skills and resource acquisition;
8. Providing information and education to an individual in accordance with the person's treatment plan; and
9. Planning for discharge.

Case Management shall only be performed by a QAP, a MAADC I or II, or an intern/practicum student as described in 9 CSR 10-7.110(5).

Family Counseling

Family counseling is a planned, face-to-face, goal-oriented therapeutic interaction with a qualified staff member in accordance with an individual treatment plan. The purpose of Family Counseling is to address and resolve problems in family interaction related to the consumer's substance abuse and recovery. A significant other is defined as a spouse, parent, live-in partner, or child of the consumer.

One (1) or more family members must be present at all family therapy sessions. In any calendar month, for fifty percent (50%) of a consumer's family therapy, the primary consumer must be present, in addition to one (1) or more members of the consumer's family.

Family members below the age of twelve (12) may be counted as one (1) of the required family members when the child can be shown to have the requisite social and verbal skills to participate in and benefit from the service.
Documentation of family therapy shall identify the family member(s) present and their relationship to the consumer.

Key service functions of family therapy may include, but are not limited to:

1. Utilization of generally accepted principles of family therapy to influence family interaction patterns;
2. Examination of family interaction styles and identifying patterns of dysfunctional behavior;
3. Development of a need or motivation for change in family members;
4. Development and application of skills and strategies for improvement in family functioning; and
5. Generalization and stabilization of change to promote healthy family interaction independent of formal helping systems.

Family therapy shall be performed by a person who:

1. Is licensed in Missouri as a Marital and Family Therapist; or
2. Is certified by the American Association of Marriage and Family Therapists; or
3. Has a doctoral degree or master's degree in psychology, social work or counseling and has at least one (1) year of supervised experience in family counseling and has specialized training in family counseling; or
4. Has a doctoral degree or master's degree in psychology, social work or counseling and receives close supervision from an individual who meets the requirements of paragraph 1., 2., or 3., or
5. is a degreed, qualified substance abuse professional who receives close supervision from an individual who meets the requirements of paragraph 1., 2., or 3.

Group Counseling

Group counseling is face-to-face, goal-oriented therapeutic interaction among a counselor and two (2) or more clients as specified in individual treatment plans designed to promote client's functioning and recovery through personal disclosure and interpersonal interaction among group members.

Group Counseling consists of face to face interaction in a group of two consumers or more. The purpose of group counseling is to assist the consumer in developing a sense of community, gain insight into personal behaviors and life experiences, provide and receive effective feedback between peers, and to discuss issues as related to the individual's recovery.

Key service functions of group counseling may include, but are not limited to:

1. Facilitating individual disclosure of issues which permits generalization of the issue to the larger group;
2. Promoting positive help-seeking and supportive behaviors;
3. Encouraging and modeling productive and positive interpersonal communication; and
4. Developing motivation and action by group members through peer pressure, structured confrontation and constructive feedback.

The usual and customary size of group counseling sessions shall not exceed twelve (12) clients in order to promote client participation, disclosure and feedback. In no event shall the size of group counseling sessions exceed an average of twelve (12) clients per calendar month.

Group counseling services shall be provided by a QAP, a counselor in training, or an intern/practicum student as described in 9 CSR 10-7.110(5).

Group Education

Group education consists of the presentation of general information and application of the information to participants through group discussion in accordance with individualized treatment plans which are designed to assist the consumer in understanding the disease of addiction, recovery tools, physical recovery including nutrition, exercise, recreation, self-care issues, living skills such as setting goals, budgeting, educational and employment issues, and communication skills, personal living skills such as community resource awareness, problems solving, stress reduction, decision making, emotion management, and relationship issues.

Key service functions of group education may include, but are not limited to:

1. Classroom style didactic lecture to present information about a topic and its relationship to substance abuse;
2. Presentation of audiovisual materials which are educational in nature with required follow-up discussion;
3. Promotion of discussion and questions about the topic presented to the individuals in attendance; and
4. Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

In no event shall the size of an education group exceed an average of twenty (20) clients per calendar month.

Group education services shall be provided by an individual who:

1. Is suited by education, background or experience to teach the information being presented;
2. Demonstrates competency and skill in educational techniques;
3. Has knowledge of the topic(s) being taught; and
4. Is present with consumers throughout the group education session.

Group Education (Trauma Related)

Group Trauma Education consists of the presentation of information specific to common traumas and the correlation of trauma to substance use. Topics will be presented through group discussion in accordance with individualized treatment plans which are designed to assist the consumer in understanding the symptoms of trauma, the correlation between trauma and substance use, and managing

Key service functions of group education may include, but are not limited to:

1. Classroom style didactic lecture to present information about trauma and its relationship to substance abuse;
2. Presentation of audiovisual materials which are educational in nature with required follow-up discussion;
3. Promotion of discussion and questions about the topic presented to the consumers in attendance; and
4. Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

Group education (trauma related) services shall be provided by an individual who:

1. Is suited by education, background or experience to teach the information being presented;
2. Demonstrates competency and skill in educational techniques;
3. Has knowledge of the topic(s) being taught; and
4. Is present with consumers throughout the group education session.

Treatment Court Day

Treatment Court Day consists of one or more clinicians (as needed per caseload in agreement with the drug court administer) participation at pre-court staffings and treatment court hearings in the courthouse to discuss attendance and progress reports with the drug court team, to consult with the team about sanctions and rewards, and to represent the treatment program during court proceedings. Transportation to and from the court is not included as part of this service.

Missouri Recovery Support Specialist (MRSS)

A MRSS serves as a mentor to participants in recovery. This service is face-to-face and consists of:

1. Helping the participant connect with their communities at large in order to develop a network for information and support:
2. Sharing lived experiences of recovery, sharing and supporting the use of recovery tools and modeling
   successful recovery behavior:
3. Helping participants to make independent choices and to take a proactive role in their recovery;
4. Assist participants with identifying strengths and personal resources to aid in their setting and achieving
   recovery goals;
5. Assist participant in setting and following through with their goals;
6. Support efforts to find and maintain paid, competitive, integrated employment; and A
7. Assist with health and wellness activities, teaching, life skills, providing support and encouragements, and helping participants recognize his/her own potential and set positive goals.

The MRSS service shall be provided by an individual who is not self-identified as being in recovery and has been awarded the MRSS credential by the MCB. A MRSS serves as a mentor to participants in recovery.

Peer Support Recovery Mentor (CPS)

CPS serves as a role model to participants in recovery. This service is face-to-face and consists of:

1. Helping participants connect with their communities at large in order to develop a network for information and support;
2. Share lived experiences of recovery, sharing and supporting the use of recovery tools and modeling successful recovery behaviors;
3. Helping participants to make independent choices and to take a proactive role in their recovery;
4. Assist participants with identifying strengths and personal resources to aid in their setting and achieving recovery goals;
5. Assist participants in setting and following through with their goals;
6. Support efforts to find and maintain paid, competitive, integrated employment; and
7. Assist with health and wellness activities, teach life skills, provide support and encouragement and help participants recognize his/her potential and set positive goals.

The CPS service shall be provided by an individual who is self-identified as being in recovery and has been awarded the MRSS-P credential by the MCB.

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

DBH
Division of Behavioral Health

Higher Ground Recovery Center

is fully certified by

The Department of Mental Health
Division of Behavioral Health

to provide the following substance use programs:

- Outpatient Treatment - Adult
  - Intensive Outpatient Rehabilitation
  - Supported Recovery
- Recovery Support Services

2637
Certificate Number

February 1, 2018 - January 31 , 2021
Date

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director

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 or Subcontractor Name: Higher Ground Recovery Center	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Mental Health: Division of Behavioral Health
Address of Reference Company: Street Address City, State, Zip	1706 East Elm Jefferson City MO, 65101
Reference Contact Person Information: Name Phone # E-mail Address	Rosie Anderson-Harper, Director of Recovery Services (573) 526-5890 rosie.anderson-harper@dmh.mo.gov
Dates of Prior Services:	From March 2006 to the present
Dollar Value of Prior Services:	Past fiscal year (7/1/2018 – 6/30/2019): $258,000.00
Description of Prior Services Performed:	Recovery support access site services and recovery support services including assessment, recovery counseling, recovery follow-ups, education and spiritual life skills groups.

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 for additional discussions regarding my company's association with the offeror referenced above:

Rosie Anderson-Harper
Signature of Reference Contact Person

8/16/19
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: Higher Ground Recovery Center

Subcontractor Name, if applicable: _____

Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Greene County Circuit 31, Drug Court
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	1010 North Boonville Springfield, MO 65802
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	Commissioner Kevin Austin, Greene County Circuit 31 417-829-6240 kevin.austin@courts.mo.gov
Dates of Prior Services:	2012 - Present
Dollar Value of Prior Services:	Past Year: $230,000.00
Description of Prior Services Performed:	DMH certified level 2 & 3 outpatient substance use disorder treatment services including screening, assessment, drug and alcohol testing, individual counseling, group education, group counseling, and recovery supports.

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:

_____ 8-15-19

Signature of Reference Contact Person *Date of Signature*

EXHIBIT B

PRIOR EXPERIENCE

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.

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 or Subcontractor Name: Higher Ground Recovery Center	
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Recovery Coalition of the Ozarks, LLC
Address of Reference Company: ü Street Address ü City, State, Zip	2032 E Kearney, Ste 214 Springfield, MO 65803
Reference Contact Person Information: ü Name ü Phone # ü E-mail Address	Merna Leisure-Eppick, President (626) 533-7649 merna@dynamicnewvisions.com
Dates of Prior Services:	2012 to present
Dollar Value of Prior Services:	Past year (7/1/2018 – 6/30/2019): $146,770
Description of Prior Services Performed:	Recovery Support Access Site Services – SUD screenings, MAT screenings, SUD assessments, and recovery coordination provided to a collaboration of 12 contracted recovery support providers in the southwest region of Missouri.

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 for additional discussions regarding my company's association with the offeror referenced above:

Merna is not available to sign until after Aug. 30th

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)

Personnel	Background and Expertise of Personnel and Planned Duties
1. Michael Administrative and clinical oversight	Michael is an LPC with CRAADC, CPS, and MARS credentials with over 20 years in the field and 15 years providing direct services and supervision of Higher Ground clinical staff for Greene County Drug Court. (see resume and certificates, attached).
2. Lisa Drug Court Counselor PRN and MCB Qualified Supervisor	Lisa is a CRADC with a BS in Psychology and over 10 years' experience in the field and two years providing direct services for Greene County Drug Court. She has received specific training in MAT, MRT, and MATCP (see resume and certificates, attached).
3. Lizabeth Drug Court Assessments and Diagnoses	Lizabeth is an LPC, CRAADC and MARS with over five years' experience treating substance use disorders and two years providing assessments and diagnoses for Greene County Drug Court. She has specific training in MAT and MRT (see resume and certificates, attached).
4. Michael Provider of SUD services	Michael is a CADC and a MARS with over six years' experience providing direct SUD services to the Greene County Drug (see resume and certificates, attached).
5. Candy Provider of SUD services	Candy is a MAADCII with specific training in MAT and MRT (see resume and certificates, attached).

Michael Rogers

3725 N Mt Zion Court, Springfield, MO 65803 *mrogers@highergound417.org*
O:417-869-0700 F: 417-869-0705

EDUCATION

Master of Arts, Counseling, Assemblies of God Theological Seminary, Springfield, MO, 2004

Certificate of Diploma, Elim Bible Institute, Lima, NY, 2001

CERTIFICATIONS

Licensed Professional Counselor (LPC)
Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)
Certified Peer Specialist (MRSS-P)
Medication Assisted Recovery Specialist (MARS)
Ordained Minister (Elim Fellowship, New York)

RELATED PROFESSIONAL EXPERIENCE

Founder and President, Higher Ground Recovery Center: January 1, 2013 - present

- Responsible for maintaining a non-profit charitable corporation committed to providing evidence-based clinical treatment and recovery support services from a faith-based perspective to people suffering from substance use and their families.
- Other duties include maintaining all program certifications and contracts, providing leadership (administrative and clinical), training and performance counseling to staff, oversight of day to day managerial and clinical operations of facility, and delivery of direct service to substance abuse/mental health consumers as needed.

Founder and Director, Higher Ground Program of Praise Assembly July 07- December 2012

- Clinical Director of certified level two outpatient substance abuse program, Duties include program development, compliance with outpatient certification standards, quality assurance, policy and procedure, and direct supervision of all staff including RASAC's and master's level interns, etc.
- Director of Southwest Missouri Access to Recovery Access Site. Responsible for oversight of assessment, admission, referral and follow-up on over 800 consumers per year in ATR recovery supports.
- Other duties include coordination of education and process groups as well as direct supervision of interns, transportation, care coordination, child care, pastoral services, staff and volunteer trainings, and maintaining personnel records.

Heartland Center for Behavioral Change: October 2009 – December 2011 *(part time)*

- Clinical supervisor of outpatient satellite office. Duties included consumer assessments, DSM multi-axis diagnoses, admission of consumers experiencing substance use disorders, and providing direct supervision of counselor in training.

Qualified Substance Abuse Professional, Correction Services: Dec 2004-Sept 2007

- Co-facilitated SATOP Weekend Intervention Programs.

Associate Director, Clarity Recovery & Wellness: November 2004-January 2007

- § Responsible for all clinical aspects of certified inpatient, outpatient, and detox substance abuse services.
- § Provided supervision and coordinated appropriate training and continued education of all clinical staff.

Qualified Substance Abuse Professional, Clarity Recovery & Wellness: Aug 2004-Nov 2004

- § Primary counselor and Drug Court treatment team leader (July 2003-November 2004).
- § Responsible for clients' evaluation, assessment, orientation, treatment planning, individual and group counseling, client education, referral and consultation.
- § Responsible for coordination of Drug Court treatment strategies, quality of care provided by Sigma House/Drug Court staff, communication between Sigma House and associated agencies.

Counselor in Training, Clarity Recovery & Wellness: March 2003-August 2004

- § Responsible for clients' evaluation, assessment, orientation, treatment planning, individual and group counseling, client education, referral and consultation. Work with DOC, Drug Court, and Federal caseloads. Started as Drug Court Team Supervisor in July, 2003.

Clinical Technician, Clarity Recovery & Wellness: October 2002- March 2003

- § Assessment, admission, supervision, monitoring, transfer and discharge of all detox clients. Provided safety and ensured well-being of all detox clients, including monitoring vital signs and symptoms of withdrawal, as well as observing and recording client administered medications. Performed on site urine and BAC testing plus collecting urine for analysis for county and federal programs. Certified to apply and remove federal sweat patch.

Assistant Program Worker, Salvation Army Family Shelter-Springfield: Nov 2001-Nov 2002

- § Performed intake interviews and assessments. Supervised and documented residents' scheduled activities and other interactions. Provided counseling, spiritual guidance, and crisis management.

Assistant Men's Director, Carriage Town Ministries-Flint, MI: 1995-1997.

- § Performed intakes, assessments, individual and group counseling. Supervised program residents. Assisted director with drug program (taught classes, individual counseling, etc.)

Completed the MSACCB training on Clinical Supervision: Building Chemical Dependency Counselor Skills Training of Trainers (21 contact hours, March 22 -24, 2006) Certificate #84

Approved LPC Licensure Supervisor

References: *Available upon request.*

EXHIBIT D

AFFIDAVIT OF WORK AUTHORIZATION

Comes now **Michael Rogers** (NAME) as **President** (OFFICE HELD) first being duly sworn on my oath affirm **Higher Ground Recovery Center** (COMPANY NAME) is enrolled and will continue to participate in a federal work authorization program in respect to employees that will work in connection with the contracted services related to **OSCA 19-00284** (RFP NUMBER) for the duration of the contract, if awarded, in accordance with RSMo Chapter 285.530 (2). I also affirm that **Higher Ground Recovery Center** (COMPANY NAME) 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** (RFP NUMBER) 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) — **Michael Rogers** Printed Name

President Title — 08/23/2019 Date

Subscribed and sworn to before me this 23rd (DAY) of August, 2019 (MONTH, YEAR). I am commissioned as a notary public within the County of Greene (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on 08/23/2021 (DATE).

Signature of Notary — 08/23/2019 Date

COLIN T BARKER
Notary Public – Notary Seal
Greene County – State of Missouri
Commission Number 17211436
My Commission Expires Aug 23 2021

E-Verify

Company ID Number: 624478

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Higher Ground Recovery Center** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.

2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.

3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

Company ID Number: 624478

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer **Higher Ground Recovery Center**	
Michael Rogers	
Name (Please Type or Print)	Title
Electronically Signed	**12/13/2012**
Signature	Date

Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	**12/13/2012**
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	**Higher Ground Recovery Center**
Company Facility Address:	**2032 E Kearney**
	Suite 214
	Springfield, MO 65803
Company Alternate Address:	
County or Parish:	**GREENE**
Employer Identification Number:	**461275370**

EXHIBIT E

MISCELLANEOUS INFORMATION

OFFEROR NAME: Higher Ground Recovery Center

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 X
Describe and provide details:		

EXHIBIT F

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion

OFFEROR NAME:

Higher Ground Recovery Center

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 voluntary 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: **Higher Ground Recovery Center**

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.

Michael Rogers, President
Name and Title of Authorized Representative

Signature

08/25/2019
Date