Preferred Family Healthcare

May 1, 2025

Office of State Courts Administrator
Attn: Kathy S. Lloyd, State Courts Administrator
P.O. Box 104480
2112 Industrial Drive
Jefferson City, MO 65110-4480

**RE: OSCA 25-02848 Specialized Treatment Provider for Treatment Court**

Dear Ms. Lloyd:

Please find attached Preferred Family Healthcare's (PFH's) 2025 response to the Office of State Courts Administrator's Specialized Treatment Provider for Treatment Court Request for Proposals.

As you will see, PFH is capable of offering a robust menu of services to treatment courts. Additionally, PFH has a rich history of collaboration with Missouri's treatment court programs. We believe our agency is the clear choice to serve the following jurisdictions (with services provided to both males and females):

Judicial Circuit 1: Clark - Driving While Intoxicated (DWI), Adult, Veterans, Juvenile
Schuyler & Scotland - DWI, Adult, Juvenile
Judicial Circuit 2: Adair-DWI, Adult, Family, Veterans, Juvenile
Knox, Lewis - DWI, Adult, Veterans, Juvenile
Judicial Circuit 3: Grundy, Harrison, Mercer, Putnam - DWI, Adult, Veterans, Juvenile
Judicial Circuit 7: Clay - DWI, Adult, Veterans, Juvenile
Judicial Circuit 9: Chariton, Linn, Sullivan - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 10: Marion, Monroe, Ralls - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 11: St. Charles - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 12: Audrain - Adult
Montgomery, Warren- DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 13: Boone, Callaway - DWI, Adult, Veterans, Juvenile
Judicial Circuit 14: Randolph - DWI, Adult, Veterans, Juvenile
Judicial Circuit 16: Jackson- Juvenile
Judicial Circuit 19: Cole - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 20: Franklin, Gasconade, Osage - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 21: St. Louis - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 26: Camden, Laclede, Miller, Moniteau, Morgan - DWI, Adult, Family, Veterans, Juvenile

Judicial Circuit 29: Jasper - Juvenile
Judicial Circuit 31: Greene -DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 40: McDonald, Newton - DWI, Adult, Veterans, Juvenile
Judicial Circuit 41: Macon - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 45: Lincoln, Pike - DWI, Adult, Family, Veterans, Juvenile
Judicial Circuit 46: Taney-DWI, Adult, Family, Veterans, Juvenile
All Circuits: Virtual Counseling Services - DWI, Adult, Veterans, Juvenile

Should you have any questions about this proposal, or if you require additional information, please do not hesitate to contact Samantha Sudduth, System Director of Grants, at contractgrantwriting@pfh.org. We thank you for your consideration and look forward to hearing from you.

Mark Conover

Mark Conover
Chief Revenue Officer
Preferred Family Healthcare, Inc.

**Response to OSCA 25-02848 Specialized Treatment Provider for Treatment Court**

Preferred Family Healthcare

## TABLE OF CONTENTS

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

**RFP NO. OSCA 25-02848**
**TITLE: Specialized Treatment Provider for Treatment Court**

**CONTACT: Mitchell Bonine**
**PHONE NO.: (573) 522-6766**
**E-MAIL: osca.contracts@courts.mo.gov**

**ISSUE DATE: 3/18/25** **RETURN PROPOSAL NO LATER THAN: 5/1/25 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: DATE OF THE AWARD THROUGH JUNE 30, 2026**

**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: Mark Conover | DATE: 04/17/25 |
| PRINTED NAME: **Mark Conover** | TITLE: **Chief Revenue Officer** |
| COMPANY NAME: **Preferred Family Healthcare** | |
| MAILING ADDRESS: **P.O. Box 767, 900 LaHarpe Street** | |
| CITY, STATE, ZIP: **Kirksville, MO, 63501** | |
| E-MAIL ADDRESS: **contractgrantmanagement@pfh.org** | |
| TELEPHONE NUMBER: **417-869-8911** | FACSIMILE NUMBER: |

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

| | | |
|---|---|---|
| ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: As submitted in its entirety | | |
| CONTRACT NO.: 25-02848-19 | CONTRACT PERIOD: July 1, 2025 through June 30, 2026 | |
| CONTRACTS SECTION: Mitchell Bonine | DATE: 06/12/2025 | DEPUTY STATE COURTS ADMINISTRATOR: R. Morrisey |

**PRICING PAGES**

The offeror must provide firm, fixed prices for the services identified below. Should a contract award be made based upon the offeror's proposal, the prices stated herein shall be legally binding for the entire contract period. Offerors shall only bid on treatment services they are certified by DMH to provide (excluding Treatment Court Day). By submitting a bid for a treatment service, by providing treatment services and/or submitting bills pursuant to any contract resulting from this RFP, the offeror represents that offeror is certified by DMH to provide the service for which offeror is submitting a bid. OSCA will not reimburse treatment services that offerors are not certified by DMH to provide (excluding Treatment Court Day).

**OFFEROR NAME:** Preferred Family Healthcare

| Service Description | Not to Exceed Price | Unit of Service |
|---|---|---|
| Comprehensive Assessment | $270.33 | Per assessment |
| Assessment update | $135.16 | Per assessment |
| Case Management/Community Support | $24.51 | Per ¼ hour |
| Communicable Disease Counseling | $32.34 | Per ¼ hour |
| Crisis Intervention | $34.46 | Per ¼ hour |
| Day Treatment | $237.29 PHP | Per day |
| Ambulatory Withdrawal Management | $161.67 | Per day |
| Medically Monitored Withdrawal Management | $510.09 | Per day |
| Clinically Managed Residential Withdrawal Management | $298.65 | Per day |
| Clinically Managed High-Intensity Residential Services (Adult Criteria) | $360.79 | Per day |
| Early Intervention | $34.46 - Intake;<br>$4.08 - group rehab;<br>$34.46 - QAP/AAC;<br>$41.91 - LMHP | Per ¼ hour |
| Family Conference | $28.95 | Per ¼ hour |
| Family Therapy | $28.95 - QAP/AAC<br>$30.32 - LMHP | Per ¼ hour |
| Group Counseling | $6.89 - QAP/AAC<br>$7.27 - LMHP | Per ¼ hour |
| Collateral Dependent Counseling (Individual) | $34.46 - QAP/AAC<br>$41.91 - LMHP | Per ¼ hour |
| Collateral Dependent Counseling (Group) | $6.89 - QAP/AAC<br>$7.27 - LMHP | Per ¼ hour |
| Group Rehabilitative Support | $4.08 | Per ¼ hour |
| Group Rehabilitative Support (Trauma) | $4.08 | Per ¼ hour |

| | | |
|---|---|---|
| Individual Counseling | $34.46 - QAP/AAC<br>$41.91 - LMHP | Per ¼ hour |
| Individual Counseling (Co-Occurring Disorder) | $34.46 - QAP/AAC<br>$41.91 - LMHP | Per ¼ hour |
| Trauma Individual Counseling | $34.46 - QAP/AAC<br>$41.91 - LMHP | Per ¼ hour |

| | | |
|---|---|---|
| Missouri Peer and Family Support | $22.15 | Per ¼ hour |
| Residential Support | $58.63 | Per day |
| Treatment Court Day | $24.51 | Per ¼ hour |
| | | |
| | | |
| *****Drug/Alcohol Testing: Sample Collection Only (Lab conf. only) | | Per test |
| *****Sample Collection with 1-panel on-site provided by contractor | | Per test |
| *****Sample Collection with 2-panel on-site provided by contractor | | Per test |
| *Sample Collection with 3-panel on-site provided by contractor | | Per test |
| *Sample Collection with 4-panel on-site provided by contractor | | Per test |
| *Sample Collection with 5-panel on-site provided by contractor | | Per test |
| *Sample Collection with 6-panel on-site provided by contractor | | Per test |
| *Sample Collection with 7-panel on-site provided by contractor | | Per test |
| *Sample Collection with 8-panel on-site provided by contractor | | Per test |
| *Sample Collection with 9-panel on-site provided by contractor | | Per test |
| *Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court) | | Per test |
| Drug Testing: Breathalyzer (Equipment provided by contractor) | | Per test |
| Drug Testing: Breathalyzer (Equipment provided by Treatment Court) | | Per test |

**PRICING PAGES (cont.)**

The offeror must provide copies of invoices of actual cost per prescription for the medications and services identified below with the double asterisk. ~~The maximum amount payable per unit to the Contractor for accepted deliverables under this portion of the contract shall not exceed per unit pricing offered below. Should a contract award be made based upon the offeror's proposal, the prices stated herein shall be legally binding for the entire contract period, unless a change is requested in writing in accordance with paragraph 2.3.4, Price Escalation Clause.~~

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

| | | |
|---|---|---|
| **Gabapentin (Neurontin) | No pricing needed | Per Prescription |
| **Haloperidol (Haldol) | No pricing needed | Per Prescription |
| **Hydroxyzine (Vistaril) | No pricing needed | Per Prescription |
| **Folic Acid | No pricing needed | Per Prescription |
| **Lorazepam (Ativan) | No pricing needed | Per Prescription |
| **Olanzapine (Zyprexa) | No pricing needed | Per Prescription |
| **Prazosin (Minipress) | No pricing needed | Per Prescription |
| **Prochlorperazine (Compazine) | No pricing needed | Per Prescription |
| **Propranolol (Inderal) | No pricing needed | Per Prescription |
| **Quetiapine (Seroquel) | No pricing needed | Per Prescription |
| **Thiamine | No pricing needed | Per Prescription |
| **Trimethobenzamide (Tigan) | No pricing needed | Per Prescription |
| **Trazodone (Desyrel) | No pricing needed | Per Prescription |
| **Topiramate (Topamax) | No pricing needed | Per Prescription |

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

MICHAEL L. PARSON
GOVERNOR

VALERIE HUHN
DIRECTOR

NORA K. BOCK
DIRECTOR
DIVISION OF
BEHAVIORAL HEALTH

STATE OF MISSOURI
**DEPARTMENT OF MENTAL HEALTH**
1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
(573) 751-8224 FAX
www.dmh.mo.gov

September 30, 2024

Michael T. Schwend, Chief Administrative Officer
Preferred Family Healthcare, Inc.
P.O. Box 767
Kirksville, MO 63501

Dear Mr. Schwend:

A comprehensive certification survey was conducted on June 11, 2024, for Preferred Family Healthcare, Inc. The purpose of this survey was to determine the agency's compliance with the Certification *Standards for Certified Community Behavioral Health Organizations.* Preferred Family Healthcare, Inc. was found to be in full compliance with requirements for certification. A report detailing the survey process is enclosed.

Further, the Division recognizes your accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF) for certification of your agency's mental health and substance use disorder treatment programs. As per 9 CSR 10-7-130(8)(A)(1), the department may grant a certificate to organizations that have obtained accreditation for services provided from CARF International, The Joint Commission, Council on Accreditation, or other entity recognized by the department. Certification from the department will be equivalent to the period of time granted by the accrediting body.

Therefore, Preferred Family Healthcare, Inc. is certified as a **Certified Community Behavioral Health Organization** and for the following programs with effective dates of **May 1, 2024, through April 30, 2027:**

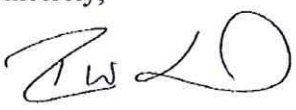
- **Certified Community Behavioral Health Organization**
- **Community Psychiatric Rehabilitation Program- Adult, Children and Youth**
- **Outpatient Mental Health- Adult, Children and Youth**
- **Access Crisis Intervention**
- **Detoxification/Withdrawal Management**
    - **Modified Medical**
    - **Social Setting**
- **Residential Treatment Program- Adult, Adolescent**
- **Outpatient Substance Use Disorder Treatment- Adult, Adolescent**
    - **Community-Based Primary Treatment without Residential Support**
    - **Intensive Outpatient Rehabilitation**
    - **Supported Recovery**
- **Prevention**
    - **Primary**
    - **Targeted**
    - **Statewide Resource Center**

- **Comprehensive Substance Treatment and Rehabilitation – General Population, Adolescent, Women and Children**
    - **ASAM 0.5 - Early Intervention - Adult, Adolescent**
    - **ASAM 1 - Outpatient - Adult, Adolescent**
    - **ASAM 2.1 - Intensive Outpatient - Adult, Adolescent**
    - **ASAM 2.5 - Partial Hospitalization - Adult, Adolescent**
    - **ASAM 3.5 - Clinically Managed High-Intensity Residential - Adult, Adolescent**
    - **ASAM 3.7 - Medically Monitored Intensive Inpatient**
    - **ASAM 3.2 WM - Clinically Managed Residential WM**
    - **ASAM 3.7 WM - Medically Monitored Inpatient WM**
- **Compulsive Gambling**
- **Substance Awareness Traffic Offender Program (SATOP)**
    - **Offender Management Unit (OMU)**
    - **Offender Education Program (OEP)**
    - **Weekend Intervention Program (WIP)**
    - **Adolescent Diversion Education Program (ADEP)**
    - **Clinical Intervention Program (CIP)**
    - **Serious and Repeat Offender Program (SROP)/Level IV**
- **Required Educational Assessment and Community Treatment (REACT)**
    - **REACT Screening Unit (RSU)**
    - **REACT Education Program (REP)**

Please note that Healthcare Home designation is included with this notification.

As established in standards, the Division must be notified a minimum of 30 calendar days in advance if a certified organization: 1. Is sold or changes ownership; 2. Is discontinued and ceases business operations; 3. Leases some or all operations at its certified address(es) to another entity; 4. Moves to a different location; 5. Appoints a new director; or 6. Changes programs or services offered. Notification of above listed changes to include changes in agency name, agency site(s), telephone number(s), e-mail address(es), and staff contacts must be made following the organization change process. Prior to submitting the Organization Change Form, please follow the pre-organization change instructions located here: Provider Pre-Organization Change Request Required Information | dmh.mo.gov. You can find regional staff contact information and the Organization Change Form at the following link: https://dmh.mo.gov/behavioral-health/info-for-providers#ProviderForms.

Sincerely,



Robert Smith, MA, NCC, LPC
Certification and Program Monitoring Coordinator
Division of Behavioral Health

enclosures

ec:

Jessica Bounds
Jennifer Johnson
Andrea Kimball
Kelsey Harris
Mary (Bethy) Foreman
Stacy Hughes

Eastern Regional Staff
Gail Erke
Amanda Baker
Karen Will
Nora Bock
Mark Rembecki

Jesse Crum
Rosie Anderson-Harper
Hannah Levely
Naomi Scott
Robert Berry

MISSOURI DEPARTMENT OF MENTAL HEALTH

*Having demonstrated compliance with certification standards for organizations providing mental health treatment*

DBH
Division of Behavioral Health

# Preferred Family Healthcare, Inc.

*is fully certified by*

## The Department of Mental Health
## Division of Behavioral Health

*to provide the following mental health programs:*

- Community Psychiatric Rehabilitation Program - Adult, Children and Youth
- Outpatient Mental Health - Adult, Children and Youth
- Access Crisis Intervention

3718
Certificate Number

May 1, 2024 - April 1, 2027
Date

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

DBH
Division of Behavioral Health

# Preferred Family Healthcare, Inc.

*is fully certified by*

## The Department of Mental Health
## Division of Behavioral Health

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

- Detoxification/Withdrawal Management
  - ◊ Modified Medical
  - ◊ Social Setting
- Residential Treatment Program - Adult, Adolescent
- Outpatient Substance Use Disorder Treatment - Adult, Adolescent
  - ◊ Community - Based Primary Treatment Without Residential Support
  - ◊ Intensive Outpatient Rehabilitation
  - ◊ Supported Recovery

3718
Certificate Number

May 1, 2024 - April 30, 2027
Date

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

DBH
Division of Behavioral Health

# Preferred Family Healthcare, Inc.

*is fully certified by*

## The Department of Mental Health
## Division of Behavioral Health

*to provide the following substance use disorder treatment:*

- Comprehensive Substance Treatment and Rehabilitation (CSTAR)
  - ◊ CSTAR - Women and Children
  - ◊ CSTAR - General Population
  - ◊ CSTAR - Adolescent

3718
Certificate Number

May 1, 2024 - April 30, 2027
Date

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

DBH
Division of Behavioral Health

# Preferred Family Healthcare, Inc.

*is fully certified by*

## The Department of Mental Health
## Division of Behavioral Health

*to provide the following substance use treatment and prevention programs:*

- Required Educational Assessment and Community Treatment (REACT)
  - ◊ REACT Screening Unit (RSU)
  - ◊ REACT Education (REP)
- Prevention
  - ◊ Primary
  - ◊ Targeted
  - ◊ Statewide Resource Center

3718
Certificate Number

May 1, 2024 - April 30, 2027
Date

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

DBH
Division of Behavioral Health

# Preferred Family Healthcare, Inc.

*is fully certified by*

## The Department of Mental Health
## Division of Behavioral Health

*to provide the following Substance Awareness Traffic Offender Programs:*

- Offender Management Unit (OMU)
- Offender Education Program (OEP)
- Weekend Intervention Program (WIP)
- Adolescent Diversion Education Program (ADEP)
- Clinical Intervention Program (CIP)
- Serious and Repeat Offender Program (SROP)

3718
Certificate Number

May 1, 2024 - April 30, 2027
Date

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

*Having demonstrated compliance with certification standards for organizations providing treatment*

DBH
Division of Behavioral Health

# Preferred Family Healthcare, Inc.

*is fully certified by*

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

***as a***

## Certified Community Behavioral Health Organization

**3718**
**Certificate Number**

**May 1, 2024 - April 30, 2027**
**Date**

THE GREAT SEAL OF THE STATE OF MISSOURI

**Deputy Director of Community Operations**

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred
# Family Healthcare, Inc.

*is designated by*

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

*as a*

## COMMUNITY MENTAL HEALTH CENTER
## HEALTHCARE HOME
## Adult and Youth

**May 1, 2024 - April 30, 2027**

3718
Certificate Number

**Deputy Director of Community Operations**

**MICHAEL L. PARSON**
GOVERNOR

**VALERIE HUHN**
DIRECTOR

**NORA K. BOCK**
DIRECTOR
**DIVISION OF**
**BEHAVIORAL HEALTH**

STATE OF MISSOURI
**DEPARTMENT OF MENTAL HEALTH**
1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
(573) 751-8224 FAX
www.dmh.mo.gov

September 30, 2024

Naomi Scott, EVP Organizational Affairs
Preferred Family Healthcare
P.O. Box 767
Kirksville, MO 63501

Dear Ms. Scott:

This letter and associated attachments are in response to your organization's request to have select Preferred Family Healthcare clinics designated as Mental Health Facilities. Attached you will find certificates specifically denoting this status for the locations requested by your organization. The expiration dates are set at the same time as your organization certification expiration.

Sincerely,

Robert W. Smith, MA, NCC, LPC
Certification and Program Monitoring Coordinator
Division of Behavioral

enclosures

ce: Andrea Kimball
Maty "Bethy" Foreman
Kelsey Harris
Stacy Hughes
Jessica Bounds
Jennifer Johnson
Eastern Regional Staff
Metro East Regional Staff
Western Regional Staff
Amanda Baker
Karen Will
Hannah Levely
Robert Berry
Michael Schwend
Gail Erke

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
2 Westbury Drive
St. Charles, MO 63301

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
7 Westowne St.
Liberty, MO 65068

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
101 Adams Street
Jefferson City, MO 63101

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
141 Communication Dr.
Hannibal, MO 63401

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
210 Hoover Road
Jefferson City, MO 65109

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
210 N. 7th Street
Canton, MO 63435

Certificate Number:
3718 C

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
411 East Locust St.
Union, MO 63084

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
500 Clark Ave.
Union, MO 63084

Certificate Number:
3718 C

THE GREAT SEAL OF THE STATE OF MISSOURI

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
605 East Boonslick Road Suite A
Warrenton, MO 63383

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
653 Clinic Road
Hannibal, MO 63401

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
900 East LaHarpe St.
Kirksville, MO 63501

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

# Preferred Family Healthcare

*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
1011 E. Cherry St.
Troy, MO 63379

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
1101 South Jamison St.
Kirksville, MO 63501

Certificate Number:
3718 C

Deputy Director of Community Operations

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
1570 South Main St.
St. Charles, MO 63303

Certificate Number:
3718 C

Deputy Director of Community Operations

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
1601 Old. S. River Road
St. Charles, MO 63303

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
1628 Oklahoma Ave.
Trenton, MO 64683

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
1720 Prospect Drive
Macon, MO 63552

Certificate Number:
3718 C

THE GREAT SEAL OF THE STATE OF MISSOURI
UNITED WE STAND DIVIDED WE FALL
MDCCCXX

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
2120 Parkway Dr.
St. Peters, MO 63376

Certificate Number:
3718 C

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UNITED WE STAND DIVIDED WE FALL
MDCCCXX

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Division of Behavioral Health

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
2411 W. Catalpa St.
Springfield, MO 65807

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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Division of Behavioral Health

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*is designated by*

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*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
2415 W. Catalpa St.
Springfield, MO 65807

Certificate Number:
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Deputy Director of Community Operations

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
3029 County Road 1325
Liberty, MO 65068

Certificate Number:
3718 C

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Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
4066 Dunnica Ave.
St. Louis, MO 63116

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
4355 Paris Gravel Road
Hannibal, MO 63401

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
4928 Delmar Road
St. Louis, MO 63108

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
5025 Northrup Ave.
St. Louis, MO 63110

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
203 East Commercial
Kahoka, MO 63445

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
5620 West Wildwood Ranch Parkway
Joplin, MO 64804

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
7020 Chippewa St.
St. Louis, MO 63119

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
10024 Office Center Ave. Suite 100
St. Louis, MO 63128

Certificate Number:
3718 C

THE GREAT SEAL OF THE STATE OF MISSOURI
UNITED WE STAND DIVIDED WE FALL
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MDCCCXX

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
10024 Office Center Ave. Suite 125
St. Louis, MO 63128

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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*is designated by*

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

*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
11701 W. Florissant Ave.
Florissant, MO 63033

Certificate Number:
3718 C

Deputy Director of Community Operations

MISSOURI DEPARTMENT OF MENTAL HEALTH

DBH
Division of Behavioral Health

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**The Department of Mental Health**
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*as a*

**MENTAL HEALTH FACILITY - CLINIC**

**May 1, 2024 through April 30, 2027**

Clinic Location:
8333 East Blue Parkway
Kansas City, MO 64133

Certificate Number:
3718 C

Deputy Director of Community Operations

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:** Preferred Family Healthcare

| JUDICIAL CIRCUIT | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---|---|---|---|---|---|---|---|---|
| 1 | Clark | X | X | | X | X | X | X |
| 1 | Schuyler | X | X | | | X | X | X |
| 1 | Scotland | X | X | | | X | X | X |
| | | | | | | | | |
| 2 | Adair | X | X | X | X | X | X | X |
| 2 | Knox | X | X | | X | X | X | X |
| 2 | Lewis | X | X | | X | X | X | X |
| | | | | | | | | |
| 3 | Grundy | X | X | | X | X | X | X |
| 3 | Harrison | X | X | | X | X | X | X |
| 3 | Mercer | X | X | | X | X | X | X |
| 3 | Putnam | X | X | | X | X | X | X |
| | | | | | | | | |
| 4 | Atchison | | | | | | | |
| 4 | Gentry | | | | | | | |
| 4 | Holt | | | | | | | |
| 4 | Nodaway | | | | | | | |
| 4 | Worth | | | | | | | |
| | | | | | | | | |
| 5 | Andrew | | | | | | | |
| 5 | Buchanan | | | | | | | |
| | | | | | | | | |
| 6 | Platte | | | | | | | |
| | | | | | | | | |
| 7 | Clay | X | X | | X | X | X | X |
| | | | | | | | | |
| 8 | Carroll | | | | | | | |
| 8 | Ray | | | | | | | |
| | | | | | | | | |
| 9 | Chariton | X | X | X | X | X | X | X |
| 9 | Linn | X | X | X | X | X | X | X |
| 9 | Sullivan | X | X | X | X | X | X | X |
| | | | | | | | | |
| 10 | Marion | X | X | X | X | X | X | X |
| 10 | Monroe | X | X | X | X | X | X | X |
| 10 | Ralls | X | X | X | X | X | X | X |

| JUDICIAL CIRCUIT | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---|---|---|---|---|---|---|---|---|
| 11 | St. Charles | X | X | X | X | X | X | X |
| | | | | | | | | |
| 12 | Audrain | | X | | | | X | X |
| 12 | Montgomery | X | X | X | X | X | X | X |
| 12 | Warren | X | X | X | X | X | X | X |
| 13 | Boone | X | X | | X | X | X | X |
| 13 | Callaway | X | X | | X | X | X | X |
| | | | | | | | | |
| 14 | Howard | | | | | | | |
| 14 | Randolph | X | X | | X | X | X | X |
| | | | | | | | | |
| 15 | Lafayette | | | | | | | |
| 15 | Saline | | | | | | | |
| | | | | | | | | |
| 16 | Jackson | | | | | X | X | X |
| | | | | | | | | |
| 17 | Cass | | | | | | | |
| 17 | Johnson | | | | | | | |
| | | | | | | | | |
| 18 | Cooper | | | | | | | |
| 18 | Pettis | | | | | | | |
| | | | | | | | | |
| 19 | Cole | X | X | X | X | X | X | X |
| | | | | | | | | |
| 20 | Franklin | X | X | X | X | X | X | X |
| 20 | Gasconade | X | X | X | X | X | X | X |
| 20 | Osage | X | X | X | X | X | X | X |
| | | | | | | | | |
| 21 | St. Louis | X | X | X | X | X | X | X |
| | | | | | | | | |
| 22 | St. Louis City | | | | | | | |
| | | | | | | | | |
| 23 | Jefferson | | | | | | | |
| | | | | | | | | |
| 24 | Madison | | | | | | | |
| 24 | St. Francois | | | | | | | |
| 24 | Ste. Genevieve | | | | | | | |
| 24 | Washington | | | | | | | |
| | | | | | | | | |
| 25 | Maries | | | | | | | |
| 25 | Phelps | | | | | | | |

| JUDICIAL CIRCUIT | COUNTY | DWI | ADULT | FAMILY | VETERANS | JUVENILE | MALE | FEMALE |
|---|---|---|---|---|---|---|---|---|
| 25 | Pulaski | | | | | | | |
| 25 | Texas | | | | | | | |
| | | | | | | | | |
| 26 | Camden | X | X | X | X | X | X | X |
| 26 | Laclede | X | X | X | X | X | X | X |
| 26 | Miller | X | X | X | X | X | X | X |
| 26 | Moniteau | X | X | X | X | X | X | X |
| 26 | Morgan | X | X | X | X | X | X | X |
| | | | | | | | | |
| 27 | Bates | | | | | | | |
| 27 | Henry | | | | | | | |
| 27 | St. Clair | | | | | | | |
| | | | | | | | | |
| 28 | Barton | | | | | | | |
| 28 | Cedar | | | | | | | |
| 28 | Dade | | | | | | | |
| 28 | Vernon | | | | | | | |
| | | | | | | | | |
| 29 | Jasper | | | | | X | X | X |
| | | | | | | | | |
| 30 | Benton | | | | | | | |
| 30 | Dallas | | | | | | | |
| 30 | Hickory | | | | | | | |
| 30 | Polk | | | | | | | |
| 30 | Webster | | | | | | | |
| | | | | | | | | |
| 31 | Greene | X | X | 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 | | | | | | | |
| **JUDICIAL CIRCUIT** | **COUNTY** | **DWI** | **ADULT** | **FAMILY** | **VETERANS** | **JUVENILE** | **MALE** | **FEMALE** |
| 37 | Carter | | | | | | | |
| 37 | Howell | | | | | | | |
| 37 | Oregon | | | | | | | |
| 37 | Shannon | | | | | | | |
| | | | | | | | | |
| 38 | Christian | | | | | | | |
| | | | | | | | | |
| 39 | Barry | | | | | | | |
| | Lawrence | | | | | | | |
| | Stone | | | | | | | |
| | | | | | | | | |
| 40 | McDonald | X | X | | X | X | X | X |
| | Newton | X | X | | X | X | X | X |
| | | | | | | | | |
| 41 | Macon | X | X | X | X | X | X | X |
| | Shelby | | | | | | | |
| | | | | | | | | |
| 42 | Crawford | | | | | | | |
| | Dent | | | | | | | |
| | Iron | | | | | | | |
| | Reynolds | | | | | | | |
| | Wayne | | | | | | | |
| | | | | | | | | |
| 43 | Caldwell | | | | | | | |
| | Clinton | | | | | | | |
| | Daviess | | | | | | | |
| | DeKalb | | | | | | | |
| | Livingston | | | | | | | |
| | | | | | | | | |
| 44 | Douglas | | | | | | | |
| | Ozark | | | | | | | |
| | Wright | | | | | | | |
| | | | | | | | | |
| 45 | Lincoln | X | X | X | X | X | X | X |
| | Pike | X | X | X | X | X | X | X |
| | | | | | | | | |
| 46 | Taney | X | X | X | X | X | X | X |

# EXHIBIT A

## Additional Treatment Provider Information

**OFFEROR NAME: Preferred Family Healthcare**

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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?

Preferred Family Healthcare (PFH), Inc. prioritizes the development of collaborative relationships with men, women, their families, and community resources to foster healthy and functional living for all members involved. PFH's primary goal is to treat all the women and men we serve with dignity and respect, to encourage community mindedness, and to approach the treatment process from a holistic perspective and team-driven approach.

2. How is this philosophy "operationalized" on a daily basis?

The treatment provided by PFH focuses on each client's individualized and specific needs identified during the comprehensive assessment. Services are provided in a therapeutic, alcohol and drug-free setting that encourages productive, meaningful, age-appropriate alternatives to substance use. Service delivery is consistent with the current state of knowledge and generally accepted practices. Treatment is also individualized according to the person's age, cultural background, race, and sex. Treatment interventions promote the recovery process, provide skill development, and address relapse prevention. The programs use a holistic approach that addresses the client's physical, mental, emotional, and spiritual needs. Family members are encouraged to participate in the treatment process with the consent of the person served. This can be accomplished either formally by receiving services designed for family members or informally by getting progress updates, asking questions, and/or reading materials related to recovery.

The persons served are informed of what is available in our community to encourage and assist in the recovery process, both during and after treatment. The locations and meeting times of self-help groups that are active and welcoming are provided to persons served. Program goals and outcomes include learning about the disease of addiction, achieving abstinence, improving functioning and satisfaction in life areas such as family/interpersonal relationships, work/school, health, financial, legal, and ensuring a smooth transition to maintain recovery with the individual's established social support system post discharge.

3. Does the program serve a designated target population?

PFH serves men, women, and their families, providing holistic treatment to address their physical, mental, and emotional needs, for OSCA specifically those with a SUD diagnosis involved with the court system.

4. Does the program use harm reduction techniques?

Yes.

a. If so, please describe.

PFH understands that substance use disorders (SUD) manifest as a complex, multi-faceted phenomenon where the continuum exists from use, misuse, abuse to severe substance use. Further, PFH supports the use of practical strategies to support safer use, understanding abstinence is not always effective in meeting client's needs. To implement such a strategy, PFH uses a variety of therapeutic interventions, all driven by an individualized plan of care intended to best help the client reach their goals.
These include:

- Education: education is an integral part of all levels of treatment focusing on providing factual information on physical and psychosocial risks of substance use, relapse prevention, risks of infectious diseases and other physical health problems, and potential social problems. Education is provided in the group setting and reinforced in case management and counseling sessions.
- Pharmacological interventions: medication assisted treatment has been at the center of PFH's program enhancement and best practice initiatives for over 15 years. Each individual is screened for eligibility and appropriateness for use of alcohol and opioid-agonist and antagonist medications to help support his/her recovery.
- Enhanced social support: PFH's case management team provides community-based support to clients in all levels of programming. Again, based on the individualized treatment plan, the case manager/ community support specialist assists the consumer in identifying needs or changes that need to occur in their home environment (living situation, job, for example) and assists them in accomplishing
  goals to distance themselves from people, places and things that would trigger a potential return to substance use.

**Level of Care**

1. What levels of care does the program provide?

For placement in a specific level of care, PFH uses the criteria provided by current ASAM/CSTAR standards for Levels I, II, and III.

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

PFH utilizes the Risk and Needs Triage (RANT) to determine the most effective, cost-efficient treatment that is specifically tailored to each participant. The RANT is currently administered by drug court personnel and assignments to providers are dictated by the treatment court. Following the RANT and client assignment, the standard of practice currently utilized by PFH and the courts for placement in a specific level of care is the criteria provided by current ASAM and Comprehensive Substance Treatment and Rehabilitation (CSTAR) standards. This is initiated at the beginning of treatment coupled with the required court appearances and schedule of drug testing. When a client completes the ASAM/CSTAR recommended levels of care, the court teaming process provides direction to the continued plan for successful completion of drug court.

Each ASAM/CSTAR level of care offers individual, group counseling, and family counseling with Qualified Addiction Professionals (QAP) and/or a Missouri Associate Alcohol Drug Counselor (MAADC) under the supervision of a QAP as well as educational services and assistance by a case manager/community support specialist (CSS). Rounding out the team are a registered nurse, behavioral health technicians, and the clinical supervisor.

Each client's treatment team meets regularly to provide input to guide each client's frequency and intensity of care. With informed consent, the teams frequently involve other stakeholders in the

intervention process such as the treatment courts, probation and parole, Children's Division, health care professionals and involved family members.

When a treatment court client completes the ASAM/CSTAR requirements, his/her continuing care plan overlaps with the court requirements. The client has access to any of the services at PFH as recommended by the team and necessary to the client's continuing services in support of retention in care and sustained recovery.

A person and family-centered team driven intervention plan based in the bio-psycho-social-spiritual needs of the participant guide the treatment court services. Co-occurring disorder treatment, trauma therapy, and medication-assisted recovery are critical components of the program (e.g. oral Naltrexone, Vivitrol, Suboxone, etc.). Each of the Treatment Courts holds weekly program staffing meetings directly followed by court review sessions with the participants. The participant goes through five phases to progress to graduation.

*At all times, participants are expected to comply with court orders, demonstrate engagement in treatment, keep all appointments, submit to random drug testing, and make monthly court fee payments.*

3. Are services offered for both individuals and families?
Yes. PFH's mission is to provide integrated care supports the philosophy that affected family members become engaged and participate in recovery and/or support services for optimal success. Therefore, a key focus of CSSs and case managers (CIVI) is to address social support and/or family issues. To facilitate this, for each client admitted, the CSS/CM schedules a family conference to best coordinate care, and build or strengthen the safety net of family members, referral sources, and chosen people of significance in each client's life.

The intent of the family conference is to provide an overview to the client's safety net on what to expect during treatment & recovery, and also address needs and resources for the family with respect to their loved one's substance use disorder. Family conference is often used as a venue for mediation to promote healthy conversation between the safety net and the client. Following that initial interaction, ongoing support is provided to the safety net through a variety of means, based on the person's needs and desires, including family counseling.

4. What Level of care metric is used?
The American Society for Addiction Medicine (ASAM) Criteria:
The ASAM Criteria use a multidimensional approach to assess a person's needs, strengths, resources, social support, and various assets. The ASAM Criteria was built on a foundation of evidence around the multidimensional factors that influence disease severity and prognosis and expert consensus from a broad coalition of clinical stakeholders. The ASAM Criteria help determine the best level of care for the person's substance use disorder at the time of assessment, accounting for their need for medical oversight and safety. The ASAM Criteria can be used at entry into treatment and during transitions to different levels of care on the continuum.

A screening must be conducted as specified in DBH Core Rules, 9 CSR 10-7.030(1). Treatment, transfer, transition and discharge planning begins at the point of admission for all ASAM levels of care. Eligibility determination may be completed to expedite the admission process.

Eligibility determination requires placement in a level of care with inclusion of The ASAM Criteria and confirmation of an eligible diagnosis with verification by a LMHP prior to delivering ASAM services. The eligibility determination must be documented in accordance with DMH regulations, unless otherwise directed by DMH.

Comprehensive Assessment:
The comprehensive assessment is an evaluation of an individual's physical, mental and emotional health, including issues related to substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment. Components include:

- Risk assessment to determine emergency, urgent and/or routine need for services
- Presenting problem, brief history, current medications, current medical conditions and current symptoms as obtained from the individual
- Formulation of a diagnosis by a LMHP
- Development of a treatment plan

PFH uses the ASAM six-dimension criteria.

5. What are the major differences in the levels of care provided?
ASAM Treatment Level System: ASAM Dimensions
The ASAM dimensions are comprehensive and take in all aspects of the person's life. The use of these dimensions helps to determine the intensity of services needed. Documentation must include risk ratings across all six dimensions in the ASAM Criteria to determine the appropriate level of care. The dimensions are:

- Dimension 1: Acute intoxication and/or withdrawal potential. Exploring and assessing the current and past use of substances, as well as the history of withdrawal
- Dimension 2: Biomedical dimension, which explores a person's medical needs and health history
- Dimension 3: Emotional, behavioral, or cognitive conditions and complications
- Dimension 4: Readiness to change. Determining a person's willingness and readiness to change their substance use
- Dimension 5: Relapse, continued use, or continued problem potential. Assessing a person's individual needs that can influence their potential to relapse
- Dimension 6: Recovering/living environment. Assessing how a person's living situation can help or hinder their efforts at recovery

ASAM Levels of Care

ASAM outlines various levels of care based on the outcome of the 6 ASAM dimensions assessment. These levels of care are on a scale ranging from 0.5 to 4, with 4 being the most intensive. With the ASAM dimensions considering a person's needs, strengths, and support system, among other variables, the assessment informs the clinician as to which of these levels is the most appropriate at the time for a person's treatment needs.

- Level 0.5 Early intervention
- Level 1 Outpatient services
- Level 1 Opioid treatment services (OTP)

- Level 1-WM Ambulatory withdrawal management without extended on-site monitoring
- Level 2.1 Intensive outpatient services
- Level 2-WM Ambulatory withdrawal management without extended on-site monitoring
- Level 2-WM-EM Ambulatory withdrawal management with extended on-site monitoring
- Level 2.5 Partial hospitalization services
- Level 3.1 Clinically managed low intensity residential services
- Level 3.2-WM Clinically managed residential withdrawal management
- Level 3.3 Clinically managed population specific high intensity residential services
- Level 3.5 Clinically managed high intensity residential services
- Level 3.5 Clinically managed high intensity residential services (women and children)
- Level 3.7 Medically monitored intensive inpatient services
- Level 3.7-WM Medically monitored inpatient withdrawal management

The major differences can be summarized by the intensity and frequency of treatment, for example:

- 1.0 Outpatient - less than ten hours per week.
- 2.1 Intensive Outpatient - more than ten hours per week, presenting at least three days per week for three or more hours each day.
- 2.5 Partial Hospitalization Services - day treatment style where clients can present daily for up to six hours of treatment each day.
- 3.2 Clinically Managed Residential Withdrawal Management - residential level of care where clients will participate for 20 or more hours in a week, but for up to three days in withdrawal management. The treatment expectations are adjusted to respect the withdrawal symptoms experienced by the client, where they can participate to the best of their ability.
- 3.5 Clinically Managed High-Intensity Residential Services - residential level of care where clients will participate for 20 or more hours in a week. The ongoing need for this level of care is reviewed weekly by the treatment team.

6. What are the state requirements for treatment programs related to each level of care provided?
PFH follows the ASAM CSTAR manual state requirements for treatment programs related to each level of care. The state requirements for treatment programs related to each level of care are listed in Missouri Code of Regulations, Title 9 – Department of Mental Health – Division 30 – Certification Standards – Chapter 3 – Substance Use Disorder Prevention and Treatment Programs – Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) Utilizing the American Society of Addiction Medicine (ASAM) Criteria (9 CSR 30-3.152).

7. Are there plans to provide other levels of care in the future?
While there are no specific plans to provide other levels of care at this time, PFH will do so if/when directed by ASAM guidelines.

**Program Design and Treatment Interventions**

1. What are the key elements of the program's design?
Individualized care with therapeutic interventions along with frequency and intensity of services being determined based on comprehensive assessment. Input from the client and treatment team including court staff is highly valued with all parties working collaboratively for the benefit of the client.

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

a. If so, please describe?

Evidence-based curriculum utilized within PFH services includes:

*Living in Balance (LIB)* emphasizes relapse prevention. LIB: Moving From a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program consisting of a series of
1.5- to 2-hour psychoeducational and experiential training sessions. The manual includes 12 core and 21 supplemental sessions with ten (10) additional sessions addressing co-occurring disorders. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises formatted to help participants develop skills necessary to sustain long-term recovery. The psychoeducational sessions cover topics such as drug education, relapse prevention, social skills & supports/self-help resources, and sexually transmitted diseases (STDs). The experientially based or interactive sessions are designed to enhance the participant's level of functioning in key life areas that are often neglected with prolonged substance use: physical, emotional, social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. These sessions include a large amount of role-play with time to actively process personal issues and learn how to cope with everyday stressors.

*Moral Reconation Therapy (MRT)* is a manualized approach and employs a cognitive-behavioral approach to decreasing recidivism by increasing moral reasoning among juvenile and adult criminal offenders. MRT is designed into 16 units that focus on seven basic themes: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning. MRT is effective with adolescents as well as adults and for individuals suffering from substance use disorders, mental health issues, and co-occurring disorders.

*Matrix*. In the Matrix Model, the counselor functions simultaneously as teacher and coach, fostering a positive, supportive relationship with the client and using that relationship to reinforce positive behavior change. Counselors are trained to conduct treatment sessions in a way that promotes the client's self-esteem, dignity, and self-worth. A positive relationship between the client and the counselor is a critical element for client retention.

*Motivational Interviewing (MI)* is a client-centered intervention, focused on exploring and resolving a consumer's ambivalence about his/her substance use, which is often a barrier to recovery. Counselors utilize a number of non-threatening techniques to engage the person served.

*Motivational Enhancement Therapy (MET)* is a client-centered counseling approach for initiating behavior change by helping clients to resolve ambivalence about engaging in treatment and stopping/reducing substance use. MET provides the appropriate attitude and skills to be effective with people who have problems with alcohol and other drugs, to resolve those problems and become productive citizens. This therapy consists of an initial assessment to determine where the client is with regard to readiness for change followed by individual treatment sessions. The first treatment session focuses on providing feedback generated from the initial assessment battery to

stimulate discussion regarding personal substance use and elicit self-motivational statements. Motivational interviewing principles are used to strengthen motivation and build a plan for change. Coping strategies for high-risk situations are suggested and discussed with the client. The counselor monitors change, reviews cessation strategies, and continues commitment to change or sustained abstinence. MET and MI will be essential in PFH's identification of the consumer's position regarding his/her substance use and his/her motivation to change their substance using behaviors. MET and MI will be the foundation for which our counselors assist the consumer in transforming his/her beliefs about substance use and enhance the individual's motivation to embrace a recovering/healthy lifestyle.

*Relapse Prevention Model.* PFH utilizes both the relapse prevention model of Alan Martlatt and Thomas Gordon and that of Roland Williams and Terence Gorski. The relapse prevention model is a cognitive-behavioral therapy developed for treatment of problem drinking and adapted later for cocaine addicts. The strategies are based on the theory that learning processes play a critical role in the development of maladaptive behavioral patterns. Both techniques teach clients to recognize high-risk situations for substance use, to implement coping strategies when confronted with high-risk situations, and to apply strategies to prevent a full-blown relapse should an episode of relapse occur. The Williams and Gorski model is intended to increase the quality of recovery and help avoid relapse due to specific, identified high-risk situations and triggers. Specific counseling techniques are identified and specific techniques explained to allow therapists to manage sobriety-based relapse issues in therapy. The authors developed a 25-item list of relapse warning signs that specifically target deep-rooted issues, such as, culturally related low self-esteem, victimization, entitlement, and other signs that can sabotage attempts at recovery.

*Dialectical Behavior Therapy (DBT)* is a form of cognitive behavioral treatment originally used to treat chronically suicidal individuals diagnosed with borderline personality disorder and is now recognized as the gold standard psychological treatment for this population. Additionally, this treatment has shown to be effective in treating a wide range of other disorders such as substance abuse, depression, post-traumatic stress disorder, and eating disorders. There are four components of DBT: skills training group, individual therapy, phone coaching and therapist consultation team. Individuals receiving DBT services typically have multiple issues to address. DBT assists the therapist in prioritizing the order in which problems should be addressed. The priority order is as follows: life-threatening behaviors, therapy-interfering behaviors, quality of life behaviors, and skills acquisition. Research has shown DBT to be effective in reducing suicidal behavior, non-suicidal self-injury psychiatric hospitalization, treatment dropout, substance use, anger, and depression and improving social and global functioning

*Seeking Safety* is a treatment for participants with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female participants, and a variety of settings (e.g.; outpatient, inpatient, residential). It can be used with people with a trauma history, regardless of whether they meet the criteria for PTSD. Treatment is available as a book, providing both participant handouts and guidance for clinicians. The treatment manual is available in both English and Spanish. Seeking Safety focuses on coping skills and psychoeducation. Seeking Safety meets criteria in the field as an effective treatment for PTSD/substance use.

*24/ 7™ Dad.* Fathers participate in topics which focus on key fathering characteristics like masculinity, discipline, and work-family balance, and it helps men evaluate their parenting skills. Mothers are invited near the end to discuss what the fathers have learned. The curriculum is

sensitive to individual learning differences and can be trained in a group or one-on-one format. Facilitator conducts 12 sessions (if A.M. or P.M.) or 24 sessions (if A.M. and P.M.) that cover a holistic approach to fathering. Men complete pre- and post-assessments that measure the impact of program.

*Nurturing Parenting* programs are evidenced based parenting programs that can be offered in a group setting, a home setting, or a combination of group and home settings. The first Nurturing Parenting Program was developed and validated in a multi-site, 3-year national study from 1983 to 1985. The NIMH study demonstrated the effectiveness of the Nurturing Parenting philosophy and implementation strategies in remediating the current abuse, and preventing the recurrence of abuse in 93% of the families completing the program. The Nurturing Parenting Programs are recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Registry for Evidence-based Parenting Programs (NREPP), and a number of state and local agencies as proven programs for the prevention and treatment of child abuse and neglect.

*Habilitation, Empowerment and Accountability Therapy (HEAT).* PFH utilizes a promising practice called HEAT that is designed for males ages 18 to 29. The 9-month intervention uses a holistic approach for treatment. The goal is for participants to walk away with the skills to sustain a drug-free, crime-free, productive life and by fostering community support to provide the supportive resources necessary to get that individual back on the road to recovery.

3. How does the program address cultural-specific needs of the client population?
At PFH, we are dedicated to fostering an environment where every individual-whether an employee, client, or community member-feels valued, respected, and supported. Guided by our Brightli Sparks, we strive to:

- Spark Hope by creating spaces that inspire trust, safety, and optimism, offering compassion and guidance in every interaction.
- Spark Empathy by recognizing the hard things people experience and treating everyone with respect, kindness, dignity, and compassion.
- Spark Compassionate Conversations by approaching difficult topics with care and vulnerability, engaging in open and honest dialogue to find the best solutions.
- Spark Tenacity by continuously seeking to learn, improve, and adapt, taking smart risks and embracing change.
- Spark Accountability by taking ownership of our actions, practicing integrity, and always choosing the next right thing.

We believe that every individual deserves the opportunity to pursue a fulfilling career and receive competent care in a safe, informed, and welcoming environment. Our goal is to enhance the experience of every person, organization, and community we connect with, contributing to healthier and more vibrant communities.

PFH also practices person-centered care, which incorporates an understanding of diverse cultural and language needs. Cultural values are addressed using a culturally responsive and equitable approach to service delivery and evaluation. All staff are required to complete annual cultural competency training, ensuring service delivery with cultural sensitivity and responsiveness to the unique needs of all clients including our rural and historically under-resourced communities.

4. How does the program use a strength-based model? Please explain.
The ASAM Criteria uses a strength-based, multidimensional assessment to determine the appropriate level of care for individuals with substance use disorders. By utilizing a strength-based, multidimensional approach, the ASAM Criteria helps individuals with substance use disorders build upon their positive attributes and resources to achieve and maintain long-term recovery.

ASAM Criteria strength-based approach:

- Multidimensional Assessment: The ASAM Criteria assesses individuals across six dimensions: acute intoxication/withdrawal potential, biomedical conditions/complications, emotional/behavioral/cognitive conditions/complications, readiness to change, relapse/continued use/continued problem potential, and recovery/living environment.
- Focus on Strengths: Within each dimension, assessors identify an individual's strengths, assets, and resources that can be leveraged to promote recovery.
- Individualized Treatment Planning: The assessment results inform individualized treatment plans that are tailored to the person's specific needs and strengths.
- Patient Engagement: The strength-based approach encourages patient engagement and participation in their own care by highlighting their capabilities and potential.
- Transition Planning: The ASAM Criteria emphasizes transition planning, which considers what a person needs to support an effective transition to a less intensive level of care, building upon their strengths and support systems.
- Shared Decision-Making: When assessing the recovery/living environment dimension, assessors work with the patient using a shared decision-making framework to determine which level of care the patient is willing and able to engage in, further empowering them with their strengths.

The program is rooted in a harm reduction philosophy and meeting the client where they're at. For example, if a client wants to reduce use of one substance but not another, we'll take their initiative on the first substance until they're ready to work on the other.

5. Are clinical assessments conducted by licensed and certified professionals?
Yes.

a. If so, what are the licensure and certifications of the professionals conducting the assessments?
The licensure and certifications include Licensed Mental Health Provider (LMHP), Qualified Mental Health Professional (QMHP), and Qualified Addiction Professional (QAP).

Qualified Providers of Comprehensive Assessments and Eligibility Determinations:

- A Licensed Mental Health Provider (LMHP) conducts a diagnostic assessment, including dated signature; or
- A Qualified Addiction Professional (QAP) or Qualified Mental Health Professional (QMHP) assists in obtaining information from the individual to complete the eligibility determination with finalization by an LMHP for completion of the diagnosis and clinical summary, including dated signature.

6. How frequently are clients reassessed?
Clients are reassessed annually. In addition, most clients get a functional assessment and level of care assessment every 90 days. Clients in a more intensive level of care are reassessed every two weeks, and those in a residential level of care are reassessed weekly.

7. Are clients 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, PFH uses a variety of screening and assessment tools to provide a complete picture of the individual's behavioral health, physical and social needs.

b. If so, what instruments are used?
*Addiction Severity Index (ASI).* Treatment planning for adults with multi-dimensional needs requires a comprehensive assessment of the individual's substance use history and patterns of use, including drug(s) of abuse, chronological patterns of use, specific reasons for use, consequences of use, family history of drug and alcohol use, as well as a complete understanding of where the person sits with respect to social determinants of health. Given that drug court clients come to PFH by way of the criminal justice system, primarily due to a conviction or plea to a drug-related offense, while a substance-related charge can indicate substance use, this alone cannot direct need for treatment. To ensure staff obtain a full picture of each participant's current situation, and to direct care in a manner which best serves the individual, PFH utilizes the ASI as a general intake screening and assessment tool to gather personalized data on the following areas: medical, employment/support, drug and alcohol use, legal, family/social, psychiatric, and problem behaviors (both lifetime and past 30 days). The ASI takes into consideration that addiction to drugs or alcohol can result from life events that precede, occur at the same time as, or result from substance use disorder problems. Rather than focusing solely on the client's substance use, the ASI highlights seven potential problem areas, and provides a comprehensive evaluation by which to build an individualized treatment plan.

*Mental Health Screening Form-III (MHSF III).* Given the prevalence of co-occurring mental health problems among the target population, it is imperative to conduct a mental health screening on all consumers. The MHSF III is used specifically to screen for mental health problems among clients entering substance use disorder treatment. It is comprised of eighteen Yes-No items about current and past symptoms related to schizophrenia, depressive disorders, PTSD, phobias, intermittent explosive disorder, delusional disorder, sexual and gender identity disorders, eating disorders, manic episode, panic disorder, obsessive-compulsive disorder, pathological gambling, learning disorders, and developmental disability. PFH provides co-occurring disorder therapy and/or will refer the individual to an alternate provider and ensure a collaborative approach with the alternate provider.

S*tressful Life Events Screening Questionnaire (SLESQ).* As a standard practice, PFH administers the 13-item self-report SLESQ upon admission to treatment to screen for lifetime exposure to traumatic events. Results of the SLESQ indicate the likelihood that a person may have PTSD or a related disorder. The SLESQ will also indicate the need for an additional integrated assessment, which will identify the interactions between substance use and mental health symptoms and treatment during periods of stability and/or crisis. Integrated assessment begins with a crosswalk between mental health and substance use, establishing times when the client did well, determining stage of change for each problem, and concluding with stage-specific assessment and treatment planning.

*Post-Traumatic Stress Diagnostic Scale (PDS).* PFH utilizes the PDS for men and women during each assessment and have trained and certified counselors to address PTSD as indicated through the

results of the assessment. PFH provides individual counseling (trauma related) to appropriate individuals as part of the treatment program. This service consists of structured, goal-oriented therapeutic interaction between a participant and a specially trained counselor designed to resolve issues related to psychological trauma, personal safety and empowerment of the client in the context of substance abuse problems.

8. What new interventions or services have been added in the past 2 years to enhance the program's design?
PFH implemented and began following ASAM guidelines on July 1, 2022.

9. Which community partnerships have been established by the program?
(Please see table below)

a. How have these been maintained over time?

PFH cultivates relationships with an array of social service and primary care agencies in each judicial circuit where we facilitate services. These partnerships ensure access to vocational planning, education, employment, housing, and skills training for the individuals served through our treatment court services. These organizations include hospitals, shelters and food pantries, crisis services, youth services, housing resources, employment and vocational rehabilitation services, work force development, colleges and universities, legal services, and other human services. PFH maintains these partnerships through close collaboration and resource sharing. Below are examples of some of the partnerships PFH has established throughout our regions.

| Regions | Employment | Basic Needs | Medical | Mental Health | Faith Based |
|---|---|---|---|---|---|
| **Northwest** | PFH | Powell Center, Hillcrest Ministries, Bishop Sullivan Harvesters | Research Samuel U. Rodgers, Clay County Dept of Health | Research, Crittenten, Heartland Tri- County Mental Health, Two Rivers Cornerstone of Care, Signature | Pleasant Valley Baptist Church |
| **Northeast** | High Hope | Salvation Army, The Crossing Thrift Store | Northeast Regional Health Council, Clarity Healthcare, Northeast Regional Medical Center, Scotland County Hospital, Samaritan Hospital | PFH, Mark Twain Behavioral Health, White Oak Counseling | Salvation Army, The Crossing |

| | | | | | |
|---|---|---|---|---|---|
| **Central** | PFH Career Center | Salvation Army, SERVE, Goodwill, Samaritan Center | SSM Community Health Center of Central Missouri Capital Region Medical Center Family Medical Care | SSM, Community Health Center, Capital Region Medical Group Burrell Behavioral Health | Community Churches |
| **Southwest** | Ozark Workforce Development Center | Shiloh | Access Health Care County Health Departments | Ozark Center Behavioral Health Skyline | Community Churches |
| **Eastern** | PFH | St. Louis Area Food Bank, Biddle House, St. Patrick Center, PFH, Rauschenbach Housing, Energy Care, Dollar Help, utility assistance through CSTAR, Legal Advocates | Affinia Healthcare, Gateway to Better Health, People's Health Clinic | LCSWs, LPCs and Psychiatrists – employed by PFH | Community Churches, Bridges Program/Behavioral Health Network |

10. Does the program use manualized treatment curricula?
Yes.

a. If so, which curricula are used?
The following are all evidence-based manualized curriculum described above: Living In Balance, MATRIX, MRT, MI/MET, and Seeking Safety.

11. What experience does the program have in providing services to justice-involved populations?
PFH has a long history of working with the offender population referred from Missouri Institutional Treatment Centers, Probation & Parole, as well as drug courts. PFH has made significant contributions to the establishment of many drug courts and to that end has a great deal of experience working with drug courts and offenders. For many years, PFH has been committed to working with communities to establish drug courts in many of the locations where it provides services. PFH has assisted drug court teams in establishing drug courts for adults and/or juveniles and is the primary substance abuse treatment provider for numerous courts.

PFH has served hundreds to thousands of clients currently participating in drug courts, and the proposed staffing pattern includes team membership currently interfacing with drug court administrators, prosecutors and judges in the circuits referenced above. PFH has supported these programs by creating specific drug court training protocols for new staff hired in any of these

positions who might interact with a drug court client and in turn the drug court. PFH staff members have developed a comprehensive understanding of the needs of drug court clients, due to this long-standing relationship and interaction. It has cultivated strong relationships with prosecutors, judges, probation and parole officers, and other court officials, as well as with local agencies that are able to provide support services – such as educational assistance, housing support, and employment counseling – to drug court consumers as they pursue recovery and resiliency. PFH has a proven competence in providing substance abuse treatment to drug court clients, and is extensively familiar with the population and has been successful in introducing innovative treatment options, such as virtual treatment, for this population.

**Program Operations**

1. Does the program offer onsite drug testing? Is there a drug-testing lab on site? How quickly are drug test results available?

If the courts request us to, we have capabilities to do onsite drug testing (although it is not court admissible). There is not a drug-testing lab on site, and results are usually available within 48-72 hours.

2. Does the program have an established, written drug-testing protocol?

Yes.

a. If so, what does it include (e.g., process, chain-of-custody, analysis, technological and legal support, etc.)?

It is the policy of PFH to use random and selective testing for detecting drug and alcohol use by clients/ patients and complete other routine laboratory tests as applicable and by service line program. Furthermore, it is the policy of PFH that laboratory services will be completed in a safe and proficient laboratory testing environment and be performed by ensuring team member competency in quality control and laboratory practices in accordance with the requirements of the Clinical Laboratory Improvement Amendments of 1988 and ensure that testing procedures are in compliance with Centers for Medicare and Medicaid Services (CMS), through Clinical Laboratory Improvement Amendments (CLIA), the Occupational Safety and Health Administration (OSHA) and the Center for Clinical Standards and Quality (CCSQ).

Our procedure includes the following: **A)** CLIA waived testing certification will be maintained for all service locations providing laboratory testing. **B)** Waived testing procedures will be completed with use of CLIA-qualified and approved devices and in compliance with manufacturer's instructions. **C)** All alcohol, drug, and other laboratory testing supplies will be purchased through approved procurement processes and in accordance with an approved list of supplies/vendors. **D)** Those responsible for performing waived testing procedures will receive specific training to ensure competence in laboratory procedures, specimen collection, laboratory send-off instructions and an understanding of test result interpretation. **E)** Specimen collection and the process of laboratory testing will be performed with trauma informed approaches in mind such as: 1) Safe environment; 2) Using a trust based and transparent rapport between team members and clients/ patients; 3) Collaboratively; 4) With client/patient empowerment, voice and choice in mind; and, 5) Inclusive of cultural, gender, or other diversity needs in mind. **F)** Quality control check will be performed. **G)** In the event of exposure to bodily fluids during the specimen collection process, proper procedure will be followed as outlined the Operational Procedures.

Additionally, each program within Integrated Health Services (IHS) will adhere to laboratory procedures that are in compliance with Centers for Medicare and Medicaid Services (CMS), through

Clinical Laboratory Improvement Amendments (CLIA), the Occupational Safety and Health Administration (OSHA) and the Center for Clinical Standards and Quality (CCSQ). Based on those governing bodies laboratory procedures have been developed and codified and will be followed at any sites providing laboratory services including, but not limited to; urine drug screens, pregnancy tests, blood draws, etc. A copy of the full nine-page policy is available upon request.

3. Does the program provide case management services?
Yes.

a. If so, please describe.

Case management services are offered to assist individuals in meeting the needs identified and are included in their treatment plans. As part of the "whole person" approach to treatment, PFH identifies existing barriers to an individual's recovery and helps him/her to resolve those barriers. PFH has a long history of assisting individuals in removing such barriers by helping them to build social support systems, access community resources, improve educational performance, obtain employment, locate medical care, and establish a supportive living environment. In order to address these needs, case management will be offered to treatment court participants. The agency has found that this additional support in assisting individuals to find and obtain community resources has been effective in empowering the individual and his/her family in making positive strides towards recovery. Such involvement includes the identification of needs in such areas as vocation, employment, housing, health, and family. In addition, staff members assist the family in discovering and connecting with area resources to address these needs, linking the consumer and his/her family to these resources by making the referral and acting as a liaison between the resource and the client.

4. Does the program have an established community provider network in place for complementary and support services?
Yes.
PFH is dedicated to providing a continuum of support to individuals referred through treatment courts and, as such, provides case management and community support services when this service is identified in the individualized treatment plan.

The CSS's role is to help identify critical life domains of each man, woman and their children to determine what they are succeeding in, where needs are, and to develop strategies on how to meet the needs. PFH CSS/CMs connect the client and their children and families with community agencies and resources who may assist them. Examples of supports include:

- The Department of Social Services - both the Children's Division and Family Support Division; Community Clothes Closets;
- Consumer Credit Counseling;
- Medical and Mental Health Services;
- Social Supports: AA, NA and NAMI meetings;
- Legal Services/Advocacy - providing support and assistance as appropriate for those involved in the legal system including both the adult and juvenile systems;
- Employment Services - employment services, Individual Placement and Support services, Missouri Career Center, etc.;
- Housing Services - HUD, OCAC, shelters, etc.;
- Additional Parent Support or Classes;
- Harmony House - family violence shelter; and

- Various other connections and contacts depending on needs of the individuals and their families.

The CSS/CM monitors the utilization of community services and the ability of the men, women, and their families to develop natural supports through the development of constructive relationships with community agencies and other resources. These material and social connections are critical to each client's success and are monitored throughout the treatment court program. Each CSS/CM is vitally interested in assisting each individual in becoming self-reliant and teaching and demonstrating critical thinking and constructive decision-making skills.

5. Does the program have formal grievance process in place?
Yes.

6. What types of client information are maintained by the program?
PFH may keep client information related to medical, dental, and behavioral health, including consent forms, records received from other providers, etc.

a. Is this information maintained on an electronic database?
Yes, all data is stored on an ONC-certified electronic health record (EHR), CareLogic, with strong password protection allowing access only by program staff, as well as appropriate management and evaluation team members.

b. Is this databased encrypted?
Yes, CareLogic encrypts data using securely managed servers, continuous SSL encryption, and two-factor authentication to decrease the risk of unauthorized access and system breaches. The platform also ensures compliance with HIPAA regulations.

7. What are the program's after-hours and emergency service protocols?
At residential programs, PFH employs a minimum of two (2) adequately trained and physically able, paid staff on the premises 24 hours a day, 7 days a week. A minimum of one (1) staff member per shift is trained in CPR and First Aid. Counseling staff are available onsite from 8:00 am to 8:00 pm Monday through Friday. All programs have a crisis on-call systems established with 24 hours/7 days per week coverage and clients are briefed at admission on how and when to use the crisis line. Client records are available through PFH's electronic health record, CareLogic, so any staff members on-call at any site can have immediate access to documentation allowing them to orient themselves to the client to respond to the crisis in the most helpful and appropriate manner possible.

8. Does the program have a formal fiscal management and accounting procedure in place?
a. If so, please describe.
PFH employs a variety of financial management professionals, including the Chief Financial Officer, a Vice President of Finance, a Director of Accounts Payable, a Director of Financial Accounting, a Director of Accounts Receivable, a Procurement Director, and a Director of Grants Accounting. These professionals monitor the budget and financial obligations of assigned awards, ensure the strict adherence to line-item allowances, communicate budget recaps and necessary spending limitations to program staff members, and educate leadership and program service staff members on the program-specific and funding source-specific use of funding.

Due to the size of PFH, many safeguards, internal controls, and policies are in place to safeguard assets and maintain financial stability. PFH uses financial reporting software for comprehensive budgeting, comprehensive reporting, and up-to-the-minute analysis for increased accountability. PFH employs a Chief Financial Officer to assure that financial policies and procedures are followed, including segregation of duties. Specifically, the Chief Financial Officer provides oversight of general ledger entries in the accounting software (e.g. accounts payable, fixed assets, and payroll). In addition, the Chief Financial Officer oversees all financial management areas of the organization, including responsibility for maintaining accurate records of the health center's financial position, assisting in financial aspects of the organization's strategic plan and producing reports that accurately reflect financial activities. The Chief Financial Officer also reconciles bank statements, accounts payable, accounts receivable, and prepaid accounts and accumulated depreciation schedules. Detailed monthly trial balance reports, financial reports, and statistical reports are generated by the Chief Financial Officer for review by the Finance Committee Board of Directors.

In addition to the Board of Director's fiduciary responsibility, PFH has detailed financial policies in place that strengthen internal controls and insure accountability of health center resources. These policies safeguard assets and ensure compliance with Generally Accepted Accounting Principles and auditing standards. The financial policies are reviewed annually to strengthen internal control measures and minimize the likelihood of misappropriation of assets or misstatement of accounts/reports.

9. Please provide a copy of the program's organizational chart that clearly describes key administrative and operational components.
Due to the size of PFH and the scope of services we provide statewide, this chart will not readably fit within this application question space provided. We have attached it at the end of Exhibit A.

10. Are processes in place to assist the uninsured in accessing insurance coverage, through either Medicaid or federal/state insurance exchanges?
Yes.
PFH CMs are well versed in the requirements and process for applying for Medicaid and utilize our health navigator or one local to their region to ensure that clients are educated and have access to insurance exchange plans. Specifically related to Medicaid, PFH screens all program participants for Medicaid eligibility. PFH maintains positive working relationships with all children's division circuits where Medicaid applications are processed and so they can assist in the collection and preparation of documentation, and support during the determination process. Payer source is obtained at the first meeting and should the client have no source of insurance or payment for services, this would be a top priority for the case manager. Additionally, through PFH's relationship with FQHCs in the areas, PFH is able to utilize the expertise of certified navigators positioned to fully explain and assist the consumer in enrolling in a marketplace plan. PFH is fortunate to have a navigator on-site at one of its St. Louis locations.

11. Does the program offer specialized services for unique populations (e.g., gender, offender, non-offender, DWI, veterans, etc.)?
Yes, PFH provides services for both males and females for DWI, Juveniles, Veterans, and Families.

12. Does the program offer or assist with transportation services?

PFH provision of transportation varies by region. Wherever available PFH makes every attempt to locate offices on public transportation routes to ensure accessibility. Clients also have regular opportunities to participate in drug free recreational activities such as walking, volleyball, bowling, board games, and field trips (nature centers/ zoos, libraries, museums, and community special events).

13. Are records kept in an analog or digital system?
The majority of records are kept digitally, principally through our EHR, CareLogic. Any documents and records maintained in their original paper form must be maintained pursuant to PFH's Document Retention and Destruction policy, unless the original form has been digitized and is now stored electronically. Per this policy, once a document has been digitized, the electronic version defaults as the legal form, and the paper copy can be destroyed according to the specified destruction requirements within the policy. All documents and records are stored in physical and electronically secure locations. Paper documents or records stored onsite at a facility are kept in a secured, locked filing cabinet, room, or office.

14. Is the record system interoperable with the other major electronic health records systems in the area?
Basically, no. There is some connection through CIMOR, but not through EHR systems.

**Staff Characteristics and Qualifications**
1. What attempts have been made to ensure cultural competency among the program's team?
PFH's mission is to be a dynamic and caring organization committed to providing integrated care to assist individuals in achieving overall health and wellness. In order to achieve this, the agency realizes the importance of cultural competence and awareness. PFH has developed a cultural competency plan to build our overall agency cultural competence and awareness in order to provide service approaches and techniques that meet the needs and diversity of the people we serve. PFH seeks to achieve diversity in personnel, reflective of the communities served, provide on-going cultural competency education and training opportunities, and advocate for cultural competence and diversity within the communities we serve.

One goal of PFH's Cultural Competency Plan is to maintain staff diversity that is reflective of the persons served, by community or region. This is analyzed annually using EE01 data regarding personnel and demographic data collected regarding persons served at the end of the fiscal year. To recruit a diverse workforce, the agency advertises using methods and media that have a primarily minority reader base, provides on-line employment advertising, attends Job Fairs that serve diverse populations, and includes in every employment advertisement the statement that PFH is an equal opportunity employer.

As simply holding a similar characteristic may not equate to full understanding of culture, ethical and moral beliefs, another goal of the plan is core staff development plan which assist in effectively working with the cultural populations served and the community where interactions take place while renewing, enhancing, and increasing the cultural sensitivity, cultural awareness, and ability of staff to provide culturally relevant services.

Beyond just spoken language, in the communities we serve PFH staff is engaged with multicultural groups and/or organizations that may be a resource as we examine and appropriately respond to the values and beliefs of individuals in our care.

Additionally, we employ the Language Line Key Press Telephonic Solution. This is a telephonic solution for incoming calls from Limited English Proficient (LEP) clients which connects them to immediate language assistance via an interpreter who remains on the call and facilitates the routing of the call throughout the normal call flow process. This solution enhances immediate accessibility to services as people seeking services can bypass the interpreter pairing process typically used within the system.

When skills and resources are needed that are beyond the capacity of the agency or program, networks established in the community may be a source of support. Trained interpreters, language banks, and other community-based organizations allow PFH to provide high-quality services by respecting the primary spoken language of our clients, not expecting a conformance to our norms to receive care.

2. What attempts have been made to provide diversity among the program's treatment team?
As mentioned above, PFH has developed a Cultural Competency Plan that has identified goals to promote cultural understanding and cultural competency throughout the agency. The goals of this plan are: 1) PFH will create and maintain an atmosphere where staff and persons served aim for culturally inclusive behavior and activities, ensure cultural differences are heard and explored, and actively seek to learn from other cultures. 2) PFH will provide an environment where people are treated with respect and are supported in realizing their full potential. 3) PFH will achieve diversity in personnel and leadership, which is reflective of the cultural diversity of the persons and communities served. Activities to achieve these goals are identified, measurements are established, and evaluation of the efforts is conducted by the Assure Cultural Understanding Committee.

3. Does the diversity of the treatment team appropriately reflect the diversity of the community?
PFH acknowledges that its diversity contributes to the overall success of the agency. For this reason, PFH strives to create and foster a work environment that supports growth, enhances potential, and promotes appreciation and respect for all employees and clients in pursuit of our organizational goals and improving our clients' mental and physical health. Each employee brings a unique background, style, perspective, set of values, and beliefs that enriches our organization, fosters creativity, and stimulates growth and change. We believe our diversity increases our ability to solve problems and increases both individual and organizational effectiveness. Our clients benefit not only from the improved organization but also from the acceptance and value they feel from a staff that has come to appreciate diversity.

PFH makes every effort to recruit persons who are representative of the community/cultures that the program serves for all positions including leadership, management, direct services, and support services. Such steps include advertising in newspapers that have a primarily minority reader base, provide on-line employment advertising, and attend job fairs that serve diverse populations. Every employment advertisement includes the statement that PFH is an equal opportunity employer. The agency's efforts are evaluated through reports submitted to the Equal Employment Opportunity Commission. Accordingly, our staff encompasses a rich mixture of diverse religious, racial, and cultural backgrounds.

4. Is the program team able to appropriately engage with the clients in a culturally competent manner?
Yes. PFH understands that while culturally appropriate services can help reduce racial and ethnic disparities, cultural competency is not just about race and ethnicity. Even in our more racially homogenous communities, our staff know it is important to consider differences in gender, language, education, age, etc. to meet client needs. PFH works to recruit, hire, and train persons who are representative of the community/cultures that the program serves, in order to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of those we serve.

5. To what extent does the treatment team include multidisciplinary staff?
PFH provides treatment for our consumers using a holistic approach. Our clinical teams consist of staff holding varying licensures and certifications with demonstrated competency in substance use disorders as well as co-occurring disorder treatment. Clinical positions may vary according to state guidelines and region.
Positions include:

- Program director has the responsibility of overseeing all parts of the site functioning including: managing the clinical development of staff, ensuring compliance with regulatory/certification standards, remaining abreast new developments in the field of substance use and mental health, conflict resolution, as well as building and maintaining relationships in the community. The Program director generally has an advanced degree or certification in the field with a minimum of three years of management/ supervisory experience.
- Clinical supervisor has appropriate training and expertise regarding the treatment of individuals with substance use and mental health disorders. The Clinical Supervisor has an employment history demonstrating progressive responsibility in regard to caseload management, supervisory experience, and leadership. This position is responsible for management of day-to-day activities, crisis intervention, and clinical supervision of therapists/counselors, associate counselors, CSS/ CMs, registered nurses, and behavioral health technicians. All clinical supervisors hold appropriate educational credentials and/or certification/licensure for this level of responsibility.
- Therapists must be provisionally or fully licensed appropriate for the state in which they practice. Primary duties include Screening and Assessment, facilitation of treatment planning, individual counseling, co-occurring & trauma therapy, group counseling, crisis intervention, consultation with peers, and documentation. All Therapists must obtain a minimum of 36 hours of continuing education every 2 years.
- Counselors hold the credentials of a Qualified Addictions Professional (QAP) as defined by the Missouri Substance Abuse Professional Credentialing Board, Inc. (MSAPCB); and are responsible to complete screening/assessment as well as facilitate individual counseling, group counseling, group education and crisis intervention.
- Associate Counselors are trainees who registered with MSAPCB, Inc. and are undergoing supervision for future certification/licensure. Associate Counselors facilitate individual counseling, group counseling, group education, crisis intervention, consultation with peers, and Documentation under the direct supervision of a QAP.
- Community Support Specialists/Case Managers shall have training and demonstrate expertise regarding the treatment of both substance use and mental health. They will be involved in the assessment process, treatment plan development and facilitate transition-planning beginning as

soon as possible after admission. They will serve as a connection between the client and all community resources that will assist the individual in recovery.
- Registered nurses/licensed practical nurses have appropriate licensure with the State that he/she practices. The RN assists in overseeing and/or facilitating medication assisted treatment, coordination of care for medical needs, and medication/health education.
- Behavioral health technicians (BHT) are support staff responsible for overseeing the daily milieu, client transportation, and facilitation of group education. All BHTs have a high school diploma or equivalent and two (2) years responsible employment history. The position of BHT is an entry-level position and the staff interested that hold this position are encouraged and offered the supervision necessary to seek certification in order to further their career.

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

PFH has a long history of working with the offender population referred from Missouri Institutional Treatment Centers, Probation & Parole, as well as drug courts. PFH has made significant contributions to the establishment of many drug courts and to that end has a great deal of experience working with drug courts and offenders. For many years, PFH has been committed to working with communities to establish drug courts in many of the locations where it provides services. PFH has assisted drug court teams in establishing drug courts for adults and/or juveniles and is the primary substance abuse treatment provider for numerous courts.

PFH has served hundreds to thousands of clients currently participating in drug courts, and the proposed staffing pattern includes team membership currently interfacing with drug court administrators, prosecutors and judges in the circuits referenced above. PFH has supported these programs by creating specific drug court training protocols for new staff hired in any of these positions who might interact with a drug court client and in turn the drug court. PFH staff members have developed a comprehensive understanding of the needs of drug court clients, due to this long-standing relationship and interaction. It has cultivated strong relationships with prosecutors, judges, probation and parole officers, and other court officials, as well as with local agencies that are able to provide support services – such as educational assistance, housing support, and employment counseling – to drug court consumers as they pursue recovery and resiliency. PFH has a proven competence in providing substance abuse treatment to drug court clients, and is extensively familiar with the population and has been successful in introducing innovative treatment options, such as virtual treatment, for this population.

6. Is the program's treatment team licensed and credentialed as per state requirements?
Yes.

7. What type of staff training has been provided that aligns with the needs of the program's target population?
Using Relias Learning, PFH has implemented a number of mandatory training requirements across the agency, and then creates training plans for each staff based on their program of focus. This includes annual trainings on infection control, confidentiality, corporate compliance, cultural diversity, emergency procedures, prevention of abuse and neglect, and workplace violence. Related to treatment courts, PFH encourages training mastery in all evidence-based practices described above. This is reinforced through regular workshops, conferences and events such as the Missouri Association of Treatment Court Professionals (MATCP) that many of PFH's staff attends.

PFH staff working with individuals in recovery receive an array of training depending on their specified job duties. Trainings include trauma informed supports, cognitive behavioral therapies, motivational interviewing, community supports, cultural diversity, medication assisted treatments, and psychopharmacology.

8. Does the treatment staff practice self-improvement and self-care as part of a cohesive team?
Yes, there are regular onsite team building exercises, team members travel to conferences together, and they often engage in collaborative learning as well.

9. Does the treatment staff model the health they teach their clientele?
As much as possible, treatment staff exemplify the health principles they teach their clientele. They prioritize their own well-being and mindfulness practices to set a positive example for those they support. By embodying the healthy habits they advocate, they work to inspire and motivate their clients to adopt similar practices, fostering a supportive and encouraging environment. This commitment to personal health not only enhances their credibility but also strengthens the trust and rapport with their clients, making the journey towards better health a collaborative and achievable goal.

**Insurance and Medicaid**

1. Does the program accept the major Medicaid plans (including CSTAR) or other health plans in the catchment area?
PFH explores third party or other payment liability for services for treatment court clients before billing CSTAR POS, Medicaid, or OSCA. PFH has secured contracts with a variety of plans, including managed Medicaid, commercial and Medicare Advantage products. Once a client completes CSTAR or initial SROP service requirements and other funding sources are not available, OSCA resources will be billed according to the plan of services established with the client and the treatment court team.

When a third party requires the participant to pay cost sharing (e.g. co-payment, coinsurance, deductible), it is understood the treatment court shall pay the cost sharing amounts. The treatment court's liability for such cost sharing amounts shall not exceed the amount the treatment court would have paid under the vendor's price for the service.

All third-party options explored and utilized will become part of the participant record and reported on a quarterly cost savings report, when requested by OSCA. We will not bill OSCA for any service covered by another source of revenue. This includes using CSTAR and SROP payments as the third-party payment prior to accessing treatment court funds. These records will be available for audit and review by OSCA.

PFH understands we may keep 100% of third-party collections when those collections do not exceed the total amount of the contractors' financial liability for the participant, there are no payments made by OSCA related to fee for service, and such recovery is not prohibited by federal or state law.

2. Does the program offer medication assisted therapies conformant to the Medicaid formularies?
In accordance with best practice guidelines, a physician or qualified advance practice nurse or physician's assistant may prescribe approved medications for the treatment of clients' substance use disorders. PFH screens each program participant for eligibility and appropriateness for medication-assisted treatment (MAT). This screening includes evaluation of motivation as well as individual health. The MAT offered by PFH does conform to the formularies negotiated between the Department of Mental Health and Missouri HealthNet. PFH has been utilizing MAT since 2006 and has established medication education, client/medication contracts, and a system for participation updates to be provided to the doctor/APRN who is prescribing the medications for the individual (as well as the court).

Medication services provided by a physician or a qualified advance practice nurse, will be available to assist treatment court clients with their physical needs in many of our identified regions. This service consists of goal-oriented interactions to assess the appropriateness of prescription medications that can assist an individual in realizing his/her treatment goals. Each participant prescribed medications to support recovery will be provided education, have routine reviews concerning compliance with taking medications and understand that regular updates will be provided to the prescriber.

3. Are processes in place to assist the uninsured in accessing insurance coverage, through either Medicaid or the federal/state insurance exchanges?
Yes. Program staff work with new patients to assist them with obtaining needed healthcare and social service benefits or supports that may meet their healthcare needs, such as Medicaid, Medicare, Social Security Disability, private insurance, and/or other programs. Returning patients are asked if their eligibility status has changed since their last visit and are re-screened for eligibility as necessary. PFH has board-approved policies that ensure dynamic organizational systems maximize collection of patient revenues while ensuring patients are not denied service for inability to pay. The Finance Committee Board of Directors has established policies governing eligibility for discounted care, billing, and collection. However, no patient is denied service due to an inability to pay. All new patients are informed of their eligibility to apply for sliding fee discounts and are encouraged to complete the necessary paperwork.

4. Does the provider have a system for determining whether an individual has insurance or is eligible for Medicaid?
Yes. As mentioned above, PFH program staff work with new patients to assist them with obtaining needed healthcare and social service benefits or supports that may meet their healthcare needs, such as Medicaid, Medicare, Social Security Disability, private insurance, and/or other programs. Returning patients are asked if their eligibility status has changed since their last visit and are re-screened for eligibility as necessary.

5. Is the treatment provider eligible to receive payment from Medicaid?
    a. If so, does the provider accept Medicaid?
Yes, PFH accepts and receives payments from Medicaid.

6. Does the program assess individuals in a manner to ensure medical necessity in conformance with Medicaid protocols?
Yes, PFH abides by Medicaid protocols for medical necessity for services billed.

7. Are the treatment modalities offered in conformity with the state Medicaid plan?
Yes, PFH conforms to the state Medicaid plan in treatment modalities.

**Quality Assurance Mechanism**

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

Yes.

a. How is this feedback used?

PFH has gained a reputation as an agency to rely upon. Much of this is derived from our practice of listening actively to feedback from individuals we serve, staff, and referral sources through our "voice and choice" and "request for change" programs. Feedback and requests are addressed often resulting in programmatic changes based upon this valuable information. This methodology exemplifies PFH's comprehensive quality improvement system at work. PFH has an extensive internal quality improvement plan that includes focus groups with referral sources, staff, and clients. Through these groups, participants have been able to provide overwhelming positive input regarding the services provided as well as making suggestions for improving service delivery. In addition to focus groups, our agency's quality improvement plan includes program appraisals, active quality improvement committees, and other opportunities for individuals, staff, and referral sources to provide the input necessary to improve program services.

An important part of our quality improvement mechanisms is to use the information collected to improve programming. This focus on quality services has resulted in positive outcomes for the individuals supported through PFH programs. For example, in our Missouri substance use disorder programming, 85% of the clients in FY2024 engaged in services post intake within 90 days, and 92% reported satisfaction with the services provided. A further indication of our emphasis on the quality of our services is our achieving consecutive 3-year accreditations from the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2008. Programs receiving accreditation included our residential, intensive outpatient and outpatient treatment services for alcohol and other drugs/addictions (adults, children and adolescents) and detoxification services for adults.

Additionally, two of PFH programs have received CARF special recognition:
1) In each of the CARF renewals, the A.R.T.C. program (Achieving Recovery Through Creativity) has been recognized for excellence. This program was developed in-house and offers consumers a way to engage in alternate means of expression and positive behaviors utilizing artistic mediums such as visual arts, music, and creative writing. A.R.T.C. has become a critical piece of our programming.
2) Further, in the most recent renewal, PFH's Virtual Counseling program was recognized due to its innovation in harnessing the capacity of online gaming technology and bringing the power and tools of this industry for clinic usage and impact.

2. Is clinical supervision available on site?
Yes.

a. If so, who provides this supervision?

PFH highly values clinical supervision as we recognize it is the "linchpin" to effectively infusing best and evidence-based practices into our current day-to-day resiliency and recovery interventions. While the purpose of clinical supervision is to educate, empower, and support all staff to ensure competency as helping professionals it also targets improved client engagement and outcomes.

Thus, all supervisee's full participation in clinical supervision is critical and required. The provision of supervision is facilitated by clinical supervisors and/or program directors. Modalities of supervision will include individual and/or group practice sessions. Supervision may be provided face to face or by video conference based on the region. Methods will include the utilization of an individual development plan to guide the observation of individual and group practice, review of audio or video-recorded client segments, consultations on client care/crisis intervention/resolution of ethical dilemmas, documentation and other learning formats as required.

Further, PFH clinical supervisors are also positioned to engage in an improvement-orientated approach to the monitoring and development of clinical services that lead to enhanced counselor skills and better clinical outcomes. Clinical supervisors do so by utilizing outcome data to target specific clinical outcome shortfalls. They then employ Plan Do Study Act (PDSA) cycles of improvement with feedback/direction provided to the treatment team or individual supervisee to improve those same services to better ensure the achievement of the intended outcomes. Therefore, Clinical supervision is key to both quality improvement and the successful implementation of consensus- and evidence-based practices.
PFH recognizes that clinical supervision, like substance abuse counseling, is a profession in its own right, with its own theories, practices, and standards. Therefore, clinical supervisors are also provided supervision and participate in their own Community of Practice. Communities of Practice can be defined as any group of persons who come together to explore, learn, and engage in a process of collaborative inquiry, knowledge exchange, and development of shared practices. The clinical supervisors' Community of Practice provides guidance and support on negotiating individual development plans, direct observation of clinical services, skill-based supervision and coaching, and performance feedback, which are the critical tasks of clinical supervision. Communities of Practice has been implemented agency wide.

Overall, clinical supervision is an essential part of all PFH programs and every clinician, regardless of level of skill and experience, needs and receives this guidance and support on an ongoing basis in order to effectively benefit those we serve.

3. What are the federal, state, and local requirements for treatment service delivery in your catchment area? (e.g., accreditation, fire, safety, zoning, Medicaid/Medicare eligibility and billing requirements, confidentiality regulations (42 CFR), ADA specifications)
PFH follows CARF, ASAM, and DMH standards as a CSTAR comprehensive provider, adhering to their requirements regarding accreditation, fire, safety, zoning, Medicaid/Medicare eligibility and billing requirements, confidentiality regulations (42 CFR), and ADA specifications.

4. Does the program maintain a written set of formal policies, procedures, and/or standard operations guidelines?
Yes, PFH maintains extensive written policies, procedures, and operation guidelines that are regularly reviewed each year. Policies can be made available for review upon request.

5. Is the program subject to periodic onsite reviews by the state regulatory authority, accreditation agency, or other monitoring organization?
Yes.

6. Does the staff have input into the program's design and changes to the design?
Yes, PFH values all staff and their input is considered in program designs and changes.

**Program Evaluation**

1. What performance measures does the program compile and monitor?
PFH measures effectiveness of services utilizing the National Outcome Measures. PFH identifies service line specific goals stated as indicators and measures. PFH collects data at set intervals and compiles this data on a quarterly basis to determine effectiveness of services. An analysis of the data and plans for improvement are provided when goals are not met. We are currently in the process of updating what is measured, including increasing regional reporting. High level measures for the Substance Use Disorder Program and CCBHO are as follows:

| SUBSTANCE USE DISORDER PROGRAM | | |
|---|---|---|
| **OUTCOME** | **MEASURE** | **TARGET** |
| Effectiveness<br>Successful Discharge | Clients will complete treatment successfully. | 36% |
| Efficiency<br>Staff Turnover | Associate turnover will be under 30%. | 30% |
| Access<br>Service Engagement | Clients engage in services post intake within 90 days. | 89% |
| Satisfaction<br>Client, Parent/Guardian, and Stakeholder Satisfaction | Clients will report satisfaction of services provided. | 90% |
| **CCHBO** | | |
| **OUTCOME** | **MEASURE** | **TARGET** |
| Effectiveness<br>Successful Discharge | Clients will complete treatment successfully. | 90% |
| Efficiency<br>Staff Turnover | Associate turnover will be under 30%. | 90% |
| Access<br>Service Engagement | Clients engage in services post intake within 90 days. | 89% |
| Access<br>No Show and Cancellation Reduction | Reduce rate of no shows and cancellations. | 26% |
| Satisfaction<br>Client, Parent/Guardian, and Stakeholder Satisfaction | Clients will report satisfaction of services provided. | 90% |

a. How are these measures used by program administrators?
The quality management team at PFH assists in the quarterly collection of the above measures from all clients and stakeholders through a surveying process. The same information is gathered during regularly scheduled quality assurance visits from quality management staff, which involves staff and

client focus groups and other data collection. Then, every six months, quality management and program staff discuss the findings, compared to the thresholds determined, prior year performance and performance of similar programs. Any program not meeting the identified thresholds must complete an improvement plan focusing on that area of program delivery, access, communication, etc. to improve satisfaction. Additionally, the comments are reviewed by each program's director to add to the improvement plan or staff development plan. Results are published each year for the board of directors.

2. Is the program willing to share completed evaluations (methodologies and results) with the court?
Yes.
PFH publishes an annual outcomes report with aggregate data for its programs, which is available for court perusal and use in evaluation/tracking.

3. What program evaluations are required by local, state, and federal agencies?
Evaluations of our program are required by the following: CARF, HRSA, DMH, Medicaid, various grants, and CCBHC.

a. How frequently are evaluations required?

CARF and HRSA evaluations are required every three (3) years, and DMH and Medicaid are annually.

4. What program evaluations are required by funding entities?
Our funding agencies, DMH, Medicaid, and various other grants, require regular program evaluations.

a. How frequently?

DMH and Medicaid evaluations are required annually, while the other grant funders range from quarterly to annually.

5. Have program evaluations been conducted to date?
Yes.

a. If so, what type of evaluation was conducted and what were the results?

Both onsite and virtual evaluations have been conducted, with the results being successful.

6. Does the program operate an electronic management information system (MIS)?
Yes.

a. Who has access to the MIS database? What confidentiality safeguards are in place?

Our Client Confidentiality Policy applies to our Client Electronic Systems, Carelogic and NextGen. All staff are trained on the Confidentiality Policy both at orientation and annually. All systems are password protected. For PFH's Employee Management System, WorkDay, (which is also password protected) rights are managed based on the employee's job profile.

7. Are both qualitative and quantitative evaluation data collected?
Yes.

a. If so, please describe.

Both qualitative and quantitative evaluation data are collected, however, more quantitative data is usually collected. Qualitative data is most often from client satisfaction surveys, stakeholder surveys, and feedback directly from the courts.

8. Would the program support an external evaluation (e.g., use of an external evaluator/researcher)?
Yes, PFH would work with an external evaluation if it is OSCA funded.

a. Does the program have experience in working with an external evaluator?
Yes, PFH in other programs and grant has experience working with external evaluators, but not as a part of our OSCA contracts.

**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.
Frequency and intensity of service along with specific modalities provided to each client are determined by his/her individualized needs, stated preferences, and the contractual requirements of the funding source. Clients are referred to external services according to identified needs not able to be addressed by agency, and/or at the client's request. Interventions are designed and provided in a manner to have a positive impact on the overall functioning and well-being of the person served by reducing symptoms and improving coping mechanisms. Assisting the individual in maintaining these improvements as he/she receives treatment or transitions back into his/her community is a priority. Clients referred for treatment will receive an assessment to determine frequency and intensity of services along with specific modalities and therapeutic interventions.

Levels of care include modified medical, residential, intensive outpatient, and outpatient treatment, and duration is specifically related to the consumer's progress towards goals and recovery:

- Modified Medical Inpatient Detoxification (MMID): (Jefferson City Adult program only) Detoxification generally lasts from 3-5 days and may take longer in special circumstances. Services include medical evaluation and monitoring along with qualified personnel oversight.
- Residential Treatment: Should Residential Treatment be deemed appropriate; the length of stay will be dependent on the progress the client makes. Residential treatment may include social setting detoxification in the following residential sites - Kirksville, Trenton, Jefferson City, and St. Louis in Missouri and Quincy and Winfield in adjacent states.
- Intensive Outpatient Treatment: When clients are recommended for intensive outpatient services, their services will be individualized and provided with at least 9 hours of direct contact hours/week unless otherwise clinically justified.
- Outpatient Treatment: When consumers are recommended for outpatient services, the program will be individualized and scheduled between 3-8 hours per week unless otherwise clinically justified.
- Individual Counseling: Structured, goal-oriented therapeutic process in which an individual interacts on a face-to-face basis with a counselor in accordance with the consumer's treatment plan.
- Individual Co-Occurring Counseling: Structured, goal-oriented therapeutic interaction between a client and a counselor designed to identify and resolve issues related to substance use and co-occurring disorder(s), which interfere with the client's functioning and ability to recover from substance use disorder(s).
- Family therapy: Planned, face-to-face, goal-oriented therapeutic interaction with a qualified staff member, the client and one or more family members and/or key supports. The purpose of family therapy is to address and resolve the family system's dysfunction as it relates to the client's substance use disorder in accordance with the client's treatment plan.

- Collateral counseling: Planned, face-to-face, goal-oriented therapeutic interaction with an individual or group to address dysfunctional behaviors and life patterns associated with having a substance using family member.
- Group counseling: Face-to-face, goal-oriented therapeutic interaction between a counselor and clients. Group Counseling is designed to promote clients' self-understanding, self-esteem, and resolution of personal problems through self-disclosure and interpersonal interaction among group members.
- Group education: The presentation of general information and review of application to participants through didactic presentations, formatted exercises, and group discussions in accordance with the individualized treatment plan, which is designed to promote recovery and enhance social functioning. Topics for group education will vary but generally include the following areas: progression of disease/recovery, relapse prevention/trigger identification, cognitive functioning/thinking errors, stages of change, HIV/TB/STD education, physical and emotional effects of mood altering substances, Relationship between substance use and criminality, positive decision making, stress management, spirituality, parenting skills, life/social skill development, career development, and anger management/conflict resolution.
- Case Management/Community Support Services consists of specific activities with or on behalf of a particular client in accordance with an individual treatment plan to maximize the client's adjustment and functioning within the community. Case management assists the client in accessing & coordinating resources in the community in order to assist in sustaining recovery, maximizing involvement of natural support systems, and promoting client independence and responsibility.
- Extended Day Treatment is facilitated by a registered nurse or licensed practical nurse and is focused on assessing medical needs of the client, accessing medical care, medication education, and general health education.
- Trauma Individual Counseling is individual counseling for clients who have experienced trauma. All clients are screened for trauma related issues and are referred for this service if they meet specific criteria.
- Trauma Group Education is the presentation and processing of recovery and trauma related information and its application to group participants. Group members benefit from self-disclosure, as well as giving and receiving feedback in a forum where others have experienced similar challenges due to trauma.
- Medication Assisted Treatment: If it is determined that a client may benefit from Medication Assisted Treatment and meets the motivational and physical criteria necessary for this supportive intervention then he/she will be referred for medication assisted treatment.

2. How does the program address client motivation?

PFH is continuously looking for ways to keep clients engaged in treatment. Program staff administers the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) to assess each consumer's current level of motivation and desire to change. Completion of these instruments allows the staff to understand where the consumer is in his/her life and begin to plan individual support/interventions appropriate for the consumer. Understanding what drives a person to change and where they are in the change process is invaluable in all aspects of treatment. Approaches reflect what is most important to the client, which motivates them to continue moving through the various levels of care. The client's motivation for change will be measured through the SOCRATES scale, enabling the counselor and Client to determine the approach best suited to the individual client. The Stages of Change model includes five stages: Pre-contemplation, Contemplation, Preparation,

Action, and Maintenance stages. Utilizing interventions that are consistent with a client's readiness for change increases the likelihood of the intervention's success.

a. Does the program utilize motivational enhancement theories?

Yes, both MI and MET are both foundational aspects of the treatment program.

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

PFH currently participates as a member of the court team in all districts it is involved and sees the great benefit in doing so; therefore, PFH has no reservations in agreeing to continue to serve as an active member of the court teams.

4. Is the program willing to provided court-ordered treatment services to justice-involved clients?

Yes.

5. Does the program provide contingency management as part of substance abuse treatment?

a. If not, would the program support the use of these techniques?

Yes, site specific.

6. Are services time driven or based on clinical and medical need?

Services are based on clinical necessity and medical need.

7. Is the program willing to communicate treatment progress with probation and parole officers and with the drug court team?

Yes.

8. How does the program provide modifications to its treatment interventions and modalities?

Modifications to treatment interventions and modalities are made as a service team decision, in conjunction with the client (and sometimes their family) and the court and their team.

**Medication Assisted Treatment (MAT)**

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

PFH embraces the use of MAT to enhance recovery for the individuals we serve. MAT is a unique intervention combining pharmacological interventions with substance use counseling and social support. While MAT is not a universal treatment intervention, it can be a valuable tool in the fight against addiction for individuals deemed appropriate through assessment. Clinical staff, working with the expertise of a physician or qualified advanced nurse practitioner, will determine if a particular individual is a candidate for MAT (based on motivation as well as individual health) to determine what medications will best support the individual.

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

PFH is in the process of developing a MAT specific policy and procedure that includes screening and educating individuals regarding this form of treatment. Each individual who enters treatment is assessed to determine eligibility and appropriateness for MAT, provides a basis for treatment planning, and to establish a baseline evaluation measure of response to treatment and MAT. The assessment is developed to achieve the following:

- Establish the diagnosis of Substance Use Disorder (e.g. Opiate Use Disorder, Alcohol Use Disorder, etc..), including the duration, pattern and severity of substance misuse; the level of

tolerance; results of previous attempts to discontinue substance use; past experience with medication assisted therapies; the nature and severity of previous episodes of withdrawal; and the time of last substance use and current withdrawal status.
- Document the use of other substances, including alcohol and other drugs of abuse.
- Identify co-occurring medical and psychiatric conditions and disorders and to determine how, when and where they will be addressed.
- Screen for communicable diseases and address them as needed.
- Evaluate level of physical, psychological and social functioning or impairment;
- Assess access to social supports, family, friends, employment, housing, finances and legal problems.
- Determine readiness to participate in treatment;
- A urine drug screen to confirm recent drug use and to screen for unreported use of other drugs.

The assessment process identifies key factors to weigh in deciding if medication assisted treatment (MAT) is likely to benefit the individual. If a client is assessed as likely to benefit, the most appropriate medication is selected specific to the individual's substance use history. If the individual is deemed as a candidate for MAT, additional information is gathered to determine the following:
- Overall health and safety. Chronic use of opioids, alcohol, and other drugs can cause serious withdrawal symptoms and/or hepatic dysfunction. Many clients seeking SUD treatment are addicted to more than one substance, which can cause complications in determining the appropriate detoxification or maintenance medications.
- Willingness to adhere to régimes and participate in treatment/counseling services, and pay for professional fees and medications.
- Additional risk factors such as the potential for medication diversion, medication interactions, and contraindications for medication choices in light of existing Medical and or Psychiatric conditions.

While the evidence is not conclusive, consensus opinion is that an initial patient assessment is of higher quality when it includes a medical and psychiatric history, a substance use history, and an evaluation of family and psychosocial supports, as well as a pregnancy test for all women of childbearing age. The physical examination, if performed during the initial assessment, can be focused on evaluating neurocognitive function, identifying sequels of substance use (e.g. opioid use) and looking for evidence of severe hepatic dysfunction.

Each client who receives MAT supports is educated regarding the medication they are receiving. For example, each patient to whom buprenorphine is prescribed is cautioned to follow the directions exactly, particularly during the induction stage:
- Critical issues involve when to begin dosing, the frequency of subsequent doses, and the importance of avoiding the use of any other illicit or prescription opioid.
- Concurrent use of non-opioid sedating medications or over-the- counter products are also discussed,
- Patients are to be advised to avoid the use of alcohol.
- Patients are to be cautioned about potential sedation or impairment of psychomotor function during the titration phase of induction with buprenorphine.
- Finally, because opioids can contribute to fatal overdoses in individuals who have lost their tolerance to opioids or in those who are opioid-naïve (such as a child or other family member), proper and secure storage of the medication must be discussed.

- In circumstances where there are children/youth in the patient's home, the subject of safe storage and use should be revisited periodically throughout the course of treatment, with the discussions documented in the patient record.

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

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

Providers have received appropriate waivered training and specialized training through various other avenues.

4. Does the program have established relationships with MAT prescribing physicians in the community?
Yes. PFH employs and contracts with practitioners for appropriate capacity for MAT prescribing.

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?
Although confidentiality of the individual client is valued and important, communication among the treatment team is vital to determine compliance and progress.
Terms of MAT treatment typically includes:

- Acknowledgement of the potential benefits and risks of therapy and the goals of treatment;
- Identification of one provider and one pharmacy from whom the patient will obtain prescriptions;
- Authorization to communicate with all providers of care (and sometimes significant others) and to consult the state's Prescription Drug Monitoring Program (PDMP), if one is available;
- Other treatments or consultations in which the patient is expected to participate, including recovery activities; avoidance of illicit substances; permission for drug screens (of blood, urine, saliva or hair/nails) and pill counts as appropriate; mechanisms for prescription renewals, including exclusion of early renewals; expected intervals between office visits; and specification of the conditions under which therapy will be continued or discontinued.
- The agreement also includes a statement instructing the patient to stop taking all other opioid medications unless explicitly told to continue.
- Such a statement reinforces the need to adhere to a single treatment regimen.
- Inclusion in the agreement of a pharmacy address and telephone number reinforces to the patient the importance of using one pharmacy.

PFH encourages patient monitoring during follow-up visits to address the following points.

- Whether the patient continues to use alcohol or illicit drugs, or to engage in non-medical use of prescription drugs;
- The degree of compliance with the treatment regimen, including the use of prescribed medications as directed;
- Changes (positive or negative) in social functioning and relationships;
- Avoidance of high-risk individuals, situations, and diversion risk;
- Review of whether and to what degree the patient is involved in counseling and other psychosocial therapies, as well as in self-help activities through participation in mutual support meetings of groups such as Narcotics Anonymous;
- The presence or absence of medication side effects; and

- The presence or absence of medical sequelae of substance use and its remission.

The patient's compliance with regard to use of prescribed buprenorphine and avoidance of other opioids is monitored through patient report, regular toxicological analyses, reports from significant others, and regular checks of the state's Prescription Drug Monitoring Program, where available.

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

PFH utilizes medications in conjunction with counseling. The list below is not an all-encompassing list but includes the primary medications that PFH. These medications may be prescribed based on the individuals' need determined by a comprehensive assessment and physician/psychiatric evaluation. The U.S. Food and Drug Administration (FDA) has approved the following medications that PFH may utilize in the treatment of opioid and/or alcohol dependence:

- Naltrexone and Extended-Release Injectable Naltrexone (Vivitrol®)
- Buprenorphine (Subutex®)
- Buprenorphine/Naloxone (Suboxone®)
- Buprenorphine Extended-Release Injection i.e. Sublocade™
- Burprenorphine Implants
- Oral Naltrexone
- Methadone
- Acamprosate
- Disulfiram
- Baclofen (Lioresal)
- Benztropine (Cogentin)
- Carbamazepine (Tegretol)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Clonidine (Catapres)
- Divalpores sodium (Depakote)
- Gabapentin (Neurontin)
- Haloperidol (Haldol)
- Hyddroxyzine (Vistaril)
- Folic Acid
- Lorazepam (Ativan)
- Olansapine (Syprexa)
- Prazosin (Minipress)
- Prochlorperazine (Compazine)
- Propranolol (Inderal)
- Quetiapine fumarate (Seroquel)
- Thiamine
- Trimethobenzamide (Tigan)
- Trazodone (Desyrel)
- Topiramate

As new medications are approved by the FDA in the treatment of substance use disorders, they will be added to the list of approved medications above.

Although PFH does not prescribe or administer methadone, PFH does provide treatment to clients currently taking methadone. Methadone is a synthetic opioid that has been used to treat people with opioid addiction for more than 40 years. Methadone can be effective and safe in the treatment of opioid addiction when it is used appropriately and in concert with appropriate treatment.

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

These medications have been used by prescribing practitioners since their release in the market. PFH has been at the forefront of MAT interventions.

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

PFHs electronic health record, CareLogic, reports that 1,648 clients have received MAT during the first three quarters of FY2023 (7/1/24-3/31/25).

7. Does the program have established protocols for MAT patients?

Although treatment is individualized, in general, clients follow a treatment regimen similar to the following phases.

- Phase I: Evaluation/Stabilization. This phase generally lasts one to four weeks. During Phase I, clients must attend all required treatment sessions and provide random urine drug screens weekly. The doctor, nurse, and counselor review drug screen results, lab tests, treatment attendance, participation in self-help, and progress on treatment plan goals to determine when clients are ready to step down to Phase II. Any barriers to ongoing participation in MAT will be defined, with solutions identified.
- Phase II: Stabilization/Maintenance. This phase generally lasts 4-8 weeks. Clients must attend all required treatment program sessions and provide random drug screens. The doctor and counselor review drug screen results, lab tests, treatment attendance, participation in self-help, progress on treatment plan goals, and positive interactions with peers in group sessions to determine when clients are ready to move to phase III. Clients are assessed for cravings and trigger management, and should be experiencing a manageable level of stability. Clients' work will be in further developing resilience, stabilization of symptoms of mental illness, obtaining and keeping a job or staying in school; decrease in legal involvement; securing safe and stable housing; and developing a healthy social support system.
- Phase III: Maintenance. This stage can last as long as a client and his or her treatment team agree that the client needs medication-assisted treatment to sustain on-going recovery goals. Clients attend all required treatment program sessions and provide random drug screens. Client's work will be in further developing resilience, stabilization of symptoms of mental illness, obtaining and keeping a job or staying in school; decrease in legal involvement; securing safe and stable housing; and developing a healthy social support system.
- Phase IV: Taper/Discontinuation. During this phase, a client works with his or her treatment team to develop a plan for tapering off the medication. This phase often requires an increase in counseling services. It is not unusual for a client to resume medication after a first attempt to taper or discontinue. The treatment team must be prepared to provide additional support with no judgement attached to the decision.

8. Does the program have a MAT taper, length of time requirement, or other policy that is not consistent with MAT evidence-based principles?
No.

9. What types of psychosocial treatments (e.g., cognitive and behavioral therapies) are available to MAT patients?
Psychosocial treatments may include, but are not limited to, CBT (Cognitive Behavioral Therapy) skills training, MATRIX Model, motivational interviewing, DBT (Dialectical Behavior Therapy) skills groups, EMDR (Eye Movement Desensitization Reprocessing), and rational recovery approaches.

10. What other substance abuse treatment services are available for MAT recipients?
All MAT clients are able to receive the full array of substance use services, including but not limited to individual therapy, case management, peer support, group education, etc. Additionally, PFH can refer clients to a methadone clinic.

11. What is the program's funding source for MAT services (e.g., private insurance, federal or state insurance exchange, Medicaid, public treatment funds, self-pay, grant funding, etc.)?
Depending on a client's situation, PFH may accept private insurance, federal or state insurance, Medicaid, public treatment funds, self-pay, or grant funding for MAT services.

12. Is there an adequate number of pharmacies in the catchment area to fill addiction medicine prescriptions?
Yes, and PFH has agreements with pharmacies to ensure prescription availability for our clients.

13. Has the program negotiated addiction medication costs with pharmacies within the catchment area?
PFH's unique position in Missouri with Department of Mental Health (DMH) ensures access to MAT related medication for the uninsured through a statewide Medication Fund Pool minimizing cost to providers. Further, PFH works with local pharmacies to ensure access to MAT related medications. PFH utilizes Besse Medical for bulk purchases of Vivitrol to capitalize on cost savings through Department of Mental Health.

14. What staff training has been received related to MAT?
PFH medical providers have specialized addiction medication training and have received MAT waiver training for buprenorphine. Staff also engage in appropriate Relias training concerning MAT.

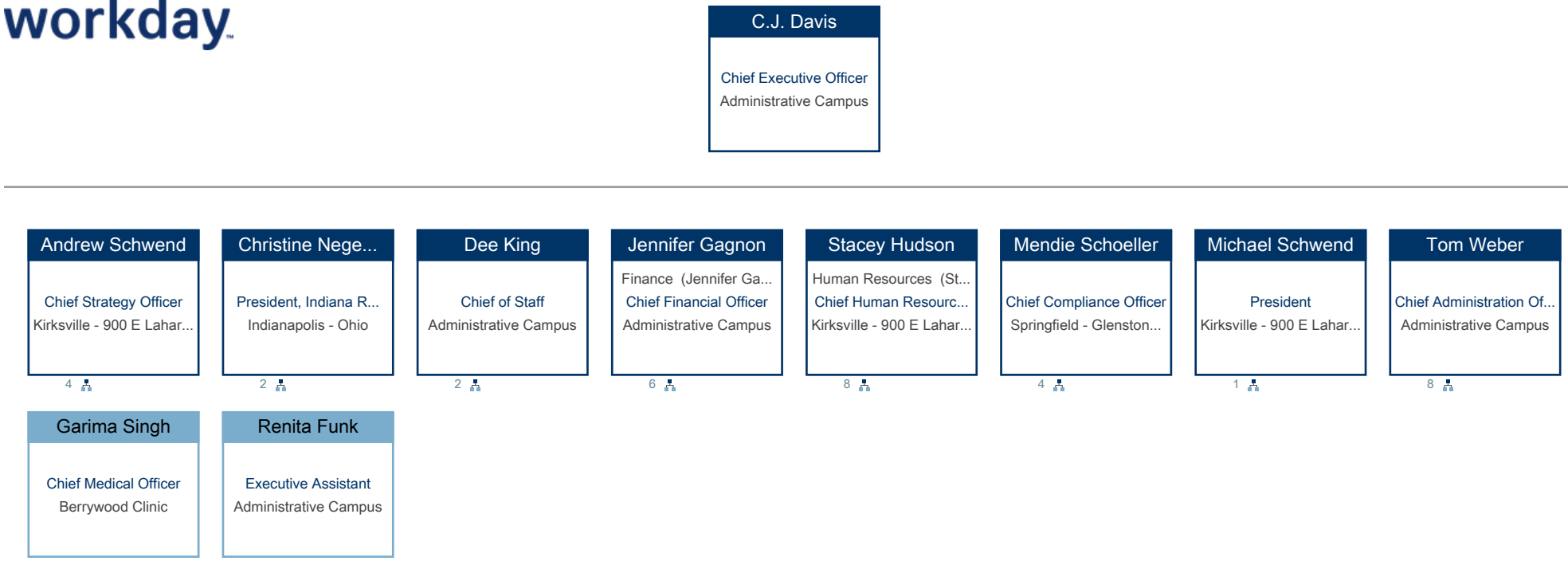
a. List staff and the dates they received MAT training.

Below is at least a partial list of MAT waivered staff; however, as the DEA no longer issues MAT waivers we can only supply at this time the names of those who had it historically and were already in the system, so we cannot be sure that this list is comprehensive. This issue has also prevented us from being able to access the training dates as well. All these staff members are trained to ASAM standards.

MAT Waivered Staff
Vanessa Allen
Jamie Carter
Amanda Comfort
Swati Dhankikar
Tedra Estis
Ken Fattmann
Derek Hennigh
Matt Loutzenhiser
Stephine Patton
Celia Posada
Drew Shoemaker
Rex Taber
Paula Warner
Warren Weston
Pam Wheat
Laura Breitzig
Scott Breitzig
Asif Choudhary
Stephanie Shepard
Garima Singh
Samuel Temesgen
Timothy Woodard
Jacklynn Burk
Faith Clark
Will Enochs
Pranahitha Reddy
Heather Rhodes

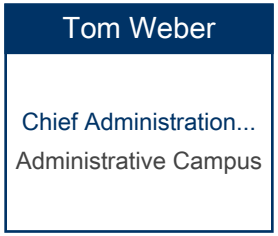
# C.J. Davis

(10)


C.J. Davis
Chief Executive Officer
Administrative Campus
Andrew Schwend
Chief Strategy Officer
Kirksville - 900 E Lahar...
4
Christine Nege...
President, Indiana R...
Indianapolis - Ohio
2
Dee King
Chief of Staff
Administrative Campus
2
Jennifer Gagnon
Finance (Jennifer Ga...
Chief Financial Officer
Administrative Campus
6
Stacey Hudson
Human Resources (St...
Chief Human Resourc...
Kirksville - 900 E Lahar...
8
Mendie Schoeller
Chief Compliance Officer
Springfield - Glenston...
4
Michael Schwend
President
Kirksville - 900 E Lahar...
1
Tom Weber
Chief Administration Of...
Administrative Campus
8
Garima Singh
Chief Medical Officer
Berrywood Clinic
Renita Funk
Executive Assistant
Administrative Campus

# Tom Weber

(8)





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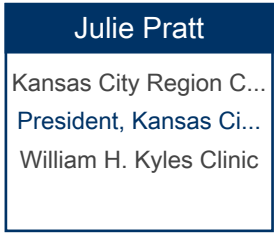
6 See Page 3

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9 See Page 5


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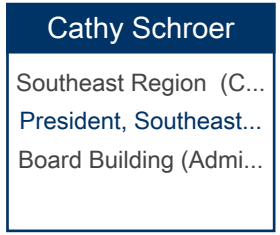


4 See Page 8


3 See Page 9


11 See Page 10

# Central Region (Mathew Gass)

(6)

**Mathew Gass**
Central Region (Math...
President, Central R...
Berrywood Clinic

See Page 1

**Megan Steen**
Central Region COO...
Regional Chief Opera...
Berrywood Clinic

9 See Page 13

**Stacey Juilfs**
Outpatient Behavioral...
Vice President of Inte...
Quincy - York St

6 See Page 14

**Alexis McCoy**
Senior Administrative...
Berrywood Clinic

**Craig Valone**
Executive Consultant
Stephens Lake Clinic

**Damon Paige**
Regional Efficiency a...
Berrywood Clinic

**Joseph Miller**
Vice President, Integr...
Columbia - 3407 Ber...

# Central Region COO (Megan Steen)

(9)

**Megan Steen**
Central Region COO...
Regional Chief Opera...
Berrywood Clinic

See Page 3

**Ashley Angerer-...**
Director, Outpatient S...
Berrywood Clinic
28

**Kathy Hoppe**
Behavioral Health Ad...
Vice President of Inte...
Kirksville - 900 E Lah...
8

**Vince Winn**
Behavioral Health Ad...
Vice President of Inte...
Kirksville - 900 E Lah...
10

**Beth Wiemelt**
Vice President of Inte...
Hannibal - Communic...
2

**Jessica Obuch...**
Community Services...
Vice President, Youth...
Berrywood Clinic
5

**Marissa VanDover**
Vice President of Inte...
Stephens Lake Clinic
3

**Jake Rettke**
Outpatient Behavioral...
Program Director
Stephens Lake Clinic
3

**Una Bennett**
Vice President of Inte...
Jefferson City - Ada...
2

**Darrah Sapp**
Data Analyst III
3407 Berrywood St...

# Kansas City Region COO (Julie Pratt)

(4)

**Julie Pratt**
Kansas City Region C...
President, Kansas Ci...
William H. Kyles Clinic

See Page 1

**Lori Byl**
Community Services...
Regional Chief Opera...
William H. Kyles Clinic

5 See Page 15

**Carl Anderson**
Director, Regional Or...
William H. Kyles Clinic

**Karen Brackman**
Senior Administrative...
William H. Kyles Clinic

**Karis Pruitt**
Health Access and B...
William H. Kyles Clinic

# Community Services (Lori Byl)

(5)

**Lori Byl**

Community Services...
Regional Chief Opera...
William H. Kyles Clinic

See Page 4

---

**Courtnie Cain**

Vice President, Outp...
William H. Kyles Clinic

14

**Erica Briskey**

Director, Behavioral...
Independence Behavi...

9

**Etta Mitchell**

Regional Efficiency a...
William H. Kyles Clinic

1

**Jenny Duncan**

Vice President, Reco...
George Norman Jr....

15

**Jessica Berry**

Vice President, Youth...
Pierson D. Phillips Bui...

3

# Medical Staff (Shawn Sando)



**Shawn Sando**
Medical Staff (Shawn...
President, Burrell M...
Administrative Campus

See Page 1

---

**Alexis Brown**
Chief Operating Officer
Administrative Campus
6 See Page 21

**Colleen Donovan**
Medical Director
St Louis - Soulard C...
1 See Page 22

**Aleena Hilger**
Dental Services (Al...
Dentist
Hannibal - Communic...
2 See Page 23

**Elizabeth Giboney**
HealthCare Home (E...
System Director, Heal...
Berrywood Clinic
6 See Page 24

**Jackalyn Wilkerson**
Vice President, Nursing
Administrative Campus
9 See Page 25

**Jayaprabha LaF...**
Medical Staff (Jayapr...
Regional Medical and...
Main Campus Build...
1 See Page 26

**Ryinne Parrish**
Director, Practice Ope...
Administrative Campus
5 See Page 27

**Alexa Seger [C]**
Student Trainee
Main Campus Build...

**Arman Siddiqui [C]**
Associate Medical Dir...
Indianapolis - Madison

**Daniel Ulrich**
Medical Director
Kirksville - 900 E Lah...

**David Goldman**
Psychiatrist
Hannibal - Communic...

**Derek Hennigh**
Director, Advanced Pr...
Main Campus Build...

**Drew Shoemaker**
Medical Director, Be...
Springfield Behavioral...

**Joe Banks**
Medical Director
Indianapolis - Southern

**Karl Shanstrom**
Medical Director
Burrell North Medical...

**Noah McCarty**
Behavioral Health C...
Berrywood Clinic

**Stephanie Shepard**
Regional Medical Dir...
Berrywood Clinic

**Taylor Ray [C]**
Student Trainee
Main Campus Build...

# Medical Staff (Shawn Sando)



**Shawn Sando**

Medical Staff (Shawn...
President, Burrell M...
Administrative Campus

See Page 1

---

**Tod Sylvara**

Physician
Kirksville - 900 E Lah...

**Tracie Grube**

Regional Efficiency a...
Administrative Campus

**William Enochs**

Regional Medical Dir...
William H. Kyles Clinic

**P-22113 Family...**

Colleen Donovan

(1)

**Colleen Donovan**

Medical Director

St Louis - Soulard C...

See Page 6

**Belinda Calhoun**

Patient Services Coor...

St Louis - Soulard C...

# Ryinne Parrish

(5)

**Ryinne Parrish**

Director, Practice Ope...
Administrative Campus

See Page 6

---

**Danielle Jenkins...**

Practice Manager
Hannibal - 3531 Star...

15

**Jacki Lamb**

Assistant Director, Pr...
Springfield - Glenston...

8

**Jennifer Johnson**

Practice Manager
Hannibal - Communic...

13

**Shirletta Taylor**

Practice Manager
Indianapolis - Ohio

11

**Dana Middleton (...**

Administrative Assistant
Administrative Campus

# Jackalyn Wilkerson

(9)

**Jackalyn Wilkerson**
Vice President, Nursing
Administrative Campus

See Page 6

---

**Georgiann And...**
Director, Nursing
St Louis - Soulard C...
6

**Jeanne Harmon**
Director, Nursing
Berrywood Clinic
12

**Julia Wear**
Assistant Director, Nu...
Main Campus Build...
9

**Kelsie Doss**
Assistant Director, Nu...
William H. Kyles Clinic
8

**Laura Sullivan**
Director, Nursing Ed...
Transitions
14

**Linda Marino**
Assistant Director, Nu...
Main Campus Build...
14

**Lindsy Ingram**
Director, Nursing
Weber
17

**Rachel Rollings**
Director of Nursing...
Indianapolis - Madison
15

**Jodi Hoffman**
Director, Nursing
Administrative Campus

# Southeast Region (Cathy Schroer)

(4)

**Cathy Schroer**

Southeast Region (C...
President, Southeast...
Board Building (Admi...

See Page 1

---

**Angela Toman**

Executive Vice Presid...
Board Building (Admi...

4 See Page 28

**Raymond Gunter**

Vice President, Reco...
Board Building (Admi...

11 See Page 29

**Barron Pratte**

Corporate Advisor
Board Building (Admi...

**Clifton Johnson**

Executive Consultant
Weber

# Angela Toman

(4)

**Angela Toman**

Executive Vice Presid...
Board Building (Admi...

See Page 8

---

**Kathy Rawson**

Director, Administrati...
Salem Administration...

4

**Brenda Felkerson**

Executive Consultant
Board Building (Admi...

**Daniel Adams**

Executive Consultant
Salem Administration...

**Kendall Sapaugh**

Data Analyst II
Salem Center

# Raymond Gunter

(11)

**Raymond Gunter**

Vice President, Reco...
Board Building (Admi...

See Page 8

---

**Allison Austill**

Program Director
Poplar Bluff Bank Buil...

6

**Debra Lindsey**

Program Director
Weber

4

**Fred Utley**

Regional Director
Salem Center

9

**Joy Prevallet**

Director, Clinical Ser...
Weber

2

**Kevin Schrum**

Regional Director
Weber

34

**Mary Hays**

Regional Director
Poplar Bluff Bank Buil...

24

**Raymond Gunter**

Raymond Gunter (Inh...
Vice President, Reco...
Board Building (Admi...

1

**Shea Holman (...**

Program Director
Poplar Bluff Bank Buil...

7

**Christopher Gre...**

Behavioral Health Te...
Weber

**Kayla Lange**

Individual Placement...
Weber

**P-18258 416946...**

# Southwest Region (Clay Goddard)

(3)

**Clay Goddard**

Southwest Region (...
President, Southwest...
Administrative Campus

See Page 1

---

**Elizabeth Cole**

Southwest Region C...
Regional Chief Opera...
Administrative Campus

5 See Page 30

**Brooke Moore**

Senior Administrative...
Administrative Campus

**Emily Rinck**

Regional Efficiency a...
Administrative Campus

# Southwest Region COO (Elizabeth Cole)

(5)

**Elizabeth Cole**

Southwest Region C...
Regional Chief Opera...
Administrative Campus

See Page 9

---

**Alexander Gerry**

Community Liaison S...
Administrative Campus

2

**Brandan Gremm...**

Outpatient and Acce...
Executive Vice Pres...
Administrative Campus

11

**Amanda Mays**

Recovery Services (...
Vice President, Stabili...
Cherry Street Reside...

5

**Keylee Tesar**

Youth Services (Keyl...
Executive Vice Pres...
Administrative Campus

5

**Paul Baker [C]**

Consultant
Milano Residential

# Tony Hilkin

(11)

**Tony Hilkin**
President, Greater St....
St Louis - Soulard C...

See Page 1

---

**Alisha Phillips**
Manager, Electronic...
St Louis - Soulard C...
6 See Page 31

**Barbara Zawier**
Vice President
St Louis - Soulard C...
2 See Page 32

**Cori Putz**
Executive Vice Presid...
St Louis - Soulard C...
4 See Page 33

**Meagan Doty**
Vice President, Clinic...
St Louis - Soulard C...
5 See Page 34

**Carey Depew**
Administrative Assistant
St Louis - Soulard C...

**Dennis Wells**
Policy Coordinator
St Louis - Soulard C...

**Sadashiv Parwa...**
Psychiatrist
St Louis - Soulard C...

**Sanjiv Sethi**
Psychiatrist
St Louis - Soulard C...

**Sed Williams**
Director, Learning a...
St Louis - Soulard C...

**Sydney Jones**
Regional Efficiency a...
St Louis - Soulard C...

**P-20976 2 (Unfi...**

# Cori Putz

(4)

**Cori Putz**

Executive Vice Presid...
St Louis - Soulard C...

See Page 10

**Kasey Harlin**

Program Director
St Peters - Parkway Dr

5

**Beth Sailors**

SUD Services Admini...
Vice President of Inte...
St Peters - Parkway Dr

11

**Bryan Quick**

SUD Services Admini...
Vice President of Inte...
St Louis - Dunnica Ave

6

**Deanna Williams**

Health Access and B...
St Louis - Dunnica Ave

# Outpatient Behavioral Health (Stacey Juilfs)

(6)

**Stacey Juilfs**
Outpatient Behavioral...
Vice President of Inte...
Quincy - York St

See Page 3

**Kaitlyn Shively**
Clinic Manager – Be...
Quincy - York St
6

**Deanna Sublette**
Outpatient Behavioral...
Director - Behavioral...
Quincy - York St
13

**Darion Stephens**
SUD Services (Dari...
Program Director
Quincy - 428 S 36th St
13

**Shandi Joubert-...**
SUD Services (Shan...
Project Director - Thri...
Quincy - 418 S 36th St
4

**Sydney Madden**
Patient Services Coor...
Quincy - York St

**P-22968 Program...**

# EXHIBIT B

## PRIOR EXPERIENCE

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

**Offeror Name:** Preferred Family Healthcare, Inc.

**Subcontractor Name, if applicable:** _____

**Reference Information (Prior Services Performed For:)**

| | |
|---|---|
| Name of Reference Company: | Missouri Department of Mental Health, Division of Behavioral Health |
| Address of Reference Company:<br>✓ Street Address<br>✓ City, State, Zip | 1706 East Elm, P.O. Box 687, Jefferson City, MO 65101 |
| Reference Contact Person Information:<br>✓ Name<br>✓ Phone #<br>✓ E-mail Address | Jennifer Johnson, Deputy Director of Community Operations<br>(573) 526-3683<br>Jennifer.Johnson@dmh.mo.gov |
| Dates of Prior Services: | January 1993 to Present |
| Dollar Value of Prior Services: | $31,390,584 |
| Description of Prior Services Performed: | **Comprehensive Psychiatric Rehabilitation Services (CPRC)/Certified Community Behavioral Health Organization (CCBHO)**<br>Individual and group supportive services to adults and youth with chronic mental illness. Outpatient services are provided in Hannibal, Kirksville, and Trenton. PFH provides rehabilitation services to individuals with chronic mental illness in a community setting, including community support work, medication management, and psycho-social rehabilitative 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 by OSCA for additional discussions regarding my company's association with the offeror referenced above:

Jennifer Johnson
*Signature of Reference Contact Person*

5/2/25
*Date of Signature*

**Offeror Name:** **Preferred Family Healthcare, Inc.**

**Subcontractor Name, if applicable:** _____

**Reference Information (Prior Services Performed For:)**

| | |
|---|---|
| Name of Reference Company: | Missouri Department of Mental Health, Division of Behavioral Health |
| Address of Reference Company:<br>✓ Street Address<br>✓ City, State, Zip | 1706 East Elm, P.O. Box 687, Jefferson City, MO 65101 |
| Reference Contact Person Information:<br>✓ Name<br>✓ Phone #<br>✓ E-mail Address | Jennifer Johnson, Deputy Director of Community Operations<br>(573) 526-3683<br>Jennifer.Johnson@dmh.mo.gov |
| Dates of Prior Services: | July 1983 to present |
| Dollar Value of Prior Services: | $28,798,226 |
| Description of Prior Services Performed: | **Adult CSTAR**<br>Residential and Outpatient Substance Use Disorder Treatment provided to adults in St. Charles, Jefferson City, Kirksville, St. Louis, Liberty, Brookfield, Kahoka, Moberly, Trenton, Brentwood, Montgomery City, Union, Warrenton, Milan, and Macon. |

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:

Jennifer Johnson
_____
*Signature of Reference Contact Person*

5/2/25
_____
*Date of Signature*

**Offeror Name:** **Preferred Family Healthcare, Inc.**

**Subcontractor Name, if applicable:** _____

**Reference Information (Prior Services Performed For:)**

| | |
|---|---|
| Name of Reference Company: | Missouri Department of Mental Health, Division of Behavioral Health |
| Address of Reference Company:<br>✓ Street Address<br>✓ City, State, Zip | 1706 East Elm, P.O. Box 687, Jefferson City, MO 65101 |
| Reference Contact Person Information:<br>✓ Name<br>✓ Phone #<br>✓ E-mail Address | Christine Smith, Director of Prevention and Crisis Services<br>(573) 751-8124<br>Christine.Smith@dmh.mo.gov |
| Dates of Prior Services: | 1984 to Present |
| Dollar Value of Prior Services: | $372,473 |
| Description of Prior Services Performed: | **Prevention - C2000**<br>PFH provides Prevention Services in 27 MO counties to engage communities to create change for healthier and safer living communities. Prevention Specialists will help facilitate development of coalition teams capable of making changes in substance use patterns in their communities and to assist those teams in the implementation of evidence-based prevention strategies. |

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:

Christine Smith

*Signature of Reference Contact Person*

5/5/2025

*Date of Signature*

# EXHIBIT C
# PERSONNEL EXPERTISE SUMMARY

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

**OFFEROR NAME:** Preferred Family Healthcare

| Personnel | Background and Expertise of Personnel and Planned Duties |
|---|---|
| 1. **Una Bennett**<br>(Name)<br>Vice President of Integrated Services<br>(Title)<br>Oversight of treatment services - Central MO<br>(Proposed Role/Function) | Una is a Certified Co-occurring Disorders Professional (CCDP) and a Registered Alcohol and Drug Counselor (RADC). She has been with PFH for 25 years, most of that time supervising SUD programs. Una oversees the drug court services provided in Central MO, including programs in Jefferson City. |
| 2. **Jenny Duncan**<br>(Name)<br>Vice President of Recovery Services<br>(Title)<br>Oversight of treatment services - Western MO<br>(Proposed Role/Function) | Jenny is a Missouri Associate Alcohol Drug Counselor (MAADC) and has over 25 years' experience in the SUD/MH field and over 15 years supervising treatment programs. She oversees the drug court services in the KC region. |
| 3. **Kathy Hoppe**<br>(Name)<br>Vice President of Integrated Health Services<br>(Title)<br>Oversight of treatment services - North MO<br>(Proposed Role/Function) | Kathy is a Certified Co-occurring Disorders Professional (CCDP), Certified Reciprocal Alcohol Drug Counselor (CRADC), and Medication Assisted Recovery Specialist (MARS). She has over twenty-five years of experience in the SUD field, most of it supervising treatment programs. She oversees the drug court services provided in Northern Missouri. |
| 4. **Brandan Gremminger**<br>(Name)<br>Executive Vice President of Clinical Operations<br>(Title)<br>Oversight of treatment services - Southwest MO<br>(Proposed Role/Function) | Brandan has been a licensed psychologist in the state of Missouri for over 11 years and has 18 years of experience in the mental health field, including supervising treatment programs for services across the lifespan. He oversees the drug court services provided in Southwest Missouri. |
| 5. **Derek McClure**<br>(Name)<br>Program Director \| SUD Services Administration<br>(Title)<br>Oversight of treatment services - Eastern MO<br>(Proposed Role/Function) | Derek is a Licensed Professional Counselor, SATOP qualified professional, and CADC (Certified Drug and Alcohol Counselor). He has been in the field for 16+ years working with this population. He has worked with Treatment Courts the last 16 years and now works as a liaison to all of the Missouri Courts that PFH works with. He trains Treatment Courts both state-wide and nationally on Best Practices and Standards as an AllRise National Faulty Presenter. |
| 6. **Bryan Quick**<br>(Name)<br>Vice President of Integrated Health Services<br>(Title)<br>Oversight of treatment services - Eastern MO<br>(Proposed Role/Function) | Bryan is a Certified Reciprocal Alcohol Drug Counselor (CRADC) and has over twenty years supervising and directing SUD services to adolescents and adults in Eastern Missouri. He oversees the drug court services provided in St. Louis County. |
| 7. **Beth Sailors**<br>(Name)<br>Vice President of Integrated Health Services<br>(Title)<br>Oversight of treatment services - Eastern MO<br>(Proposed Role/Function) | Beth is a Certified Reciprocal Alcohol Drug Counselor (CRADC) and has over twenty-five years of experience in the SUD treatment field and over fifteen years supervising treatment programs. She oversees the drug court services provided in Eastern Missouri. |

PFH has copies of all licenses and certifications for all proposed personnel on file, but due to the number of staff involved, they are not included here for space considerations. PFH can supply them upon request.

**Judicial Circuit 1**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Brenda | Bryan | Counselor | CRADC #2769 |
| Zach | Clark | Clinical Director | CRADC #7014 |
| Valerie | Pialet | Clinical Supervisor | CRADC #10474 |

**Judicial Circuit 2**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Chenelle | Roberts | Counselor | CRADC #13358 |
| Stewart | Bunch | Peer | CPS #16956 |
| Valerie | Pialet | Clinical Supervisor | CRADC #10474 |

**Judicial Circuit 3**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Melanie | Tipton | Program Director | LCSW |
| Dawn | Taff | CSS Supervisor | CRADC #7806, MARS #12204 |
| Carie | Williams | Peer | CPS #14650 |
| Stephanie | Whipple | Counselor | CRADC #16236 |
| Ashley | Hale | Community Support Specialist | MAADCII #16489 |

**Judicial Circuit 7**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Chrissy | Reynolds | Clinical Supervisor | LCSW (licensed clinical social worker) |
| Danny | McLerran | Counselor | CRADC (certified reciprocal alcohol drug counselor) CPS (certified peer specialist) |
| Alexa | Surrant | Therapist | PLPC (provisional licensed professional counselor) |
| MaKayla | Walters | Community Support Specialist | |
| Madison | Barrows | Therapist | PLPC (provisional licensed professional counselor) |

**Judicial Circuit 9**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Brenda | Bryan | Counselor | CRADC #2769 |
| Melanie | Tipton | Program Director | LCSW |
| Dawn | Taff | CSS Supervisor | CRADC #7806, MARS #12204 |
| Shane | England | Counselor | CADC #8179, CGDC #16090 |
| John, Dustin | Ciboci | Counselor | CRADC #11520 |
| Jennifer | Owings | Community Support Specialist | |
| Melissa | Miller | Peer | CPS #13997, MAADCII #17593 |
| Alva | Kline | Counselor | MAADCI #18598 |
| Adam | Kiem | Community Support Specialist | |
| Valerie | Pialet | Clinical Supervisor | CRADC #7014 |

**Judicial Circuit 2**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Zach | Clark | Clinical Director | CRADC #7014 |
| Katie | Peters | Therapist | LPC |
| Michelle | Pettengill | Counselor | CRADC #7917, CCDP #8394 |
| Gina | Edwards | Peer | CPS #11217 |

**Judicial Circuit 2**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Beth | Sailors | Vice President Integrated Healthcare | CRADC, MARS |
| Kim | Bilbrey | Program Director | CRADC, CRPS, HRS |
| Darren | Frazier | Clinical Supervisor | CRADC, CPS |
| Sidney | Benton | Community Support Specialist | CSS |
| Jenny | Wesley | Therapist | LPC |
| Madaleine | Baker | Associate Counselor | MAADCII |
| Simone | Springfield | Counselor | CRADC, MARS, CPS |
| Mecayla | Kilgore | CSS | CSS |
| Reena | Dennis | Intern Supervisor | LPC |
| Derek | McClure | Program Director | LPC |

**Judicial Circuit 12**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Beth | Sailors | Vice President of Integrated Healthcare | CRADC, MARS |
| Cindy | Dearing | Program Director | LPC |
| Jenna | Gateson | Peer/ Associate Counselor | CPS, MAADC II |
| Natasha | Williams | Counselor | CRADC, SQP, CPS, CSS |
| Amanda | Hedge | Counselor | CRADC, CSS |
| Bethany | Royer | Nurse | LPN |
| Janet | Yates | Therapist | LPC |

**Judicial Circuit 13**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Una | Bennett | Vice President of Integrated Health Services | Certified Co-Occurring Disorders Professional (CCDP), Registered Alcohol Drug Counselor (RADC) |
| Brian | Sanfilippo | Program Director | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Carole | Jones | Counselor | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Cynthia | Lawshea | Counselor | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Cassidy | Krieg | Therapist | Provisional Licensed Professional Counselor (PLPC) |
| Haylee | Campopiana | Therapist | Licensed Professional Counselor (LPC) |
| Felix | Mariah | Associate Counselor | MO Associate Alcohol & Drug Counselor II (MAADC II) |
| Tanya | Bailey | Peer Specialist | Certified Peer Specialist (CPS) |
| Heather | Knutson | Peer Specialist | Certified Peer Specialist (CPS) |
| Donna | Webb | Community Support Supervisor | |
| Amanda | Spacek | Community Support Specialist | |
| Cherrell | Sipes | Community Support Specialist | |
| Gregory | Weaver | Community Support Specialist | |

**Judicial Circuit 14**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Zach | Clark | Clinical Director | CRADC #7014 |
| Shonda | Walker | Counselor | CRADC #12943 |
| Jacob | Dale | Peer | CPS #17749, HRS # 19296 |
| Shelby | Mednenhall | Community Support Specialist | |
| Amanda | Shumard | Community Support Specialist | MAADCII #13767 |

**Judicial Circuit 16**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Brooke | Benton | Clinical Supervisor | PLPC (provisional licensed professional counselor) |
| James | Fleming | Counselor | CPS (certified Peer Specialist) CRADC (credentialed reciprocal alcohol drug counselor) |
| Jonathan | Wright | Community Support Specialist | CPS (Certified Peer Specialist) |
| Kristine | Avelluto | Therapist | PLPC (provisional licensed professional counselor) |
| Jennifer | Boyd | Therapist | PLPC (provisional licensed professional counselor) |

**Judicial Circuit 19**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Una | Bennett | Vice President of Integrated Health Services | Certified Co-Occurring Disorders Professional (CCDP), Registered Alcohol Drug Counselor (RADC) |
| Brian | Sanfilippo | Program Director | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Carole | Jones | Counselor | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Cynthia | Lawshea | Counselor | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Cassidy | Krieg | Therapist | Provisional Licensed Professional Counselor (PLPC) |
| Haylee | Campopiana | Therapist | Licensed Professional Counselor (LPC) |
| Felix | Mariah | Associate Counselor | MO Associate Alcohol & Drug Counselor II (MAADC II) |

**Judicial Circuit 19 (cont.)**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Tanya | Bailey | Peer Specialist | Certified Peer Specialist (CPS) |
| Heather | Knutson | Peer Specialist | Certified Peer Specialist (CPS) |
| Donna | Webb | Community Support Supervisor | |
| Amanda | Spacek | Community Support Specialist | |
| Cherrell | Sipes | Community Support Specialist | |
| Gregory | Weaver | Community Support Specialist | |

**Judicial Circuit 5**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Beth | Sailors | Vice President of Intergrated Healthcare | CRADC, MARS |
| Cindy | Dearing | Program Director | LPC |
| Cariss | Greife | Clinical Supervisor | CRADC, CSS |
| Joseph | Holtmann | Counselor | CRADC, CSS |
| Pam | Banderman | CSS | CSS |
| Ashleigh | Roehrig | Peer | CPS |
| Jessica | Simmerly | Associate Counselor | MAADC II |
| Laura | Kresyman | Counselor | CRADC, SQP,CPS, CSS |
| Melissa | Lato | Admission Specialist | MRT trained |
| Janet | Yates | Therapist | LPC |
| Bethany | Royer | Nurse | LPN |

**Judicial Circuit 21**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Stacey | Gunckel | Peer Specialist, Associate Counselor, CSS, Family Support Provider | CPS, MAADC II, CSS, MRT Trained, FSP |
| Megan | Widener | Peer Specialist, Counselor, CSS | CPS, CADC, CSS |
| Tim | Gorman | Clinical Supervisor, Counselor, Medication Assisted Recovery Specialist, CSS | CRADC, MARS, CSS |
| Andrea | Kostadinovic | Therapist | PLPC |
| Nadia | Hays | Admissions Specialist | CSS |
| Liz | Wilson | Associate Counselor, CSS, Harm Reduction Specialist | MAADC II, CSS, BA |
| Tammy | Adams | Associate Counselor, CSS | MAADC II, CSS, AS |
| Ayanna | Faraji | CSS | CSS, BA |

**Judicial Circuit 26**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Una | Bennett | Vice President of Integrated Health Services | Certified Co-Occurring Disorders Professional (CCDP), Registered Alcohol Drug Counselor (RADC) |
| Brian | Sanfilippo | Program Director | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Carole | Jones | Counselor | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Cynthia | Lawshea | Counselor | Certified Reciprocal Alcohol Drug Counselor (CRADC) |
| Cassidy | Krieg | Therapist | Provisional Licensed Professional Counselor (PLPC) |
| Haylee | Campopiana | Therapist | Licensed Professional Counselor (LPC) |
| Felix | Mariah | Associate Counselor | MO Associate Alcohol & Drug Counselor II (MAADC II) |
| Tanya | Bailey | Peer Specialist | Certified Peer Specialist (CPS) |
| Heather | Knutson | Peer Specialist | Certified Peer Specialist (CPS) |
| Donna | Webb | Community Support Supervisor | |
| Amanda | Spacek | Community Support Specialist | |
| Cherrell | Sipes | Community Support Specialist | |
| Gregory | Weaver | Community Support Specialist | |

**Judicial Circuits 31, 40, 46**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Jessie | Robeson | Project Director | CRADC |
| Amy | McMasters | Counselor | CADC |
| MaKayla | Esterline | Peer Specialist | CPS |
| Sherry | Flowers | Employment Specialist | MAADC II |
| Tyler | McClune | Counselor | PLPC |
| Marsha | Christie | Counselor | MAADC II |
| Stacey | Velez | Housing Specialist | MAADC II |
| Renee | Dawson | Counselor | CADC |
| Jenna | Costello | Community Support Specialist | |

**Judicial Circuit 41**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Zach | Clark | Clinical Director | CRADC #7014 |
| Chris | Wilson | Counselor | CRADC #17102, MARS #13739, CPS #13940 |
| Shelby | Mendenhall | Community Support Specialist | |
| Jacob | Dale | Peer | CPS #17749, HRS # 19296 |

**Judicial Circuit 45**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Beth | Sailors | Vice President of Integrated Healthcare | CRADC, MARS |
| Cindy | Dearing | Program Director | LPC |
| Tiffany | Wright | Clinical Supervisor | CRADC |
| Titus | Tubb | Therapist | LPC |
| Tyler | Bertrand | Associate Counselor | MAADCII, CSS |
| Natasha | Williams | Counselor | CRADC, SQP, CPS, CSS |
| Karsyn | Whaley | Associate Counselor | MAADC II, CSS |
| Daniel | Jacobs | Peer | CPS, MAADC II, CSS |
| Bethany | Royer | Nurse | LPN |

**Virtual Services (all circuits)**

| First Name | Last Name | Title | Credentials |
|---|---|---|---|
| Zach | Clark | Clinical Director | CRADC #7014 |
| Katie | Peters | Therapist | LPC |
| Michelle | Pettengill | Counselor | CRADC #7917, CCDP #8394 |
| Gina | Edwards | Peer | CPS #11217 |

# EXHIBIT D

## AFFIDAVIT OF WORK AUTHORIZATION

Comes now Stacey Hudson (NAME) as Chief HR Officer (OFFICE HELD) first being duly sworn on my oath affirm Preferred Family Healthcare Inc (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 1596632 (RFP NUMBER) for the duration of the contract, if awarded, in accordance with RSMo Chapter 285.530 (2). I also affirm that Preferred Family Healthcare Inc (COMPANY NAME) does not and will not employ a person who is knowingly an unauthorized alien in connection with the contracted services related to 1596632 (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) — Printed Name: Stacey Hudson

Title: CHRO — Date: 4-15-2025

Subscribed and sworn to before me this 15th (DAY) of April, 2025 (MONTH, YEAR). I am commissioned as a notary public within the County of Adair (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on 5-22-2028 (DATE).

Signature of Notary — Date: 4-15-2025

STACIE WIGGANS
Notary Public, Notary Seal
State of Missouri
Adair County
Commission # 15473557
My Commission Expires 05-22-2028

NOTARY SEAL ADAIR COUNTY

**Company ID Number:** 1596632

# THE E-VERIFY MEMORANDUM OF UNDERSTANDING FOR WEB SERVICES EMPLOYERS

## ARTICLE I PURPOSE AND AUTHORITY

The parties to this Agreement are the Department of Homeland Security (DHS) and Preferred Family Healthcare, Inc. (Web Services Employer). The purpose of this agreement is to set forth terms and conditions which the Web Services Employer will follow while participating in E-Verify.

A Web Services Employer is an Employer who verifies employment authorization for its newly hired employees using a Web Services interface.

E-Verify is a program that electronically confirms a newly hired employee's authorization to work in the United States after completion of the Form I-9, Employment Eligibility Verification (Form I-9). This MOU explains certain features of the E-Verify program and describes specific responsibilities of the Web Services Employer, DHS, and the Social Security Administration (SSA).

For purposes of this MOU, the "E-Verify browser" refers to the website that provides direct access to the E-Verify system: https://e-verify.uscis.gov/emp/. You may access E-Verify directly free of charge via the E-Verify browser.

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). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

Before accessing E-Verify using Web Services access, the Web Services Employer must meet certain technical requirements. This will require the investment of significant amounts of resources and time. If the Web Services Employer is required to use E-Verify prior to completion and acceptance of its Web Services interface, then it must use the E-Verify browser until it is able to use its Web Services interface. The Web Services Employer must also maintain ongoing technical compatibility with E-Verify.

DHS accepts no liability relating to the Web Services Employer's development or maintenance of any Web Services access system.

may subject the Web Services Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Web Services Employer.

## Approved by:

| **Web Services Employer**<br>Preferred Family Healthcare, Inc. | |
|---|---|
| Name (Please Type or Print)<br>Stacey D Hudson | Title |
| Signature<br>Electronically Signed | Date<br>10/09/2020 |
| **Department of Homeland Security – Verification Division** | |
| Name (Please Type or Print)<br>USCIS Verification Division | Title |
| Signature<br>Electronically Signed | Date<br>10/20/2020 |

**Company ID Number:** 1596632

| Information Required for the E-Verify Program<br><br>**Information relating to your Company:** | |
|---|---|
| Company Name | Preferred Family Healthcare, Inc. |
| Company Facility Address | 900 East LaHarpe Street<br>Kirksville, MO 63501 |
| Company Alternate Address | |
| County or Parish | ADAIR |
| Employer Identification Number | 431236557 |
| North American Industry Classification Systems Code | 624 |
| Parent Company | |
| Number of Employees | 1,000 to 2,499 |
| Number of Sites Verified for | 82 |

## EXHIBIT E

## MISCELLANEOUS INFORMATION

**OFFEROR NAME:** __Preferred Family Healthcare_____

### 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: N/A | | |

# EXHIBIT F

## Certification Regarding
## Debarment, Suspension, Ineligibility and Voluntary Exclusion

**OFFEROR NAME: Preferred Family Healthcare**

---

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: Preferred Family Healthcare**

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.

Mark Conover, Chief Revenue Officer
Name and Title of Authorized Representative

Mark Conover
Signature

04/17/25
Date

**EXHIBIT G**

# COLLECTOR STANDARDS

# MISSOURI GUIDELINES FOR DRUG/ALCOHOL COLLECTIONS

## Ten Principles of a Good Testing Program

1. Design an effective drug detection program, place the policies and procedures into written form (treatment court manual) and communicate the details of the drug detection program to the court staff and clients alike.

2. Develop a client contract that clearly enumerates the responsibilities and expectations associated with the court's drug detection program.

3. Select a drug-testing specimen and testing methodology that provides results that are scientifically valid, forensically defensible and therapeutically beneficial.

4. Ensure that the sample-collection process supports effective abstinence monitoring practices including random, unannounced selection of clients for sample collection and the use of witnessed/direct observation sample-collection procedures.

5. Confirm all positive screening results using alternative testing methods unless participant acknowledges use.

6. Determining the creatinine concentrations of all urine samples and sanction for creatinine levels that indicate tampering.

7. Eliminate the use of urine levels for the interpretation of client *substance-use behavior*. A drug test is either positive (drug presence is as or above the cutoff concentration) or negative (none detected; drug level is below the cutoff concentration).

8. Establish drug-testing results interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.

9. In response to drug-testing result interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.

10. Understand that drug detection represents only a single supervision strategy in an overall abstinence monitoring program.

**EXHIBIT G, cont.**

# COLLECTOR MINIMUM STANDARDS

Any individual who collects specimens for testing acts as an official representative of the court who is required and trusted to work within the law. A collector shall refrain from manifesting bias or prejudice, or engage in harassment, including but not limited to bias, prejudice, or harassment based upon race, sex, gender, gender identity, religion, national origin, ethnicity, disability, age, sexual orientation, or marital status.

**Qualifications:**

1. A minimum of 21 years of age;
2. Legal United States resident or legally eligible to work in the United States;
3. May be subject to drug and alcohol testing by the local treatment court;
4. Shall be subject to background checks by the local court at the collector's expense which will include but may not be limited to: Employment history and references, fingerprint checks for open and closed federal and state criminal records, Sex Offender Registry and the Family Care Safety Registry; and
5. NDASA certification and experience are recommended.

**Requirements:**

1. Provide monitoring function for the team by collecting urine, saliva, breath and/or hair samples;
2. Document contact with participants and forward to the court within a timely manner so information can be used during staffing sessions as determined by the local court team;
3. Be reasonably available to appear in court if requested;
4. Participate in on-going training such as the Essential Elements of Treatment court (NADCP.org) and drug collection/detection procedures and tampering techniques;
5. Competent in the procedures of drug and alcohol testing as outlined by the local court;
6. Review and understand the local policy and procedure manual and the agreement between the participant and the court;
7. Have a general understanding of *substance use disorder* and treatment; and
8. Abide by additional standards, roles and responsibilities set forth by the local court.

**Code of Ethics:**

1. Abide by all municipal, state and federal statutes;
2. Maintain professionalism at all times and treat participants with dignity and respect;
3. Maintain the confidentiality and privacy of the participant;
4. Duty to report all actions to the court;
5. Any prior relationships with participants or family members must be reported to the team;
6. Shall not loan money, property, co-sign loans or accept gifts, favors or promises from participants or family members;
7. No fraternization with any participant or family members;
8. Shall not establish a personal or business relationship with participants or family members;
9. Shall not be under the influence of drugs or alcohol when performing duties;
10. Shall not monitor participants at AA, NA or other self-help meetings whose members wish to preserve anonymity; and
11. Shall not observe or obtain urine samples or perform urinalysis testing while conducting home, employment or other site visits.

**OSCA**

**EXHIBIT G, cont.**

# COLLECTION PROCEDURES

Contracted collectors will be required to follow the procedures below for collection, control and testing of participant urine specimens which ensures the confidentiality and reliability of all test results:

**General Procedures:**

1. Collectors shall be the same gender as the participant submitting the specimen.
2. There shall be no physical contact between collector and participant during specimen collection.
3. Specimen collection will be in a secure location which provides privacy from other participants, uninvolved staff and sanitary conditions.
4. Collectors will collect urine specimens as directed by the *treatment court* coordinator/administrator.
5. No participant shall participate in the collection of another participant's urine specimen or have access to collected urine specimens or drug testing equipment and supplies.

**Pre-collection:**

1. The participants' identity should be confirmed with a valid photo ID.
2. The participant will sign a label and the chain of custody form if the specimen is being submitted to a lab.
3. The participant will be limited to no more than 24 ounces of water within one hour of collection.
4. All staff handling urine specimens will wear protective gloves.
5. Participants will either wash their hands or wear protective gloves prior to and during specimen procurement in order to prevent contamination of urine specimen.
6. Participants will remove clothing from the groin and buttocks areas to ensure devices are not present which would allow alteration of urine sample.
7. Any item or substance that could be used to dilute, substitute or adulterate shall be immediately reported to the court.
    a. Such items may include, but are not limited to the following:
        (1) Containers or vials of liquid or urine that could be utilized to substitute or dilute a participant's urine:
        (2) Devices used to supply substances in lieu of the participant providing a fresh specimen;
        (3) Any contraband such as salt, bleach, iodine, visine, soap or other substances that could be used to adulterate urine; and
        (4) Any other contraband identified during the collection process.
    b. A notice of these prohibited items should be included in the participant manual.
    c. All confiscation of such items should be documented in a report to the court program along with a photo of the item. If unable to confiscate item, do not apprehend or attempt to use force. Describe the item in detail in a report to the court.

**Collection Process:**

1. All collections will be directly observed (witnessed full-frontal).
2. Participants are allowed a maximum of one hour to produce a sample. Those who refuse or fail to produce a urine specimen of at least 30cc (1 oz. or half a bottle) within one hour will be considered refusal and no further subsequent attempts to collect the sample shall be conducted.
3. Urine should be collected in the standard individual container provided by a laboratory.
    a. Disposable collection cups may be used to collect urine specimen and then poured into the bottle.

# COLLECTION PROCEDURES

**Post Collection Process:**

1. The sample should be tested for creatinine and temperature (reject if not 90° - 100° F). Other tests may include specific gravity, pH, color and odor to detect possible 'flushing' patterns.
2. The participant will place the cap on the bottle, secure it and rinse the bottle before giving it to the collector.
    a. The collector will ensure the cap is secured.
    b. All urine collected for drug testing which is not submitted to the laboratory or used for on- site testing will be disposed of in a toilet and the toilet shall be flushed.
    c. Urine which is spilled shall be cleaned up promptly with a 10 percent liquid bleach solution or any environmental protection agency approved hospital disinfectant which destroys bacteria.
    d. The specimen container will be disposed of in a dedicated trash container to which participants do not have access.
3. For specimens submitted to a lab:
    a. The label will be placed on the container in the presence of the participant.
    b. The collector should ensure the evidence tape is placed over the container lid immediately following specimen collection.
    c. The collector must complete the lab form, initiate and sign the chain of evidence section on the day collected.
    d. Specimens shall be placed in a refrigeration unit within 24 hours in a secured area until transported to a laboratory for analysis.
    e. The collector will make arrangements for the transportation of all urine specimens sent to a laboratory.
4. When the specimens are forwarded via the U.S. Postal Service or United Parcel Service, the individual relinquishing the specimens will sign the chain of evidence section in the "To" section indicating "USPS" or "UPS".
5. For on-site tests:
    a. A chain of custody form may be used.
    b. Confirmation tests should be performed if an on-site test result is questionable or a participant contests the results.

**OFFEROR NAME:** _____

# Office of State Courts Administrator

## Collector Guideline Acceptance Form
## OSCA 19-00284

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- ☐ I have provided OSCA with a completed background check, and
- ☐ I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening results to OSCA and my employer

_____

**Collector Printed name** **Signature** **Date**

**The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.**

_____

**Treatment Court Judge/Coordinator** **Circuit** **Date**

# EXHIBIT H

## Collector Background Checks and Family Care Safety Registry

The following are the procedures individuals must complete in order to receive payment for the collection of urine on treatment court participants for drug testing purposes.

Any individual who collects urine specimens must have completed **Criminal Background Checks** as follows**:**

1. The Missouri Automated Criminal History System (MACHS) Fingerprint Search Portal allows any member of the public to schedule an appointment to be fingerprinted through IDEMIA, the state fingerprint services vendor, for a fingerprint-based criminal background check. IDEMIA will utilize electronic image capturing (also known as livescan) to capture an applicant's fingerprints electronically and transmit them to the MSHP for processing. IDEMIA does not receive or have access to criminal history records.
2. Print the Missouri State Highway Patrol Applicant Fingerprint Services of Missouri form below, form SHP-984C 04/13, regarding fingerprinting and following the directions it contains. When completing the online information and when asked for a Registration Number, input **7236**. This code MUST be used or your background check will be sent to another agency and you will have to pay for your fingerprinting again!
3. Many questions regarding the fingerprinting process can be answered using the following website: https://www.machs.mo.gov/MACHSFP/faq.html
4. A copy of the NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS is included below for your information as well.

SHP-984E 09/18

**NOTE:** The individual collector is responsible for, and must pay for, the screening. OSCA shall not pay for fingerprint services.

## Missouri State Highway Patrol
## Applicant Fingerprint Services of Missouri

*Applicant Fingerprint Form for State and FBI Criminal History Background Checks*

### Section One: Agency Information

**AGENCY 4-DIGIT MACHS REGISTRATION NUMBER**: 7236

Agency Name: Office of State Courts Administrator

Agency ORI: MO920430Z Agency OCA: COLLECTOR

### Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:
1. Log-on to www.machs.mo.gov
2. Click on the "blue box" Click here to register with the fingerprint portal
3. Click on the "blue box" Click here to register with MACHS
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[2]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.edo.cjis.gov.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

[1] Written notification includes electronic notification, but excludes oral notification.
[2] See 28 CFR 50.12(b).
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

# Family Care Safety Registry (FCSR)

Non-commissioned collectors must register with the Family Care Safety Registry and provide results of the background screening to OSCA. The contractor's personal information must be entered into the various fields on the registration form (Name, DOB, SSN, etc.) FCSR screenings contain Missouri data only.

## How to Register

A person may register two ways:

1. Online Registration with the FCSR is quick and easy. All an individual needs is Internet access, their Social Security number and email address, and a valid credit or debit card for payment of the fee. Fees and online registration for the Family Care Safety Registry can be found at:

   http://health.mo.gov/safety/fcsr/index.php

2. Mail a Worker Registration Form, a photocopy of the Social Security card, and a check or money order for the registration fee to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102. Mailed forms are processed in the order received. Registration forms can also be mailed using a fillable pdf version of the form which can be found at:

   http://health.mo.gov/safety/fcsr/pdf/WorkerRegistration.pdf

The registration form must be signed by the contractor in blue or black ink. The completed registration form along with a photocopy of the contractor's Social Security card and payment should be mailed to:

Missouri Department of Health and Senior Services
Family Care Safety Registry
P.O. Box 570
Jefferson City, MO 65102 – 0570

## Requesting Background Information

The FCSR maintains a toll-free call center to request background screenings for employment purposes. Registered collectors should contact the FCSR toll free at 1-866-422-6872 (8:00 am - 3:00 pm, M-F). The registered collector should request to be sent background screening results to an e-mail address the collector provides. The results should be received by the collector in a few minutes, and not more than 24 hours. These results should be sent to OSCA with the Exhibit A included herein. Contract renewals will not be processed without this documentation.

## Registrant Responsibilities

It is the responsibility of the registrant to contact the FCSR with any name or address change.

## EXHIBIT I

### Public Notice of Title VI Program Rights

The Missouri Office of State Courts Administrator gives public notice of its policy to uphold and assure full compliance with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964 and related Nondiscrimination authorities. Title VI and related Nondiscrimination authorities stipulate that no person in the United States of America shall on the grounds of race, color, national origin, sex, age, disability, income level or Limited English Proficiency be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance.

Any person who desires more information regarding the Missouri Office of State Courts Administrator's Title VI Program can contact its Title VI Coordinator – at the address noted below.

Any person who believes they have, individually or as a member of any specific class of persons, been subjected to discrimination on the basis of race, color, national origin, sex, age, disability, income level or Limited English Proficiency has the right to file a formal complaint. Any such complaint must be in writing and submitted within one hundred eighty (180) days following the date of the alleged occurrence to:

Title VI Program Coordinator
2112 Industrial Drive
PO Box 104480
Jefferson City, MO 65110
573-751-4377
access2justice@courts.mo.gov

## ATTACHMENT 1

**Please use the link below for current map of the operational treatment courts in Missouri:**

**https://www.courts.mo.gov/page.jsp?id=271**

## ATTACHMENT 2

## THIRD PARTY SAVINGS REPORT

The contractor must submit a quarterly third party savings report to OSCA and each treatment court, if requested. A separate report shall be completed for each quarter services were provided for each treatment court. The report is due 30 days following the close of each quarter. At a minimum, the report shall contain the information outlined below.

Report for _____ Treatment Court.

Type of Treatment Court Adult/Juvenile/Family (circle one)

Quarter/year being reported: _____/_____

(July thru Sept.) – (Oct. thru Dec.) – (Jan. thru March) – (April thru June)

| **Third Party Savings Potential** | **Name of Insurer/Agency** | **Amount collected for co-payment or deductible** | **Total amount of savings to the Treatment Court** |
|---|---|---|---|
| **Insurance Coverage** | | | |
| **Deductible** | | | |
| **Co-Payment** | | | |
| **Co-Insurance** | | | |
| **Medicaid Coverage** | | | |
| **Other State Agency** | | | |
| **Other** | | | |