



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN August 12, 2016 TO:

Beth Lambert, Procurement Officer II
Beth.Lambert@doc.mo.gov
(573) 526-6494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
July 16, 2016	Attn: Gregg Dockins, Vice President Gateway Foundation, Inc. 55 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment #007 SDA411060	Assessment & Substance Abuse Treatment Services Program for Ozark Correctional Center

CONTRACT #SDA411060 IS HEREBY AMENDED AS FOLLOWS:

Due to the Governor's budget withholdings, the Missouri Department of Corrections desires to decrease the per day per offender firm fixed price to the original contract amount of \$7.58 per Exhibit A, Price Page, on page 41 of the above referenced contract for the period of July 1, 2016 through June 30, 2017.

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

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: Gateway Foundation, Inc.

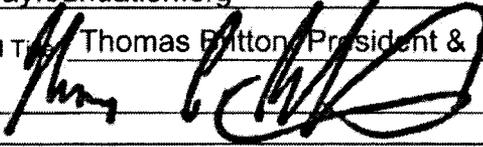
Mailing Address: 55 Jackson, Suite 1500

City, State Zip: Chicago, IL 60604

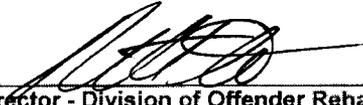
Telephone: 312-663-1130

E-Mail Address: tbritton@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Thomas Britton, President & CEO

Authorized Signature:  Date: 07/15/16

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

 Date: 7-18-16
Matt Sturm, Director - Division of Offender Rehabilitation Services



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN June 17, 2016 TO:

Beth Lambert, Procurement Officer II
Beth.Lambert@doc.mo.gov
(573) 526-8494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 238
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
May 16, 2016	Attn: Gregg Dockins, Vice President Gateway Foundation, Inc. 55 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment #006 SDA411060	Assessment & Substance Abuse Treatment Services Program for Ozark Correctional Center

CONTRACT #SDA411060 IS HEREBY AMENDED AS FOLLOWS:

Based on new budget information, the Missouri Department of Corrections desires to increase the per day per offender firm fixed price to the fourth renewal period amount of \$8.19 per Exhibit A, Price Page, on page 41 of the above referenced contract for the period of July 1, 2016 through June 30, 2017.

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

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: _____

Mailing Address: _____

City, State Zip: _____

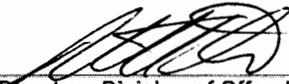
Telephone: _____

E-Mail Address: _____

Authorized Signer's Printed Name and Title: _____

Authorized Signature:  Date: 5/19/16

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.


Matt Sturm, Director - Division of Offender Rehabilitation Services

6-1-16
Date



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN January 13, 2016 TO:

Beth Lambert, Procurement Officer II

Beth.Lambert@doc.mo.gov

(573) 526-6494 (Phone)

(573) 522-1562 (Fax)

FMU/PURCHASING SECTION

P.O BOX 236

JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
December 9, 2016	Attn: Gregg Dockins, Vice President Gateway Foundation, Inc. 66 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment #006 SDA411060	Assessment & Substance Abuse Treatment Services Program for Ozark Correctional Center

CONTRACT #SDA411060 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.18.2 and 2.18.3 on page 24 and 25, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2016 through June 30, 2017.

All terms, conditions and provisions, including prices, of the previous contract period shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name Gateway Foundation, Inc., dba, GFI Services, Inc.

Mailing Address: 55 East Jackson Blvd., Suite 1500

City, State Zip Chicago, IL 60604

Telephone: 312-663-1130

E-Mail Address: tbritton@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Dr. Thomas P. Britton, President & CEO

Authorized Signature: Date: December 11, 2015

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

Matt Sturm, Director - Division of Offender Rehabilitation Services

12/31/15
Date



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN JULY 10, 2016 TO:
DIANA FREDRICK, CPPB
Diana.fredrick@doc.mo.gov
(573) 528-0591 - (573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 238
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
07/01/15	Attn: Gregg Dockins, Vice President Gateway Foundation, Inc. 55 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment 004 SDA411060	Assessment & Substance Abuse Treatment Services Program Ozark Correctional Center

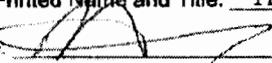
CONTRACT # SDA411060 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraphs 2.18.2 and 2.18.3 on pages 24 and 25, the Missouri Department of Corrections desires to exercise its option to renew the above-referenced contract at the current price for the period of July 01, 2015 through June 30, 2016.

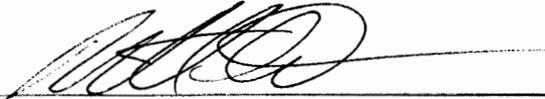
All terms, conditions and provisions of the previous contract period, including price, shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: Gateway Foundation, Inc., dba, GFI Services, Inc.
 Mailing Address: 55 East Jackson Blvd., Suite 1500
 City, State Zip: Chicago, IL 60604
 Telephone: 312-663-1130 E-Mail Address: tbritton@gatewayfoundation.org
 Authorized Signer's Printed Name and Title: Thomas P. Britton, President & CEO
 Authorized Signature:  Date July 9, 2015

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

 7-19-15
 Matt Sturm, Director, Division of Offender Rehabilitation Services Date



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN JUNE 25, 2014 TO:

John Hall, Procurement Officer II, CPPB
john.hall@doc.mo.gov
(573) 526-8494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
06/17/14	Gateway Foundation, Inc. dba GFI Services 55 E. Jackson Blvd., Suite 1500 Chicago, IL 60604	Amendment #3 SDA411060	Assessment and Substance Abuse Treatment Services Program at Ozark Correctional Center

CONTRACT #SDA411060 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.18.2 & 2.18.3 on pages 24 & 25, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2014 through June 30, 2015 with no increase in prices. All terms, conditions and provisions, including prices, of the previous contract period shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name Gateway Foundation, Inc. dba GFI Services, Inc
 Mailing Address: 55 E. Jackson Blvd
 City, State Zip Chicago, IL 60604
 Telephone: 312-663-1130
 E-Mail Address: Michael.Darcy@gatewayfoundation.org
 Authorized Signer's Printed Name and Title: Michael Darcy President + CEO
 Authorized Signature: Michael Darcy Date: 6-20-14

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

[Signature] 6-25-14
 Matt Sturm, Director, Division of Offender Rehabilitation Services Date



**STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN SEPTEMBER 6, 2013 TO:
LISA MEYER, MBA, CPPB
PROCUREMENT OFFICER II

MISSOURI DEPARTMENT OF CORRECTIONS
PURCHASING SECTION
2729 PLAZA DRIVE, P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
9/12/13	GATEWAY FOUNDATION D/B/A GFI SERVICES 55 E. JACKSON BLVD., SUITE 1500 CHICAGO, IL 60604	SDA411060 Amendment 2	ASSESSMENT AND SUBSTANCE ABUSE TREATMENT SERVICES PROGRAM FOR OZARK CORRECTIONAL CENTER

THE CONTRACT BETWEEN GATEWAY FOUNDATION AND THE MISSOURI DEPARTMENT OF CORRECTIONS IS HEREBY AMENDED AS FOLLOWS:

The contract shall be revised to include paragraph 2.15.2 and sub-paragraphs a thru c attached hereto.

All other terms, conditions and provisions, including pricing, of the contract shall remain the same and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

.....THIS DOCUMENT MUST BE SIGNED TO BE VALID:.....

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Name Gateway Foundation, Inc. d/b/a GFI Services

Mailing Address: 55 E. Jackson, Suite 1500

City, State Zip: Chicago, IL 60604

Telephone: 312-663-1130 State Vendor Number: 0640646

E-Mail Address: mdarcy@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Michael Darcy, President & CEO

Authorized Signature: *Michael Darcy* Date: 9-13-13

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

[Signature]
Matt Sturm, Director of Offender Rehabilitative Services
Missouri Department of Corrections

9-18-13
Date

2.15.2 The state agency shall have the right to review actions and documentation of actions taken by the contractor related to the contractor's personnel identified by the contractor as either not meeting the requirements of the contract related to the Prison Rape Elimination Act (PREA) or violating the state agency's policies and procedures related to PREA, or both.

- a. The contractor shall be responsible for the actions or inactions, whichever is applicable, of all personnel providing services under the contract.
- b. The contractor shall immediately report any violation of professional practice to the appropriate licensing/certification board. Immediately thereafter, the contractor must provide documentation of the report to the state agency.
- c. Within twenty-four (24) hours of disciplinary action taken against any of the contractor's personnel providing service under the contract, the contractor shall inform the state agency of the personnel disciplinary action, including counseling and legal action. If requested by the state agency, the contractor shall provide documentation of the incident leading to the disciplinary action.



STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN APRIL 17, 2013 TO:
LISA MEYER, MBA, CPPB
PROCUREMENT OFFICER II

MISSOURI DEPARTMENT OF CORRECTIONS
PURCHASING SECTION
2729 PLAZA DRIVE, P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
3/6/13	GATEWAY FOUNDATION D/B/A GFI SERVICES 55 E. JACKSON BLVD., SUITE 1500 CHICAGO, IL 60604	SDA411060 Amendment 1	ASSESSMENT AND SUBSTANCE ABUSE TREATMENT SERVICES PROGRAM FOR OZARK CORRECTIONAL CENTER

THE CONTRACT BETWEEN GATEWAY FOUNDATION AND THE MISSOURI DEPARTMENT OF CORRECTIONS IS HEREBY AMENDED AS FOLLOWS:

In accordance with paragraph 2.18.2 & 2.18.3 on pages 24 & 25, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2013 through June 30, 2014.

In addition, by signing this amendment the contractor also agrees to comply with the attached Prisoner Rape Elimination Act (PREA) requirements.

All other terms, conditions and provisions, including pricing, of the contract shall remain the same and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

.....THIS DOCUMENT MUST BE SIGNED TO BE VALID.....

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Name: Gateway Foundation, Inc. d/b/a GFI Services
Mailing Address: 55 E. Jackson Blvd., Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-463-1130 State Vendor Number: 0640646
E-Mail Address: mdarcy@gatewayfoundation.org
Authorized Signer's Printed Name and Title: Michael Darcy, President & CEO
Authorized Signature: Michael Darcy Date: 03/07/2013

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.


Matt Sturm, Director of Offender Rehabilitative Services
Missouri Department of Corrections
Date: 3-12-13

ADDENDUM A
PRISON RAPE ELIMINATION ACT (PREA)
REQUIREMENTS

This Addendum A to the contract between Contractor and the Department ("Addendum") shall be effective upon the renewal of the Amendment renewing the contract for another one-year term, from 2013 to 2014, and is the intent of the parties that it shall be incorporated fully within the contract. To the extent that any terms or conditions of this Addendum conflict with the contract or any subsequent Amendment, the terms and conditions of this Addendum supersede.

1. The contractor and all of the contractor's employees/agents providing services in any Department of Corrections institution must be at least 21 years of age. A Missouri Uniform Law Enforcement System (MULES) check or other background investigation shall be required on the contractor, the contractor's employees/agents before they are allowed entry into the institution. The contractor, its employees/agents understand and agree that the Department shall complete criminal background records checks at least every five (5) years for the contractor and the contractor's employees/agents that have the potential to have contact with inmates.
2. The institution shall have the right to deny access into the institution for the contractor and any of the contractor's employees/agents for any reason, at the discretion of the institution. Such denial shall not relieve the contractor of any requirements of the contract.
3. The contractor, its employees/agents under active federal or state felony or misdemeanor supervision must receive written division director approval prior to providing services pursuant to a Department contract. Similarly, contractors/ employees/ agents with prior felony convictions and not under active supervision must receive written division director approval in advance.
4. The contractor, its employees/agents shall at all times observe and comply with all applicable state statutes, Department rules, regulations, guidelines, internal management policies and procedures, and general orders of the Department that are applicable, regarding operations and activities in and about all Department property. Furthermore, the contractor, its employees/agents, shall not obstruct the Department or any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe correctional environment. The contractor shall comply with the Department's policies and procedures relating to employee conduct.
 - a. The Department has a zero tolerance policy for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abuse and consensual sex.
 - (1) Any contractor or contractor's employee/agent who witnesses any form of sexual misconduct must immediately report it to the warden of the institution. If a contractor or contractor's employee/agent fails to report or knowingly condones sexual harassment or sexual contact with or between offenders, the Department may cancel the contract, or at the Department's sole discretion, require the contractor to remove the contractor/employee/agent from providing services under the contract.
 - (2) Any contractor/employee/agent who engages in sexual abuse shall be prohibited from entering the institution and shall be reported to law enforcement agencies and licensing bodies, as appropriate.
5. The contractor, its employees/agents shall not interact with offenders except as is necessary to perform the requirements of the contract. The contractor, its employees/ agents shall not give anything to nor accept anything from the offenders except in the normal performance of the contract.
6. If any contractor or contractor's employee/agent is denied access into the institution for any reason or is denied approval to provide service to the Department for any reason stated herein, it shall not relieve the contractor of any requirements of the contract. If the contractor is unable to perform the requirements of the contract for any reason, the contractor shall be considered in breach.

INVITATION FOR BID

Missouri Department of Corrections of
Corrections
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

Bids Must be Received No Later Than:

2:00 p.m., March 15, 2012

For information pertaining to this IFB contact:

Lisa Meyer, MBA, CPPB
Telephone: 573-526-6611
Fax: (573) 522-8407
Lisa.Meyer@doc.mo.gov

PRE-BID CONFERENCE

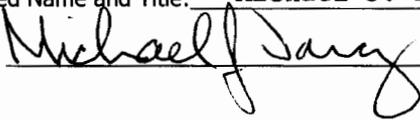
A pre-bid conference will be held at 10:00 a.m., on February 23, 2012 at the Missouri Department of Corrections, Central Office, 2729 Plaza Dr., Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-hand corner of the container in which the bid is submitted to the Department of Corrections. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Company Name: Gateway Foundation, Inc. d/b/a GFI Services
Mailing Address: 55 E. Jackson Blvd. Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-663-1130 Fax: 312-663-0504
Federal Taxpayer ID Number: 36-2670036 State Vendor Number: 0640646
E-Mail Address: mdarcy@gatewayfoundation.org

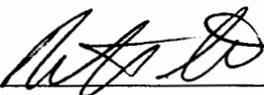
Authorized Signer's Printed Name and Title: Michael J. Darcy President & CEO

Authorized Signature:  Bid Date: 3-15-12

NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows:

Contract No.


Division Director

5-10-12
Date

SDA411060
Accepted in its entirety.

Date

The original cover page, including amendments, should be signed and returned with the bid.

IFB SDA411-060 AMENDMENT 002

Assessment and Long Term Modified
Therapeutic Community Substance Abuse
Treatment Services Program
For
Ozark Correctional Center

Contract Period: July 1, 2012 through June 30, 2013

Date of Issue: February 27, 2012
Page 1 of 67

Services procured for the

Missouri Department of Corrections of Corrections
Division of Offender Rehabilitative Services

Company ID Number: 386492

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

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

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

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

Company ID Number: 386492

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

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

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

Company ID Number: 386492

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

Company ID Number: 386492

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

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uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,

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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

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determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

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ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

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D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

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

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

Company ID Number: 386492

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

Employer Gateway Foundation Inc.	
MARTHA YOUNT	
Name (Please Type or Print)	Title
Electronically Signed	01/20/2011
Signature	Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	02/24/2011
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Gateway Foundation Inc.
Company Facility Address:	55 E. Jackson Blvd.
	Suite 1500
	Chicago, IL 60604
Company Alternate Address:	
County or Parish:	COOK
Employer Identification Number:	362670036

Company ID Number: 386492

North American Industry Classification Systems Code:	813
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	2
<p>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</p> <ul style="list-style-type: none"> MISSOURI 2 site(s) 	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	JACKIE DUSING	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2265	
E-mail Address:	jxdusing@gatewayfoundation.org	
Name:	MARTHA YOUNT	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2348	
E-mail Address:	Martha.Yount@gatewayfoundation.org	
Name:	KRISTIN OWENS	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2230	
E-mail Address:	klowens@gatewayfoundation.org	



March 5, 2012

Lisa Meyer, MBA, CPPB
Missouri Department of Corrections
Procurement and Contracting Section
2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102

RE: IFB SDA411-060, Assessment and Long Term Modified Therapeutic Community Substance Abuse Treatment Services Program for Ozark Correctional Center

Dear Ms. Meyer:

Thank you very much for inviting the Gateway Foundation to submit our proposal to continue providing Assessment and Long Term Modified Therapeutic Community Substance Abuse Treatment Services Program at the Ozark Correctional Center (OCC) in Fordland, Missouri. We strongly believe that our proposal will demonstrate that we are the most qualified organization to continue providing the services outlined in the above referenced IFB.

For nearly 43 years, Gateway Foundation, a not-for-profit organization based in Chicago, has been one of the nation's leading providers of substance abuse treatment in therapeutic communities in correctional settings and in the community. **Gateway currently provides clinical services in twenty (19) correctional therapeutic community (TC) programs, including five institutional programs within the Missouri Department of Corrections system.** There are more than 5,600 men and women in Gateway in-prison treatment programs each day; and in 2011, Gateway treated nearly 18,000 people through our correctional programming.

Philosophically, we believe that a modified therapeutic community integrated with a strong cognitive self change program, appropriate self-help, relapse prevention, and transitional services, is the best way to deal with the substance abuse problems and criminal attitudes, values, and behaviors of the adult offender population. **Our recent work at the Ozark Correctional Center demonstrates our ability to weave the Gateway TC Model into the overall operation of a correctional environment, thereby providing the framework for a consistent therapeutic milieu that incorporates every activity at the institution. It is our belief that the partnership between Gateway and the Department at OCC has resulted in a national model program.**

As you may know, due to our commitment to quality improvement we adapted our therapeutic community treatment model according to current research advancements and evidence-based practices. For years we have partnered with the Texas Christian University Institute of Behavioral Research to incorporate a research-based assessment protocol into our model, thereby ensuring that treatment services are directly related to individual risks and needs throughout the treatment episode. This approach is currently unique to Gateway Foundation programs, and our current program at OCC uses this "adaptive treatment" model to provide interventions that are truly based on the client's needs as they progress through the treatment program. **We have also incorporated Motivational Interviewing techniques into our Orientation and Primary Treatment phases in an effort to improve client**

engagement and retention in our programs, and have implemented research-based curricula which address Relapse Prevention and Re-Entry issues. These brief examples demonstrate our commitment to leading the field of correctional treatment services, and highlight our ability to continuing delivering a TC model that results in effective, high-quality treatment services at OCC.

Why Continue the Gateway Program at Ozark Correctional Center?

- **Over the past 4 years Gateway has provided an evidence-based program at OCC that has shown measureable improvements in offender psychosocial functioning, and outcome studies continue to confirm that Gateway programs dramatically reduce recidivism rates and save millions of dollars for taxpayers.**
- Through this proposal, Gateway offers a refined staffing pattern that will produce a higher level of clinical supervision and oversight, thereby ensuring the overall integrity and continuity of the program services.
- Gateway's relationship with TCU/IBR allowed us to develop an evidenced based assessment system using the CJ-CEST and CTS instruments, administered in a phase-progression process that allows for truly individualized care. This relationship enables the Department to benefit from receiving state-of-the-art training and consulting from the nation's leading researchers of correctional treatment interventions.
- Gateway's DENS ASI and treatment planning software has provided the Department with a solution for substance abuse assessments, and our plan to network this system at Ozark will provide DORS staff with real-time access to aggregate assessment data. *The addition of the assessment requirements in the scope of work can be easily accommodated via our use of the DENS system.*
- Gateway currently manages many projects of this size and scope—in addition to OCC, we have 20 additional in-custody TC programs similar size to the program at OCC. *We have the human, financial, and clinical resources necessary to implement the programs desired by MODOC.*
- **Gateway recognizes that we are "guests in your home."** We work as partners with the institutional team. It is our record everywhere we serve. The team approach developed at OCC between Gateway and DAI is a model for successful integration!

We look forward to hearing from you regarding the opportunity to discuss our proposal. In order to expedite our response to any requests you might have, I ask that you direct communication to Mr. Gregg Dockins, Director of Corrections Initiatives, at (815) 579-2701, or to the Vice President, Corrections Division, Mr. Mike Giniger, at (713) 592-8211, extension 14.

Thank you again for inviting us to submit our proposal. We look forward to continuing our work with the Missouri Department of Corrections at its Ozark Correctional Center facility.

Very truly yours,



Michael J. Darcy
President and CEO

INVITATION FOR BID

Missouri Department of Corrections of
Corrections
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

IFB SDA411-060

Assessment and Long Term Modified
Therapeutic Community Substance Abuse
Treatment Services Program
For
Ozark Correctional Center

Contract Period: July 1, 2012 through June 30, 2013

Date of Issue: February 2, 2012
Page 1 of 62

Bids Must be Received No Later Than:

2:00 p.m., March 15, 2012

For information pertaining to this IFB contact:
Lisa Meyer, MBA, CPPB
Telephone: 573-526-6611
Fax: (573) 522-8407
Lisa.Meyer@doc.mo.gov

Services procured for the

Missouri Department of Corrections of Corrections
Division of Offender Rehabilitative Services

PRE-BID CONFERENCE

A pre-bid conference will be held at 10:00 a.m., on February 23, 2012 at the Missouri Department of Corrections, Central Office, 2729 Plaza Dr., Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-hand corner of the container in which the bid is submitted to the Department of Corrections. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Company Name: Gateway Foundation, Inc. d/b/a GFI Services
Mailing Address: 55 E. Jackson Blvd. Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-663-1130 Fax: 312-663-0504
Federal Taxpayer ID Number: 36-2670036 State Vendor Number: 0640646
E-Mail Address: mdarcy@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Michael J. Darcy, President & CEO

Authorized Signature:  Bid Date: 3-15-12

NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows: Contract No.

Division Director _____ Date _____ Director, Dept. of Corrections _____ Date _____

The original cover page, including amendments, should be signed and returned with the bid.

INVITATION FOR BID

Missouri Department of Corrections of
Corrections
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

**IFB SDA411-060
AMENDMENT 001**

**Assessment and Long Term Modified
Therapeutic Community Substance Abuse
Treatment Services Program
For
Ozark Correctional Center**

Contract Period: July 1, 2012 through June 30, 2013

**Date of Issue: February 14, 2012
Page 1 of 64**

Bids Must be Received No Later Than:

2:00 p.m., March 15, 2012

**For information pertaining to this IFB contact:
Lisa Meyer, MBA, CPPB
Telephone: 573-526-6611
Fax: (573) 522-8407
Lisa.Meyer@doc.mo.gov**

**Services procured for the
Missouri Department of Corrections of Corrections
Division of Offender Rehabilitative Services**

PRE-BID CONFERENCE

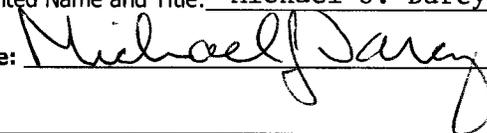
A pre-bid conference will be held at 10:00 a.m., on February 23, 2012 at the Missouri Department of Corrections, Central Office, 2729 Plaza Dr., Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-hand corner of the container in which the bid is submitted to the Department of Corrections. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Company Name: Gateway Foundation, Inc d/b/a GFI Services
Mailing Address: 55 E. Jackson Blvd. Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-663-1130 Fax: 312-663-0504
Federal Taxpayer ID Number: 36-2670036 State Vendor Number: 0640646
E-Mail Address: mdarcy@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Michael J. Darcy, President & CEO

Authorized Signature:  Bid Date: 3-15-12

NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows: _____ Contract No. _____

Division Director _____ Date _____ Director, Dept. of Corrections _____ Date _____

The original cover page, including amendments, should be signed and returned with the bid.

INVITATION FOR BID

**Missouri Department of Corrections of
Corrections
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102**

**IFB SDA411-060
AMENDMENT 002**

**Assessment and Long Term Modified
Therapeutic Community Substance Abuse
Treatment Services Program
For
Ozark Correctional Center**

Contract Period: July 1, 2012 through June 30, 2013

**Date of Issue: February 27, 2012
Page 1 of 67**

Bids Must be Received No Later Than:

2:00 p.m., March 15, 2012

**For information pertaining to this IFB contact:
Lisa Meyer, MBA, CPPB
Telephone: 573-526-6611
Fax: (573) 522-8407
Lisa.Meyer@doc.mo.gov**

**Services procured for the
Missouri Department of Corrections of Corrections
Division of Offender Rehabilitative Services**

PRE-BID CONFERENCE

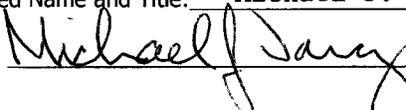
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Telephone: 312-663-1130 Fax: 312-663-0504
Federal Taxpayer ID Number: 36-2670036 State Vendor Number: 0640646
E-Mail Address: mdarcy@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Michael J. Darcy President & CEO

Authorized Signature:  Bid Date: 3-15-12

NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows: _____ Contract No. _____

Division Director Date Director, Dept. of Corrections Date

The original cover page, including amendments, should be signed and returned with the bid.

**EXHIBIT A
SUBMISSION IS MANDATORY**

**SDA411-060
PRICE PAGE**

Terms and conditions of this Invitation for Bid require that in order to be considered responsive, the bidder must complete, manually sign and submit this document (with all necessary attachments) together with its individual bid for providing all services listed herein as specified (See Part Three: Bid Submission Information). The bidder is cautioned that it is the bidder's sole responsibility to confirm the accuracy of any pricing information listed herein and that the Department of Corrections is under no obligation to solicit the bidder regarding such information once submitted. ***The bidder must provide a firm fixed price in the table below for the original contract period and maximum prices for each potential renewal period for providing all services in accordance with the provisions and requirements of this IFB. All costs associated with providing the required services shall be included in the stated price.***

SERVICE DESCRIPTION	FIRM, FIXED PRICE Initial Contract Period	First Renewal Period	Second Renewal Period	Third Renewal Period	Fourth Renewal Period
All services included herein	\$ <u>7.56</u> Per day per offender	\$ <u>7.56</u> Per day per offender	\$ <u>7.79</u> Per day per offender	\$ <u>7.95</u> Per day per offender	\$ <u>8.19</u> Per day per offender

It is understood and agreed by the contractor that the contractor will be responsible for providing an assessment for the majority of those offenders entering the treatment program at OCC.

Outside United States -If any products and/or services offered under this IFB are being manufactured or performed at sites outside the 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 United States?	Yes _____	No <u> X </u>
Describe and provide details:		

Employee Bidding/Conflict of Interest - Bidders who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the bidder and/or any of the owners of the bidder's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information.

Name of State Employee, General Assembly Member, or Statewide Elected Official:	Not Applicable
In what office/agency are they employed?	
Employment Title:	
Percentage of ownership interest in bidder's organization:	_____ %

EXHIBIT A (continued)
SUBMISSION IS MANDATORY

SDA411-060
PRICE PAGE

The bidder must state the number of days required before the services described herein could be provided:

zero days

incumbent days after effective date of contract award.

myd

Bidder to state discount for prompt payment. NONE

_____ % if paid within _____ days

Indicate if the bidder is a For Profit or Nonprofit Entity:

_____ For Profit Nonprofit

By signing, the bidder hereby declares understanding, agreement and certification of compliance to provide the item at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions. The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid.

Company Name: Gateway Foundation, Inc. d/b/a GFI Services

Printed Name: Michael J. Darcy E-mail Address: mdarcy@gatewayfoundation.org

Authorized Signature: *Michael J. Darcy* Date: 3-6-12

3.5 Bidder's Experience and Reliability

Exhibit B: Company Information

As required by the IFB, Gateway has completed Exhibit B (Company Information) with information related to previous and current services/contracts performed by Gateway that are similar to the requirements of this IFB, including a signature of the contact person verifying that that information presented is accurate. The contact person's signature also represents that the contact person is willing and will be available for contact by the State of Missouri in order to discuss the services performed by the bidder for the contact person's company.

Please find Exhibit B on the following pages.

EXHIBIT B

COMPANY INFORMATION

The bidder should complete the following with information about the bidder's organization and should provide information that documents and verifies the number of years stated in each blank, as appropriate:

<u>Information</u>	<u>Dates</u>	<u>Explanation and Detailed Support Verifying Dates</u> (ie: contract/client name, etc)
Total number of years in business	Beginning Date: 1968	Information is contained
Total number of years operating in substance abuse services	Beginning Date: 1968	within this section 3.5 Experience & Reliability
Total number of years working with state government and targeted population	Beginning Date: 1968	" " " " "

The bidder should provide the following information about client history:

<u>Information</u>	<u>Numbers</u>	<u>Explanation and Detailed Support</u>
Total number of current clients performing services	Total Number	98 total contracts 65 total funders
Largest Current Client	\$10,606,265 Dollar Size	Illinois Dept. of Alcoholism & Substance Abuse

<u>Information</u>	<u>Explanation and Detailed Support</u>
Organizational history- including ownership structure, any pending litigation, any civil or criminal judgments, any bankruptcy proceedings, etc.	see attached
Documentation of Financial Solvency – (may submit most recent year audited financial statements or any other information provided such information may be made public). If the bidder is a subsidiary, provide this information for the parent company. All information provided will be made public.	see attached
Describe the structure of the organization including any board of directors, partners, top Departmental management, etc	see attached

To: Gateway Foundation Board of Directors

From: Gary Salit, General Counsel

Legal Update: December 2011-March 2012

The following is a summary of outstanding litigation, significant claims and complaints and potential legal exposure.

LITIGATION

New Litigation/Claims

Since the last report, there has been no significant new litigation or claim.

Old Litigation/Claims

There are no significant claims or cases

OTHER MATTERS

Recent Deaths Outside Programs and Facilities

Since my last report when I advised you of two instances where a client or prospective client died of expected drug overdoses shortly after leaving our facilities, we have heard nothing back on either of those two matters.

New Jersey, Northern State Facility

We had received two additional complaints, one from a client, the other from an employee concerning the administration of sanctions to the clients for various infractions. We are working with the director and clinical supervisor to resolve these matters before they escalate into a potential problem.

Belleville Drug Testing

We have had two instances where clients with negative urinalysis report were found to be actually using drugs. The counselor who administered the tests had no explanation for his negative report and has been terminated. We have received a letter from the parents of one of the clients expressing great displeasure and threatening legal action. While we do not believe we have any liability to the client or his parents or any significant exposure to DASA or the insurers, we just want to alert you to the possibility of adverse publicity. We can assure you that all steps are being taken to minimize the impact of the counselor's improper behavior.

Gateway Foundation, Inc.

Financial Report
June 30, 2011

Contents

Independent Auditor's Report	1
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Financial Statements	
Consolidated statements of financial position	2
Consolidated statements of activities and changes in net assets	3 – 4
Consolidated statements of functional expenses	5 – 6
Consolidated statements of cash flows	7
Notes to consolidated financial statements	8 – 16

Gateway Foundation, Inc.

**Consolidated Statements of Financial Position
June 30, 2011 and 2010**

	2011	2010
Assets		
Current Assets		
Cash and equivalents	\$ 5,901,931	\$ 8,647,425
Investments	11,748,352	10,789,069
Accounts receivable (net of allowance for doubtful accounts of \$1,321,971 and \$821,169 at June 30, 2011 and 2010, respectively)		
Government grants and contracts	10,642,151	12,536,229
Medicaid	4,235,347	5,664,134
Other	2,655,882	1,965,825
Total accounts receivable	<u>17,533,380</u>	<u>20,166,188</u>
Other current assets	725,195	122,468
Total current assets	<u>35,908,858</u>	<u>39,725,150</u>
Noncurrent Assets		
Investments	22,037,998	15,159,464
Beneficial interest in perpetual trust	1,049,004	-
Property and equipment (net)	18,074,005	19,778,131
Deferred charges	405,511	366,785
Total noncurrent assets	<u>41,566,518</u>	<u>35,304,380</u>
Total assets	<u>\$ 77,475,376</u>	<u>\$ 75,029,530</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 1,468,747	\$ 1,624,558
Accrued expenses	4,045,550	5,026,668
Due to third party contractors	169,840	273,335
Deferred income	223,396	99,042
Line of credit	1,965,000	1,965,000
Total current liabilities	<u>7,872,533</u>	<u>8,988,603</u>
Long-Term Debt	3,210,000	3,210,000
Total liabilities	<u>11,082,533</u>	<u>12,198,603</u>
Net Assets		
Unrestricted	64,901,762	62,490,236
Temporarily restricted	417,257	315,871
Permanently restricted	1,073,824	24,820
Total net assets	<u>66,392,843</u>	<u>62,830,927</u>
Total liabilities and net assets	<u>\$ 77,475,376</u>	<u>\$ 75,029,530</u>

The accompany notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

**Consolidated Statement of Activities and Changes in Net Assets
Year Ended June 30, 2011**

	Unrestricted	Temporarily Restricted	Permanently Restricted	2011 Total
Support and revenue:				
Government grants and contracts	\$ 55,857,081	\$ -	\$ -	\$ 55,857,081
Net client fees and third party reimbursements	9,122,182	-	-	9,122,182
Contributions:				
Cash	70,426	106,652	-	177,078
Noncash	34,943	-	-	34,943
United Way	95,039	-	-	95,039
Beneficial interest in perpetual trust	-	-	1,049,004	1,049,004
Investment income	2,494,714	112,127	-	2,606,841
Gain on disposal of fixed assets	60,671	-	-	60,671
Other:				
Rental income	177,960	-	-	177,960
Food stamps	497,332	-	-	497,332
Interest on Medicaid receivables	452,443	-	-	452,443
Miscellaneous	19,341	-	-	19,341
Net assets released due to satisfaction of program restrictions	117,393	(117,393)	-	-
Total support and revenue	68,999,525	101,386	1,049,004	70,149,915
Expenses:				
Program services:				
Treatment and prevention	56,985,631	-	-	56,985,631
Total program services	56,985,631	-	-	56,985,631
Supporting services:				
Management and general	9,584,363	-	-	9,584,363
Fundraising	18,005	-	-	18,005
Total supporting services	9,602,368	-	-	9,602,368
Total expenses	66,587,999	-	-	66,587,999
Excess of revenue over expenses	2,411,526	-	-	2,411,526
Change in net assets	2,411,526	101,386	1,049,004	3,561,916
Net assets:				
Beginning of year	62,490,236	315,871	24,820	62,830,927
End of year	\$ 64,901,762	\$ 417,257	\$ 1,073,824	\$ 66,392,843

The accompany notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

**Consolidated Statement of Activities and Changes in Net Assets
Year Ended June 30, 2010**

	Unrestricted	Temporarily Restricted	Permanently Restricted	2010 Total
Support and revenue:				
Government grants and contracts	\$ 58,065,919	\$ -	\$ -	\$ 58,065,919
Net client fees and third party reimbursements	5,933,400	-	-	5,933,400
Contributions:				
Cash	67,500	103,104	-	170,604
Noncash	27,519	-	-	27,519
United Way	97,938	-	-	97,938
Investment income	3,022,745	16,989	-	3,039,734
Loss on disposal of fixed assets	(2,640)	-	-	(2,640)
Other:				
Rental income	176,360	-	-	176,360
Food stamps	569,997	-	-	569,997
Miscellaneous	47,845	-	-	47,845
Net assets released due to satisfaction of program restrictions	5,470	(5,470)	-	-
Total support and revenue	68,012,053	114,623	-	68,126,676
Expenses:				
Program services:				
Treatment and prevention	55,594,558	-	-	55,594,558
Total program services	55,594,558	-	-	55,594,558
Supporting services:				
Management and general	9,362,190	-	-	9,362,190
Fundraising	17,927	-	-	17,927
Total supporting services	9,380,117	-	-	9,380,117
Total expenses	64,974,675	-	-	64,974,675
Excess of revenue over expenses	3,037,378	-	-	3,037,378
Change in net assets	3,037,378	114,623	-	3,152,001
Net assets:				
Beginning of year	59,452,858	201,248	24,820	59,678,926
End of year	\$ 62,490,236	\$ 315,871	\$ 24,820	\$ 62,830,927

The accompanying notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statement of Functional Expenses
Year Ended June 30, 2011

	Program Services		Supporting Services		2011 Total
	Treatment and Prevention	Management and General	Fund Raising	Subtotal	
Salaries	\$ 33,978,871	\$ 5,057,194	\$ 11,616	\$ 5,068,810	\$ 39,047,681
Employee benefits	7,260,985	1,068,790	2,336	1,071,126	8,332,111
Total salaries and related expenses	41,239,856	6,125,984	13,952	6,139,936	47,379,792
Housing	2,803,830	560,168	1,493	561,661	3,365,491
Food, clothing and personal maintenance	2,844,851	34,045	151	34,196	2,879,047
Recreation and activities	352,817	-	-	-	352,817
Transportation and travel	773,858	134,256	-	134,256	908,114
Staff training, development and recognition	364,268	141,323	5	141,328	505,596
Office supplies	350,129	29,810	-	29,810	379,939
Office equipment rental and repair	673,216	263,745	1,295	265,040	938,256
Telecommunications	671,625	259,595	-	259,595	931,220
Postage and shipping	94,371	49,814	-	49,814	144,185
Printing	70,007	27,567	-	27,567	97,574
Professional fees and contract service payments	1,946,601	943,563	983	944,546	2,891,147
Toxicology	198,539	448	-	448	198,987
General insurance	409,386	60,782	65	60,847	470,233
Interest expense	108,253	-	-	-	108,253
Provision for doubtful accounts	1,496,349	-	-	-	1,496,349
Dues and subscriptions	66,258	20,351	-	20,351	86,609
Other operating fees	221,533	36,030	61	36,091	257,624
Advertising and marketing	92,873	392,941	-	392,941	485,814
Miscellaneous	96,038	10,058	-	10,058	106,096
Total expenses before depreciation, amortization and in-kind expenses	54,874,658	9,090,480	18,005	9,108,485	63,983,143
Depreciation	2,071,594	493,883	-	493,883	2,565,477
Amortization of debt issuance costs	4,436	-	-	-	4,436
Other in-kind expenses	34,943	-	-	-	34,943
Total expenses	\$ 56,985,631	\$ 9,584,363	\$ 18,005	\$ 9,602,368	\$ 66,587,999

The accompanying notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statement of Functional Expenses
Year Ended June 30, 2010

	Program Services		Supporting Services		2010 Total
	Treatment and Prevention	Management and General	Fund Raising	Subtotal	
Salaries	\$ 34,476,259	\$ 4,920,460	\$ 11,681	\$ 4,932,141	\$ 39,408,400
Employee benefits	6,858,289	1,070,745	2,195	1,072,940	7,931,229
Total salaries and related expenses	41,334,548	5,991,205	13,876	6,005,081	47,339,629
Housing	2,853,413	562,466	1,686	564,152	3,417,565
Food, clothing and personal maintenance	2,455,213	28,536	4	28,540	2,483,753
Recreation and activities	325,436	-	-	-	325,436
Transportation and travel	737,319	107,630	-	107,630	844,949
Staff training, development and recognition	388,414	183,051	5	183,056	571,470
Office supplies	301,471	30,124	18	30,142	331,613
Office equipment rental and repair	588,306	325,963	1,358	327,321	915,627
Telecommunications	617,752	198,000	728	198,728	816,480
Postage and shipping	96,057	47,047	69	47,116	143,173
Printing	71,403	25,310	150	25,460	96,863
Professional fees and contract service payments	1,720,133	808,544	10	808,554	2,528,687
Toxicology	177,990	252	-	252	178,242
General insurance	420,000	56,452	23	56,475	476,475
Interest expense	98,408	-	-	-	98,408
Provision for doubtful accounts	826,689	-	-	-	826,689
Dues and subscriptions	71,866	17,849	-	17,849	89,715
Other operating fees	225,626	29,868	-	29,868	255,494
Advertising and marketing	39,514	366,798	-	366,798	406,312
Miscellaneous	108,165	6,645	-	6,645	114,810
Total expenses before depreciation, amortization and in-kind expenses	53,457,723	8,785,740	17,927	8,803,667	62,261,390
Depreciation	2,104,880	576,450	-	576,450	2,681,330
Amortization of debt issuance costs	4,436	-	-	-	4,436
Other in-kind expenses	27,519	-	-	-	27,519
Total expenses	\$ 55,594,558	\$ 9,362,190	\$ 17,927	\$ 9,380,117	\$ 64,974,675

The accompanying notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statements of Cash Flows
Years Ended June 30, 2011 and 2010

	2011	2010
Cash Flows from Operating Activities		
Change in net assets	\$ 3,561,916	\$ 3,152,001
Depreciation and amortization	2,569,913	2,685,766
Provision for doubtful accounts	1,496,349	826,689
(Gain) loss on disposal of property and equipment	(60,671)	2,640
Realized (gain) loss on investments	(316,089)	5,518
Unrealized gain on investments	(1,503,481)	(2,269,945)
Contribution of beneficial interest in trust	(1,049,004)	-
Changes in:		
Accounts receivable	1,136,459	(7,346,302)
Other current assets	(602,727)	419,491
Deferred charges	(43,162)	20,567
Accounts payable	(155,811)	(287,571)
Accrued expenses	(981,118)	73,651
Due to third party contractors	(103,495)	(205,216)
Deferred income	124,354	14,524
Net cash provided by (used in) operating activities	4,073,433	(2,908,187)
Cash Flows from Investing Activities		
Additions to property and equipment	(1,216,404)	(1,236,494)
Purchase of investments	(70,674,105)	(70,743,035)
Proceeds from sale of investments	64,655,858	70,561,057
Proceeds from sale of property	415,724	1,700
Net cash used in investing activities	(6,818,927)	(1,416,772)
Cash Flows from Financing Activities		
Repayments of note payable	-	(2,000,000)
Net cash used in financing activities	-	(2,000,000)
Net decrease in cash and cash equivalents	(2,745,494)	(6,324,959)
Cash and cash equivalents:		
Beginning of year	8,647,425	14,972,384
End of year	\$ 5,901,931	\$ 8,647,425
Supplemental Disclosure of Cash Flow Information		
Interest paid	\$ 54,148	\$ 80,421

The accompany notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

Note 1. Basis of Presentation

Nature of organization: The accompanying consolidated financial statements include the accounts of Gateway Foundation, Inc., and its affiliates, Gateway Youth Care Foundation, Inc., Gateway Foundation Texas, Inc., G.W. Foundation, Inc. and Gateway Charitable Foundation (collectively "Gateway" or the "Organization"). Gateway Foundation, Inc., Gateway Youth Care Foundation, Inc., G.W. Foundation, Inc. and Gateway Charitable Foundation are incorporated in the State of Illinois. Gateway Foundation Texas, Inc. is incorporated in the State of Texas. Each organization is a nonprofit corporation that has been approved to operate as such under Section 501(c)(3) of the Internal Revenue Code, and, therefore, is exempt from federal and state income taxes.

Gateway is dedicated to increasing the understanding, treatment and prevention of alcohol and other drug abuse. Gateway staff assists men, women and children in developing the skills to reach and maintain recovery and lead healthy, productive lives.

Gateway has operations in the states of Delaware, Illinois, Missouri, New Jersey and Texas.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements have been prepared on the accrual basis. All significant intercompany transactions have been eliminated in consolidation.

Uses of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Support and revenue and accounts receivable: Revenue from government grants and contracts is recognized over the term in which Gateway provides the contracted service. Accounts receivable is recorded net of any contractual allowances.

Management continually reviews its assumptions and methodologies for estimating third-party reserves for post payment audits. Net client fees and third party reimbursements for the years ended June 30, 2011 and 2010, were increased by \$96,000 and \$188,000, respectively, as a result of changes in estimates relating to prior years.

Contributions received and unconditional promises to give are measured at their fair values and are reported as increases in net assets. The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are restricted as support for future periods. When a donor restriction expires (i.e., when a stipulated time restriction ends or purpose restrictions are accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization reports contributions with a donor-imposed restriction whose restrictions are met in the same reporting period as unrestricted support in the statement of activities.

The Organization provides credit, in the normal course of business, to clients from (i) the state government under government contracts and grants representing approximately 63 and 65 percent of the consolidated operational support and revenue in fiscal years 2011 and 2010, respectively, and 61 and 62 percent of net accounts receivable as of June 30, 2011 and 2010, respectively; (ii) the state government under the Medicaid programs representing approximately 25 and 27 percent of the consolidated support and revenue in 2011 and 2010, respectively, and 24 and 28 percent of the net accounts receivable as of June 30, 2011 and 2010, respectively; and (iii) private payers including insurance companies, private carriers and other third-party payers.

Notes to Consolidated Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The Organization does not believe that there are any concentrated credit risks other than with receivables from government agencies. The remaining net receivable balances consist of receivables from various payers, subject to differing economic conditions. The Organization continually monitors and adjusts its reserves and allowances associated with these governmental and other receivables as necessary.

During the year ended June 30, 2011, the Organization received \$452,443 of interest on unpaid Medicaid accounts receivable which is reported as other support and revenue in the consolidated statement of activities and changes in net assets.

Excess of revenue over expenses: The consolidated statement of activities and changes in net assets includes excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Cash and cash equivalents: Gateway considers short-term investments with an original maturity of three months or less to be cash equivalents. Deposits held in banks were in excess of federally insured levels at June 30, 2011 and 2010.

Investments: Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value based on quoted market prices in the consolidated statement of financial position. The Organization's investments are designated as trading securities. As such, all investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) not restricted by donors is included in the excess of revenue over expenses.

Deferred charges: Deferred charges consist of bond costs that are amortized over the terms of their respective contracts.

Property and equipment: Property and equipment are stated at cost, except for donated property and equipment (non-cash contributions) which are stated at estimated fair value when the donated asset is received. Depreciation and amortization are computed on a straight-line basis over the estimated useful life of the asset, using a half year of depreciation in the first year of the asset's life. The estimated useful life of the asset is determined by the classification of the asset.

Beneficial interest in perpetual trust: The Organization has a beneficial interest in a perpetual trust which is held by a third party. This interest is reflected in the accompanying consolidated financial statements at its estimated fair value, which is determined by quoted market prices. The Organization recognizes contribution revenue equal to its proportionate share of the fair value of the trust assets upon notification and determination that its right to receive benefits under the agreement is unconditional. Changes in the fair value of the Organization's interest in the trust assets are reflected as permanently restricted in the consolidated statement of activities in the period they occur. Distributions from the trust, which were \$106,652 during the year ended June 30, 2011, are recognized as revenue in the period received.

Advertising and marketing: The Organization advertises and markets services it offers and new services that will be offered in the future. Advertising and marketing costs are expensed as incurred. These advertising and marketing costs totaled \$485,814 and \$406,312 for the years ended June 30, 2011 and 2010, respectively.

Notes to Consolidated Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Net assets: Net asset categories and types of transactions affecting each category are:

Unrestricted net assets: Net assets that are not subject to donor-imposed restrictions including the carrying value of physical properties (land, building, and equipment). Items that affect this net asset category include revenues (principally, grants and fees for service), and related expenses associated with the core activities of the Organization. Changes in this category of net assets also include certain types of philanthropic support, namely unrestricted gifts, as well as restricted gifts whose donor-imposed restrictions are for current or developing programs and were met during the fiscal year, gifts for capital projects currently under construction and realized and unrealized gains and losses on donor-restricted funds.

Temporarily restricted net assets: Net assets subject to donor-imposed restrictions that may or will be met either by action of the Organization or by the passage of time. Items that affect this net asset category are gifts for which restrictions have not been met.

Permanently restricted net assets: Net assets subject to donor-imposed restrictions to be maintained permanently by the Organization. Items that affect this net asset category include gifts where donors stipulate that the corpus be held in perpetuity and only the income be made available for program operations.

Income taxes: The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law, except for taxes pertaining to unrelated business income, if any.

The accounting standard on uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization, the continued tax-exempt status of bonds issued by the Organization, and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities during the periods covered by these financial statements.

The Organization files Forms 990 in the U.S. federal jurisdiction and the State of Illinois. Forms 990 filed by the Organization are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. The Organization is generally no longer subject to examination by the IRS for years before 2008.

New accounting pronouncements: In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-23, *Health Care Entities (Topic 954) – Measuring Charity Care for Disclosure*. ASU 2010-23 requires disclosure of charity care based on the health care provider's direct and indirect costs of providing charity care services, the method used to identify or estimate such costs, and funds received to offset or subsidize charity services provided. The disclosures required by ASU 2010-23 are effective for fiscal years beginning after December 15, 2010, and must be applied retrospectively. The Organization is assessing the impact of the implementation of ASU 2010-23 on the disclosures in its consolidated financial statements.

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

ASU 2010-24, *Health Care Entities (Topic 954) – Presentation of Insurance Claims and Related Insurance Recoveries*. ASU 2010-24 clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, ASU 2010-24 provides that the amount of the claims liability should be determined without consideration of insurance recoveries. The provisions of ASU 2010-24 are effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. Entities must apply the provisions of ASU 2010-24 by recording a cumulative-effect adjustment to opening unrestricted net assets as of the beginning of the period of adoption. Retrospective application of the provisions ASU 2010-24 is permitted. The Organization is assessing the impact of the implementation of ASU 2010-24 on its consolidated financial statements.

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954) – Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. ASU 2011-07 requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay, to change the presentation of their statement of activities by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, ASU 2011-07 requires those health care entities to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts, disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts.

For nonpublic entities like the Organization, the provisions are effective for the first annual period ending after December 15, 2012, and interim and annual periods thereafter, with early adoption permitted. The changes to the presentation of the provision for bad debts related to patient service revenue in the statement of activities should be applied retrospectively to all prior periods presented. The disclosures required by ASU 2011-07 should be provided for the period of adoption and subsequent reporting periods. The Organization is assessing the impact of the implementation of ASU 2011-07 on its consolidated financial statements.

Reclassifications: Certain prior year amounts have been reclassified to conform to the current year presentation, with no effect on excess of revenue over expenses or net assets.

Subsequent events: In preparation of the financial statements, the Organization has considered events through November 23, 2011, the date the consolidated financial statements were available for issue.

Note 3. Property and Equipment

Property and equipment at June 30, 2011 and 2010, consist of the following:

	2011	2010
Land	\$ 1,113,003	\$ 1,240,946
Buildings and improvements	36,550,114	36,621,287
Office equipment	11,757,850	11,548,184
Transportation and equipment	999,069	938,080
Work in progress	240,907	360,267
	<u>50,660,943</u>	<u>50,708,764</u>
Less accumulated depreciation	(32,586,938)	(30,930,633)
	<u>\$ 18,074,005</u>	<u>\$ 19,778,131</u>

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

Note 4. Investments and Fair Value Measurements

Investments, stated at fair value, at June 30, 2011 and 2010, consist of the following:

	2011	2010
Short-term investments, Fixed income securities	\$ 11,748,352	\$ 10,789,069
Long-term investments:		
Whole life policy	-	6,052
Equity securities	8,151,674	4,690,941
Fixed income securities	13,886,324	10,462,471
	<u>22,037,998</u>	<u>15,159,464</u>
Total investments	<u>\$ 33,786,350</u>	<u>\$ 25,948,533</u>

Investment income, including realized and unrealized gains (losses) on investments, is comprised of the following for the years ended June 30, 2011 and 2010:

	2011	2010
Interest and dividend income, net of fees	\$ 787,271	\$ 775,307
Net realized investment gain (loss)	316,089	(5,518)
Net unrealized investment gain	1,503,481	2,269,945
Investment income	<u>\$ 2,606,841</u>	<u>\$ 3,039,734</u>

Fair Value Measurements

The FASB-issued guidance on fair value measurements and disclosures establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this guidance are described below:

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2. Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; or Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3. Inputs to the valuation methodology are unobservable (supported by little or no market activity) and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

Note 4. Investments and Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value:

Equity Securities and Bond Securities: Valued at the closing price reported on the active market on which the individual securities are traded. All are classified as Level 1 of the fair value hierarchy because they were valued using quoted market prices in active markets.

Beneficial Interest in Perpetual Trust: The fair value of the beneficial interest in trust assets represents the Organization's proportionate interest in the value of a charitable trust fund. The trust's portfolio includes a variety of investments, including equity securities and fixed income investments. The fair value of the trust was provided by the trustee.

The following table sets forth a more detailed presentation of the Organization's assets at fair value as of June 30, 2011 and 2010:

	Asset Measurements					
	2011			2010		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Whole life policy	\$ -	\$ -	\$ -	\$ 6,052	\$ -	\$ -
Equity securities, by industry:						
Banks	195,707	-	-	151,662	-	-
Capital equipment	217,712	-	-	90,553	-	-
Consumer capital spending	73,148	-	-	94,283	-	-
Consumer cyclical	166,743	-	-	112,876	-	-
Consumer non-durable	164,595	-	-	80,598	-	-
Defense	42,336	-	-	42,813	-	-
Energy	303,167	-	-	229,941	-	-
Finance	892,527	-	-	583,062	-	-
Healthcare	439,390	-	-	272,425	-	-
Industrial commodities	200,014	-	-	161,090	-	-
Real estate investment trusts	13,227	-	-	13,574	-	-
Retail	165,565	-	-	131,800	-	-
Technology	256,374	-	-	183,135	-	-
Transportation	76,886	-	-	38,588	-	-
Utilities	150,865	-	-	83,753	-	-
Equity mutual funds, by type:						
Small-Mid Cap Growth Fund	1,043,678	-	-	438,997	-	-
International Fund Growth Fund	948,277	-	-	504,525	-	-
International Fund Institutional	913,701	-	-	439,280	-	-
Institutional Index Fund	1,887,762	-	-	1,037,986	-	-
Fixed income securities, by type:						
U.S. Treasury	2,310,626	-	-	3,009,382	-	-
Corporate debt	13,577,039	-	-	8,537,518	-	-
Residential mortgage-backed	2,993,437	-	-	2,213,590	-	-
Commercial mortgage-backed	6,753,574	-	-	7,491,050	-	-
Subtotal of investment securities	33,786,350	-	-	25,948,533	-	-
Beneficial interest in perpetual trust	-	-	1,049,004	-	-	-
	<u>\$ 33,786,350</u>	<u>\$ -</u>	<u>\$ 1,049,004</u>	<u>\$ 25,948,533</u>	<u>\$ -</u>	<u>\$ -</u>

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

Note 4. Investments and Fair Value Measurements (Continued)

Financial instruments classified as Level 3 in the fair value hierarchy represent the Organization's investments in financial instruments in which the Organization has used at least one significant unobservable input in the valuation model. The Organization's beneficial interest in perpetual trust is not considered to have observable inputs. The following table presents a reconciliation of activity for the Level 3 financial instruments:

	<u>Beneficial Interest in Perpetual Trust</u>
Balance, July 1, 2010	\$ -
Contribution of beneficial interest	1,049,004
Balance, June 30, 2011	<u>\$ 1,049,004</u>

Note 5. Debt

In July 2004, Gateway Foundation, Inc. merged with Community Counseling Center of Fox Valley (CCCFV) and assumed responsibility for their "City of Aurora, IL Variable Rate Demand Bonds." Effective April 2, 2003, Community Counseling Center of Fox Valley became indebted to the City of Aurora, Illinois for the principal amount of \$3,210,000 pursuant to a promissory note. These bonds mature May 1, 2028. The Organization has a remarketing agreement with BMO Capital Markets GKST, Inc. that provides for a "best efforts" remarketing of the bonds. The Organization anticipates that additional bonds will be remarketed to the extent of the maturities; however, there can be no guarantee that these bonds can or will be remarketed. The bonds are secured by an irrevocable letter of credit with an original amount of \$3,240,781, which expires on July 15, 2013. The amount available under the letter of credit is reduced by principal and interest payments made by the Organization toward the bonds. If the letter of credit is drawn on to pay for bonds that were not remarketed, such amounts are due on demand with interest at a rate of 10%. The variable interest rate on the bonds is equal to 80% of the bond equivalent yield applicable to 91-day United States Treasury Bills as sold at the most recent auction or as quoted or published by the Federal Reserve Board (0.11% and 0.33% as of June 30, 2011 and 2010, respectively).

Gateway Foundation, Inc. has a line of credit with Chase Bank with maximum borrowing of \$7,000,000. Interest is calculated on the outstanding and unpaid principal amount based on a variable rate as determined in the line of credit agreement (2.19% and 2.35% as of June 30, 2011 and 2010, respectively). Interest is calculated on the basis of the actual number of days elapsed in a year of 360 days. As of both June 30, 2011 and 2010, a total of \$1,965,000 was borrowed under this line of credit. In accordance with the agreement, the line of credit is renewed annually on June 30.

Note 6. Net Assets

Unrestricted Net Assets

Unrestricted net assets includes amounts for operations and property and equipment replacement that management internally segregates from other unrestricted net assets. The Organization calculates this portion to be 25 percent of the year's total expenses plus the balance of the net property and equipment, or \$34,721,016 and \$36,021,800, as of June 30, 2011 and 2010, respectively. The Organization views the remainder of its unrestricted net assets to be available for future program expansion.

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

Note 6. Net Assets (Continued)

Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30, 2011 and 2010, are available for client treatment and education.

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Temporarily restricted net assets of \$417,257 and \$315,871 were available for support to clients for treatment and educational scholarships as of June 30, 2011 and 2010, respectively.

Permanently Restricted Net Assets

In fiscal year 2011, the Organization recorded a beneficial interest in an irrevocable trust in the amount of \$1,049,004 as a permanently restricted contribution. Distributions from this trust are restricted for support to clients for treatment and educational scholarships, and are recorded as temporarily restricted contributions when received. The remaining permanently restricted net assets at June 30, 2011, and all of the permanently restricted net assets at June 30, 2010, are restricted to investment in perpetuity, the income from which is expendable to support any activities of the Organization.

Note 7. Employee Benefit Plans

The Organization maintains a defined contribution plan established pursuant to the provisions of Section 401(a) of the Internal Revenue Code which provides retirement benefits for all full-time employees. Contributions to the plan are discretionary, as determined by Gateway's Board of Directors. There were no contributions made for the years ended June 30, 2011 and 2010. The Organization also maintains a Section 403(b) defined contribution plan to which employees make contributions.

Note 8. Lease Obligations

The Organization leases certain administrative offices and outpatient clinics under various long-term agreements. Minimum annual rentals under such operating leases that have remaining lease terms in excess of one year as of June 30, 2011, are as follows:

	Administrative Offices	Outpatient Clinics	Total
Years Ending June 30			
2012	\$ 865,128	\$ 177,947	\$ 1,043,075
2013	860,336	183,308	1,043,644
2014	875,545	66,843	942,388
2015	891,235	57,088	948,323
2016	759,223	-	759,223
	<u>\$ 4,251,467</u>	<u>\$ 485,186</u>	<u>\$ 4,736,653</u>

Rental expense under all operating leases for the years ended June 30, 2011 and 2010, aggregated \$982,058 and \$961,028, respectively.

Gateway Foundation, Inc.

Notes to Consolidated Financial Statements

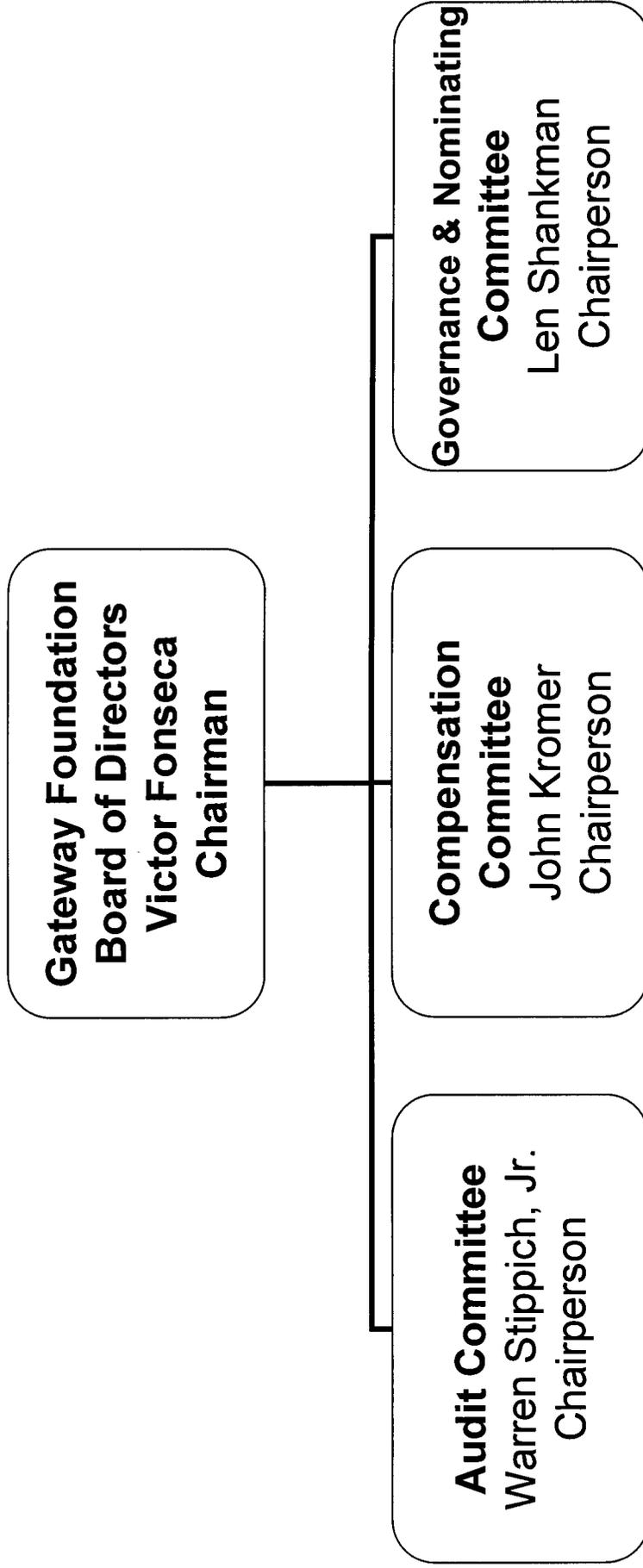
Note 9. Contingencies

The Organization is subject to various claims and lawsuits in the ordinary course of business. In the opinion of management, the ultimate resolution of these matters will not have a material adverse effect on the Organization's changes in net assets or financial position.

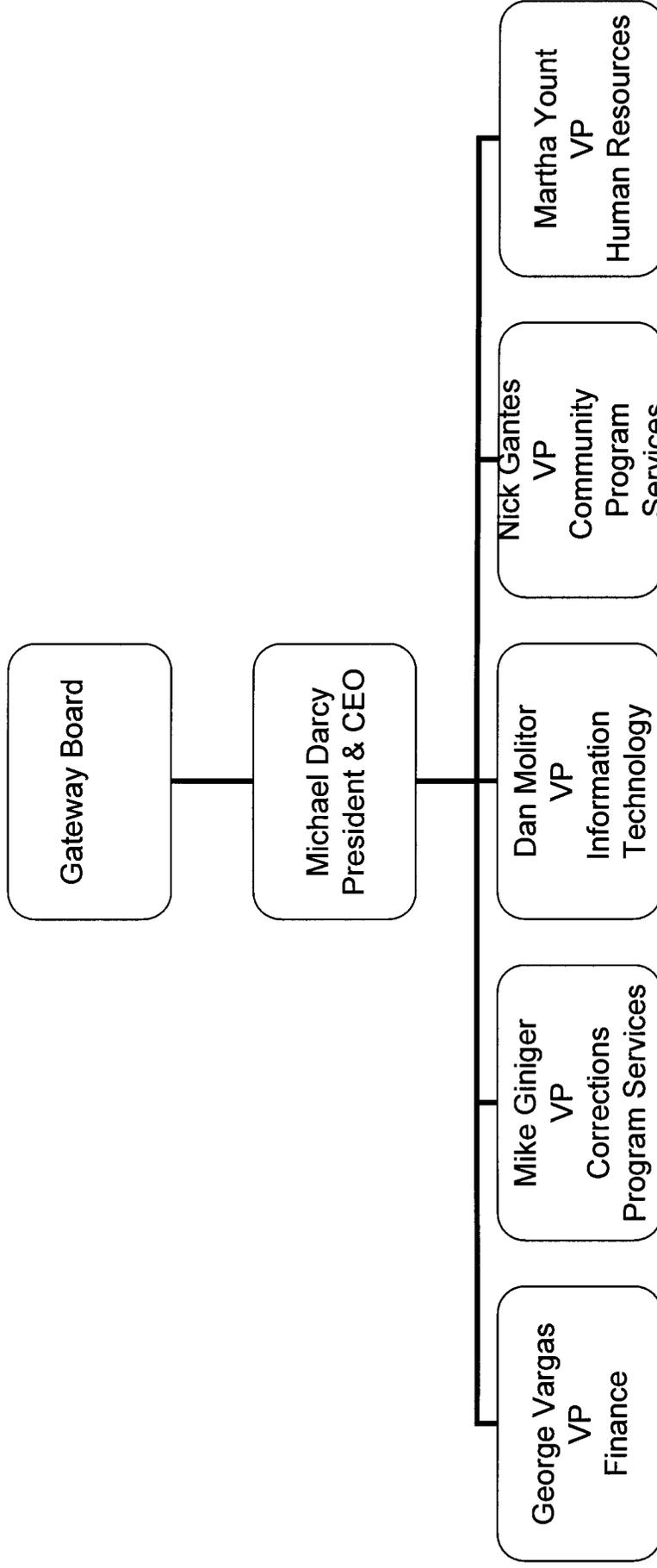
Note 10. Functional Allocation of Expenses

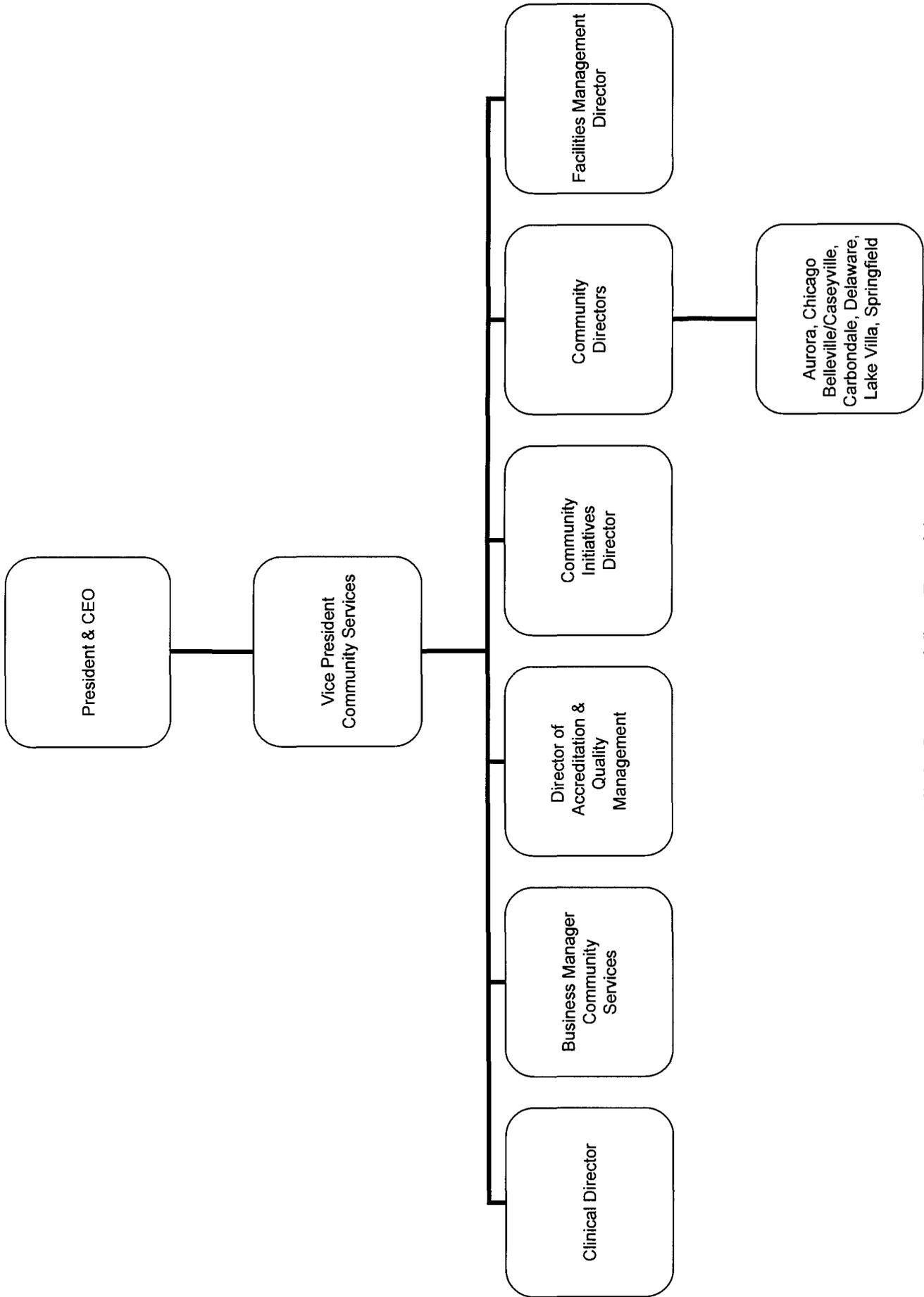
The cost of providing the various programs and other activities has been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**Gateway Foundation, Inc.
Board of Directors Organizational Chart**



Gateway Board and President/CEO





Nick Gantes, Vice President,
Community Based Services

Gateway Foundation, Inc.

Corrections Division

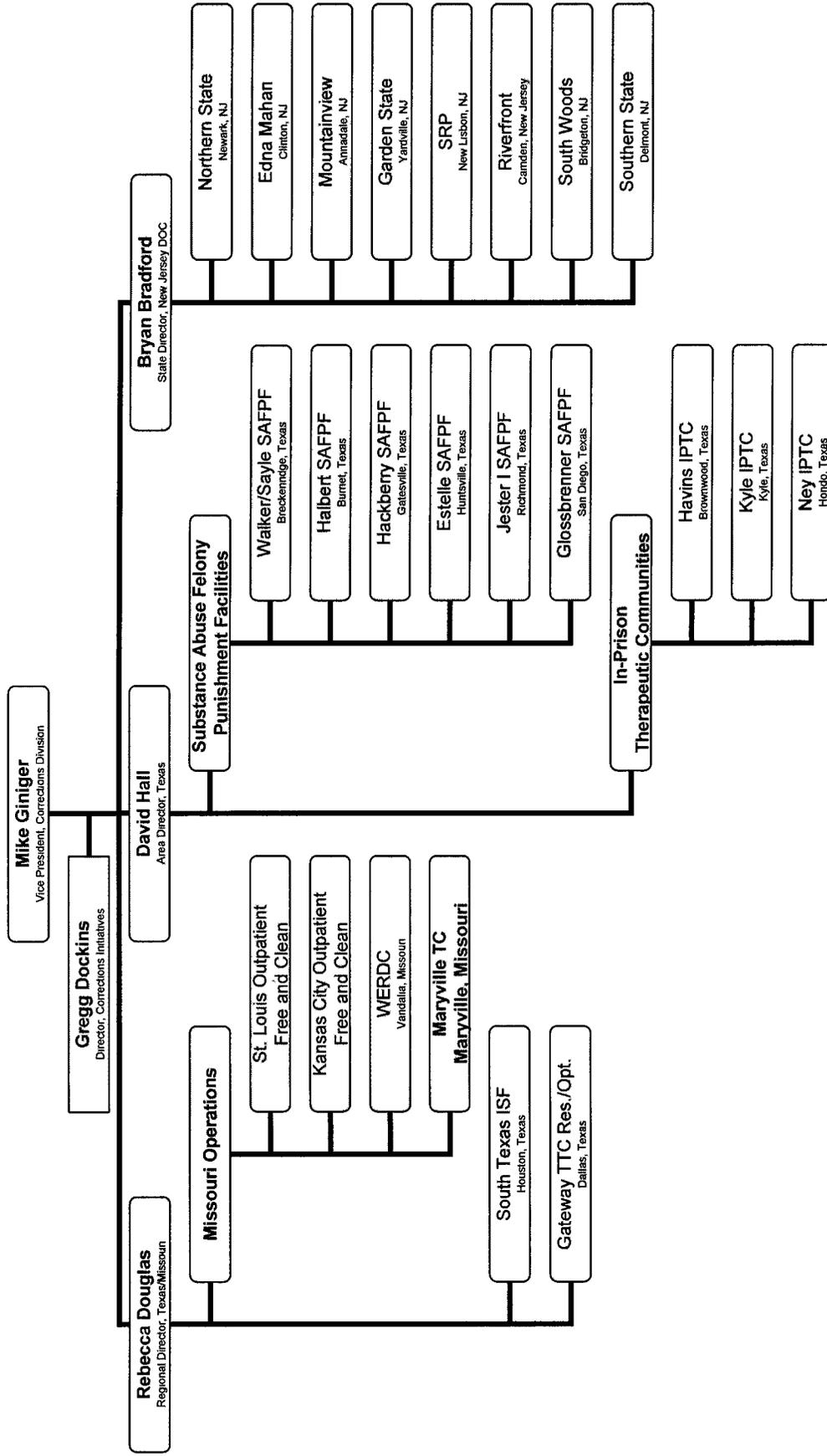


Exhibit C: Prior Experience of Bidder

On the following pages, Gateway has prepared an Exhibit C (Prior Experience of Bidder) for the following references as documentation of our prior experience:

New Jersey Department of Corrections

Whittlesey Rd. PO Box 863

Trenton, NJ 08625

Contact:

Herbert Kaldany, D.O.

Acting Director, Office of Drug Programs

(609) 943-3488

Herbert.Kaldany@doc.state.nj.us

Illinois Department of Corrections

- Dwight Correctional Center 23813 E. 3200 North Rd. Dwight, IL 60420
- Dwight Correctional Facility & Kankakee Minimum Security Unit (same above address)
- Kankakee Minimum Security Unit (Satellite for Dwight) (same address as Dwight)
- Lincoln Correctional Center 1098 1350th St. PO Box 549 Lincoln, IL 62656
- Westside ATC 121 North Campbell Chicago, IL 60612
- Vandalia Correctional Center Route 51 North, PO Box 500 Vandalia, IL 62471
- Taylorville Correctional Center Route 29 South PO Box 1000 Taylorville, IL 62568
- Logan Correctional Center 1096 1350th St. PO Box 1000 Lincoln, IL 62656
- Jacksonville Correctional Facility 2268 East Morton Ave. Jacksonville, IL 62650
- Graham Correctional Center RR 1 Highway 185 PO Box 499 Hillsboro, IL 62049

Contact:

John Nunley, Coordinator

Addiction Recovery Management Services

(815) 278-2001

John.Nunley@doc.illinois.gov

Illinois Department of Corrections

Sheridan Correctional Center

4017 E. 2603 Rd. Sheridan, IL 60551

Contact:

Kenneth Osborne, Warden

(815) 496-2181

Kenneth.Osborne@doc.illinois.gov

Missouri Department of Corrections

**Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center**

Gateway Foundation, Inc.
Response to IFB SDA411-060

Texas Department of Criminal Justice

- **Joe Ney IPTC** 114 Private Rd. 4303 Hondo, TX 78861
- **Hackberry SAFPF** 1401 State School Rd. Gatesville, TX 76528
- **Estelle SAFPF** 264 FM 3478 Huntsville, TX 77320
- **Jester I SAFPF** 1 Jester Rd. Richmond, TX 77469
- **T.R. Havins IPTC** 500 FM 45 E Brownwood, TX 76804
- **South Texas ISF** 1511 Preston, Houston, TX 77002

Contact:

Madeline Ortiz, Director, Rehabilitation Programs Division

(936) 437-2180

Madeline.Ortiz@tdcj.state.tx.us

Missouri Department of Corrections

Maryville Treatment Center

30227 US Hwy 136 Maryville, MO 64468

Contact:

Sonny Collins, Warden

Gawaine Banks, Clinical Director

(660) 582-6542

Sonny.Collins@doc.mo.gov

Gawaine.Banks@doc.mo.gov

Missouri Department of Corrections

Women's Eastern Reception, Diagnostic and Correctional Center

Hwy. E 54 PO Box 300

Vandalia, MO 63382

Contact:

Angela Pearl, Warden

(573) 594-6686

Angela.Pearl@doc.mo.gov

Missouri Department of Corrections

Western Reception, Diagnostic and Correctional Center

3401 Faraon, St. Joseph, MO

Contact:

Ryan Crews, Warden

(816) 387-2158

Ryan.Crews@doc.mo.gov

Missouri Department of Corrections

**Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center**

Gateway Foundation, Inc.
Response to IFB SDA411-060

Cook County Sheriff's Office
Division of Reentry and Diversion Programs

- **Pre-Release Center**, 3026 S. California Ave., Chicago, IL 60608
- **Day Reporting Center**, 3026 S. California Ave., Chicago, IL 60608

Contact:

Robert Mindell, Manager, Contract Treatment Services

(773) 674-4758

Robert.Mindell@cookcountyil.gov

In the following sections, we have prepared a detailed discussion of Gateway's experience and reliability as it relates to our capability to perform the requirements of the IFB.

Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center

EXHIBIT C

PRIOR EXPERIENCE OF BIDDER

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder and subcontractor’s prior experience. In addition, the bidder 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.

Bidder Name:	Gateway Foundation, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Missouri Department of Corrections
Address of Reference Company/Client:	P.O. Box 236 Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Marta Nolin, Assistant Director, Offender Rehabilitative Services (573) 526-6545 marta.nolin@doc.mo.gov
Title/Name of Service/Contract	In-custody services: WERDCC, Ozark Correctional Center, WRDCC, Maryville
Dates of Service/Contract:	2004 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	WERDCC: 240; Ozark: 650; WRDCC: 275; Maryville: 300 Annual value: \$ 4,159,644
Size of Service/Contract (in terms of bidder’s total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder’s specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients, clients with special needs.

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 the State of Missouri for additional discussions regarding my/my company’s association with the bidder referenced above:

Signature of Reference Contact Person

(recommended but not required)

Date of Signature

EXHIBIT C

PRIOR EXPERIENCE OF BIDDER

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder and subcontractor’s prior experience. In addition, the bidder 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.

Bidder Name:	Gateway Foundation, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Cook County Sheriff's Office Division of Reentry and Diversion Programs
Address of Reference Company/Client:	3026 S. California Chicago, IL 60608
Reference Contact Person Name, Phone #, and E-mail Address:	Mr. Robert Mindell (773) 674-4758 robert.mindell@cookcountyil.gov
Title/Name of Service/Contract	In-custody services: Day Reporting Center & Pre-Release Center
Dates of Service/Contract:	2009 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	450 beds Annual value: \$ 3,114,428
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Performed such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male clients.

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 the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

Signature of Reference Contact Person
(recommended but not required)

Date of Signature

EXHIBIT C

PRIOR EXPERIENCE OF BIDDER

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder and subcontractor’s prior experience. In addition, the bidder 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.

Bidder Name:	Gateway Foundation, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Texas Department of Criminal Justice
Address of Reference Company/Client:	861B IH-45 North, Suite #134 Huntsville, TX 77320
Reference Contact Person Name, Phone #, and E-mail Address:	Madeline Ortiz, Division Director, Rehabilitation Programs Division (936) 437-2180 madeline.ortiz@tdcj.state.tx.us
Title/Name of Service/Contract	In-custody services: Estelle, Hackberry, Havins, Houston ISF, Jester, Ney
Dates of Service/Contract:	2004 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Estelle: 212; Hackberry: 288; Havins: 576; Jester: 323; Houston ISF: 350; Ney: 296 Annual value: \$7,152,993.78
Size of Service/Contract (in terms of bidder’s total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder’s specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients and clients with special needs.

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 the State of Missouri for additional discussions regarding my/my company’s association with the bidder referenced above:

Signature of Reference Contact Person

(recommended but not required)

Date of Signature

EXHIBIT C

PRIOR EXPERIENCE OF BIDDER

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder and subcontractor's prior experience. In addition, the bidder 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.

Bidder Name:	Gateway Foundation, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	New Jersey Department of Corrections
Address of Reference Company/Client:	Whittlesey Road; P.O. Box 863 Trenton, NJ 08625
Reference Contact Person Name, Phone #, and E-mail Address:	Herb Kaldany, Acting Director, Office of Drug Programs (609) 777-1497 herbert.kaldany@doc.state.nj.us
Title/Name of Service/Contract	In-custody services: Edna Mahan, Garden State, Mountainview, Northern State, South Woods, Southern State
Dates of Service/Contract:	2002 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Edna Mahan: 60; Garden State: 276; Mountainview I: 132; Mountainview II: 96; Northern State: 192; South Woods: 124; Southern State: 496 FY12 Annual value: \$ 6,071,649.99
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients, juveniles, and clients with special needs.

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 the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

Signature of Reference Contact Person

(recommended but not required)

Date of Signature

EXHIBIT C**PRIOR EXPERIENCE OF BIDDER**

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder and subcontractor's prior experience. In addition, the bidder 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.

Bidder Name:	Gateway Foundation, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Illinois Department of Corrections
Address of Reference Company/Client:	1301 Concordia Court, P.O. Box 19277 Springfield, IL 62794-9277
Reference Contact Person Name, Phone #, and E-mail Address:	John Nunley, Addiction Recovery Manager (815) 278-2001 john.nunley@doc.il.gov
Title/Name of Service/Contract	In-custody services: Dwight CJIA, Dwight, Graham, Graham CJIA, Jacksonville, Kankakee CJIA, Kankakee, Lincoln, Lincoln CJIA, Logan, Sheridan, Taylorville, Vandalia, Westside ATC
Dates of Service/Contract:	2005-2006
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Dwight CJIA: 26, Dwight: 120, Graham: 90, Graham CJIA: 80, Jacksonville: 80, Kankakee CJIA: 40, Kankakee: 60, Lincoln: 40; Lincoln CJIA: 94, Logan: 50, Sheridan: 1100, Taylorville: 120, Vandalia: 80, Westside ATC: 50 Annual value: \$ 7,473,847.44
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients and clients with special needs.

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 the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

Signature of Reference Contact Person

(recommended but not required)

Date of Signature

EXHIBIT C

SUBMISSION IS MANDATORY

Ozark Correctional Center

The bidder shall copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. In addition, the bidder 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.

Bidder Name:	Gateway Foundation (d/b/a GFI Services)
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Corrections Women's Eastern Reception & Diagnostic Corrections Center
Address of Reference Company:	HWY. E 54 P.O Box 300 Vandalia, Missouri 63382
Reference Contact Person Name:	Angela Mesmer, Warden
Contact Person Phone #	573-594-6686
Contact Person e-mail address:	
Dates of Prior Services:	7/13/1998-6/30/2008
Dollar Value of Prior Services	\$902,602.00
Description of Prior Services Performed	Gateway provides institutional substance abuse and co-occurring disorder treatment at WERDCC for 240 female offender clients, at least 60 of whom have been identified to have co-occurring substance abuse and mental health disorders. Services are provided from a modified therapeutic community treatment model. Clients participate in this Gateway program for lengths ranging from 120 days to one year.

Signature of Bidder

Date of Signature

Angela Mesmer, Warden

2-29-12

GATEWAY BACKGROUND, HISTORY, AND EXPERIENCE

Legal Form of Business

Gateway Foundation, Inc. is a 501c (3) not-for-profit corporation incorporated in the State of Illinois. The corporate office is located at the following address:

Gateway Foundation, Inc.
55 East Jackson Blvd.
Suite 1500
Chicago, IL 60604

Gateway is governed by a diverse 16-member Board of Directors whose responsibility it is to further the stated mission of the agency, set policies and establish a vision for the agency, and monitor agency performance. Board members are recruited predominantly on the basis of professional expertise.

Established in 1968, Gateway today has 31 treatment sites spanning five states, including Illinois, Texas, Delaware, Missouri and New Jersey, and serves over 30,000 persons annually. Programs are provided in both community and correctional settings and serve a diverse clientele, including adolescents and adults with single and poly-substance addictions and those with co-occurring mental health disorders.

Types of Business Ventures

Gateway's mission is the provision of residential and outpatient substance abuse and mental health treatment programs for the indigent and incarcerated. We are actively engaged in the following types of business:

- Residential substance abuse treatment programs in correctional facilities
- Outpatient substance abuse treatment for correctional clients
- Transitional Treatment Center programming for correctional clients
- Community-based substance abuse treatment, including residential rehabilitation, intensive outpatient treatment, and drug court programs
- Community-based mental health treatment, including adult and child/adolescent outpatient treatment, and adult residential rehabilitation for substance abuse and co-occurring mental health disorders

The organization's programs are divided into the following two major Divisions, each headed by a Vice President:

Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center

Gateway Foundation, Inc.
Response to IFB SDA411-060

- **Corrections Division:** Consists of 19 institutional treatment programs in four states (Texas, Missouri, New Jersey, Illinois) and outpatient programs in two states (Missouri and Illinois)
- **Community Services Division:** Consists of 6 residential rehabilitation sites in two states (Illinois, Delaware) that serve adolescents and/or adults and four outpatient programs in Illinois

Gateway Foundation has understood and addressed the connection between criminal activity and substance abuse since it began providing services in 1968¹. Over the past 43 years, Gateway Foundation, Inc. has become one of the largest and most trusted providers of substance abuse and co-occurring treatment services in the United States. Gateway is a private, not-for-profit organization incorporated in the State of Illinois. Throughout our four decades of service, our mission has been, and continues to be, the provision of substance abuse and co-occurring disorders treatment programs that are therapeutically effective and cost efficient. Gateway specifically targets under-served populations in the areas served, including the indigent and the incarcerated, both adult and adolescent.

Gateway began its history of service with the opening of Criegeer Ellis Houses in Chicago in 1968, operating in a traditional therapeutic community model. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s.

The first was the Lake Villa Treatment Center, followed by the Springfield facility in 1972 and Kedzie House in 1974. These successful programs are still in operation. In addition, the Belleville Outpatient program opened in 1982, the Caseyville residential center in southern Illinois opened in 1988, and Lake Villa Adolescent program was dedicated in 1984.

Linkages between Gateway and the criminal justice system in Illinois resulted in the development of **the first in-jail treatment program for male and female detainees at the Cook County Jail, the largest single site county jail in the country at that time.** In 1980, the Cook County Department of Corrections began a pilot program to provide separate quarters for 100 inmates receiving Gateway treatment services. The Residential Treatment Unit offered systematic intake and screening in order to house and identify drug-dependent offenders as they entered the Jail.

As a result of the success of the men's program at Cook County Jail, Gateway began providing services in the Women's Division of the Jail in 1986. The Illinois Department of Corrections (IDOC) was impressed with the service delivery for Cook County inmates and requested that

¹ On June 28, 1968, the name Gateway Houses Foundation was officially entered with the Cook County Recorder's Office. It was changed to Gateway Foundation in 1983 to better reflect the expanded array of services offered.

Gateway provide programming in the Illinois prison system. Gateway established treatment services within the Illinois Department of Corrections for women at Dwight, Logan, and Kankakee Correctional Centers in 1988, and for men at Graham, Sheridan, Lincoln, Taylorville, and Jacksonville Correctional Centers.

The Sheridan Correctional Center was re-opened in 2004 as a National Model Correctional Therapeutic Community, and Gateway operated the fully-dedicated 1,100 bed facility from 2004 through 2006². **Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period evidenced outstanding success in reducing recidivism for those served.**

In the early 1990s, Gateway began providing services for the Texas Department of Criminal Justice, through the vision of then-Governor Ann Richards. As a result of her in-prison substance abuse treatment initiative, Gateway was selected to provide treatment services in the State of Texas in 1992. Between 1992 and 2007, Gateway grew to become **the State's exclusive substance abuse treatment vendor in correctional facilities by 2003. At present, Gateway provides in-custody treatment programs for male and female inmates at 6 fully-dedicated treatment institutions within the Texas Department of Criminal Justice system, totaling over 2,000 beds. The TDCJ/Gateway program at the Estelle Unit in Huntsville was named "2002 National Program of the Year" by the National Commission on Correctional Healthcare,** evidencing Gateway's ability to provide appropriate services for special needs population as well.

Gateway continued its expansion into corrections-based treatment through establishing programs in Arizona, Missouri, Indiana, Virginia and New Jersey. Although the Arizona and Indiana projects were de-funded after the first contract period due to political and budgetary considerations.

Since 1998, Gateway has provided in-prison treatment services in Missouri to women in a 240-bed therapeutic community at the **Women's Eastern Reception and Diagnostic Correctional Center in Vandalia, MO.** This contract was recently expanded to include the provision of services for men at the nearby **Northeast Correctional Center.** A 525-bed program for men at the **Maryville Treatment Center** in Maryville, MO, is designated as an "integrated" program, meaning a blending the Department of Corrections counseling staff with the Gateway clinical staff to provide services. In September 2008, Gateway began providing in-prison TC services at the **Ozark Correctional Center** in Fordland, MO. This 650-bed fully dedicated treatment prison is the largest single program in Gateway's corrections operations. The latest expansion of Gateway's Missouri operations came in July 2010, when Gateway began operating the 275-bed short and intermediate term treatment programs at the **Western Reception, Diagnostic and Correctional Center in St. Joseph, MO.** Gateway also provides diagnostic assessment services and a partial-day treatment program through this contract.

² Gateway voluntarily relinquished the contract to another provider.

In total, through the programming at the institutions outlined above, Gateway serves over 3,000 inmates per year in Missouri.

In New Jersey, Gateway is the sole provider of in-prison substance abuse treatment services for the NJDOC. There are eight programs housed in institutions across the state. Gateway provides services to over 2,000 inmates per year in New Jersey. **Seven of those programs began in October of 2002 and have been in operation for 9+ years.** Gateway recently received a renewal contract from NJDOC, further evidence of the outstanding services provided for the State of New Jersey.

In May 2009, Gateway assumed responsibility for the **Pre-Release Center**, a 450-bed male residential program for pre-trial, court-ordered, or sentenced offenders and for the **Day Reporting Center**, an intensive supervision program for 200 pre-trial men located within the Department of Community Supervision and Intervention of the **Cook County Sheriff's Office in Chicago, Illinois.**

In FY 2011, Gateway corrections programs admitted nearly 19,000 clients: 11% of these clients were women, 62% were minority, and all were clients with little to no annual income. **As a result of our extensive history of correctional service delivery over the past 43 years in State prisons and other secure settings and our ability to successfully integrate "adaptive" treatment services within a variety of correctional systems that result in reductions to recidivism, Gateway is the perfect provider to deliver the in-prison Therapeutic Community treatment services requested through this solicitation.**

Along with providing substance abuse treatment services to individuals while they are incarcerated, Gateway assists individuals in gaining access to a full spectrum of services upon their release. Most individuals require continuing treatment (residential and/or outpatient), linkages with self-help groups and social service agencies, or assistance in finding appropriate housing. Gateway maintains links with other providers to insure that individuals can find appropriate services in the areas to which they are moving, and our treatment programs emphasize the development of life skills that enhance individuals' abilities to maintain sober, crime-free lives.

As a large, national not-for-profit corporation, Gateway Foundation has a wealth of management and administrative resources it is able to commit to this project. The organization has extensive experience in the administration of contracts, grants and awards for substance abuse program services within correctional settings including state and county correctional institutions, community or transitional correctional facilities, and secured criminal justice facilities operated 24-hours per day, 7-days per week. Gateway has been administering programs and contracts in the state of Texas for nearly 20 years, in the state of Missouri for 18 years, and in the state of New Jersey for nearly 10 years. **Gateway has never had a contract terminated because of program or administrative deficiencies or the lack of administrative controls.**

Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center

Gateway possesses extensive experience with providing operational and administrative oversight for corrections programs throughout the country. The following table summarizes our current therapeutic community programs within correctional institutions.

Gateway Correctional Therapeutic Communities

UNIT NAME	UNIT LOCATION	BEDS	GENDER
Cook Co. Sheriff's Office, DRDP Pre-Release Center	Chicago, Illinois	450	Male
Estelle SAFPF	Huntsville, Texas	212	Male
Hackberry SAFPF	Gatesville, Texas	288	Female
Jester I SAFPF	Richmond, Texas	323	Male
Havins IPTC	Brownwood, Texas	576	Male
Ney IPTC	Hondo, Texas	296	Male
South Texas ISF	Houston, Texas	350	Male
Women's Eastern Reception and Diagnostic Center	Vandalia, Missouri	240	Female
Northeastern Correctional Center	Bowling Green, Missouri	24	Male
Maryville Treatment Center	Maryville, Missouri	525	Male
Western Reception and Diagnostic Center	St. Joseph, Missouri	325	Male
Ozark Correctional Center	Fordland, Missouri	650	Male
Edna Mahan	Clinton, New Jersey	60	Female
Garden State Correctional Facility	Yardville, NJ	276	Male
Mountainview Youth Correctional Facility	Annandale, NJ	132	Male
Mountainview Youth Correctional Facility II	Annandale, NJ	96	Male
Northern State Prison	Newark, NJ	192	Male
South Woods State Prison	Bridgeton, NJ	124	Male
Southern State Prison	Delmont, NJ	496	Male
19 INSTITUTIONAL PROGRAMS	TOTAL BEDS	5,635	M: 5,047 F: 588

Administrative and Management Experience and Capability

A brief synopsis of each of the core elements of Gateway's administrative experience and management functions is provided below:

1. FISCAL OVERSIGHT/MANAGEMENT

- **Receipt and Disbursement of Funds**
 - Payments are primarily received through a lockbox. Payments are posted according to date of deposit from the bank to the payer's account balance.
 - Weekly check run to process vendor invoices/requisitions, etc., based on appropriate approval by various staff, is the basis of disbursed funds.
 - Signature authorizations are periodically updated and retained on file for reference.
 - Checks are generated weekly based on approved invoices, requisitions, purchase orders, etc. Checks for more than \$5000 require two signatures. A check register is generated for each check run, is reviewed and kept on file.

- **Purchasing**
 - Solicitation and bids for services are carried out for purchases \$5000 and up—primarily capital equipment or improvements. Requisitions, purchase order preparation, and receiving functions are carried out using an automated accounting system.
 - Goods are received, inspected and checked off against packing list and original request or purchase order. The packing list is signed and any discrepancies are noted. Some purchases are carried out through the use of procurement cards. Authorized users and authorized purchases using the procurement cards are administered through the corporate office. Purchasers using the procurement cards are required to account, document and secure approvals for their purchases. Approval authority is assigned to managers and those with budget responsibilities.

- **Payroll**
 - The payroll period is bi-weekly and is automated.
 - The payroll records include time sheets, payroll register and employee individual earning records, tax returns and wage assignments.
 - Payroll Automation includes approval of time sheets, signature on payroll checks and payroll taxes and generation of W-2s.

- **Petty Cash**
 - Petty cash is used for minor purchases of supplies and other operating expenses.
 - Standard procedures are documented. Petty cash requests are made using a standard requisition form. The balance varies by program site.

- The details by type and date of the expense is recorded and submitted to accounting for review along with petty cash receipts for expenses. Petty cash must be balanced and reconciled prior to additional request for funds.

- **Internal Controls**

There are Internal Controls in place for safeguarding the assets of the organization and for preventing and detecting errors. The controls include, but are not limited to the following:

- Written Fiscal/Financial Practice Policies and Procedures
- The Policies and Procedures are regularly reviewed and revised as necessary
- There is separation of functional responsibilities
- Payments are primarily received through lockbox and wire transfers.
- Formal Approval policies are followed
- Both internal and external audits are performed
- Financial reports are reviewed monthly by management
- Bank and Receivable reconciliations are performed monthly

- **Information Systems**

The Information Systems (IS) department is responsible for the installation and support of technology infrastructure of the organization, including PCs, printers, networks, computer applications, and telephones.

2. ACCOUNTING

The method of Accounting is Accrual. Fiscal year end is June 30. The Accounting Records maintained are General Ledger, Subsidiary Ledgers, Bank Statements, Journal Entries, Fixed Asset Records, Financial Statements, and Audit Work Papers, Investment Records, Tax Returns and Cost Reports.

Financial Statements are generated every month by 15th of the following month. The financial statements generated every month include individual cost center Income/Expense reports, consolidated Income/Expense reports for a group of cost centers and Lines of Businesses, Consolidated Income/Expense report for the organization and Consolidated Statement of Financial position and Investment reports. These reports are reviewed by the Program Managers, Area Directors, Accounting & Finance staff, Budget Department staff and Executive Management.

Annual audits are carried out by the auditing firm McGladrey & Pullen, LLP. Periodic audits are performed by funding providers.

3. BUDGETING

Each program or Reporting Unit has a Program Manager responsible for the preparation and review of the program budgets in consultation with the budget department.

Overall program budget is prepared based on (1) revenue to be earned for projected services to be delivered times rate per unit of service and performance incentive allowed under the contract if any, and (2) expenses to be incurred for staffing and other costs, to deliver the projected units of services.

Budget department receives and reviews annual budgets prepared by the program and department managers. The annual budgets are then presented to the Executive Management for review. Annual Budgets are approved by the Board of Directors in June each year. Budgets are reviewed every month by management with actual results. Adjustments are made if there are changes in the contract amounts or to correct any errors.

4. CONTRACT/GRANT ADMINISTRATION EXPERIENCE

The Program Support department reviews Requests for Proposals, Contracts, Grants and Award documents to ensure that the organization will be able to deliver services called for in the Requests for Proposals, Contracts, Grant and Award documents. Legal opinion is requested, if necessary, from the organization's counsel.

Renewal of Contracts, Grants and Awards is monitored by Program Support department. A thorough review of all contractual requirements is conducted upon contract award. A start-up team, consisting of program and administrative staff, is established, and all administrative items are reviewed/planned and monitored in light of the contractual requirements. Contract-specific reporting systems are developed, and a contract compliance monitoring form is developed for program use. Submission of contract required reports and other key program deliverables are monitored by the appropriate administrative unit.

5. PERSONNEL

- **Human Resources**

Gateway's Human Resources Department, located in Chicago, IL, consists of 12 team members who serve over 1000 employees under the direction of the Vice President of Human Resources. The department is divided into three areas: Corrections, Community, and Employee Relations.

The HR Corrections' team is overseen by a Manager, an HR Associate, and an Employee Service Representative. This team is responsible for benefits and workers compensation

administration, unemployment compensation, employment, performance management, and complying with applicable federal, state and local employment laws.

The Employee Relations team is responsible for investigating employee complaints, leave administration and Equal Employment/Affirmative Action Planning for both the Corrections and Community Divisions. This team is directed by the Employee Relations Officer.

The HR department has served the Corrections Division and the corrections field for many years to ensure that staffing requirements outlined by the state contracts are met. The department also assists with efforts to recruit, train and retain a diverse and competent workforce and providing a positive working environment for all employees.

- **FY 2012 GATEWAY BOARD OF DIRECTORS**

A listing of the names and addresses of the FY2012 Gateway Foundation Board of Directors is included on the following pages.

Gateway Foundation Board of Directors
FY2012 Board Listing

Mr. Sidney Bradley

CitiBank
Vice President
Financial Reporting Operations
Strategy & Execution
Tampa, FL
Sidney.r.bradley@citi.com
Elected 6/09

Mr. Donald S. Crossett

W5611 Oak Bluffs Road
Fontana, WI 53125
Phone: 262-394-5151
Home: 262-275-5659
Fax: 262-394-5152
dcross1900@aol.com
Elected 9/01

Mr. Victor Fonseca

*Vice President, Compensation and
Benefits*
Exelon Corporation
10 S. Dearborn, 50th Floor
Chicago, IL 60603

Phone: 312-394-4015
Fax: 312-394-3046
victor.fonseca@exeloncorp.com
Elected 6/98

Mr. Warren Harrington

Forsythe Technology
7770 Frontage Road
Skokie, IL 60077
Phone: 847-213-7306
Fax: 847-213-8306
Elected 12/01

Mr. Glenn Baer Huebner

Donato, Minx and Brown, and Pool
3200 Southwest Freeway, Suite 2300
Houston, TX 77027
Direct Dial: 713-403-5420
Cell: 713-829-4536
Phone: 713-877-1112
Fax: 713-877-1138
ghuebner@donatominxbrown.com (preferred)
gbhuebner@prodigy.net (home)
Elected 9/96

Ms. Jennifer J. Johnson

Partner
Tressler LLP
233 South Wacker Drive, 22nd Floor
Chicago, IL 60606
Phone: 312-627-4107
Fax: 312-627-1717
jjohnson@tresslerllp.com
tressler.com/jennifer-johnson
Elected 6/99

Mr. John Kromer

609 Hyde Park Lane
Naperville, IL 60565-1619
Home: 630-983-0822
Cell: 630-336-1900
jkromer609@aol.com
Elected 6/02

Ms. Pat LePenske

President, LPR Services Inc.
3009 Oaksbury Ct., Ste. 110
Rolling Meadows, IL 60008
Phone: 847-397-8744
Fax: 847-397-1182
Cell: 312-485-6129
plepenske@lprservices.com
Elected 7/06

Gateway Foundation Board of Directors
FY2012 Board Listing

Mr. Richard L. McCullough

Executive Vice President
Spacetime
35 E. Wacker Dr., #3100
Chicago, IL 60601
Phone: 312-425-0800
Fax: 312-425-0808 (Downtown)
Home: 847-491-9608
Fax: 847-869-8458
Dickmack2720@gmail.com
Elected 1977

Mr. William L. Sanders

931 Maple Road
Flossmoor, IL 60422
Phone: 708-957-1768
Cell: 708-431-1325
wlsanders944@msn.com
Elected 3/02

Mr. Gary W. Rada

President
Rada Concepts LLC
904 Lusted Lane
Batavia, Illinois 60510
Phone: 630-215-3728
Home: 630-326-9445
Grada.concepts@gmail.com
Elected 9/11

Mr. Amalesh Sanku

President
Sagertech Communications
1800 River Ridge Circle
Naperville, IL 60565
Phone: 630-369-2979
Cell: 630-862-7276
amalesh@yahoo.com
Elected 6/11

Mr. Len Shankman

Director, Specialty Finance
Caremark
2211 Sanders Road- NTB-4
Northbrook, IL 60062
Phone: 847-559-5408
Fax: 847-559-5271
len.shankman@caremark.com
Elected 7/05

Ms. Elizabeth Ogilvie Simer

Senior Vice President & Manager of Strategic Sales Support
Mesirow Financial
321 N. Clark, 6th Floor
Chicago, IL 60610
Phone: 312-595-8150
Fax: 312-595-4371
lsimer@mesirofinancial.com
Elected 6/95

Mr. Andy Smith

Managing Partner
Impact Advisors, LLC
821 Thomapple Drive
Naperville, IL 60540
Phone: 630-363-7051
asmith@impact-advisors.com
Elected 12/01

Mr. Warren Stippich Jr., CPA, CIA

Partner & Practice Leader
Business Advisory Services
Grant Thornton, LLP
175 W. Jackson Blvd
Chicago, IL 60604
Phone: 312-602-8499
Fax: 312-602-8499
Cell: 847-682-4396
warren.stippich@gt.com
Elected 09/07

Mr. Henry D. Wolfe

Chairman
De La Vega Occidental & Oriental Holdings, LLC
445 E. North Water Street, Suite 2003
Chicago, IL 60611
Phone: 312- 321-0121
Cell: 312- 560-6648
Fax: 312- 321-0136
hdwolfe@delavegaoccidentalorientalholdings.com
Elected 09/04

Gateway Foundation Board of Directors
FY2012 Board Listing

FY2012 Officers

(Beginning 7/1/11)

Chairman.....Victor Fonseca
Treasurer.....Donald Crossett
Secretary.....Jennifer Johnson
Staff.....Michael Darcy

Gender and Racial Breakdown

Total seats	20
Seats filled	17
Male	14
Female	3
White	14
African American	01
Hispanic	01
Indian American	01

WHY GATEWAY IS BEST SUITED TO BE SELECTED

Gateway Foundation has provided substance abuse treatment services for 43 years and is best suited to be selected to provide the required services for numerous reasons:

EXCELLENT RECORD OF CONTRACT RENEWALS AND CONTRACT AWARDS

Gateway's record of receiving contract renewals or extensions when the contract allows States to award them is 100%. Gateway has been the sole provider of in-prison services for the New Jersey Department of Corrections for nearly a decade and has operated as many as 10 programs in Texas since 1992. Since opening the WERDCC Therapeutic Community for women in 1998, Gateway has long been the most experienced provider in Missouri and currently operates five institutional programs totaling over 1,700 beds. Gateway's programs in Missouri include the largest corrections-based program in the state and total all but one of the vendor-operated programs. When Gateway begins a contract relationship, it is committed to providing long-term stability for the Department.

ABILITY TO "ADAPT" TREATMENT ACCORDING TO IDENTIFIED NEEDS

Gateway has a long-standing relationship with the Texas Christian University Institute of Behavioral Research and has been working with research psychologist Dr. Kevin Knight to develop a systematic assessment and evaluation protocol using the CEST and CTS standardized instrumentation. In concert with Dr. Knight (see letter of support), Gateway uses the assessment and data collection process to hone treatment to the identified needs of clients during treatment. Program-level information is reviewed as a matter of Quality Improvement functions and is incorporated into structured, research-based programmatic interventions.

ABILITY TO MANAGE LARGE PROGRAMS IN CORRECTIONAL INSTITUTIONS

As previously described, Gateway has years of experience providing treatment services in correctional institutions for large programs of up to 950 static capacities. For example, Gateway operates nine therapeutic community treatment programs in correctional facilities in Texas, each of which have 520- to 632-bed capacities. The outcomes of these large programs have been outstanding! (See the Texas Criminal Justice Policy Council and Sheridan studies included in the appendix.) **Gateway also has successfully operated this 650-bed program in Missouri for the past three-and-a-half years and has worked with the Department to turn OCC into a model treatment program.**

DATA COLLECTION/MONITORING SYSTEMS IN PLACE

It is important to note that these tracking and evaluation mechanisms are already in place and have been utilized by Gateway for many years. Gateway management and staff will apply their experience and established evaluation systems to TDCJ's programs as it continues to maintain a well-run system with no interruptions or delays in data collection or reporting of data in its current programs.

EXPERIENCE WITH RE-ENTRY PLANNING AND COMMUNITY REFERRAL PROCESSES

As a part of our history in providing services to the Missouri Department of Corrections (currently Gateway operates over 1,700 beds in institutional programs across the State), Gateway has extensive experience with continuum of care planning and transition follow-up procedures, which we will continue to employ at the Ozark Correctional Center program.

All of Gateway's TC Programs begin continuum of care planning upon admission to the program. Gateway's use of a Transitional Care Coordinator in our large Texas programs has proven to be very successful, clinically sound, and a major contributor to significant reductions in recidivism. Of particular note is an outcome study conducted by the Criminal Justice Policy Council, Biennial Report to the 78th Texas Legislature, January 2003. The study consisted of 7869 men who entered an in-prison substance abuse TC program known as a Substance Abuse Felony Punishment Facility (SAFPF). The forty-four percent (44%) who completed the entire continuum of care that includes in-prison treatment, transitional community based residential treatment, and outpatient treatment had the lowest recidivism rates of any type of in-prison treatment in the State: 5% after two (2) years. The recidivism rates for those who completed only a portion of the continuum ranged between 25% and 31%. We have replicated the traditional role of the Gateway Transitional Care Coordinator through incorporating the planning functions into counselor responsibilities at OCC.

REASONABLE, STABLE GROWTH OVER TIME AND FINANCIAL STABILITY

Gateway's methodical and stable growth over the years provides us with the financial stability to provide and continue effective programming year after year. As a not-for-profit organization, we are focused on our mission of serving the treatment needs of the indigent and the incarcerated. We are not directed by the need to meet stockholder financial expectations. However, through effective management over the years, Gateway is considered one of the nation's most financially stable not-for profit organizations. Our Dun and Bradstreet rating is 5A2, one of the best.

**GATEWAY'S EXPERIENCE WITH MODIFIED THERAPEUTIC
COMMUNITIES IN CORRECTIONAL INSTITUTIONS**

Gateway began providing Therapeutic Community services over 43 years ago and played a major role in shaping and modifying TC services over the years. Gateway pioneered special programs for youth, women and clients with special needs. As this is being written, there are more than 5,600 men and women in Gateway prison-based TC programs.

Gateway is perhaps best known for our Modified Therapeutic Community (TC) treatment model that Gateway has developed and implemented over time based on experience, ongoing study of TC research literature, and outcome studies over the past 43 years. Gateway's lengthy history of providing TC services to clients in correctional facilities clearly demonstrates our competence with Therapeutic Community treatment, modified to fit the treatment needs of the clients Gateway serve.

Gateway is committed to providing clients with meaningful, therapeutic, interpersonal interactions, whether they take place in session with staff or within the therapeutic community client milieu during so called "off hours." Gateway has modified the traditional TC model according to the premise that therapeutic social interactions are an essential component of treatment.

Gateway staff helps clients take active roles in their own treatment and to participate in developing a mature and effective therapeutic community environment. Change occurs and clients achieve recovery from substance abuse as they are exposed to healthy therapeutic community dynamics, participate in conflict resolution groups, perform TC job functions and learn to use the tools necessary to remain clean and sober while in custody and later upon release into the free world.

Gateway knows that a therapeutic community works best if it is separate from the general population and where inmates are expected to participate 24/7/365. Unfortunately, this is not always possible given the configurations and procedures within various correctional facilities.

We have found that the basis for success with the TC model centers on the extensive opportunity for meaningful interactions between clients that a mature therapeutic community provides. Over time, Gateway found that the traditional TC structure required increasing flexibility and multiple adaptations to address individual client and corrections department needs. The need to change the traditional model according to research updates also became clear. Therefore, Gateway continues to implement modified TC techniques in response to client and funding agency needs as the substance abuse treatment field continues to evolve.

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Of specific relevance to this solicitation is Gateway's experience and expertise in establishing and maintaining effective therapeutic community programs for "special needs" clients. Our success in this endeavor was recognized by a noteworthy evaluation of our program at the Estelle unit. The evaluation was funded by the Center for Substance Abuse Treatment (CSAT) and was conducted by the Change Assessment Research Team of the University of Houston.

The evaluation found that Gateway's program exhibited "careful planning of a holistic treatment approach and comprehensive curriculum," and "deliberate and conscientious staff hiring practices to insure the required clinical experience [and] a successful partnership between security and treatment." The report continued: "We found that Gateway has developed a unique substance abuse treatment program for the special needs clients that has: a treatment staff with clinical, as well as substance abuse treatment background and experience, a security staff with a belief in and a commitment to *treatment* of criminal offenders with substance abuse or dependence, [and] . . . an adjusted confrontation approach."

These findings spoke to Gateway's abilities to:

- "establish and maintain an effective, mature, therapeutic community environment
- establish and maintain effective working relationships with corrections personnel and involve corrections personnel in the treatment process, and
- adapt treatment methodologies to meet the needs of particular client populations."

Gateway's years of experience in substance abuse treatment programming within the walls of corrections facilities has taught us much about the target population we serve. We expect that the typical client is likely to be highly resistant to treatment and that most will deny the existence of a substance abuse problem and will refuse to acknowledge the connections between their substance use and criminal activity—despite their incarceration. This population tends to be extremely knowledgeable about the criminal justice system; they tend to "work the system" by participating in treatment activities just enough to avoid sanctions but without engaging in treatment or making any serious attempt to address their chemical dependency. Given this profile, treatment staff must assess each client's needs and develop an individualized program that targets each client's strengths and weaknesses; and the therapeutic community must be mature and fully functioning in order to facilitate the treatment and recovery process while engaging the client in treatment.

Similarly, **Gateway understands the importance of providing treatment to substance abusing offenders based in a holistic approach.** Chemical dependency affects all areas of an individual's life, and typically is intimately related to the criminal behaviors that resulted in incarceration. As an individual's addiction progresses, all areas of their lives are likely to become involved and affected, in increasingly severe ways.

Chemically dependent individuals typically exhibit poor nutrition and hygiene; they frequently engage in behaviors that put them at risk for infection, including infection with TB, hepatitis, HIV/AIDS and other sexually transmitted diseases. Their family relationships have disintegrated.

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If they have children, they may bear little responsibility for them. Their relationships are likely to be marked by manipulation that is typical of drug-addicted individuals. They are likely to have a long history of criminal involvement. Their skills of daily living are likely to be poor or non-existent. Their communication skills are likely to be limited, and they are likely to have a limited ability to identify and express emotions.

They are not likely to have completed high school, and their vocational skills and experience are likely to be limited or nonexistent because their addiction likely has kept them from obtaining or keeping a job. It is likely that their relationships have been marked by emotional or physical abuse--as the abuser, the victim, or both. They will have little or no experience working with others toward a common, positive goal.

At the same time, individuals who are chemically dependent often have great difficulty making the changes necessary to lead a productive, pro-social, healthy life. The prospect of change is frightening. The therapeutic community approach addresses this fear as well as the myriad areas of the individual's life affected by chemical dependency, by providing a healthy, pro-social environment that teaches and models appropriate behavior even as it expects individuals to adopt those behaviors.

Each phase of the therapeutic community experience incorporates the materials learned in previous weeks and months. As clients learn about addiction and recovery, they apply those lessons to their own lives, in order to better understand their own addictions and develop a personal recovery program that will enable them to lead crime-free and drug-free lives upon release from the Texas facilities.

They learn the skills they will need to succeed and have opportunities to learn in group and individual counseling sessions, didactic education sessions, including sessions that address criminal thinking and criminal behavior, and in life skills classes. They learn vocational skills and practice them as they perform their jobs in the correctional institutions and within the therapeutic communities. They identify their own relapse triggers and develop relapse prevention plans that take those triggers into account. Throughout treatment, they learn to accept the help and support of others and to provide help and support in return in 12-step and self-help groups.

As this overview describes, all of Gateway's therapeutic community programs utilize a holistic bio-psychosocial approach to chemical dependency and substance abuse treatment. Chemical dependency affects the whole person, and treatment programs must therefore address the needs of the whole person. Therapeutic community treatment is uniquely suited to providing a holistic treatment process, because the therapeutic community program insists that individuals are "in treatment" at all times, no matter the activity in which an individual is engaged.

This process requires individuals to consider all of their actions, behaviors, and attitudes; identify the relationship each of these has with their substance use and criminal behavior; identify the change they must make to live a healthy, pro-social, crime-free, and drug-free life; and then make those changes. In addition to the therapeutic clinical interventions described elsewhere in this proposal, the therapeutic community helps individuals become responsible for their own actions and to make the right choices, whether someone is watching or not.

As required by the IFB, Gateway wishes to share with MDOC the expertise we have gained in efficiently operating the Therapeutic Community model and in providing treatment services in a correctional environment. Specifically, we wish to note the following expertise.

We have learned that the keys to effective corrections-based programs include the following:

- (1) an in-depth understanding of the target population;**
- (2) collaborative working relationships with corrections, probation, parole, and state officials;**
- (3) treatment programs that maintain high client and staff retention rates and provide an appropriate array of services, including special program modifications whenever necessary; and,**
- (4) a continuum of care and other support services that make re-entry into society as smooth and successful as possible.**

All Gateway institutional treatment sites utilize Therapeutic Community paradigms, and most sites, including those in Missouri, are supplemented by our Cognitive Restructuring/Cognitive Self-Change curriculum and processes. As detailed elsewhere in this proposal, **we have incorporated Cognitive Restructuring/Cognitive Self Change methods by training staff and designing our TC programs to utilize Cognitive Self Change(CSC) techniques during group, educational and individual sessions, as well as by introducing the use of these techniques in day-to-day interactions among clients and staff during milieu interactions.**

Gateway believes this approach will fully integrate TC methods with CSC techniques and support group principles, resulting in a powerful and positive influence on the clients we serve. Although each of the corrections programs described below differs according to the needs of the funding source that houses the program, Gateway utilizes this important, integrated approach in each of our corrections programs.

Individualized Care within the TC Environment

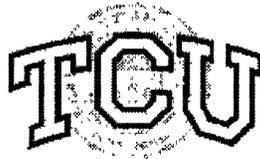
Gateway's TC treatment programs are holistic in nature; our services consider all aspects of the individual. Our therapeutic communities reinforce the belief that offenders must take responsibility for their behaviors and decisions. Offenders are encouraged to adopt positive means to recover from their addiction, cope with life's stresses, and develop pro-social attitudes and behaviors.

The basis for success with the TC model is the extensive opportunities for meaningful interactions between offenders that a mature therapeutic community provides. The traditional TC structure required increasing flexibility and multiple adaptations to address individual offender needs. Over the years, we have consistently implemented modified TC techniques as the substance abuse treatment field continued to grow.

The most notable aspect of Gateway's recent modifications to the treatment model has been the use of internal evaluation data to **hone treatment service interventions according to identified client-specific needs and issues**. Over the past 10 years of working with Dr. Kevin Knight of TCU's Institute of Behavioral Research, Gateway established a protocol that ensures that treatment service interventions are matched to individually identified risks and needs. By using phase-specific data collection points for standardized assessment instrumentation (CTS & CEST) throughout the treatment episode, Gateway can implement need-specific interventions using the TCU Brief Intervention modules (described elsewhere in this proposal).

Gateway has been described by Dr. Knight as having **“developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs—an important value added component over a “one-size-fits-all” approach!”** (See Dr. Knight's letter of support on the next page). **As a result of these advancements to the treatment model, Gateway is the only provider that can truly continue providing individualized services for TDCJ offenders within the framework of the TC.**

Along with substance abuse treatment services during incarceration, Gateway prepares clients for re-entry by helping them gain access to a full array of services upon their release. In order to make the most appropriate post-release referral recommendations, Gateway has partnered with TCU to implement the Inmate Prerelease Assessment (IPASS) instrument as an objective means of assessing the client's risk level at discharge. By using this standardized, research-based assessment of ongoing risks/needs, Gateway clinicians are more prepared to make the most clinically appropriate referrals. Most individuals require continuing treatment (residential or outpatient), linkages with self-help groups and social service agencies, or assistance in finding appropriate housing and jobs. Gateway maintains linkages with other providers to insure that individuals can find appropriate services in the areas to which they are moving. Through this new contract, Gateway proposes to include the IPASS scoring and aftercare recommendations for offenders who complete the program at OCC.



Institute of Behavioral Research

February 27, 2012

Michael Darcy
President & CEO
Gateway Foundation Org., Suite 300
Chicago, IL 60606

Dear Mr. Darcy,

The purpose of this letter is to express my **strong support and endorsement** of Gateway Foundation's proposal to continue providing substance abuse treatment services at the Ozark Correctional Center.

Texas Christian University and Gateway Foundation have a long history of collaborating on efforts geared toward the improvement of service delivery for substance-using populations. As exemplified within several Gateway programs (particularly within the Missouri DOC, Texas Department of Criminal Justice, New Jersey DOC, and Illinois Cook County Probation), we have been able to work together successfully in implementing an evidence-based screening and assessment protocol, and using the information that is gathered from it to inform the delivery of tailored treatment services. It is important to note that while many providers across the country have integrated various pieces of the TCU assessment and intervention system, Gateway has developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs—an important value added component over a “one-size-fits-all” approach! I have advised several public and private treatment providers, at both the federal and state level, and have found that the Gateway programs are among the best run programs in the nation and consistently provide the highest quality treatment services. Furthermore, Gateway's leadership is to be commended for pursuing a forward thinking approach with respect to adapting evidence-based programming and evaluation. They have been an important partner in the development of the Automated Data Collection (ADC) system for the TCU instruments, and I feel confident that their knowledge of this system will continue to benefit the Missouri DOC and their substance abuse programs.

I am honored to provide this letter of support in Gateway Foundation's bid to provide treatment within the Ozark Correctional Center and am committed to providing whatever assistance is needed to ensure that Gateway continues to provide the most effective treatment services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Knight', is written over a light blue horizontal line.

Kevin Knight, Ph.D.
Associate Director for Criminal Justice Studies

Texas Christian University, Institute of Behavioral Research, Box 298740, Fort Worth TX 76129

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GATEWAY'S EXPERIENCE WITH CORRECTIONAL INSTITUTION PROTOCOL
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In all of Gateway's treatment programs in correctional facilities, our philosophy has been and continues to be based on the following philosophy: First and foremost, "We are a guest in your home." Gateway strives to maintain a positive, cooperative relationship with contracting corrections agencies. Gateway proceeds with care to respect each agency's laws, rules, regulations and procedures. In turn, we hope to foster a sense of mutual respect and camaraderie that translates into the highest quality of service for the agency and for each individual client. Therefore, Gateway structures each of its TC programs according to the requirements of the hosting agency.

Respect for Institutional Scheduling

An important aspect of our collaboration and integration with institutional protocol will involve the program schedule. Gateway has developed effective schedules for a variety of programs, and Gateway personnel are well-versed in collaborating with corrections agencies in developing schedules that meet the needs of the Department and of the clients. **In corrections environments, Gateway is aware of various security issues and other agency concerns, such as the need for scheduled and/or random "counts" and the importance of providing for control of inmate movement with respect to the program schedule.** Gateway will therefore adapt our schedule to accommodate the facility schedule in this regard and address the need for escorts during client movement, supervision of client visitation, recreation and other activities, **working closely with institution representatives in designing program schedules.**

In any event, Gateway will work closely to adopt program schedules that best serve the interests of the Department and the program participants at each facility. All activities will be scheduled according to institutional restrictions, and the proposed schedule is subject to adjustment based on our collaboration with the department.

Respect for Institutional Security Issues

Gateway's goal is to understand, abide by, and accommodate the security needs of the program while providing therapeutic programming. Our lengthy history of successful programming in correctional facilities speaks to our ability to abide by the myriad rules and regulations pertaining to the maintenance of security.

The relationship of the Program Director and representatives at the facility is of the utmost importance in maintaining an effective treatment program within the context of a secure and safe institution. To that end, Gateway recommends that the Program Director and Department representatives at the facility meet frequently—as often as daily—in order to discuss ongoing concerns as well as any new issues. In addition, Gateway's Program Director will work closely

with each facility's administration to develop policies and procedures that enable the facilities to maintain security and Gateway to provide effective treatment.

Gateway's experience has shown repeatedly that, for the most effective treatment to take place, everyone—security personnel, treatment staff, and clients—must be comfortable with the arrangements. Our experience has also shown that good treatment programs decrease security problems; good treatment makes for good security. As corrections officers experience positive results from the program, their attitudes help generate further goodwill and a continually improving relationship between the corrections officers and treatment program staff and clients. Gateway facilitates this positive experience by making every effort to meet the Department's and other corrections officials' requirements.

THE COLLABORATION OF GATEWAY AND DOC: A MODEL OF SUCCESSFUL INTEGRATION
(Seamless Integration into Institutional Activities and Lines of Communication)

Gateway Foundation and the Department of Corrections (DOC) at Ozark Correctional Center (OCC) have partnered to work in a very intentional fashion to move beyond the constraints of mere cooperation toward full collaboration in operating a Therapeutic Community (TC) within the prison setting. This collaboration is premised on the belief that recovery is a holistic experience and that the best potential for a prison-based TC can be realized only when all stakeholders are committed to providing the environment and processes supported by research as most consistent with best practices. **The OCC-Gateway team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based TCs.**

Through the guidance and support of the Gateway Director and Warden Davis, the OCC-Gateway Team has established a common philosophical and theoretical foundation related to the collaborative team approach. Utilizing the “**Five-Function Model**” developed by Patrick Lencioni (2002) the team has worked to develop a common understanding of what is needed to function as a successful interdisciplinary team.

Under this concept, professional trust leads to productive conflict, then to mutual commitment and interpersonal accountability, and finally, to desired results. In contrast, lack of trust leads to fear of conflict, then to a lack of commitment, avoidance of accountability, and therefore an inattention to results. Joint trainings have been conducted; teams have been identified to include each of the various disciplines; and outward signs of the joint commitment to team functioning (lapel pins, posters etc.) have been incorporated as a standard part of doing business.

The agreement to collaborate and the emphasis on team building have been applied to practice in many ways unique to the OCC setting. Each Housing Unit Wing is managed by an interdisciplinary team. The team primarily consists of the counselors assigned to the Wing, the caseworker, the custody staff, the Counselor III, and the Wing Strength. Adjunct members of the

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team include representative from mental health, medical, probation and parole, education and Work Supervisors who participate to the extent possible in all aspects of the offenders' treatment. Primary teams (with the exception of the Wing Strength, an offender-held position) meet weekly to conduct intake staffings on newly arriving offenders.

Each member is given the opportunity to share with others what is known of the offender from DOC classification files, intake assessments, and other documentation. Mental health scores, educational scores, medical needs, motivational status, assessment information and other data are all part of the intake staffing. The information garnered allows primary counselors a foundation upon which to assist offenders in creating an initial treatment plan.

During the treatment period, primary teams meet several times throughout the week to discuss offender behaviors and treatment needs. Formal staffings are scheduled and communicated throughout the institution via email. Any staff member with information to bring to the staffing is invited to attend. Treatment decisions are based on input from all of the team members, and responsibility to guide offenders through various treatment interventions are shared by every member of the team.

Treatment interventions such as treatment plan modifications and behavior contracts are communicated to all OCC staff through email so that every member of the rational authority team will be aware of what is happening with offenders. The objective is to relay to offenders that wherever they go (work, school, medical, mental health, chow hall, or anywhere else), staff are aware of what is occurring in their treatment and will support their efforts to change. Likewise, offenders become aware that there is "no refuge finally from" themselves. "Here, at last, a person can appear clearly to himself, not as the giant of his dreams, nor the dwarf of his fears, but as a man, part of a whole, with a share in its purpose".

At OCC, special consideration is always given to the special needs that many of our offenders face. Educational deficits, mental health issues, and medical issues often require special accommodations for offenders to benefit from and successfully complete the treatment program. Here again, the integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs.

Assignments and processes will be modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals. Modifications are based on extensive interdisciplinary staffing so as to protect offenders and the integrity of the program from reactionary or unfounded assumptions related to offenders' abilities. Furthermore, when the need for a Program Review Committee to evaluate offenders' behavior or progress becomes evident, such review is attended by the appropriate department (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

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Every staff person at Gateway-OCC contributes to the overall treatment experience of the offenders in our care. From orientation to treatment assignment to work details and throughout every aspect of programming, the treatment experience at the OCC TC is the result of a multidisciplinary, interagency, team-centered approach and the collaborative effort of the entire community.

Gateway Foundation and DOC have established a model relationship and unified approach to their joint mission not often observed in prison based treatment programs. The end result is that everyone benefits. The institution is a safer, more satisfying place to work for staff. Offenders receive much more in-depth assessment and individualized treatment services. Treatment is more successful, and the community is made safer.

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RESEARCH SUPPORT FOR SUCCESS OF GATEWAY PROGRAMS

The following sections provide research support for the effectiveness of Gateway TC programming in helping offenders overcome chemical dependency and criminal lifestyles.

INTERNAL ASSESSMENT & PROCESS EVALUATION PROTOCOL

Gateway Provides Individualized Care within the TC Framework

For years Gateway has partnered with the Texas Christian University Institute of Behavioral Research (TCU/IBR) to incorporate a research-based assessment protocol into our model, thereby ensuring that treatment services are directly related to individual risks and needs throughout the treatment episode. This approach is currently unique to Gateway Foundation programs, as indicated by Dr. Kevin Knight, of TCU/IBR, in a past letter of support:

"...Gateway is clearly leading the path in taking it to the next step and actually delivering treatment services specific to identified client risks and needs..."

"It is important to note that while many providers across the country are currently using the TCU assessment system, Gateway has developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs - an important value added component over a "one-size-fits-all" approach!"

Gateway assisted TCU/IBR in the development of the Automated Data Collection (ADC) system for administering the Criminal Justice Client Evaluation of Self and Treatment (CEST) and the Criminal Thinking Scales (CTS), and is the provider with the most years of experience collecting and using this information for treatment improvement within our programs.

In the effort to establish an internal outcome evaluation for our New Jersey DOC service delivery system, Gateway worked with TCU/IBR to develop a structured internal assessment and evaluation protocol. This effort produced a method for Gateway clinicians to implement research-supported assessment instruments throughout an offender's treatment episode, allowing us to measure changes in risks and needs over periods of time throughout treatment. Although Gateway has participated in numerous outcome evaluations over the years, this was the first time we were able to employ a *process evaluation* strategy to adapt our treatment interventions during treatment.

In early 2008, Gateway adopted the Internal Evaluation Protocol and the TCU ADC data collection system across the entire Corrections Division. This protocol is now used in all correctional programs and is a staple of all planned expansion. **Gateway began implementing this model at Ozark Correctional Center in 2010.** By using research-supported instruments and methodologies, our process evaluation results enable Gateway to demonstrate real successes with its interventions, providing evidence that we are effective stewards of public funds and tax-payer support. Gateway is a responsible partner that can assist corrections departments with reducing recidivism in a cost-effective manner.

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ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY – EVALUATION OF IDOC SHERIDAN TC

The Sheridan Correctional Center reopened in January, 2004 as a unique national model institution aimed at reducing drug crime and drug-related crime by serving as a substance abuse treatment facility with reintegrated reentry services for inmates. The Sheridan program is unique in that the entire medium-security prison is a dedicated therapeutic community substance abuse treatment program.

"...participants experienced a 44% lower re-incarceration rate..."

Although offenders at Sheridan are considered a "serious" population in terms of their criminal records and history of substance abuse, preliminary outcomes comparing the first 721 Sheridan releasees with a matched comparison group of 1,412 offenders released at the same time indicated the following as of 12/31/05:

- Sheridan participants experienced a 44% lower re-incarceration rate (7% vs. 17%) at 6 months post-release than the comparison group.*
- The re-arrest rates for Sheridan participants who spent nine months at Sheridan compared to the comparison group participants were 63% lower.*

The process and initial impact evaluation, conducted by Dr. David Olson of Loyola University Chicago and the Illinois Criminal Justice Information Authority (with guidance provided by Dr. Kevin Knight of TCU), indicated the following:

Those removed from program for rule violations/failure to participate are different than those who remain. Removals are younger, less likely to be eligible for Earned Good Conduct Credit, and are more likely to be marijuana abusers.

- The removal rate at Sheridan is better than at most prison-based TCs.*
- The components of effective treatment programs (participation, rapport, etc.) are evident from participant surveys.*
- The treatment dosage is appropriate.*
- Components of effective employment readiness and an employment skill identification program are in place.*
- The recidivism rate is lower and the employment rate higher than similar prison releasees and these rates are likely to improve even more over time.*

These preliminary findings support past research findings that document the fact the "treatment works." As the Sheridan program reaches capacity and as participants are released in larger numbers to the community, the challenges are the coordination and balance of participant needs, reintegration into the community, and public safety concerns. The estimated savings to the State of Illinois based on Sheridan's lower reincarceration rate was \$2.1 million.*

*Source: Olson, D., Rapp, J., Powers, M., & Karr, S. (2006, May). Sheridan Correctional Center therapeutic community: year 2. *Illinois Criminal Justice Information Authority Program Evaluation Summary, 4(2), 1-4*

COOK COUNTY JAIL OUTCOME STUDY

The correctional treatment and recidivism study conducted at the Cook County Jail was conducted by researchers from TASC and Loyola University, who performed a study of Gateway's substance abuse treatment program at the Jail for the Center for Substance Abuse Treatment and Socio-Technical Research Associates. This study examined the effect of substance abuse treatment on re-arrest rates and compared results among inmates who had various lengths of stay in treatment.

The treatment was provided through the coordination of four agencies: the Illinois Office of Alcoholism and Substance Abuse (OASA) had general oversight responsibilities; Cermak Health Services of DOC/Sheriff provided medical and psychiatric care at the Cook County Jail; Illinois Treatment Alternatives for Safe Communities (TASC) conducted assessments, pre-treatment groups, orientation, services, and placement and case management services for participants completing the program and leaving jail; and Gateway Foundation, Inc. provided the substance abuse treatment. The program was a modified therapeutic community treatment model. Inmates moved through several phases of treatment, and graduates were referred to community-based treatment for continued care.

*"...there was a near elimination of inmate
and gang-related violence among participants..."*

The study showed that time in substance abuse treatment correlated with reduced recidivism rates: participants who spent between 90 and 150 days in the treatment program had much lower recidivism rates than those who spent less time in treatment; there was a near elimination of inmate and gang-related violence among participants; and 10% completed Adult Basic Education or General Equivalency Diploma educational programs while in the program.

The treatment program was selected by the Research Triangle Institute (RTI) to participate in its NIDA-funded study, "The Availability, Cost and Effectiveness of Drug Abuse Treatment Programs Provided in Coordination with Criminal Justice Programs" and continues to be identified as a national model by the Bureau of Justice Administration and the Center for Substance Abuse Treatment.

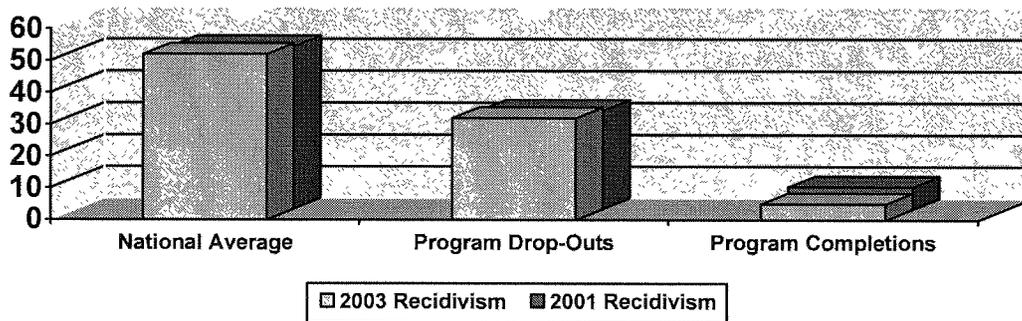
TEXAS CRIMINAL JUSTICE POLICY COUNCIL – EVALUATION OF THE TDCJ TREATMENT INITIATIVE

In 2001 and 2003, the Policy Council published comprehensive outcome studies that evidenced 7% and 5% recidivism rates, respectively, for those inmates who completed the entire continuum of care.

"...residential treatment and outpatient treatment resulted in lower recidivism rates and estimated savings of \$60.5 million to the State of Texas."

The study* consisted of 7,869 offenders who entered an in-prison substance abuse TC program known as a Substance Abuse Felony Punishment Facility (SAFPF). Eighty percent (80%) of these offenders were Gateway program graduates. The forty-four percent (44%) who completed in-prison treatment, transitional community-based residential treatment, and outpatient treatment had a recidivism rate of 5%, a decrease from 7% recidivism from the study published in 2001.

Treatment Initiative Dramatically Reduces Recidivism Rates



Additionally, the recidivism rate for non-completers of the program was 30% – 32%, well below the national average of 51%. The study demonstrated that use of the Texas concept of in-prison treatment combined with community-based residential treatment and outpatient treatment resulted in lower recidivism rates and estimated savings of \$60.5 million to the State of Texas. Based on these findings, a key goal must be to increase the percentage of inmates completing the full continuum. Enhanced re-entry techniques are a must if this is to be achieved.

A focus of all corrections programming is the provision of extensive case management and referrals to community agencies to continue programming upon release from the institution.

*Source: Texas Criminal Justice Policy Council Biennial Report to the 78th Texas Legislature, January 2003.

CURRENT RESEARCH PARTICIPATION

Gateway's commitment to providing effective, efficient treatment programs is evident in our ongoing participation in research and evaluation projects across the Corrections Division. Our current studies include the following current projects.

- **Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS)**—ongoing
In conjunction with the Texas Christian University Institute of Behavioral Research (TCU/IBR), Gateway is serving as one of IBR's lead partners in an important NIDA-funded project called CJ-DATS. This ongoing multi-year project already has led to substantial improvements in the way CJ agencies assess offenders' risks and needs and in the way they target the delivery of treatment services. Over the next few years, Gateway will be participating in studies involving the implementation and sustainability of evidence-based screening and assessment tools, targeted interventions, and a comprehensive HIV/AIDS continuum of risk-reduction approaches.
- **New Jersey Department of Corrections (NJDOC)**—ongoing
This internal substance abuse process evaluation examines the impact of service delivery on client motivation, psychosocial functioning, criminal thinking, and criminogenic behaviors. Through ongoing monitoring of client performance, Gateway is gaining a better understanding of which treatment components are benefiting which clients the most. The results are leading to a more targeted and efficient treatment approach that allows Gateway to be in a unique position to provide services that more effectively meet individual client needs.
- **Sustainable HIV Risk Reduction Strategies for CJ Systems**—ongoing
As the lead partner with TCU IBR on this large, 5-year NIDA-funded project, Gateway is participating in this study intended to reduce HIV and other addiction-related disease risks in CJ populations. The first phase of the study included a Disease Risk Reduction (DRR) intervention effectiveness study, and the second addresses its implementation in community supervision settings. Unlike traditional didactic approaches, the manual-guided DRR planning and decision-making strategy will be based on cognitive tools that focus on an evidence-based, visual-spatial communication approach.

WHY CHOOSE GATEWAY? VALUE ADDED!!!

EXPERIENCE WITH TCU CJ-CEST AND CTS
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<p>With over 10 years of experience collecting and utilizing CJ-CEST and CTS data to guide treatment interventions, Gateway is the most qualified provider to implement the Automated Data Collection (ADC) protocol outlined on the TCU/IBR website. Gateway has both the experience and expertise to use these research-supported instruments to guide the services delivered at the SAFPFs and IPTC.</p>

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RECENT RESEARCH-BASED ADAPTATIONS

Gateway’s most recent research-based adaptations to our model are centered on providing ongoing, standardized assessments throughout the treatment episode to individualize interventions within the TC framework. This advancement in our model is unparalleled by other providers in the field. Kevin Knight, Ph.D., Research Scientist at the Texas Christian University Institute of Behavioral Research has strongly stated that **“Gateway has developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs...”** (See Dr. Knight’s Letter of Support provided earlier in this document.) This echoes the direction of the treatment field in using standardized assessments to guide the treatment process. Gateway is uniquely prepared to continue administering the CEST and CTS as part of a comprehensive process that extends throughout the treatment episode.

Gateway has a long-standing relationship with the Texas Christian University Institute of Behavioral Research, and has been working with research psychologist Dr. Kevin Knight to develop a systematic assessment and evaluation protocol using the CEST and CTS standardized instrumentation. In concert with Dr. Knight (see letter of support), Gateway uses the assessment and data collection process to hone treatment to the identified needs of clients during treatment. Program-level information is reviewed as a matter of Quality Improvement functions and incorporated into structured, research-based programmatic interventions.

<h2>PAST RESEARCH</h2>

Gateway has participated in research projects and evaluation studies since its inception. Our past research participation has included:

- National Treatment Outcome Perspective Study (TOPS) participation
- Drug Abuse Treatment Outcome Study (DATOS) participation
- Client matching protocol study
- Multi-site longitudinal treatment outcome study conducted by the Center for Substance Abuse Treatment (CSAT)
- Texas Department of Criminal Justice (TDCJ) Estelle Correctional Center Special Needs participant outcome study conducted by the University of Houston
- Dwight corrections-based study conducted by the Illinois Criminal Justice Authority
- Adolescent residential treatment outcome and process studies at the Lake Villa and Carbondale Youth Care Programs, conducted by the University of Illinois
- Illinois outcome study of TANF women in the Chicago area conducted by the Illinois Department of Human Services and involving participants at Gateway’s West Side adult and Chicago Outpatient Northwest programs
- Basis 32 standardized outcome study conducted internally by Gateway at various Illinois-based treatment programs—data were collected on participants on admission, during treatment, 90 days after treatment and one year after treatment

Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center

CONTRACTS OF SIMILAR SIZE AND SCOPE WITHIN PAST 5 YEARS

Reference Name, Title and Contact Information	Contracts
<p>Texas Department of Criminal Justice Madeline Ortiz, Division Director Rehabilitation and Re-Entry Programs 861-B IH-45 North Suite #134 Huntsville, Texas 77320 (936) 437-2180 Madeline.Ortiz@tdcj.state.tx.us</p> <p>Texas Department of Criminal Justice Celeste Byrne, Division Director Private Facility Contract Monitoring/Oversight Two Financial Plaza, Suite 525 Huntsville, TX 77340 Celeste.Byrne@tdcj.state.tx.us</p>	<p>Ellen Halbert Substance Abuse Felony Punishment Facility (SAFPF) 9/1/04 – 8/31/09 (Lost to re-bid) 612-bed women’s substance abuse modified TC</p> <p>Estelle SAFPf 9/1/04 to present 188-bed men’s substance abuse modified TC; special needs unit</p> <p>Glossbrenner SAFPf 9/1/04- 8/31/09 (Lost to re-bid) 612-bed men’s substance abuse modified TC</p> <p>Hackberry SAFPf 9/1/04 - present 288 women’s substance abuse modified TC</p> <p>Jester I SAFPf 9/1/04 to present 323-bed men’s substance abuse modified TC; special needs unit</p> <p>Kyle IPTC 9/1/04 – 8/31/09 (Lost to re-bid) 520-bed men’s substance abuse modified TC; special needs unit</p> <p>Walker Sayle SAFPf 9/1/04 – 8/31/09 (Lost to re-bid) 632-bed men’s substance abuse modified TC</p> <p>South Texas Intermediate Sanction Facility 4/1/06 to present 350-bed men’s substance abuse intermediate sanction facilities</p>
<p>Southwestern Correctional, LLC Mr. Tim Kurpiewski, CFO 26228 Ranch Road 12 Dripping Springs TX 78620 512-858-7202 timswc@aol.com</p>	<p>Southwestern Correctional Burnet County Jail 6/1/09 to 8/31/2011 120-bed men’s, 96-bed women’s substance abuse modified TC (SAFPF) 144-bed men’s, 96-bed women’s ISF</p>

**Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center**

**Gateway Foundation, Inc.
Response to IFB SDA411-060**

Reference Name, Title and Contact Information	Contracts
<p>New Jersey Department. of Corrections Herb Kaldany, Acting Director, Office of Drug Programs Whittlesey Road; P.O. Box 863 Trenton, New Jersey 08625 (609) 777-1497 Herbert.Kaldany@doc.state.nj.us</p>	<p>The NJDOC contract is a multi-site contract. NJ has changed some of the program locations over the life of the agreement. 10/10/04 to present</p> <p>Edna Mahan 60-bed women’s substance abuse modified TC</p> <p>Garden State Correctional Facility 320-bed women’s substance abuse modified TC</p> <p>Mountainview Youth Correctional Facility 88-bed youth substance abuse modified TC</p> <p>Mountainview Youth Correctional Facility II 96-bed youth substance abuse modified TC</p> <p>New Lisbon (Closed) 138-bed substance abuse modified TC</p> <p>Northern State Prison 96-bed substance abuse modified TC Doubled to 192</p> <p>Riverfront (Closed) 117-bed substance abuse modified TC</p> <p>South Woods State Prison 234-bed substance abuse modified TC Capacity reduced to 124</p> <p>Southern State Prison 366-bed substance abuse modified TC Capacity increased to 496</p>

Reference Name, Title and Contact Information	Contracts
<p>Cook County Sheriff’s Office Department of Reentry and Diversion Programs Mr. Robert Mindell 3026 S. California Chicago, IL 60608 773-674-4758 (Office) 773-674-7676 (Fax) Robert.Mindell@cookcountyil.gov</p>	<p>Day Reporting & Pre-Release Centers 5/17/09 to present 250-slot Day Reporting Center and a 450 bed male substance abuse modified therapeutic community pre-release center</p>

**Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center**

**Gateway Foundation, Inc.
Response to IFB SDA411-060**

Reference Name, Title and Contact Information	Contracts
<p>Missouri Dept. of Corrections Ms. Marta Nolin Assistant Director, Offender Rehabilitative Services P.O. Box 236 Jefferson City, MO 65102 (573) 526-6545 Marta.Nolin@doc.mo.gov</p>	<p>Women’s Eastern Reception and Diagnostic Correctional Center (Missouri) 7/1/04 to present Women’s 240-bed; 75 beds are dual diagnosis modified TC</p> <p>Maryville (Missouri) Treatment Center 12/4/07 to present 525-bed male modified therapeutic community (300 beds under contract)</p> <p>Northeast (Missouri) Correctional Center 7/1/08 to present (Part of the Women’s Eastern Reception agreement) 24-bed male substance abuse treatment for clients with special needs</p> <p>Ozark (Missouri) Correctional Center 9/18/08 to present 650-bed male long-term modified TC</p> <p>Western Reception Diagnostic Correctional Center St. Joseph 7/1/10 to present 275-bed male short term and intermediate substance abuse treatment, 25 to 50 Partial Day Treatment and 1800 assessments</p>

**Missouri Department of Corrections
Assessment and Long-Term Modified TC Substance Abuse Treatment Services Program
for Ozark Correctional Center**

**The Second Biennial Report on the Performance of the
Texas Department of Criminal Justice Rehabilitation
Tier Programs**



Criminal Justice Policy Council
February 2003

Tony Fabelo, Ph.D.
Executive Director

The Second Biennial Report on the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Programs

To view or download this report, visit our web site at
www.cjpc.state.tx.us

Criminal Justice Policy Council
P.O. Box 13332
Austin, Texas 78711-3332
(512) 463-1810

Researched and Written By:

Michael Eisenberg

Note from the Director

The 75th Texas Legislature in 1997 directed the Texas Department of Criminal Justice (TDCJ) to designate specific correctional facilities for the primary purpose of providing intensive rehabilitation programs. These facilities are known as the “tier of rehabilitation facilities” and include 19 units with a capacity of 7,526 beds serving over 9,500 offenders in 2002. Expenditures for tier programs totaled \$43 million for fiscal year 2002. The Criminal Justice Policy Council (CJPC) was directed by the legislature to measure the success of these programs in reducing recidivism. The CJPC issued a report for the 77th Texas Legislature in January 2001 titled “*Evaluation of the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Program*”, reporting on the initial outcome evaluation of participants in rehabilitation tier programs. This is the second CJPC report monitoring the outcome results of participants in rehabilitation tier programs.

The oldest intensive substance abuse treatment programs in the Texas correctional system are the In-Prison Therapeutic Community (IPTC) for prisoners and the Substance Abuse Felony Punishment program (SAFP) for probationers. Both programs became operational in 1992. The IPTC has an 800-bed capacity and admitted 1,076 offenders into the program in FY 2002. The SAFP has a 4,500 bed capacity (500 beds are reserved for parolees) and admitted 5,849 offenders into the program in FY 2002. The CJPC has been tracking the success of these programs since they started and has issued prior evaluation reports. For this evaluation, the two-year recidivism rate for 1,600 offenders released from the IPTC and 7,869 released from the SAFP program in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs.

The evaluations have shown that both IPTC and SAFP programs reduce recidivism rates among program completers but, over time, IPTC recidivism rates for all participants have improved while SAFP rates have not. The offenders who participated in the IPTC program and were released in 1994 had a recidivism rate of 25%. This rate declined to 16% for the 1997-1998 releasees. The rate declined further for the 1999-2000 group to 12.1%. The comparison group rate declined from 26% to 21% from the 1994 to 1997-1998 groups. The rate for the 1999-2000 comparison group is 22.9%.

In contrast, the two-year recidivism rate of offenders who participated in the SAFP program has stayed about the same during this period, 32% for the 1994 group, 31% for the 1997-1998 group and 31.7% for the 1999-2000 group. The recidivism rate for the 1999-2000 comparison group is 29.9%. The 44% of SAFP offenders who completed the full two years of the program in the latest group tracked had a 5% two-year recidivism rate. In other words, if offenders are able to complete all the program components they benefit substantially from the program, however the majority of participants (56%) do not complete all program components.

The IPTC has been positively impacted by the work of the Parole Board and TDCJ improving offender selection. The increased use of parole intermediate sanction facilities has also reduced the number of IPTC offenders re-incarcerated for technical violations (violation

Note from the Director

that did not involve a conviction for a new offense). The SAFP program has been negatively impacted by the large number of offenders revoked for technical violations and the lack of treatment responses to relapse in some localities. Yet, the use of the SAFP program as a diversion from prison makes the program cost-effective as offenders are sentenced to nine months in SAFPs in lieu of longer prison terms. The CJPC estimates that for every 100 offenders placed in the SAFP program the state avoids \$770,000 in incarceration costs.

Two other substance abuse treatment programs are part of the tier of rehabilitation. The Pre-Release Therapeutic Community (PRTC) for prisoners has a 600-bed capacity and admitted 814 offenders into the program in FY 2002. The Le Blanc Pre-Release Substance Abuse Program (PRSAP) for prisoners has a 1,000 bed capacity and admitted 1,352 offenders in FY 2002. The PRSAP program became operational in 1996 and the PRTC in 1997. For this evaluation, the two-year recidivism rate for 2,267 offenders released from the PRSAP and 1,568 released from the PRTC in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs.

The PRTC program had a limited impact on the recidivism rates of participants while the PRSAP program had a positive impact on the recidivism of participants. The recidivism rate for the PRTC program was about the same for participants and the comparison group (23.4% for participants of PRTC vs. 21.9% for the comparison group). The recidivism rate for PRSAP participants was 21% compared to 29% for the comparison group. Staffing shortages and multiple program goals may have negatively impacted the PRTC program. The PRSAP program was particularly successful with high risk offenders. Offenders classified as having a high risk of recidivating who participated in the PRSAP had a 39% recidivism rate in comparison to high risk offenders in the comparison group who had a 48% recidivism rate.

The Sex Offender Treatment Program (SOTP) for prisoners was also designated as part of the tier of rehabilitation programs. This program became operational in 1996. The 18 month program has a 426 bed capacity and admitted 299 offenders into treatment in FY 2002. For this evaluation, the two-year recidivism rate for 336 offenders released from the program in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs.

The SOTP program positively impacted the recidivism rate of those who participated in the program. Because of intensive supervision and strict registration and community notification rules, sex offenders have high rates of recidivism for technical violations of supervision when compared to other releasees. Yet, those who participated in the program had a 19% two-year recidivism rate compared to 28% for the comparison group who did not participate.

Finally, the InnerChange Freedom Initiative (IFI) for prisoners was also designated as part of the rehabilitation tier. This is an 18-month program which uses biblical principles to assist offenders in making good moral decisions and to apply biblical values to life situations.

Note from the Director

Offenders volunteer for this program funded by Prison Fellowship Ministries. The program has a 200 bed capacity and admitted 153 offenders in fiscal year 2002. This is the first outcome evaluation for the IFI program. The recidivism rate for 177 offenders released from the program in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs. The two-year recidivism rate for IFI participants was 24.3% compared to 22.3% for the comparison group. A more detailed report titled *“Initial Process and Outcome Evaluation of the InnerChange Freedom Initiative: The Faith-Based Prison Rehabilitation Program in TDCJ”* has been published in February 2003 and is available at the agency’s website.

Four-year recidivism rates for the IPTC, SAFP, and SOTP tier programs were calculated for the 1997-1998 groups. In general, the programs continue to show positive effects in reducing recidivism but differences in rates have diminished over time.

Certain program components appear to be associated with positive recidivism outcomes for rehabilitation tier programs. These components include uniform selection criteria, program stability, intensity of program, aftercare, and a system of graduated sanctions. Recommendations are made to continue improving program performance. Critical areas to improve deal with offender selection processes, staffing patterns, improvements in post-release treatment and relapse options, and alternatives to revocation for technical violations through a system of graduated sanctions. The use of re-entry drug courts for substance abusing offenders should be examined.

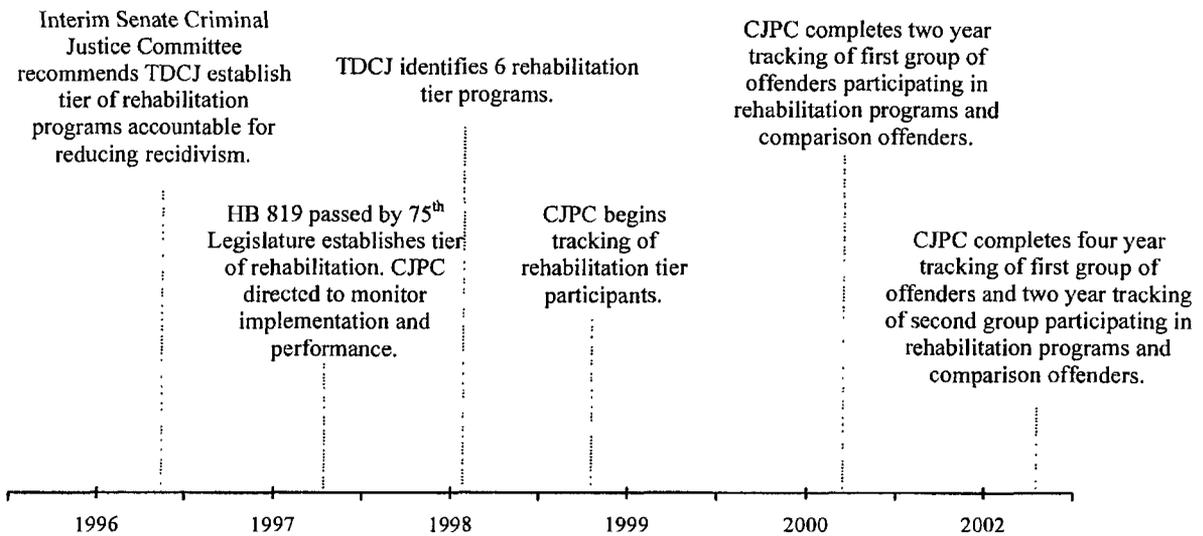
Tony Fabelo, Ph.D.
Executive Director

Acknowledgements

The Criminal Justice Policy Council would like to acknowledge the help of Cathy Sturrock, Texas Department of Criminal Justice (TDCJ)-Program and Services Division, Judy Johnson and Debra Wiley, TDCJ-Sex Offender Treatment Program, and Tommie Dorsett and Larry Frank, InnerChange Freedom Initiative for providing data used in this report. We would also like to acknowledge the assistance of Debbie Roberts, Director, TDCJ-Programs and Services Division and her staff for their assistance in providing information and for reviewing this report.

I. Overview of the Tier of Rehabilitation Programs

Legislature Required TDCJ to Establish Tier of Rehabilitation Programs Accountable for Reducing Recidivism



- In 1996 the Senate Interim Committee on Criminal Justice recommended that the Texas Department of Criminal Justice (TDCJ) develop a tier of rehabilitation programs designed to integrate treatment services to rehabilitate offenders and be accountable for reducing recidivism.
 - ✓ Many of TDCJ's programs had not been delivered through an integrated delivery system designed to holistically address the treatment needs of offenders.
 - ✓ The Criminal Justice Policy Council (CJPC) recommended to the legislature that programs in the rehabilitation tier be evaluated based on their effectiveness in reducing recidivism in a cost-effective manner.
 - ✓ Future funding decisions for these programs would be based on their performance in achieving cost-effective reductions in recidivism.

- These recommendations were adopted into policy by the 75th Legislature in 1997 in House Bill 819 which amended Chapter 493 of the Government Code:

“An act relating to reducing the recidivism rate for individuals under the supervision of the Texas Department of Criminal Justice.... The board (TDCJ Board) shall determine which programs and services operating under the authority of the department are designed for the primary purpose of rehabilitating inmates and shall designate those programs and services as programs and services provided under the programs and services division.”

Legislature Directed the CJPC to Evaluate the Effectiveness of Tier of Rehabilitation Programs

- The CJPC was directed by amendments to Chapter 413 of the Government Code to report on the success of rehabilitation tier programs to the 77th Legislature in January 2001:

“The policy council shall develop methods for measuring the success of each program or service determined by the Texas Board of Criminal Justice under Section 493.0052 to be designed for the primary purpose of rehabilitating inmates.... Not later than January 1 of each odd-numbered year, the policy council shall submit as part of the biennial plan required by Section 413.015 specific findings as to the success of each program or service described by Subsection (a) in reducing recidivism of inmates and accomplishing other performance objectives of the programs and services administered by the Texas Department of Criminal Justice programs and services division.”

- TDCJ identified six programs as rehabilitation tier programs to be held accountable for reducing recidivism:
 - ✓ In-Prison Therapeutic Community (IPTC) Program
 - ✓ Substance Abuse Felony Punishment (SAFP) Program
 - ✓ Pre-Release Substance Abuse Program (PRSAP)
 - ✓ Pre-Release Therapeutic Community (PRTC) Program
 - ✓ Sex Offender Treatment Program (SOTP)
 - ✓ InnerChange Freedom Initiative (IFI)
- The CJPC, at the direction of the legislature, had conducted evaluations of the IPTC and SAFP programs prior to their inclusion in the tier.
- The CJPC issued a report for the 77th Texas Legislature in January 2001 entitled “*Evaluation of the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Programs*”, reporting on the initial outcome evaluation of participants in rehabilitation tier programs.
 - ✓ This is the second CJPC report monitoring the outcome results of participants in rehabilitation tier programs.

Descriptive Profiles of Rehabilitation Tier Programs

- **In-Prison Therapeutic Community (IPTC):**
 - ✓ **Target Population:** Offenders with serious substance abuse problems who are within 12 to 14 months of release from prison and who have received a parole vote linking program completion to parole release.
 - ✓ **Program Approach:** The IPTC is a 9 to 12 month in-prison intensive treatment program for substance abusing offenders in TDCJ-ID, which utilizes a therapeutic community approach. Offenders' parole release is tied to completion of the in-prison phase of the program.
 - ✓ **Comments:** Offenders completing the in-prison program participate in a 3-month post-release residential treatment facility program followed by 3 to 9 months of outpatient counseling.

- **Substance Abuse Felony Punishment (SAFP):**
 - ✓ **Target Population:** Offenders under community supervision with substance abuse problems who have been required to participate in the SAFP program as an original condition or a modification of probation conditions.
 - ✓ **Program Approach:** The SAFP program, like the IPTC program, is a 9 to 12 month intensive treatment program in a secure facility followed by 3 months in a residential treatment facility and 3 to 9 months of outpatient counseling.
 - ✓ **Comments:** Participation in the SAFP program is a condition of probation supervision. The program is not voluntary and failure to participate is a violation of supervision subject to revocation.

- **Pre-Release Substance Abuse Treatment Program (PRSAP):**
 - ✓ **Target Population:** Offenders with substance abuse problems who are within 6 months of release from prison. The majority of offenders selected are scheduled for mandatory release, with some offenders discharging their sentence or approved for parole. Participation is not voluntary.
 - ✓ **Program Approach:** PRSAP is a three-phase 4 to 6 month substance abuse treatment program using a modified therapeutic community approach. Offenders receive group and individual counseling, anger management, life skills training, and drug and alcohol education.
 - ✓ **Comments:** A continuum of care form is used to recommend post-release services to the offender's parole officer.

Descriptive Profiles of Rehabilitation Tier Programs

- **Pre-Release Therapeutic Community (PRTC):**
 - ✓ **Target Population:** Primarily mandatory release offenders (parole and discharge cases meeting criteria are also included) with substance abuse problems and/or educational/vocational needs who are within 6 months of release from prison and have a release plan to the Dallas area. Participation is not voluntary.
 - ✓ **Program Approach:** Program offers substance abuse treatment, vocational, and educational programs coupled with a life skills training program delivered in a modified therapeutic community.
 - ✓ **Comments:** The program is located at the Beto I unit due to the extensive number of vocational programs available and the units proximity to Dallas. Enhanced post-release services are available to offenders at the Dallas District Reporting Center.

- **Sex Offender Treatment Program (SOTP):**
 - ✓ **Target Population:** Sex offenders who are within two years of release from prison.
 - ✓ **Program Approach:** Three phase program consisting of programming to overcome offense denial and accept responsibility for behavior, intensive group and individual counseling, victim empathy, reintegration and relapse prevention counseling. A complete psychological evaluation is conducted on each offender entering the program.
 - ✓ **Comments:** The program is located at the Goree and Hightower units and has expanded capacity to provide treatment to additional sex offenders. An additional unit has also been added at Hilltop to provide treatment to female sex offenders.

- **InnerChange Freedom Initiative (IFI):**
 - ✓ **Target Population:** Prison offenders within 18 to 30 months of release who volunteer for the program. Mandatory supervision cases are the most likely program candidates as they have a release date established that falls within program parameters.
 - ✓ **Program Approach:** The program uses biblical principals to assist offenders in making good moral decisions and applying biblical values to life situations. The program, located at the Vance Unit, provides cognitive skills training, education, vocational training, community service, and volunteer mentoring relationships.
 - ✓ **Comments:** This program is a joint project of TDCJ and Prison Fellowship Ministries (PFM). Program operations are funded by Prison Fellowship Ministries.

All Rehabilitation Tier Programs Were Operational in 1997

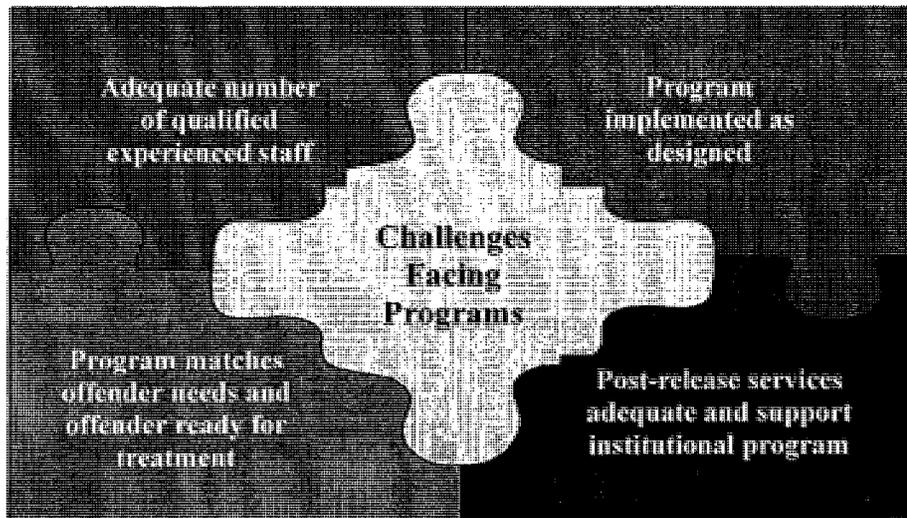
Rehabilitation Tier Programs, FY 2002

Program (# of Units)	Month/Year Started	Capacity FY 2002	Admissions: FY 2002	Expended in Millions: FY 2002
IPTC (3)	6/92	800	1,076	\$5.7
SAFP (11)	10/92	4,500	5,849	\$32.3
PRTC (1)	2/97	600	814	\$1.0
PRSAP (1)	2/96	1,000	1,352	\$1.5
SOTP (2)	1/96	426	299	\$1.8
InnerChange (1)	2/97	200	153	\$.73*
Totals (19 units)		7,526	9,543	\$43.03

* The InnerChange Freedom Initiative is funded by Prison Fellowship Ministries

- The Texas Legislature created the IPTC and SAFP programs in 1991. The creation of the SOTP program was mandated by the Legislature in 1995. The SOTP program uses some funds for diagnostic and evaluation procedures required for the state Civil Commitment program.
- The PRSAP program was originally designated as a SAFP facility but was converted to a drug treatment facility for TDCJ-ID inmates with moderate substance abuse problems when the SAFP program was limited to 4,500 beds.
- The PRTC program was the first program designed in response to the legislative requirement establishing a rehabilitation tier.
- The InnerChange program was initiated by Prison Fellowship Ministries (PFM) in cooperation with TDCJ. TDCJ provides 200 beds and security for the program at the Vance Unit and PFM operates the program and provides funding for the IFI program.

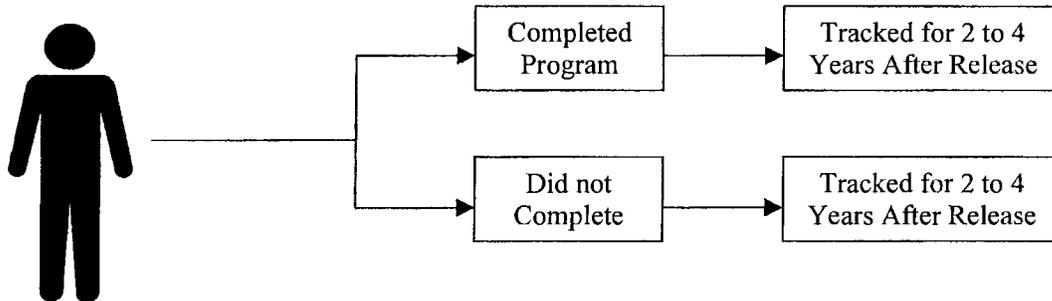
Rehabilitation Tier Programs Faced Implementation Challenges That May Negatively Impact Outcomes



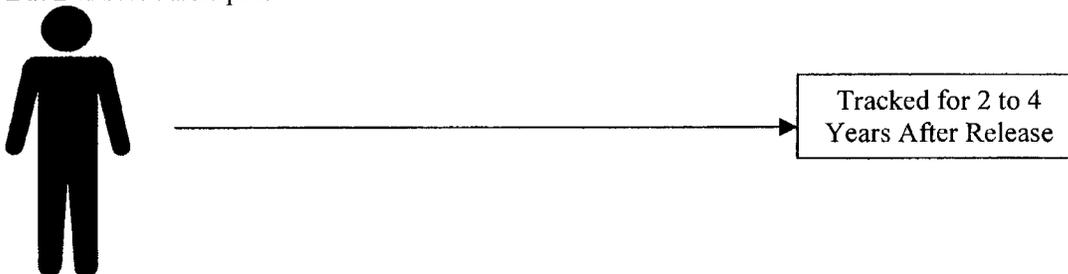
- Providing rehabilitation programs in prison requires addressing a complex number of factors and issues which must be coordinated for effective program delivery. Each tier program has experienced one or more of these implementation issues. These issues include:
 - ✓ Identifying offenders ready, motivated, and capable of receiving the treatment offered or selecting offenders who will be likely to overcome denial of need for treatment while in program. Selection of appropriate offenders for treatment is a challenge faced by programs.
 - ✓ Programs must be able to attract and retain a sufficient number of qualified staff experienced in working with offenders. Staff shortages have been a problem.
 - ✓ Program design should be supported by research indicating effectiveness in reducing recidivism and the program is implemented as designed.
 - ✓ Program should match offender's needs and be appropriate for offender's skills and abilities.
 - ✓ Length and intensity of program is sufficient to achieve program goals.
 - ✓ Adequate and appropriate space is available to meet program needs.
 - ✓ Offenders in the facility not participating in the program will not undermine program efforts.
 - ✓ Security staff support program efforts and program does not conflict with security mission.
 - ✓ Post-release treatment services are available to provide a continuity of treatment when the offender is released and post-release services are consistent with institutional programming received and do not duplicate or contradict services already received.

CJPC Identified Treatment and Comparison Groups for Evaluation Tracking

Program Participant



Comparison – Eligible
But Did Not Participate



- Offenders entering rehabilitation tier programs in FY 1998-1999 and released from TDCJ-ID in FY 1999-2000 were identified as participants in tier programs and tracked for two years after release from prison to determine post-release recidivism.
 - ✓ All recidivism rates in this report refer to the percentage of offenders arrested or incarcerated in prison or state jail within two years of their release from prison.
- Comparison groups were identified for each rehabilitation tier program and were tracked for two years after release from prison. Comparison group offenders were released from TDCJ-ID in FY 1999-2000.
- Comparison group offenders were identified based on selection criteria detailed in the TDCJ Individualized Treatment Plan (ITP) manual.
 - ✓ The ITP manual specifies selection criteria for each TDCJ treatment program. Offenders meeting criteria for each program, who did not participate in any rehabilitation tier program, were identified and selected for comparison groups.

Size of Tier Treatment Groups and Comparison Groups Tracked for Two Years after Release

Program	Size of Groups Tracked	
	Treatment Group	Comparison Group
IPTC	1,600	1,995
SAFP	7,869	1,554
PRSAP	2,267	2,855
SOTP	336	2,181
PRTC	1,568	2,118
InnerChange	177	1,754

- The Criminal Justice Policy Council (CJPC) identified offenders released from the Texas Department of Criminal Justice (TDCJ) in FY 1999 and FY 2000 utilizing computerized files prepared by TDCJ.
 - ✓ Profiles of the rehabilitation tier participants and comparison group offenders are provided in the Appendix of this report.
- Rehabilitation tier participants who participated and were released from prison in FY 1999-2000 were identified by accessing databases maintained by each rehabilitation tier program.
 - ✓ Data extracted from these databases included program entry and exit dates as well as program termination type.
 - ✓ Demographic, offense, and other data available from the TDCJ release files were matched with program participation data.
- Only rehabilitation tier participants who had an opportunity to complete a program were selected for the evaluation.
 - ✓ Because the SOTP and InnerChange programs are approximately 18 months in length, no offender entering the program after March 1999 was included in the treatment group. Participants entering these programs after March 1999 would not have had the opportunity to complete the program.
 - ✓ Similar cut-offs were utilized for the other programs based on program length.

Completion Rates Vary by Program

Program	Percent Completing Program	Program Length	Aftercare
IPTC*	63% (1,008/1,600)	15-24 months	Yes
SAFP*	44% (3,463/7,869)	15-24 months	Yes
PRSAP	85% (1,927/2,267)	6 months	No
PRTC	61% (956/1,568)	6 months	No
SOTP	25% (84/336)	18 months	Yes
IFI	42% (75/177)	22-24 months	Yes

* Completion rates estimated by survey of sample of offender's supervising officer and results extrapolated to full study group.

- In general, offenders who complete rehabilitation programs have lower recidivism rates than offenders who do not complete. Each of the rehabilitation tier programs track program completion rates. The IPTC and SAFP programs track in-prison completion rates but do not track post-release completion rates. The CJPC conducted a survey of IPTC and SAFP clients to determine post-release program completion rates. Supervising parole and probation officers completed surveys.
- In general, the longer and/or the more intense the program, the greater the probability of failing to complete the program.
 - ✓ The IPTC and SAFP programs require 9 to 12 months in prison, 3 months post-release residential treatment, and 3 to 9 months post-release outpatient counseling.
 - ✓ Variation in supervising authority for SAFP clients and lack of a statewide system of sanctions for probationers may contribute to low completion rates for the SAFP program in comparison to the IPTC program.
 - ✓ SAFP clients are under the authority of almost 400 different judges while IPTC clients are under the authority of the 18 member Board of Pardons and Paroles.
- The SOTP and IFI programs are 18-month in-prison programs with a minimum of 6 months of aftercare required for IFI members.
 - ✓ Sex offenders (including SOTP participants) who are paroled or released to mandatory supervision are placed on specialized caseloads and required to participate in treatment. Approximately 45% of SOTP participants are discharged from prison by serving their entire sentence. There is no legal authority over discharged cases for supervision or to require continued treatment.



II. Results

Outcome Measures Examine Percent Arrested and Percent Re-incarcerated in the Two Years after Release from Prison

Rehabilitation Tier Group	Percent Arrested	Percent Incarcerated
Completed	%	%
Did not Complete	%	%
All Participants	%	%
Comparison Group	%	%

- This study of rehabilitation tier programs examines the outcome of participants who entered programs in FY 1998 and FY 1999 and were released from prison in FY 1999 and FY 2000.
 - ✓ Results are reported for offenders who completed all components of the program, offenders that did not complete the program, all offenders who participated in the program and the comparison group.
 - ✓ Change in the rate of recidivism is calculated by taking the difference in the rate of the participant group and comparison group and dividing by the comparison group rate.
 - For example, if the participant arrest rate was 20% and the comparison group arrest rate was 30%, the participant arrest rate would be reported as 33% lower than the comparison group (20%-30% / 30%).
- Two outcome measures are used in this report. Each outcome measure is based on tracking results for a two-year period following release from prison.
 - ✓ **Percent Arrested:** The percent of offenders arrested in the two-year tracking period. Arrest information is obtained from the computerized criminal history (CCH) file maintained by the Texas Department of Public Safety (DPS).
 - When an offender is arrested local law enforcement agencies notify DPS, which enters the arrest offense and date of arrest into the DPS CCH system.
 - The CJPC requests a DPS CCH on each offender in the study and extracts any arrests occurring during the follow-up period.
 - ✓ **Percent Re-incarcerated:** The percent of offenders re-incarcerated in the Texas Department of Criminal Justice-Institutional or State Jail Divisions during the two year tracking period.
 - The CJPC examines computerized TDCJ Admission and On-Hand population files and determines if any offender in the study has been re-incarcerated in TDCJ-Institutional Division or State Jail Division during the two-year follow-up period. The TDCJ-Parole tracking system, which indicates revocation of supervision provides another source of re-incarceration data.
 - This information is supplemented by DPS CCH Custody data.

In-Prison Therapeutic Community Results

IPTC Group	Percent Arrested	Percent Re-incarcerated
Completed	13.8%	5.0%
Did not Complete	38.5%	24.3%
All Participants	22.9%	12.1%
Comparison Group	38.3%	22.5%

- IPTC participants arrest rates were 40% lower than the comparison group. Re-incarceration rates were 46% lower.
 - ✓ Arrest rates for IPTC participants completing all phases of the program were 64% lower than the comparison group. Re-incarceration rates were 78% lower.

- IPTC recidivism rates have improved over time. The first evaluation group, in 1993, had a 37% re-incarceration rate compared to 38% for the comparison group. The 1994 group was 25% versus 26% for the comparison group.
 - ✓ The 1997-1998 IPTC group had a 16% re-incarceration recidivism rate versus 21% for the comparison group.

- The IPTC program has benefited from stability of program operations, a graduated system of sanctions for supervision violations, and a policy oriented toward treatment for relapse rather than revocation for initial violations.
 - ✓ The male IPTC facility has been operated by the same vendor since program inception in 1992. The stability, consistency, and experience of the treatment provider may contribute to program effectiveness.

Substance Abuse Felony Punishment Results

SAFP Group	Percent Arrested	Percent Re-incarcerated
Completed	18.5%	5.0%
Did not Complete	39.2%	52.6%
All Participants	30.1%	31.7%
Comparison Group	40.3%	29.9%

- While arrest rates for SAFP participants were 25% lower than the comparison group, re-incarceration rates were 6% higher.
 - ✓ Arrest rates for SAFP offenders completing the program were 54% lower than the comparison group and re-incarceration rates were 83% lower.

- SAFP recidivism rates have not improved over time. The first evaluation group in 1993 had a 23% re-incarceration rate compared to 27% for the comparison group. The 1994 group was 32% versus 27% for the comparison group.
 - ✓ The 1997-1998 SAFP group had a 31% re-incarceration recidivism rate versus 32% for the comparison group.

- SAFP recidivism rates are negatively impacted by a high percentage of technical violations and limited use of intermediate sanctions.
 - ✓ Approximately 55.0% of SAFP recidivists were revoked for technical violations of supervision versus 37.9% of comparison group revocations. Only 27.3% of IPTC re-incarcerations were the result of a revocation for technical violations.
 - ✓ Approximately 10% of SAFP participants were placed in an Intermediate Sanction Facility (ISF) or SAFP relapse facility. Approximately 25% of IPTC participants were placed in an ISF or SAFP relapse facility.

SAFP Use for Prison Diversions Makes the Program Cost-Effective

CJPC estimates that for every 100 offenders placed in SAFP, 70 would have gone to prison or state jail if SAFP had not been available.

Cost of housing 70 offenders in prison or state jail for average time served of 2.45 years

\$2.44 million

Cost of treatment, housing, and recidivism for 100 SAFP offenders.

\$1.67 million

SAFP avoids **\$770,000** in incarceration costs per 100 offenders served

- SAFP is regarded as the final alternative to incarceration for offenders on probation who continue to have problems associated with substance abuse.
- The CJPC estimates that 70% of SAFP offenders would have gone to prison or state jail if the SAFP program had not been available.
 - ✓ Based on an analysis of SAFP recidivists, it is estimated that of 70 SAFP diversions, 70% would have been sent to prison and 30% to state jails.
 - ✓ The cost of incarceration for SAFP prison diversions is estimated to be \$2.07 million.
 - ✓ The cost of incarceration of SAFP state jail diversions is estimated to be \$.37 million.
 - ✓ Total incarceration costs avoided per 100 offenders are \$2.44 million.
- The cost of treatment for 100 SAFP offenders was approximately \$504,000.
 - ✓ The cost of the institutional phase of the program for 100 offenders for an average of 270 days in a facility was approximately \$1.1 million.
 - ✓ Approximately 2 more SAFP offenders per 100 participants recidivated than the comparison group costing an additional \$67,000 in incarceration costs.
- Total treatment, housing, and recidivism costs for 100 SAFP offenders are estimated at \$1.67 million.
 - ✓ SAFP avoids \$770,000 (\$2.44 million - \$1.67 million) in incarceration costs per 100 offenders served.

Pre-Release Therapeutic Community Results

PRTC Group	Percent Arrested	Percent Re-incarcerated
Completed	37.1%	19.9%
Did not Complete	45.4%	28.9%
All Participants	40.3%	23.4%
Comparison Group	38.4%	21.9%

- Participation in the PRTC program did not lower recidivism rates. PRTC participants arrest rates were 5% higher than the comparison group. Re-incarceration rates increased by 6%.
 - ✓ Arrest rates for PRTC participants completing all phases of the program were 3% lower than the comparison group. Re-incarceration rates were 9% lower.

- Outcomes for the PRTC program may have been negatively impacted by a number of factors:
 - ✓ Length of Program and Intensity of Service: The PRTC program is an effort to address the multiple needs of offenders. The program includes educational, vocational, employment, substance abuse, and cognitive intervention programming.
 - While all participants do not participate in all program aspects, many participants have multiple needs. The program length of six months may be inadequate to address participants' needs. In addition, the lack of a fully supported post-release aftercare component may make it difficult to achieve program goals.
 - ✓ Staffing: The PRTC program has had difficulty maintaining full staffing levels. The programs rural location may make it difficult to attract and maintain staff that matches the program needs of offenders placed there.
 - ✓ The PRTC program is a 600-bed program located within a large 3,100 bed prison. The mixing of PRTC participants and general population offenders may reduce program effectiveness.

Pre-Release Substance Abuse Program Results

PRSAP Group	Percent Arrested	Percent Re-incarcerated
Completed	35.0%	21.0%
Did not Complete	36.8%	19.5%
All Participants	35.2%	21.0%
Comparison Group	40.8%	29.0%

- PRSAP participant arrest rates were 14% lower than the comparison group. Re-incarceration rates were lowered by 28%.
 - ✓ Arrest rates for PRSAP participants completing all phases of the program were 14% lower than the comparison group. Re-incarceration rates were 28% lower.

- PRSAP was most effective with high risk offenders. Approximately 39% of high risk offenders who participated in the PRSAP program were arrested in the two-year follow-up. This compares to 48% of high risk comparison group offenders, an 18.8% reduction in the rate of arrest.
 - ✓ Approximately 38% of medium risk PRSAP offenders were arrested in the two-year follow-up versus 40% of medium risk comparison group offenders, a 5% reduction.
 - ✓ Low risk PRSAP participants had a 21% arrest rates and low risk comparison group offenders had a 23% arrest rate, an 8.7% reduction.

- In contrast to the PRTC program, the PRSAP is a 1,000 bed unit where all offenders participate in the program.

Sex Offender Treatment Program Results

SOTP Group	Percent Arrested	Percent Re-incarcerated
Completed	13.1%	16.7%
Did not Complete	20.2%	19.0%
All Participants	18.5%	18.5%
Comparison Group	21.2%	27.7%

- SOTP participants arrest rates were 13% lower than the comparison group. Re-incarceration rates were lowered by 33%.
 - ✓ Arrest rates for SOTP participants completing all phases of the program were 38% lower than the comparison group. Re-incarceration rates were 39% lower.
- The table above indicates a higher percent of offenders were re-incarcerated than arrested. This is due to the fact that sex offenders are more likely to get revoked for technical violations of supervision due to intensive surveillance.
 - ✓ 71% of SOTP participants who were re-incarcerated were returned for technical violations of their supervision (no new arrest) compared to 64% of comparison group sex offenders. Conversely, 29% of SOTP re-incarcerations were for a new offense compared to 36% for the comparison group.
 - ✓ Approximately 20% of non-sex offenders returned to prison are returned for technical violations and 80% for a new offense.
- SOTP recidivism rates have improved over time. The initial evaluation of SOTP participants (FY 1997-98) had a 23% re-incarceration rate versus the 29% re-incarceration recidivism rate for the comparison group.
- These findings are mitigated by low completion rates for SOTP participants. Approximately 22% of offenders admitted to the SOTP in FY 1997-98 and 25% of the FY 1999-2000 group completed the program.
 - ✓ The program length, intensity, and difficulty in treating sex offenders contribute to the low completion rates.
 - ✓ The SOTP also has inadequate capacity to treat all eligible offenders.
 - 299 offenders were admitted to the SOTP program in FY 2002 while 3,124 offenders were potentially eligible.

InnerChange Freedom Initiative Results

IFI Group	Percent Arrested	Percent Re-incarcerated
Completed	17.3%	8.0%
Did not Complete	50.0%	36.3%
All Participants	36.2%	24.3%
Comparison Group	34.9%	22.3%

- IFI participants arrest rates were 4% higher than the comparison group. Re-incarceration rates were higher by 9%.
 - ✓ Arrest rates for IFI participants completing all phases of the program were 50% lower than the comparison group. Re-incarceration rates were 64% lower.

- These results represent outcomes of the initial evaluation group of IFI participants. A number of changes in the program have been made to improve the program.
 - ✓ Changes in selection procedures have increased the percent of offenders completing the institutional phase of the program.
 - ✓ Improvements in the aftercare phase of the program, coupled with other program improvements, may lead to improved outcomes for subsequent groups evaluated.

- For more detailed process evaluation and outcome results, see the CJPC report *“Initial Process and Outcome Evaluation of the InnerChange Freedom Initiative: The Faith-Based Prison Rehabilitation Program in TDCJ”* (forthcoming during this legislative session).

First Evaluation of Tier Programs Updated to Examine Outcomes Four Years after Release

Two-Year and Four-Year Re-incarceration Rates for Offenders Participating in Tier Programs and Released from Prison in FY 1997-1998

Groups	IPTC		SOTP		SAFP	
	2 Year	4 Year	2 Year	4 Year	2 Year	4 Year
Completers	13%	31%	24%	43%	7%	21%
Comparison	21%	40%	29%	48%	32%	45%
All Participants	16%	35%	23%	40%	31%	48%
Participants Lower (-) or Higher (+) Than Comparison	-23.8%	-12.5%	-20.6%	-16.7%	-3.1%	+6.7%
Size of Group Tracked	1,751		210		7,305	

- The first CJPC study of rehabilitation tier programs examined the outcomes of participants who entered programs in FY 1996 and FY 1997 and were released in FY 1997 and FY 1998. Outcomes were tracked for two years after release.
 - ✓ The table above reports both two-year and four-year outcomes for the groups released FY 1997-98.
- In general, tier participants continue to have lower recidivism rates than comparison groups in the four-year follow-up, although these differences have diminished over time.
 - ✓ For example, IPTC participants had a 23.8% reduction in recidivism after the two-year follow-up. After four years, the reduction in recidivism had dropped to 12.5% reduction in recidivism.
- The reduction in recidivism for all SAFP participants did not persist over the four-year follow-up.
 - ✓ While the recidivism rate for offenders completing the SAFP program was less than half of the comparison group, the overall four-year recidivism rates for all SAFP participants was higher than the comparison group.



III. Conclusions and Recommendations

Conclusions

Program	Program Components					Recidivism	
	Uniform Selection	Program Stability	Intensity	Aftercare	Graduated Sanctions	Completers	All Participants
IPTC	√	√	√	√	√	+	+
PRTC	√	-	-	-	√	+	-
PRSAP	√	√	√	-	√	+	+
SOTP	√	√	√	√	-	+	+
IFI	√	-	√	-	√	+	-
SAFP	-	√	√	√	-	+	-

Program Characteristics

√ = Yes, meets definition

- = No, does not meet definition

Recidivism

+ = Better than comparison group

- = Worse than comparison group

- Certain program components appear to be associated with positive recidivism outcomes. The table above details the most salient program characteristics and program recidivism outcomes. The program components detailed above include:
 - ✓ *Uniform selection*: Standard methodology for identifying offenders appropriate for program.
 - ✓ *Program stability*: Treatment provider has experience operating program, low staff turnover and staff experienced in running program. Program has been in operation at least 2 years prior to selection of evaluation group.
 - ✓ *Intensity*: Program is intense enough in terms of program length and programming in relation to program goals and needs of offenders.
 - ✓ *Aftercare*: Post-release treatment resources fully developed and consistent with institutional program.
 - ✓ *Graduated sanctions*: Intermediate sanctions used systematically for violations of supervision and include relapse treatment.
- Ratings of program components in the table above are based on process evaluation analysis and are subjective assessments. Ratings apply to the program during the evaluation period and do not reflect subsequent changes in some programs.
 - ✓ The IFI program has developed a comprehensive aftercare program but some of the initial participants in the program did not benefit from the program as it functions today. Additionally, IFI is a new program and has developed program stability over time, which may be reflected in subsequent evaluation groups.
 - ✓ The PRTC and PRSAP programs have the same program length but PRTC targets multi-need offenders and tries to address several offender needs. The program length may not be sufficient to meet program goals.
- Programs that met ideal program component definitions in 4 or more areas all had positive recidivism outcomes for all program participants.
 - ✓ Programs that did not meet program characteristic definitions in at least 4 areas all had negative recidivism outcomes for all program participants.

Recommendations

TDCJ should continue efforts to improve program outcomes. These efforts should include:

- Improve selection of participants most likely to benefit from treatment.
 - ✓ TDCJ, working with consultants, identified a better substance abuse screening instrument for the IPTC and other institutional programs.
 - ✓ SAFP participants are placed in the program by local courts who do not use a uniform statewide screening instrument for determining treatment need and placement appropriateness. The SAFP program would benefit from efforts to improve selection of offenders for participation in the program.
- Programs should be evaluated to determine if time in treatment and treatment resources are adequate to achieve program goals.
 - ✓ This examination should also include an evaluation of staff experience, staff turnover, and ability to maintain program stability over time.
- Monitoring of efforts to improve SAFP/IPTC and other aftercare programming.
 - ✓ The SAFP Improvement Working Group identified a number of policies and procedures necessary to improve post-release continuum of care, which were included in the new policy and procedures manual.
 - ✓ Policies and procedures implemented to improve post-release program should be monitored to insure compliance.
- The SAFP program would benefit from a consistent statewide system of graduated responses to technical violations (violations not involving a new offense), including increased emphasis on treatment responses to relapse.
 - ✓ One method to move in this direction would be the development of SAFP re-entry drug courts. Early results from a SAFP re-entry drug court pilot project in Dallas appear positive.



Appendix

Characteristics of Treatment and Comparison Groups

Appendix

Rehabilitation Tier Samples and Comparison Groups

Characteristics of Sample	Program	Comparison Group
	IPTC (N=1,600)	IPTC Comparison (N=1,995)
Gender		
Male	70%	86%
Female	30%	14%
Race		
White	34%	32%
African-American	49%	50%
Hispanic	16%	18%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	39%	45%
>35	61%	55%
Offense Type		
Violent	6%	0%
Property	32%	45%
Drug	57%	51%
Prior Incarcerations		
0	45%	48%
1	23%	22%
2+	32%	30%
Drug Screening		
In-Patient	86%	100%
Out-Patient	8%	0%
Release Type		
Parole	97%	100%
MS	3%	0%
Discharge	0%	0%

Appendix

Characteristics of Sample	Program	Comparison Group
	PR SAP (N=2,267)	PR SAP Comparison (N=2,855)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	33%	36%
African-American	45%	42%
Hispanic	22%	22%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	44%	49%
>35	56%	51%
Offense Type		
Violent	35%	18%
Property	32%	45%
Drug	24%	28%
Prior Incarcerations		
0	54%	56%
1	22%	22%
2+	23%	22%
Drug Screening		
In-Patient	80%	100%
Out-Patient	10%	0%
Release Type		
Parole	19%	0%
MS	64%	92%
Discharge	17%	8%

Appendix

Characteristics of Sample	Program PRTC (N=1,568)	Comparison Group PRTC Comparison (N=2,118)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	33%	29%
African-American	47%	49%
Hispanic	20%	22%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	47%	51%
>35	53%	47%
Offense Type		
Violent	21%	23%
Property	39%	35%
Drug	30%	33%
Prior Incarcerations		
0	52%	58%
1	25%	20%
2+	23%	21%
Drug Screening		
In-Patient	42%	56%
Out-Patient	33%	44%
Release Type		
Parole	25%	39%
MS	68%	52%
Discharge	7%	9%

Appendix

Characteristics of Sample	Program	Comparison Group
	SAFP (N=7,869)	SAFP Comparison (N=1,554)
Gender		
Male	81%	83%
Female	19%	17%
Race		
White	47%	45%
African-American	25%	28%
Hispanic	28%	26%
Custody Type		
Minimum or better	NA	NA
Medium	NA	NA
Age Group		
<35	60%	70%
>35	40%	30%
Offense Type		
Violent	17%	21%
Property	26%	31%
Drug	34%	29%
DWI	18%	13%
Prior Incarcerations		
0	NA	NA
1	NA	NA
2+	NA	NA
Drug Screening		
In-Patient	NA	NA
Out-Patient	NA	NA
Release Type		
Parole	NA	NA
MS	NA	NA
Discharge	NA	NA

Appendix

Characteristics of Sample	Program	Comparison Group
	SOTP (N=336)	SOTP Comparison (N=2,181)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	41%	49%
African-American	34%	26%
Hispanic	25%	25%
Custody Type		
Minimum or better	94%	95%
Medium	6%	5%
Age Group		
<35	37%	33%
>35	63%	67%
Offense Type		
Violent	100%	100%
Property	0%	0%
Drug	0%	0%
DWI	0%	0%
Prior Incarcerations		
0	76%	79%
1	15%	11%
2+	9%	10%
Drug Screening		
In-Patient	40%	27%
Out-Patient	35%	26%
Release Type		
Parole	2%	0%
MS	52%	76%
Discharge	45%	24%

Appendix

Characteristics of Sample	Program IFI (N=177)	Comparison Group IFI Comparison (N=1,754)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	18%	26%
African-American	67%	62%
Hispanic	16%	12%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	48%	47%
>35	52%	53%
Offense Type		
Violent	12%	10%
Property	36%	34%
Drug	50%	53%
Prior Incarcerations		
0	40%	47%
1	30%	25%
2+	30%	28%
Drug Screening*		
In-Patient	7%	32%
Out-Patient	37%	23%
Release Type		
Parole	40%	48%
MS	60%	49%



Program Evaluation Summary

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Sheridan Correctional Center Therapeutic Community: Year 2

By David E. Olson, Ph.D., Jennifer Rapp, Mark Powers, and Steve Karr

After two years of operation, the Sheridan Correctional Center Therapeutic Community continues to successfully treat inmates with substance abuse problems while providing services to increase post-release employability and reduce the risk of re-arrest and re-imprisonment.

By the end of 2005, 918 inmates were housed at the Illinois Department of Corrections' (IDOC) Sheridan Correctional Center, offering one of the largest prison-based therapeutic community programs for substance abusing offenders in the U.S. More than 1,100 of 2,500 offenders admitted have successfully completed the incarceration requirements since the program was launched by Gov. Rod Blagojevich in January 2004.

Ongoing evaluation of the Sheridan Correctional Center's Therapeutic Community program is conducted jointly by Authority and IDOC staff. This Program Evaluation Summary updates an October 2004 evaluation report on the program and includes an overview of the population served, analyses of graduation and removal rates, and an assessment of the post-release success of program graduates in terms of re-arrest, return to prison, and employment.

Overview

Between Jan. 2, 2004 and Dec. 31, 2005, 2,588 inmates sentenced to prison in Illinois met the eligibility requirements for admission to the Sheridan Correctional Center Therapeutic Community. The program serves adult male inmates who are identified as having a substance abuse problem, are projected to serve between six and 24 months, have no serious mental health issues, and are not serving a sentence for murder or criminal sexual assault. The components of the program include: orientation; individual and group substance abuse counseling and treatment; educational and vocational programming; and intensive post-release supervision, clinical case management, and job placement assistance.

A number of outside organizations provide services to Sheridan program participants. The Gateway Foundation provides drug treatment. The Safer Foundation offers employability training and post-release job referrals and placement. Treatment Alternatives for Safe Communities-TASC handles pre-Sheridan screening, post-release treatment referrals, and clinical case management. Illinois Valley Community College, the Illinois Manufacturing Foundation, and the National Homebuilders Association provide vocational programming.



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Program Evaluation Summaries are derived from program evaluations funded or conducted by the Authority. The full evaluation reports are available from the Authority.

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Inmate characteristics

Sheridan inmate characteristics are similar to those of all adult male inmates admitted to IDOC (Table 1). Sheridan participants averaged 31.5 years of age. About 65 percent were African American. Most participants were unmarried, but 66 percent had children.

Most participants were convicted of drug law violations or property crimes, such as theft and burglary. About 13 percent were serving a sentence for a violent crime, primarily robbery and assault/battery. On average, Sheridan participants had 17 previous arrests and were sentenced to prison 1.6 times prior to participation. Fifty-nine percent of those admitted had never held a job for more than two years, and 57 percent had not completed high school or earned a GED before sentencing.

In terms of the extent and nature of the participants' substance abuse problem, 32 percent were identified as primarily abusing heroin and cocaine, 24 percent were identified as primarily abusing marijuana, and 21 percent were identified as primarily abusing alcohol. On average, participants had been using their primary substance of abuse for 11 years. Further, 47 percent of those at Sheridan had never previously participated in substance abuse treatment despite their extensive substance abuse histories and frequent processing through the justice system.

A majority of Sheridan admissions during the first two years of operation were sentenced to IDOC from Cook County and the surrounding Collar counties: Lake, McHenry, Kane, DuPage, and Will. Due to the time and additional staff needed to implement the recruitment and screening process at all IDOC Reception and Classification (R&C) centers, Stateville R&C admissions have been the focus of Sheridan recruitment. Since the program's inception, only 17 percent of all Sheridan admissions were from outside of the northern region of Illinois. Graham and Menard R&C centers have recently fully implemented recruitment and screening processes for substance abuse treatment and identification of Sheridan-eligible inmates. This may help boost admissions from central and southern Illinois.

Program progression

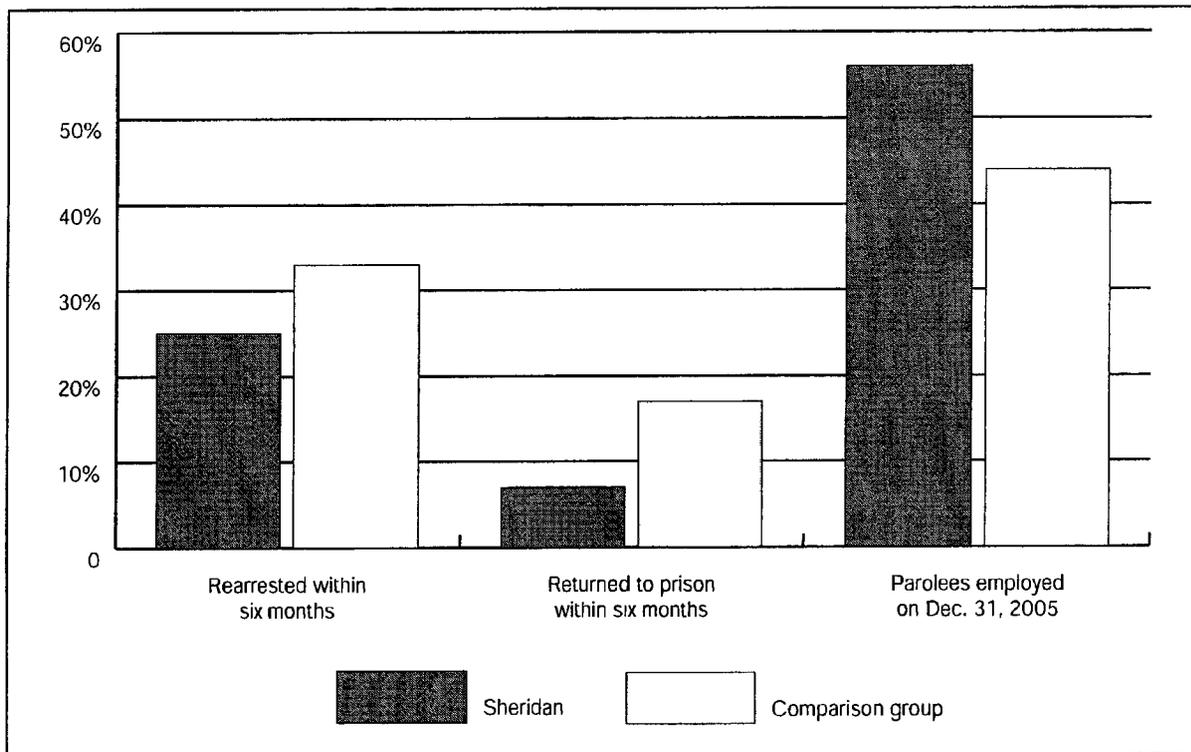
Once an inmate is admitted to Sheridan, he is required to complete one month of orientation about the program and the therapeutic community philosophy. The inmate then enters the treatment phase, during which he undergoes group treatment and individual therapy while participating in various educational and vocational programs.

Table 1
Characteristics of Sheridan admissions
2004-2005

Offender characteristic	Percentage
Age	
Under 21	11.2%
21-30	39.4%
31-40	30.5%
41 and older	18.9%
Race	
African American	64.6%
White	26.9%
Hispanic	8.3%
Other	0.2%
Offense class	
Class X felony conviction	4.1%
Class 1 to 2 felony conviction	58%
Class 3 to 4 felony conviction	37.9%
Offense committed	
Drug law violation	41.8%
Property crime	31.4%
Violent offense	13.4%
Weapon offense	6.4%
DUI	3.4%
Other offenses	3.6%
Prior prison sentences	
None	37%
1 to 2	38.7%
3 or more	24.3%

Participants reside at the Sheridan Correctional Center. If an inmate refuses to participate at any point in the program or violates IDOC or treatment rules, he can be reprimanded, denied good conduct credits, receive an unfavor-

Figure 1
Post-release recidivism and employment rates



able security grade (which limits privileges), or placed in segregation, removed from the program, and transferred to another facility. Thus, one way to gauge program progress and completion is to examine the number of graduates relative to the number of removals.

The program saw 1,166 graduates and 367 removals during the first two years of operation. Inmate characteristics associated with program success included age, sentence length, histories of violence, prior prison stays and eligibility for earned good conduct credit (EGCC).

Older participants were more likely to succeed, as were participants with less extensive arrest histories involving violent crime. Participants with three or more prior arrests for violent crimes were more than twice as likely to be removed for rule violations than were participants with no prior arrests for violent crimes.

Sentence length was inversely related to successful program outcome. The more time participants were sentenced to serve in prison, the less likely they were to successfully complete the prison phase of the treatment program. Also found was that participants who had been in prison two or

more times prior to their Sheridan sentence were 50 percent less likely to be removed for rule violations than those in prison for the first time.

Finally, the examination of factors associated with program completion versus removal revealed that participants who were eligible for earned good conduct credit in addition to traditional day-for-day good conduct credit were more likely to succeed. Nearly 60 percent of those released from Sheridan through December 2005 were eligible for EGCC, which allows for an additional half-day off of their sentence for each day they participate in treatment. Ineligible for EGCC are inmates convicted of crimes subject to truth-in-sentencing laws, those who were incarcerated with IDOC more than twice before, and those who previously received EGCC. Sheridan participants who were ineligible for EGCC were four times more likely to be removed from the program.

Many newly admitted Sheridan inmates interviewed said EGCC was a motivating factor behind program participation. It also appears that the availability of EGCC may translate into a potential area of cost savings. More than 35,700

days of EGCC were awarded to Sheridan graduates during the first two years of operation. This translates to 97 years of reduced prison time among the 1,166 released inmates. Given the annual cost of incarceration per year per inmate of \$21,622, 97 years translates to almost \$2.1 million in incarceration cost savings.

Post-prison recidivism and employment

To gauge the impact the Sheridan program has on subsequent criminal activity and post-prison employment, the evaluation tracked all 721 Sheridan graduates who completed the program through June 2005. A randomly selected group of 1,412 inmates with similar characteristics released from other Illinois prisons during the same time period also were tracked for comparison.

The three specific outcomes examined in this year's evaluation included re-arrest for a new crime, re-imprisonment for a new crime or a parole violation, and post-release employment. These outcomes were examined through December 2005, which allowed for a post-release follow-up period averaging about 11 months.

The evaluation found that those released from Sheridan had a 21 percent lower risk of re-arrest for a new crime relative to the comparison group. At six months following release, 33 percent of those in the comparison group had been re-arrested, compared to 25 percent of those released from Sheridan. Inmates in the program for nine months had a 33 percent lower risk of being rearrested than the comparison group.

An even larger effect was found when prison returns were examined. Inmates released from Sheridan had a 44 percent lower risk of returning to prison than the comparison group. Six months after release, 17 percent of those in the comparison group had been re-incarcerated, compared to 7 percent of those released from Sheridan. Inmates who were exposed to nine or more months of the Sheridan program had a 49 percent lower risk of re-incarceration.

Finally, those released from Sheridan also appeared to have more success in obtaining and maintaining employment. Providing inmates with the skills, knowledge, vocational training, and experience needed to effectively seek employment is part of the institution-based Sheridan program. Participants receive job search assistance upon release.

Of participants released from Sheridan and on parole, 56 percent were employed as of Dec. 31, 2005, while 44 percent were employed among the comparison group. Even more substantial gains were seen in employment among Sheridan releasees who returned to Cook County. Sheridan participants had an employment rate of 48 percent, while the comparison group released to Cook County showed a 33 percent employment rate.

Conclusions

Evaluation of the implementation and impact of the Sheridan Correctional Center Therapeutic Community in its second year confirms that the program is serving a population of inmates who have extensive histories of substance abuse and involvement in the criminal justice system. The evaluation also provides empirical evidence that the program is providing services that reduce the risk of subsequent re-arrest and re-imprisonment. While it may be premature to assess the long-term financial benefits of the Sheridan program, in aggregate, the positive improvements in recidivism and employment coupled with sentence reductions due to earned good conduct credit suggest that the potential exists for significant cost savings.



Illinois Criminal Justice Information Authority

The October 2004 Program Evaluation Summary, "*Impetus and Implementation of the Sheridan Correctional Center Therapeutic Community*," is available on the Authority website at hwww.icjia.state.il.us/public/pdf/ProgEvalSummary/sheridancorrections.pdf.

This evaluation was supported by grant #01-DB-BX-0017 awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

3.6 Expertise of Bidder's Personnel

3.6.1 QUALIFICATIONS OF GATEWAY PERSONNEL

To ensure that the Department receives the best quality services at the Ozark Correctional Center, Gateway will provide excellent guidance and support of the program at all levels: from its Executive Management Team, the Corrections Management Team personnel, and the program-level personnel. The following sections describe current Gateway personnel who will deliver these quality services.

We have included Exhibit D (Expertise of Personnel), Exhibit G (Employee Expense Charged to the Contract), and Exhibit H (Personnel Control Listing) at the end of this section.

MANAGEMENT PERSONNEL SUPPORTING THE OCC PROGRAM

The Executive Management Team and Corrections Management Team personnel who will support the operations at OCC include the following highly qualified professionals whose experience and credentials are summarized below. Their detailed vitae are included at the end of this section.

- **Executive Management/Leadership Team**

The Executive Management Team and Corrections Management Team personnel who will support the operations in Florida include the following highly qualified professionals whose experience and credentials are summarized below.

MICHAEL DARCY

Michael Darcy is President and CEO of Gateway Foundation, Inc., a private, not-for-profit organization founded in 1968 to provide alcohol and other drug abuse prevention and treatment services.

Mr. Darcy began his career in 1967 working in New York's Greenwich Village as an outreach worker helping teens and young adults who were abusing alcohol and other drugs find their way out of addiction. In 1969, he was asked to come to Chicago to work at Gateway Foundation, one of six new drug treatment initiatives funded by the Illinois Department of Mental Health and organized under the auspices of the University of Chicago's Department of Psychiatry.

In 1985, Mr. Darcy was appointed President and CEO by the Board of Directors after serving in the positions of Treatment Center Director, Area Director, Program Director and Executive Director reporting to the President.

Mr. Darcy is nationally known for his work in the Substance Abuse field and has served on many Federal, State and Local Government Advisory Groups as well as on the Board of Directors of National and State Associations. He is currently a member of the reform-minded Chicago Housing Authority.

Mr. Darcy received his undergraduate degree, concentrating in Social Work, from Chicago's Roosevelt University and his Master of Management (MBA) from Northwestern University's Kellogg Graduate School of Business.

MICHAEL GINIGER

Michael Giniger, Vice President for Corrections, is responsible for the overall operation of Gateway's Corrections Division, which consists of treatment correctional units in the states of Missouri, New Jersey and Texas. He has direct responsibility for ensuring quality of care to clients; compliance with contract requirements and licensure and accreditation standards; promotion of the organization to appropriate correctional/state agencies; adherence to budgetary and sound fiscal requirements; promotion of prudent human resources practices; and development of new business opportunities.

Mr. Giniger played a lead role in the development of the Texas Criminal Justice Treatment Initiative and, in conjunction with that initiative, he has worked closely with the Winners Circle Self-Help Network to assist men and women re-entering the community. He has received many meritorious achievement awards from the Winners Circle and continues to work as an integral part of their national planning groups.

Prior to achieving the role of Vice President of Gateway Foundation's Corrections Division, Mr. Giniger had been a Regional Director with Gateway Foundation since 1994. He has been actively involved in the substance abuse treatment field since 1975. Immediately prior to his employment with Gateway, he worked with Parkside Medical Services as an Administrative and Program Director in several of their adult and adolescent treatment facilities. He also worked as a Program Director for Sinai-Samaritan Medical Center in Milwaukee.

Mr. Giniger was employed by DePaul Rehabilitation Hospital in Milwaukee in increasingly more responsible positions, starting as a counselor in 1977 and working his way up to a Program Director position before leaving in 1988. He began his work in the substance abuse treatment field at Daytop Village in New York City.

Mr. Giniger has served on several Boards of treatment provider associations including the National Association of Addiction Treatment Providers and presently serves on the Board of Therapeutic Communities of America. He has been a Certified Alcohol and Drug Counselor since 1977 and maintains his license as a Chemical Dependence Counselor in Texas and is a Certified Criminal Justice Professional.

Mr. Giniger has a Bachelor's degree in Health Care Management from LaSalle University.

GEORGE VARGAS

George Vargas, Chief Financial Officer, is responsible for the overall operation of the Gateway Foundation finance and accounting functions including accounting, budget and financial analysis, treasury management, supplier management, billing and accounts receivable, payroll, accounts payable, program support, and administrative support services.

Mr. Vargas has 22 years combined experience in accounting, internal auditing, process improvement, and business systems implementation.

Prior to joining Gateway, Mr. Vargas served as a senior business systems analyst for a major property and casualty insurance company and served in various accounting and internal auditing capacities for a major not-for-profit social service organization based in Illinois.

Mr. Vargas has a B.S. degree in computer science and a second B.S. degree in Accounting, both from Northeastern University in Chicago. He is a certified information systems auditor and a CPA.

MARTHA YOUNT

Martha Yount, Vice President, Human Resources, is responsible for the direction of Human Resources management for Gateway Foundation, which has over 1,000 employees in seven states. She oversees human resource programs and services including employment, compensation, benefits, employee relations, personnel records, and training programs ensuring compliance with the organizational goals and objectives.

She previously served as Associate Director, Human Resources at the University of Chicago Hospitals and Assistant Director, Human Resources at Baylor University Medical Center in Dallas where she was responsible for managing human resources programs and strategies.

Ms. Yount has a Master of Business Administration from the University of North Texas.

DAN MOLITOR

Dan Molitor, Vice President, Information Services, is responsible for strategy and operations of organization-wide data, voice and project management information systems and support. He has over 19 years of progressive information systems-related experience. He plans, directs, manages systems and personnel, develops, updates and secures approval of the IS Strategic plan, capital and operational budgets, IS policies and procedures and participates in administrative operations including acquisitions and mergers. He is a member of the executive management team responsible for welfare of the agency and its interests.

Prior to Gateway Foundation, Mr. Molitor worked for a major not-for-profit social service organization based in Illinois. His responsibilities included voice, data, applications and support of 120 locations throughout Illinois and a \$4 million information systems budget.

He has been an instructor for both Governors State University and South Suburban College in Illinois.

Mr. Molitor received an MBA in Management Information Systems from Governors State University.

CORRECTIONS MANAGEMENT PERSONNEL

REBECCA H. DOUGLAS

Rebecca Douglas, Regional Director, Corrections Division, has oversight of the St. Louis Missouri Free and Clean program; the Women's Eastern Division Correctional Center, Vandalia, MO; Northeast Correctional Center in Bowling Green, MO; Maryville (MO) Treatment Center; Western Reception Diagnostic Correctional Center (MO); Ozark Correctional Center (MO); and, Day Reporting Center and Pre-Release Center in Chicago, IL. Ms. Douglas also is responsible for oversight of all compliance requirements for the Corrections Division. These requirements include ensuring facility adherence to licensing, certification, accreditation, and contractual regulations and standards.

As the Continuing Education Coordinator for the Texas Units, Ms. Douglas provides training for unit CE Coordinators, selects and schedules continuing education topics, and reviews and evaluates seminars.

Ms. Douglas also coordinates, schedules, and participates in internal audits for Corrections; collects and prepares statistical data for Corrections Division reports; and provides support in various other ways for Michael Giniger, the Regional and State Directors, and the Center Directors. Ms. Douglas reports directly to Michael Giniger, Vice President of the Corrections Division.

Ms. Douglas has been the Director/Program Manager for a variety of mental health and chemical dependency programs, including Director of Psychiatric & Chemical Dependency Programs for Tenet Healthcare (Houston), an acute care facility for adolescents, adults and geriatric patients; Director of Clinical Services for Nexus Recovery Center (Dallas), a center for female substance abusers; Area Director for Gateway in a previous employment with Gateway-Texas (Houston); and Program Manager for Adolescent Alternatives (Richmond, TX), a residential juvenile justice chemical dependency program. She has also been a presenter at several local and statewide conferences.

Ms. Douglas has a Master's degree in Clinical Psychology; is a Licensed Professional Counselor (LPC); a Licensed Chemical Dependency Counselor (LCDC); Certified Criminal Justice Professional (CCJP), and a Certified LPC Supervisor.

DUANE CUMMINS

Duane Cummins, Program Director at Ozark Correctional Center, has served Gateway Foundation, Inc. as the Program Director of the Gateway Program at Ozark Correctional Center since July 2009. His current responsibilities include administrative and clinical oversight of operations at this program.

Mr. Cummins has worked with criminal justice-involved populations since 1989 in a variety of disciplines within the Missouri Department of Corrections and the Missouri Department of Mental Health to include custody, classification, probation and parole, substance abuse services, sex-offender services, training, and administration. Prior to employment with Gateway Foundation, Mr. Cummins was the Missouri Division of Offender Rehabilitative Services (DORS) Area Substance Abuse Treatment Coordinator in the southeast region of the state. Mr. Cummins served as a subject matter expert in the development of the Certified Criminal Justice Addictions Professional (CCJP) certification in Missouri and in the development of the international CCJP test. He served for 4 years as the Corrections Representative on the Missouri Substance Abuse Professional Credentialing Board. Mr. Cummins is a popular speaker and trainer, regularly providing a variety of trainings throughout the state of Missouri on topics related to criminology, criminal justice, and substance abuse treatment practices in working with criminal justice involved populations.

Mr. Cummins holds a master's degree in Criminal Justice from Capella University and has completed all but the dissertation (ABD) of Ph.D requirements at Capella, with a focus on criminal justice and public service leadership. Mr. Cummins is expected to complete his dissertation by September, 2012. His current research is focused on exploring the lasting impact of Therapeutic Community involvement as evidenced in the lived experience of long-time non-recidivists. He holds both the Missouri and international Certified Criminal Justice Addictions Professional (CCJP) credential and Substance Abuse Traffic Offenders Program (SATOP) Qualified Professional (SQP) in the state of Missouri.

GREGG DOCKINS

Gregg Dockins, Director of Corrections Initiatives, has served Gateway Foundation, Inc. as the Director of Corrections Initiatives since November 2006. His current responsibilities include the solicitation and procurement of contract business for the Corrections Division and various other development and marketing assignments. He represents the Corrections Division for Gateway Foundation during contractual negotiations and legislative contacts and is responsible for assisting the operational management staff of the Division with program start-ups.

Prior to his current assignment, Mr. Dockins was Gateway's Program Director at the 950-bed Sheridan Correctional Center Therapeutic Community (Illinois Department of Corrections). His responsibilities included administrative and clinical oversight functions for the DASA-licensed Therapeutic Community. Mr. Dockins has been the Director/Program Manager for a variety of mental health and chemical dependency programs since 1991 and has 24 years of experience in substance abuse treatment. His specialty is implementing programs using the Therapeutic Community treatment methodology.

Mr. Dockins holds a bachelor's degree in Psychology from Wayland Baptist University and completed Master's courses at the University of Texas at Arlington. He is a Certified Criminal Justice Addictions Professional (CCJP) in both Illinois and Texas and has been a licensed substance abuse counselor (Texas: LCDC) since 1991. Mr. Dockins has co-authored manuals on chemical dependency counselor training, has been a contributing author to college textbooks, is a seasoned trainer on chemical dependency treatment models, therapeutic communities, and chemical dependency counseling approaches and was a principal author of the Sheridan Correctional Center Integrated Standard Operating Procedure Manual for the Illinois Department of Corrections.

As a result of our extensive history of correctional service delivery over the past 30 years in State prisons and other secure settings, and our proven ability to successfully integrate treatment services within the Ozark Correctional Center, Gateway is the perfect provider to continue providing the requested treatment services.

PROPOSED PROJECT STAFFING FOR OCC

Gateway proposes to staff the OCC program as noted in the following table.

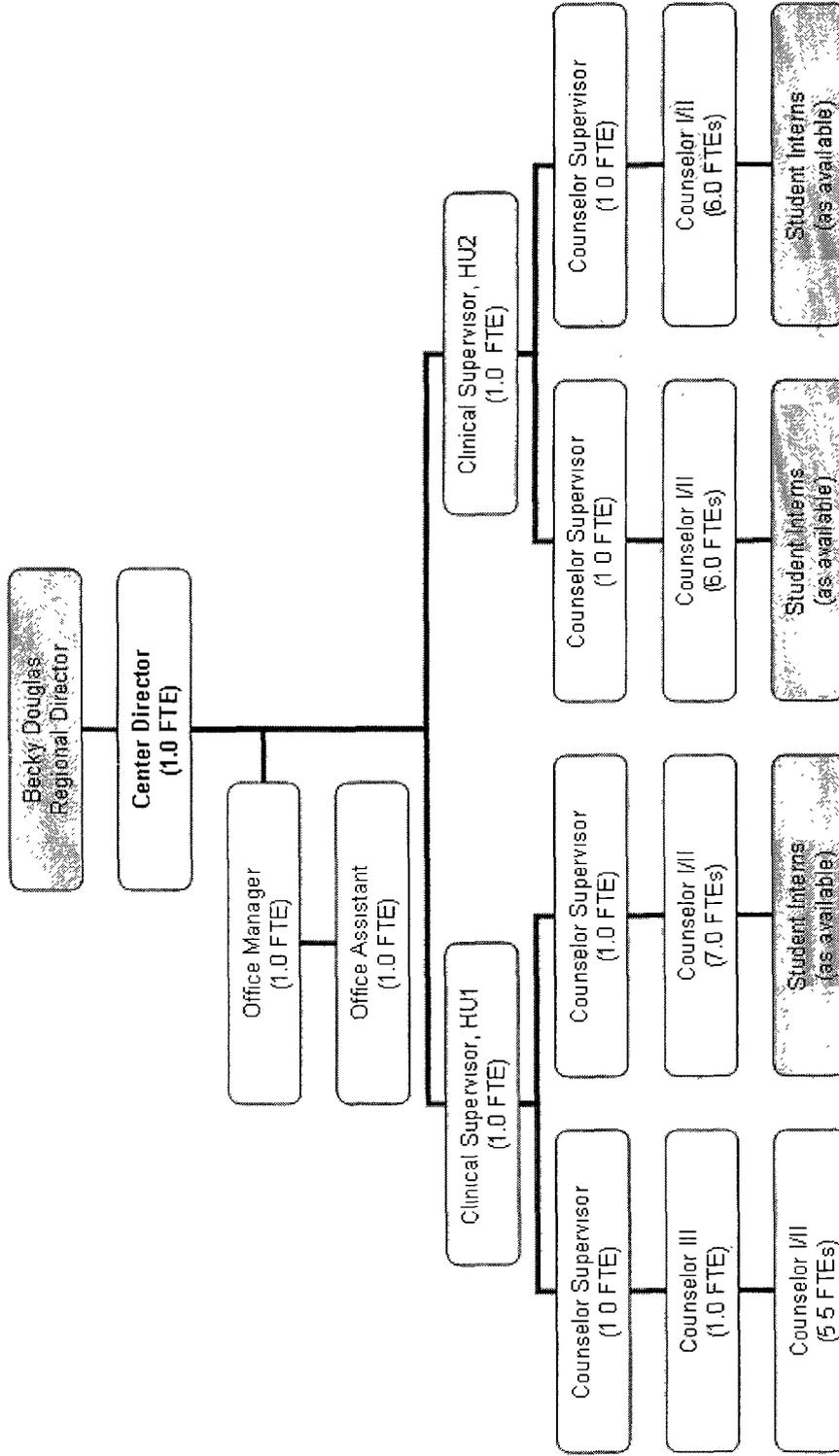
STAFFING PATTERN

POSITION TITLE	FTEs
Program Director	1
Office Manager	1
Office Assistant	1
Clinical Supervisors	2
Counselor Supervisors	4
Counselor III	1
Counselor II	9
Counselor I	15.5
TOTAL	34.5

A proposed Organizational Chart is provided on the following page.



Ozark Correctional Center
 Proposed Organizational Chart



Proposed: 07/01/12

EXPERIENCE AND EXPERTISE OF CURRENT GATEWAY STAFF
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As the incumbent treatment provider for the Ozark Correctional Center, **Gateway already has well qualified staff in place to deliver the required services.** In addition, our management team is highly competent, with years of experience. The breadth and experience and amount of expertise they bring to the new contract are evident in the tables on the following page.

These management staff members' detailed resumes are provided as an attachment to this proposal. The tables provided below contain the list of management personnel for each facility currently under contract. The tables include their experience, expertise, and special qualifications of note.

PROPOSED OCC STAFFING PLAN BY POSITION

STAFF MEMBER	CURRENT POSITION	PROPOSED POSITION	YEARS OF RELEVANT EXPERIENCE	SPECIAL QUALIFICATIONS
Duane Cummins	Program Director	Program Director	23	MS, CCJP, SQP
Linda Christian	Clinical Supervisor	Clinical Supervisor	15	MA, LPC, CRADC, CCJP
David Culbert	Clinical Supervisor	Clinical Supervisor	15	MA, LPC, CADC
Thresa Miller	Counselor III	Counselor Supv. Candidate	30	MS, PLPC, RSAP, CCJP
Harry Pearson	Counselor III	Counselor Supv. Candidate	30	D.Min., LMFT, RASACII
Janelle Murphy	Counselor II	Counselor Supv. Candidate	6	CCJP
Gayle Cleland	Counselor II	Counselor Supv. Candidate	6	BA, CCJP
James Gillum	Counselor III	Counselor III	15	MS, LPC, CRADC, CCDP-P
Cathy Farr	Counselor II	Counselor II	20	CRADC, CCJP
Richard Reeves	Counselor II	Counselor II	10	CRADC, CCJP
James Spencer	Counselor II	Counselor II	25	CRADC, CCJP
Dianna Hatfield	Counselor II	Counselor II	15	MA, CRAADC, CCOCPD
Deidre Beck	Counselor II	Counselor II	5	CCJP
Ron Coffelt	Counselor II	Counselor II	4	CADC
Carolyn Harris	Counselor II	Counselor II	5	BA, CCJP
John Snapp	Counselor II	Counselor II	6	CADC
Tina Nichols	Counselor II	Counselor II	4	MS, CADC
Rickki Hawkins	Counselor II	Counselor II	4	BA, CRADC
Mindy Reinhold	Counselor II	Counselor II	10	MA, LPC
Karen McCarty	Counselor I	Counselor I	5	RASAC II
Abigal McKinnie	Counselor I	Counselor I	3	BS, RASAC II
Amie Thompson	Counselor I	Counselor I	2	MA, RASAC II
Kelly Finlin	Counselor I	Counselor I	2	BSW, RASAC II
Anna Brown	Counselor I	Counselor I	4	BS, RASAC II
Jason Peters	Counselor I	Counselor I	1	BS, RASAC I
Gary Morrison	Counselor I	Counselor I	4	Ed.D., RASAC II
Mallory Stringer	Counselor I	Counselor I	2	BS
Kelly Neasby	Counselor I	Counselor I	2	BA, RASAC II
Clyde Lucas	Counselor I	Counselor I	3	RASAC II
VACANT	Counselor I	Counselor I	N/A	N/A
VACANT	Counselor I	Counselor I	N/A	N/A
VACANT	Counselor I	Counselor I	N/A	N/A
VACANT	P/T Counselor I	P/T Counselor I	N/A	N/A
Sandra Bingaman	Office Manager	Office Manager	10	MBA
Becky Severs	Office Assistant	Office Assistant	6	

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Once the new contract is finalized, Gateway staff will continue to deliver the OCC program to with no interruption of care. As this is understandably of paramount concern to the Department, we will commit the resources of the Gateway Corrections Division management and support teams to ensure that we provide quality treatment services from day one of the new award.

Supervision of Staff

Clinical Supervision

Gateway has developed a thorough system for supervision of all clinical staff. Gateway proposes a staffing pattern at OCC that will appropriately allocate clinical oversight, supervision of staff and quality management through a system of Clinical Supervisors and Counselor Supervisors. **Clinical Supervisors** will devote more concentrated time to development and supervision of staff, compliance and quality control, and direct supervision of Counselor Supervisors, Counselor IIs, Counselor III, and interns. These positions will be responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and Department or other state agency personnel. Clinical Supervisors will coordinate meetings among program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need.

Counselor Supervisors will manage the day-to-day operations of the proposed program services on each of the wings. They will review client records and treatment plans to ensure appropriate service provision and consistent documentation of services provided. Counselor Supervisors will directly supervisor the Counselor Is. Counselor Supervisors will carry a caseload of 8 to10 clients and may assist with intake and assessment services for clients upon admission to the program.

The Clinical and Counselor Supervisors may provide services as a backup for staff absences or vacancies.

Each counselor is assigned to a Clinical/Counselor Supervisor who meets individually with counselors one time per month (a minimum of one hour of face-to-face supervision) in addition to weekly team meetings to provide clinical supervision. Clinical function topics may include the following:

- client progress
- client problems
- clinical appropriateness of the treatment plan
- effectiveness of the counselor's approach (discussed in detail with the counselor)
- special needs

In addition, job performance issues will include the following:

- customer service
- sharing knowledge
- team communication
- documentation
- ethics and boundaries

These are among the topics reviewed and evaluated each month on the Gateway Staff Supervision Form (204.1). Areas of expected achievement, superior achievement, and areas needing improvement are noted and discussed with the counselor. When appropriate and necessary, the Clinical Supervisor may prepare a performance improvement plan or development plan to assist the counselor to meet clinical and/or job expectations.

Clinical Observation

Gateway Clinical Supervisors are expected to observe the counselors facilitating groups, performing assessments, and individual sessions so that appropriate feedback can be given. Observations will include the following:

Group Facilitation:

- Empower the members of the group to address the issues and provide feedback
- Group management
- Criminal/addictive thinking

Assessments/Treatment Plans

- Engagement
- Appropriate/relevant probing questions
- Inclusion of client comments on Treatment Plan

Individual Sessions

- Engagement
- Boundaries
- Focus

File Reviews

Clinical Supervisors and/or Counselor Supervisors review all clinical files monthly: One hundred percent (100%) of all admissions/discharges and 20% of each caseload, which is recorded on the Client File Audit Form. Each counselor is expected to correct identified deficiencies within specified timeframes. The Supervisor signs off on the audit as the deficiencies are corrected. The results of the file audit are noted on the 204.1 Staff Supervision Form. The monthly audit results are submitted on the Monthly Clinical Supervision Form.

Meetings

Clinical Supervisors will coordinate meetings with the Institutional Warden or designee, program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need. Topics might include program operations, quality assurance, training, and compliance. Counselor Supervisors will meet individually with their direct reports and may participate in department meetings, as appropriate.

Staff Recruitment, Retention, and Professional Enhancement

Although Gateway has a full complement of staff already delivering services at the Ozark Correctional Center, personnel vacancies occasionally occur. To avoid any gaps in service, Gateway works hard at maintaining viable recruitment, retention, and professional enhancement activities. We are familiar with the areas in which the programs are located, and we have anticipated the challenges we may encounter with staff recruitment and hiring. We have constructed a detailed staffing plan, including a description of our recruitment and selection process and a time line for acquisition of all staff positions. There are several graduated steps that must be taken for effective staff recruitment.

Gateway utilizes a specific policy pertaining to recruitment sources, and we have talented staff in our Human Resources (HR) Department specifically dedicated to recruitment and hiring staff for new Gateway programs. Our policy makes clear that recruitment of qualified people is a critical priority in assuring the success of our programs. Gateway managers and HR representatives are trained in and familiar with recruitment efforts directed at locating and attracting the most qualified individuals to fill vacancies.

EFFORTS TO EMPLOY A DIVERSE STAFF

Gateway has long recognized the value of diversity in the work environment and with respect to service provision. High priority is attached to the recruitment and hiring of minority individuals and persons from the various cultures represented by the client population. As detailed elsewhere in this proposal, our Human Resources Department takes care to post available positions with local agencies that cater to various ethnic groups, such as the Urban League or various offices of the Department of Employment Security. This is to ensure that notice of vacant positions reaches qualified clinicians from a variety of ethnic groups and to increase our opportunities for hiring staff members with diverse backgrounds and experiences.

Gateway has developed Affirmative Action Programs (AAP) for each region in the United States in which we provide services. Each AAP is structured and calculated as required by the Office of Federal Contract Compliance and Programs (OFCCP), and conforms to all guidelines and requirements both in letter and spirit.

The data in the following table are evidence of the success of our diversity initiatives in hiring.

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MALES									
White	Black	Hispanic	Asian	Native Hawaiian/ Other Pacific Islander	American Indian/ Alaskan Native	Two or More Races	Not Specified	Total	Percent Male
192	162	15	3	1	0	4	3	380	37%
FEMALES									
White	Black	Hispanic	Asian	Native Hawaiian/ Other Pacific Islander	American Indian/ Alaskan Native	Two or More Races	Not Specified	Total	Percent Female
373	216	35	6	3	2	3	9	647	63%

Although Gateway has maintained an employee retention rate at OCC of approximately 80% over the past few years, Gateway maintains an effective plan for hiring staff when vacancies do occur. Gateway immediately posts the staff positions at OCC on our internal listing of open staff positions, which is updated and delivered electronically at least weekly to all Gateway managers throughout the country. This listing is displayed on each unit for all Gateway employees to review. It is a time-efficient way to notify Gateway staff of available, new positions should anyone be interested.

In addition, Gateway recruits and hires staff from the community when appropriate candidates apply for staff positions. Various media are utilized for advertising vacancies, such as Career Builder, MO Certification Board, and newspapers, if necessary. Additional sources are listed below. Gateway has on our Human Resource staff a person who has access to multiple resources for gathering information about possible candidates for staff positions and who specifically works with individual sites to fill these positions as expeditiously as possible.

External sources for recruitment include use of websites, newspapers, employment agencies, and substance abuse counselor training programs and other social service career programs at colleges, junior colleges and professional organizations. The following list identifies the newspapers and area schools that have programs in psychology, sociology, social work, and criminal justice.

Websites:

Recoverytoday.net

The Association for Addiction Professionals - www.naadac.org

National Association of Addiction Treatment Providers - www.naatp.org

Careerbuilder.com

Monster.com

Blackmissouri.com

Colleges:

Missouri State University Springfield
Evangel University, Springfield
Lincoln University, Jefferson City

Newspapers:

Community Free Press
Springfield News-Leader
Lebanon Daily Record

Our Human Resources Department quickly performs follow-up contacts with unsolicited inquiries and frequently obtains lists of certified counselors in the area for mailing advertisements of job openings. Gateway has obtained a mailing list of Missouri's certified substance abuse counselors as an additional method for seeking staff, which we use as the need arises.

GATEWAY'S SCREENING AND EVALUATION PROCESS

Gateway expects every hiring manager to commit to utilizing sound and consistent practices when screening and hiring staff. Managers are expected to provide all job applicants, internal and external, with an equal employment opportunity on the basis of ability, experience, and training, regardless of race, color, age, religion, national origin, sex, or disability.

Applications for open positions may come from internal or external applicants. Internal applicants must complete an Internal Application for Job Posting and forward to the Human Resources (HR) department for evaluation. Only those candidates approved by Human Resources may be interviewed. HR will forward all approved applications to the hiring manager.

Managers will screen applicants' external resumes for experience, education, and certification requirements. If an applicant is a former Gateway employee, managers must contact Human Resources to determine if the candidate is eligible for rehire.

Our Human Resources Department recommends that each viable candidate undergo a telephone pre-screen to determine his or her suitability for the position. Conducting an effective pre-screen saves time as it helps to eliminate those candidates who either do not qualify or are not interested in your open position.

Once applicants' eligibility and interest are established, managers follow established guidelines for conducting a successful interview. Before commencing the interview, managers carefully review the Application for Employment to ensure that all information is complete and that the application is signed.

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After an interview has been completed, managers review their interview notes and the Candidate Assessment form and rate the candidate. Using the form they enter the number (1 – 4) that best describes the information gathered (or not gathered) in this interview. As a team, the individuals involved in the interview discuss their rankings and reach a consensus, if possible.

The top candidate(s) are selected, and the background check process is initiated. The chosen candidate(s) is (are) notified that the next step is to conduct reference and criminal background checks. Candidates are asked to complete the Background Check Request and Release Authorization form. Because Gateway is a multi-state organization, the Criminal Background Check process on each candidate is initiated following individual state guidelines.

The business reference checks are also performed on each candidate, following the *Reference Check Policy*. This includes verifying the candidate's degree, certification, or other licenses. If the criminal background check, the reference checks, the school degree check, and certification check are acceptable by Gateway's standards, the deliberation process is initiated.

If a candidate fails the drug screen, HR will send a letter to the candidate withdrawing the offer of employment. Managers then must decide if they want to pursue any previously interviewed candidates.

RETENTION OF STAFF

Gateway believes that continuing efforts to retain high-quality staff are particularly important, and that minimally qualified staff and high staff turnover will adversely affect the quality of the treatment program. We hire staff for the program with attention to staff members' ability to adopt an interdisciplinary approach to treatment and to provide services to each inmate according to his unique needs. Gateway typically participates in progressive and creative agendas in cooperation with the Department to achieve our mutual goals in this regard. To further emphasize the importance of this issue, staff retention is incorporated as a goal in our Corporate Strategic Plan. As indicated above, Gateway Foundation has recently maintained an employee retention rate of approximately 80% at OCC, which is well above the retention rate for typical institutional programs.

Gateway provides extensive orientation to its corporate policies and procedures. We have a New Employee Handbook as well as a more intensive "on-boarding" package that includes a welcome packet upon offer acceptance that includes a welcome letter; first-day schedule, and a mission, vision, and values DVD. There is also a welcome card and professional development journal, with targeted meetings with the supervisor. Each unit has tailored its new hire orientation to its unique requirements and culture. In addition, each Gateway unit has an array of activities designed to demonstrate that it values its employees, thus increasing retention.

Pursuant to Gateway's Corporate Strategic Plan, managers review employee retention data monthly. Programs experiencing low retention are provided with additional guidance and

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support from Gateway management and Human Resources. This support can include on-site visits by members of the management team, or employee focus groups conducted by Human Resources in an effort to identify common problem areas, and develop a plan to address them in conjunction with the local management team. Gateway also conducts exit interviews to solicit feedback from employees, which is reported to managers and the Board of Directors, and corrective actions are taken if necessary, based on this feedback.

With respect to corrective actions at various sites, managers devise strategies specific to their staff retention needs. Our goal is to promote an enhanced sense of belonging for our staff, which in turn contributes to a positive progress in our programming. Actions we have taken in the past to positively impact retention include the following:

- identifying and providing training to our staff in areas where they may lack experience, particularly relating to issues specific to a corrections-based treatment program. These issues include staff and inmate boundaries, holding inmates accountable for their behavior, and finding ways to develop a closer working relationship with the Department.
- conducting regular staff meetings with Department representatives to continue to develop and maintain an open line of communication with the Department.
- providing supervisors with an Employee Selection Workshop designed to assist in selecting the most qualified candidates.
- developing a relationship with local universities to develop student internships as a way of recruiting future staff members.
- participating in DOC sponsored job fairs.

INTERNSHIP PROGRAM

Gateway has developed a cooperative relationship with local colleges and universities to provide internship opportunities to both master's- and doctoral-level students from the counseling and psychology disciplines. Additionally, Gateway provides practicum supervision for P-LPC candidates. Gateway's reputation as a primary source for quality internship oversight has resulted in an increase from affiliation with a single school to the current list of five schools in just two years. The following institutions provide internships at the Gateway program at Ozark Correctional Center: Forest Institute of Professional Psychology, Evangel University, Missouri State University, Drury College, and the Assemblies of God Theological Seminary. Currently, Gateway limits its internship program to four (4) interns at a time; however, due to the substantial interest shown in the community creating a waiting list for these unpaid intern positions, we have plans to increase our internships to six (6) in the coming contract year.

These internship positions not only provide additional personnel for services (supervised), but they also provide an excellent source for entry-level staff as paid positions are vacated.

PROFESSIONAL DEVELOPMENT

Gateway believes that, in order to provide appropriate, effective, and cost-efficient substance abuse treatment, staff must be trained to provide cognitive restructuring therapy and chemical dependency counseling services. Clinical Supervisors are trained to identify staff training needs as well as client needs, and all treatment staff are trained to understand the complexities of providing substance abuse treatment in a correctional setting with a difficult-to-treat population. Gateway requires that all treatment staff receive appropriate training and encourages staff to maintain and increase their level of qualifications.

STAFF CERTIFICATION POLICY

Gateway's staff certification policy pertains to all clinical staff who provide direct clinical services including Counselors and Clinical/Counselor Supervisors, , among others. Specifically, clinical staff hired to work at the proposed sites will meet one or more of the following criteria:

- be certified by the appropriate State Agency as a substance abuse counselor or be certified by an agency recognized by the State Agency and/or the funding source as demonstrating appropriate reciprocity, or
- be licensed as a Licensed Counselor, Licensed Clinical Professional Counselor, Licensed Social Worker, or Licensed Clinical Social Worker.

Gateway requires all staff who are hired without certification or licensing credentials to acquire these credentials as soon as possible. All staff members who are not yet certified will be supervised by a counselor or supervisor holding a supervisory level of certification credential or the appropriate license to practice. We assure the Department that staff members who provide services at OCC will be licensed and/or certified by the appropriate Missouri agency or other agency with appropriate reciprocity.

Staff members who have not achieved certification will be required to begin working toward licensure/certification as soon as possible and will be supervised by a certified counselor or other qualified, credentialed professional.

STAFF TRAINING STRATEGIES, CURRICULUM AND PRACTICES

Internal Training Efforts

Gateway is able to choose from its qualified staff instructors adept at training professionals on important and various treatment issues. Determinations for suggested training efforts and annual training needs (beyond New Employee Orientation and Mandatory Training) are made based on feedback from staff and supervisors, and on contract or licensing requirements. Directors and Clinical/Counselor Supervisors are trained to recognize additional staff training needs, and staff members may request training in a particular subject or area.

At a minimum, Gateway provides training to staff as required to maintain necessary credentials. With respect to staff training at OCC, Gateway will provide training to staff in the areas of offender screening, treatment plan development, group and individual counseling, criminal thinking patterns, and community treatment planning.

The in-service training may be conducted by Gateway staff members or by non-Gateway professionals when necessary. The Program Director will ensure that all trainers selected to provide in-service training have the proper credentials and experience. Aspects of our training policies and documentation are attached as an appendix.

Training Record

A training record will be completed for each employee. The training record will be maintained as an on-going document and will include the New Employment Orientation Checklist, In-service Checklist - Mandatory Training, and In-service Checklist - Additional Training. Training records will be kept by the unit administrative support staff and updated as training opportunities are offered. Certificates of completion will be kept with each employee's training record as verification of course completion.

New Employee Orientation

The following orientation items must be reviewed prior to any new employee working without immediate supervision. Each session includes presentation of material and groups discussion during 1 - 1.5 hour training sessions. An exact training schedule will be provided once the contract is awarded and Gateway has the opportunity to collaborate with the department.

- Facility Policy and Procedure Manual
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Confidentiality of Client Identifying Information
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents

- Standards of Conduct and Practice (Ethics Policy)
- Emergency/Evacuation Procedures
- Specific Job Duties

Mandatory Training

This section of the training plan includes other training items required within 90 days of hire for each member of the treatment staff, and is conducted in 1 - 1.5 hour training sessions of material presentation and group discussions.

- HIV/AIDS training
- Tuberculosis training and Sexually Transmitted Diseases
- Non-Violent Crisis Intervention
- Therapeutic Community Philosophy and Treatment Methods
- Cognitive Restructuring—*Pathway to Change* curriculum for staff in the TC program
- Treating Clients with Special Needs
- Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct

Supervisory Expectations and Related Training for Supervisors

Supervisors and managers at Gateway are required to participate in a sophisticated Management Development Training curriculum which involves six (6) training modules. These modules were developed by Anderson Consulting (now Accenture) and were designed to improve management skills and reduce staff turnover. The modules include:

- Communicating Effectively
- Building High Performance Teams
- Coaching to Improve Performance
- Situational Leadership
- Managing Employee Relationships
- Managing Conflict

STAFF TRAINING SCHEDULE

Timeframe	Topic	Trainers
Week 1	OCC Pre-Service Orientation (see narrative following schedule)	Gateway management staff
Week 2	<ul style="list-style-type: none"> • Gateway Employee Guide • Policy & Procedures • Confidentiality • Emergency Procedures • Organization • Security & Safety • HIV • Clinical Policy Review 	Program Director; Clinical Supervisors; Administrative Assistants
Weeks 3-6 (45 days post implementation)	<ul style="list-style-type: none"> • Therapeutic Communities • Clinical Documentation • Special Needs • Quality Management/Performance Issues • Motivational Interviewing • Cognitive Self-Change/Thinking for a Change (T4C) • Program Curricula (Gorski's Relapse Prevention/ Life Skills/Criminal Thinking Errors/Thinking Reports/Moral Reasoning) 	Gateway staff and/or external presenter
Weeks 7-12	<ul style="list-style-type: none"> • Continuation of Program Topic Training • Quality Management Plan • Unusual Incident Reporting • Non-Violent Crisis Intervention • Clinical Documentation & Processes 	Program Director; Clinical Supervisors; Administrative Assistants
Monthly	<ul style="list-style-type: none"> • Topical Training; may include one of the above topics and/or additional topics that enhance topics required for certification/re-certification. 	Gateway staff and/or external presenter
At least annually	<ul style="list-style-type: none"> • HIV/AIDS • Tuberculosis and Sexually Transmitted Diseases • Non-Violent Crisis Intervention • Therapeutic Community Philosophy and Substance Abuse Treatment Methods • Treating clients with Special Needs • Abuse, Neglect, Exploitation, and Illegal, Unprofessional and Unethical Conduct Screening and Assessment • Cognitive Self-Change • 12 Core Functions 	Gateway staff and/or external presenter

OCC PRE-SERVICE TRAINING

New Gateway employees will participate in 40 hours of pre-service training. This orientation to Gateway and the OCC will be presented by Gateway management staff and occur over the first several weeks of employment. Normally, Gateway provides this training during the first full week of employment, but due to start-up considerations, as we are prioritizing the continuation of uninterrupted service delivery during the OCC transition, we will extend the pre-service orientation timeframe for those hired at day one of the contract. All new Gateway staff thereafter will be oriented to specific Gateway procedures and processes during their first week of employment. The standard pre-service orientation includes:

Gateway Employee Guide:

- Policy and Procedures
- Attendance policy
- Kronos time clock; paid time off
- Code of Conduct/Corporate Compliance Program
- Gateway mission, vision & history overview
- Job description; Performance Evaluation and review process
- Benefits overview
- Smoking; visitors; solicitation;
- Dress Code
- Gateway property; computers/voice mail; use and reporting problems
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Specific Job Duties

Confidentiality:

- HIPAA privacy regulations
- 42 CFR
- Confidentiality—HIV/AIDS Status
- Confidentiality of client Identifying Information

Emergency Procedures

- Medical, psychiatric, suicide prevention / intervention
- Fire safety
- First aid kit location

Organization:

- Site tour & introduction to site personnel
- Organization chart (Gateway & site / department)
- Description of program service

Security & Safety:

- Infection Control & Standard Precautions
- Workers Compensation / employee injuries
- OSHA Hazard Communication Plan
- Personal Belongings

HIV:

- Etiology, transmission, symptomology, and testing

Clinical Policy Review:

- Client behavior and consequences
- Child/elder abuse and neglect reporting/exploitation
- Client acknowledgment of treatment rights

Within the **first ninety (90) days** of hire, Gateway employees experience further training in the following areas:

- Quality Management Plan
- Unusual Incident Reporting
- Non-Violent Crisis Intervention
- Clinical documentation & processes

In addition to those items listed, Administrative Staff will review:

- Billing requirements & procedures
- Mail

At the completion of the orientation period, staff will begin a more intensive learning process regarding the following topics:

- Therapeutic Communities—including, History, Traditional model, Issues of new TC Counselors, Counselor Role, Basic TC Tools/Rules, Skills and Concepts, and Counselor Competencies.
- Clinical Documentation—including, Assessment, Master Treatment Plan (TAP)
- Special Needs Clients
- Quality Management/Performance Measures

- Program Topics—including, Criminal Thinking Patterns, Life Skills, CD Education, Cognitive Self-Change, Anger/Aggression Management, Relapse Prevention, Problem Solving Skills, Pro-Social Values

These topics, among others, will be presented as weekly, on-going training in seminar-styled format in addition to daily practical experience guided by, initially, seasoned Gateway transition team members.

In addition, OCC has a sophisticated system for orienting new employees to clinical activities based on a “Watch-Do-Teach” model. New employees observe a given task or activity, perform that activity in conjunction with a mentor, and then perform the activity under the observation of the assigned mentor. The mentor provides feedback and additional instruction repeating the “Watch-Do-Teach” process until trainees exhibit competence in the task or function. Clinical Supervisors provide a final review of proficiency and additional feedback to the new employees. Normally, this initial orientation to clinical activity follows the four-week schedule below:

Initial Orientation for New Counselors

Week I: Watch

- **Work Schedule:** 8:00 a.m. – 4:30 p.m.
- **Day 1 Activities:** Complete all intake paperwork and HR-required tasks with the Office Manager
- **Day 2 Activities:** Focus on routine therapeutic activities with primary mentor. The Initial Training Log is completed as activities are observed.
- **Day 3 Activities:** Continue observing activities and tasks from the Initial Training Log.
- **Day 4 Activities:** Continue observing activities and tasks from the Initial Training Log.
- **Day 5 Activities:** Meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; create schedule for Week II that will ensure all general and day shift activities not yet observed will be observed.

Week II: Do

- **Work Schedule:** 6:15 a.m. - 2:45 p.m.
- **Days 1 & 2 Activities:** Follow the schedule previously established to ensure that all day shift activities have been observed.
- **Days 3 & 4 Activities:** Co-facilitation of activities and tasks to complete the “Performed With” section of the Initial Training Log for all general and day shift activities and tasks.
- **Day 5 Activities:** Meet with Clinical Supervisor to review the previous week activities; Review Initial Training Log; create schedule for Week III that will ensure all general and evening shift activities not yet observed will be observed and that any activities previously observed will be performed with a mentor.

Week III: Teach

Work Schedule Days 1 & 2: 6:15 a.m. – 2:45 p.m.

- **Days 1 & 2 Activities:** Facilitate day shift activities under the observation of an assigned mentor.
- **Work Schedule Day 3:** 8:00 a.m. - 4:30 p.m.
- **Day 3 Activities:** Complete clinical tasks from the Initial Training Log checklist under the observation of the Clinical/Counselor Supervisor or an assigned mentor.
- **Work Schedule Day 4:** 1:00 p.m. - 9:30 p.m.
- **Day 4 Activities:** Observe evening activities
- **Work Schedule Day 5:** 12:00 p.m. -8:30 p.m.
- **Day 5 Activities:** Meet with Clinical Supervisor to review the previous week activities; review Initial Training Log; create schedule for Week IV that will ensure all general and evening shift activities not yet observed will be observed; those not yet performed with a mentor will be assigned, and those not yet performed under observation will be performed..

Week IV: WRAP UP

- **Work Schedule Day 1 & 2:** 1:00 pm -9:30 pm.
- **Days 1 & 2 Activities:** Co-facilitate evening activities with mentor.
- **Work Schedule Days 3 & 4:** 1:00 pm – 9:30 pm.
- **Days 3 & 4 Activities:** Facilitate evening activities under the observation of mentor.
- **Work Schedule Day 5:** 12:00 p.m. -8:30 p.m.
- **Day 5 Activities:** Meet with Clinical Supervisor to review the previous week activities; review Initial Training Log and schedule any incomplete activities; initial caseload will be assigned and primary mentor identified for transitioning in to full performance.

Gateway's practice is to ensure that certified staff annually receives the required 40 hours of continuing education hours. This education will include Ethics, HIV, TAP/Treatment Plan Training; Missouri Reentry Process training; and training in the OCC model of modified therapeutic community. Gateway will also participate in twenty-four (24) hours of the Department's core curriculum training, if required by OCC. Staff facilitating *Pathway to Change* will receive Facilitator Training. In addition, the topics listed above will be included in these seminars and provided by either Gateway staff with expertise in these topics (from other Gateway facilities) and/or by persons contracted with Gateway.

Staff Development

Staff development is of paramount concern to Gateway. Our written policies address the need to assess, maintain, demonstrate and improve on the competencies of staff on an ongoing basis. Staff members are provided continuing education training each year. In addition, individual

units offer regular and on-going in-service training to address specific local needs. A training record is completed for each employee reflecting the mandatory training (those topics required by contract, Gateway, and counselor licensure). Presentation of topics and participation in training are reviewed during the annual performance review.

The in-service training may be conducted by Gateway staff members or by non-Gateway professionals if necessary. Center Directors ensure that all trainers have appropriate credentials and experience.

Additional Training Opportunities

The management staff holds quarterly meetings and monthly staff training sessions. Topics vary according to the needs at each unit but include topics such as criminal thinking, cognitive restructuring, cultural awareness and sensitivity, nonviolent crisis intervention, TC concepts and practices, counselor ethics, anger and grief, support groups, clinical documentation and time management, and relapse prevention. Staff members are encouraged to adopt a team approach to sharing knowledge and expertise. This informal training amplifies formal training efforts. Specialty techniques used by one unit are made available for use by other Gateway units through this discussion and training mechanism.

Staff Development Opportunities through Online Training: Essential Learning

Essential Learning offers online learning, staff compliance training and continuing education for behavioral health, mental health and addiction treatment. There are 900+ hours of online interactive courses that are more than just a list of journal, research and newsletter articles. The educational technologists at Essential Learning use adult learning principles and research to develop courses. Many of these courses are accredited and provide employees with Continuing Education Units (CEU) for recertification. Gateway provides this benefit at no cost to our employees to enhance retention and improve the quality of the services we deliver.

POSITION DESCRIPTION SUMMARIES

POSITION	RESPONSIBILITIES
Program Director	Responsible for managing and supervising the delivery of substance abuse services; liaison with Assistant Division Director, Division of Offender Rehabilitative Services; meet regularly with Superintendent/designee of facility
Clinical Supervisors	Develops and supervises staff, ensures compliance and quality control. Responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and other Department or other state agency personnel. Provide clinical supervision to staff counselors; provide support and back-up for counselors, as needed.; Coordinates meetings among program staff, corrections staff, and parole officers; ensures that clients receive the type and intensity of services needed.
Counselor Supervisor	Performs regular duties of CII for majority of work time, supervises Counselor Is as assigned; guides and directs activities and operations of the treatment program; reviews client records and treatment plans to ensure appropriate service provision and consistent documentation of services provided. Responsible for selected supervisory tasks. reports to Clinical Supervisor and/or Corrections Director.
Counselors	Assume primary responsibility for engaging the client in treatment and providing treatment services; assess clients' treatment needs; develop treatment plans (in conjunction with the clients and Department personnel); provide individual and group counseling; provide group education; and meet with other clinical and Department staff to review client progress and develop strategies for engaging clients who are treatment-resistant; assist the Clinical/Counselor Supervisor in oversight of the wing, SOD office, and Structure; work with TAP teams for designated offenders; work with clients' families, and with clients' parole/probation agents to help create support networks for offenders returning to the community. Assist clients in identifying and developing community resources for continued treatment in the community after release.
Office Manager / Office Assistant	Provide administrative support for the program. Develop billing and record-keeping procedure in cooperation with program staff and in compliance with state regulations. Must be proficient in office operations and program policy. Review incoming and outgoing correspondence; screen telephone calls for the program director; serve as staff timekeeper; prepare and distribute staff meeting minutes; provide other reports for the treatment program operation.

Detailed job descriptions for these positions are included on the following pages.

Resumes for key personnel follow the job descriptions.

EXHIBIT D
EXPERTISE OF PERSONNEL

(copy and complete this table for each key person assigned to the project)

Title of Position: Program Director	
Name of Person: Duane Cummins	
Position Description for this Project:	Primary oversight and management of services and Gateway personnel at Ozark Correctional Center. On-site program administrator.
Educational Degree (s): include college or university, major, and dates	2007 Masters of Science in Human Services with specialization in Criminal Justice (Honors) – Capella University Minneapolis, MN 2011 PhD (ABD) through Capella University’s Public Safety Doctoral Program with a specialization in Criminal Justice. Expected completion date September 2012.
License(s)/Certification(s), #(s), expiration date(s):	Certified Criminal Justice Addictions Professional - certificate # 3365. Renew April 2013 Certified Substance Abuse Traffic Offenders Program Qualified Professional. Renew April 2013 Certified Substance Abuse Counselor Supervisor- certificate # 28
Specialized Training Completed. Include dates and documentation of completion:	DOC Basic Training, Pathway to Change Facilitator Trainer, SATOP training, Clinical Supervision training
# of years experience in area of service proposed to provide:	23 years
Describe person’s relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Current Program Director. Employed since July 2009
Previous employer(s), positions, dates	Missouri Department of Corrections, Central Office varied positions 1989-2009* culminating in Area Substance Abuse treatment Coordinator. * 2007-2008 Mo. Dept of Mental Health, Mo. Sex Offenders Treatment Center
Identify specific information about experience in:	
Substance abuse services	23 years working with criminal justice involved clients
Re-entry Services	Area Substance Abuse Treatment Coordinator (MoDOC) 2 years
Working with Offenders	23 years working with criminal justice involved clients
Describe the person’s planned duties/role proposed herein:	Primary oversight and management of services and Gateway personnel at Ozark Correctional Center

EXHIBIT D
EXPERTISE OF PERSONNEL

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Clinical Supervisor</u>	
Name of Person: Linda Christian	
Position Description for this Project:	Responsible for providing direct supervision to counselors and other clinical staff delivering client treatment. Oversee client services, program standards, and objectives.
Educational Degree (s): include college or university, major, and dates	MA, Counseling, Southwest Missouri State University, 2004.
License(s)/Certification(s), #(s), expiration date(s):	LPC, #2005030618, CRADC, #2983, CCJP #4222, 06/13; 10/13.
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervisor Training, 2009; DOC Basic Training, 2005, Pathway Training; Gateway Supervisor Training, 5/2011.
# of years experience in area of service proposed to provide:	15 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 4 years.
Previous employer(s), positions, dates	KCCC, Qualified Substance Abuse Counselor, 2007-2008. Family Counseling Center, Clinical Supervisor, 2006-2007. KCCC, Qualified Substance Abuse Counselor, 2004-2006. Lakes Country Resource Center, Program Manager, 2003.
Identify specific information about experience in:	
Substance abuse services	
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

**EXHIBIT D
EXPERTISE OF PERSONNEL**

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Clinical Supervisor</u>	
Name of Person: David Culbert	
Position Description for this Project:	Responsible for providing direct supervision to counselors and other clinical staff delivering client treatment. Oversee client services, program standards, and objectives.
Educational Degree (s): include college or university, major, and dates	MA, Counseling, Assemblies of God Theological Seminary, 2003.
License(s)/Certification(s), #(s), expiration date(s):	LPC, #2004008, CADC, #3000, 10/13.
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervisor Training, 2012, DOC Basic Training, 2011, Pathway Training, 2011.
# of years experience in area of service proposed to provide:	15 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 5 months.
Previous employer(s), positions, dates	Christian Counseling Services, Private Practice, 2004-present. KCCC, Substance Abuse Counselor, 2000-2004. Midwest Security, Patrol Officer, 1998-2000.
Identify specific information about experience in:	
Substance abuse services	
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

EXHIBIT D
EXPERTISE OF PERSONNEL

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor III (Counselor Supervisor Candidate)</u>	
Name of Person: Thresa Miller	
Position Description for this Project:	Conduct comprehensive assessment and treatment planning, provides direct contact treatment services; performs case management. Provides clinical services to dually diagnosed clients.
Educational Degree (s): include college or university, major, and dates	MA in Counseling, Assemblies of God Theological Seminary, 2010
License(s)/Certification(s), #(s), expiration date(s):	P-LPC expires 8/31/2013 CCJP expires 4/30/2013 RSAP expires 4/30/2013
Specialized Training Completed. Include dates and documentation of completion:	DOC Basic Pathway Faciltator Clinical Supervision training
# of years experience in area of service proposed to provide:	30 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 9/18/08
Previous employer(s), positions, dates	KCCC 2007-2008 Recovery Chapel Chaplain (Access to Recovery) 2006-2007 Sigma House 2006-2007
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Counselor Supervisor Candidate

EXHIBIT D
EXPERTISE OF PERSONNEL

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor III (Counselor Supervisor Candidate)</u>	
Name of Person: Harry Pearson	
Position Description for this Project:	Conduct comprehensive assessment and treatment planning, provides direct contact treatment services; performs case management. Provides clinical services to dually diagnosed clients.
Educational Degree (s): include college or university, major, and dates	D. Min (specialization Clinical Marriage/Family Therapy), Eastern University, 2006 MS (Clinical Counseling) New York Theological Seminary, 1986
License(s)/Certification(s), #(s), expiration date(s):	LMFT #2010033240 expires 2013 RASAC II 5882 expires 2013
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervision training Clinical Counseling Certification Clinical Certification in Marriage and Family Therapy
# of years experience in area of service proposed to provide:	30 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 5/2010
Previous employer(s), positions, dates	Ozark Counseling Center 8/2008- 5/2010 Tri-Lakes Relational Center 9/2008-5/2010
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Counselor Supervisor Candidate

**EXHIBIT D
EXPERTISE OF PERSONNEL**

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II (Counselor Supervisor Candidate)</u>	
Name of Person: Janelle Murphy	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s):	CCJP, # 4029, 4/13.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	6 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3 years
Previous employer(s), positions, dates	KCCC, Substance Abuse Counselor, 2007-2008. MODOC, Mental Health, Mental health Clerk, 2005-2007. Cox Health Systems, Office Assistant, 1993-2004.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

**EXHIBIT D
EXPERTISE OF PERSONNEL**

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II (Counselor Supervisor Candidate)</u>	
Name of Person: Gayle Cleland	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BA, Criminology, Drury University, 1994.
License(s)/Certification(s), #(s), expiration date(s):	CCJP, # 3688, 4/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	6 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 6 years
Previous employer(s), positions, dates	Burrell Behavioral Health, Community Support Worker, 08/96-10/03; KCCC, Substance Abuse Counselor, 02/06-08/08
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

**EXHIBIT D
EXPERTISE OF PERSONNEL**

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor III</u>	
Name of Person: Jim Gillum	
Position Description for this Project:	Conduct comprehensive assessment and treatment planning, provides direct contact treatment services; performs case management. Provides clinical services to dually diagnosed clients.
Educational Degree (s): include college or university, major, and dates	MS, Clinical Psychology: Evangel University 2006
License(s)/Certification(s), #(s), expiration date(s):	LPC #2007015278 expiration date: 6/30/12 CCDP-P #5573 expiration date: 10/31/13 CRADC # 2331 expiration date: 10/31/13
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervision training and TOT
# of years experience in area of service proposed to provide:	15 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2008
Previous employer(s), positions, dates	KCCC, 1999-2008
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services. Provide additional clinical services to dually diagnosed clients

EXHIBIT D
EXPERTISE OF PERSONNEL

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Cathy Farr	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s):	CRADC #2713, CCJP #4243, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	20 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3 years.
Previous employer(s), positions, dates	KCCC, Counselor II, 2005-2008. Springfield Medical Clinic, Counselor II, 2002-2004. San Joaquin Central Intake Unit, Assistant Director, 1998-2000.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

EXHIBIT D
EXPERTISE OF PERSONNEL

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Richard Reeves	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	AS, Criminology, Columbia-Greene Community College, 1997.
License(s)/Certification(s), #(s), expiration date(s)	CCJP, #4299, CRADC #2304, 10/13.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	10 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3.5 years.
Previous employer(s), positions, dates	KCCC, Drug Abuse Counselor, 2004-2008. Larry Simmering Center, SATOP Counselor, 2004 SEMO-Poplar Bluff, Assistant Facility Director, 1999-2004
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

**EXHIBIT D
EXPERTISE OF PERSONNEL**

(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: James Spencer	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	AA, Criminal Justice, St. Louis Community College at Florissant Valley, 1981.
License(s)/Certification(s), #(s), expiration date(s)	CRADC #3092, CCJP #4210, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	25 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 4 years.
Previous employer(s), positions, dates	KCCC, Counselor II, 2004-2008. Missouri Department of Corrections, 1986-2005.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

**EXHIBIT D
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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Dianna Hatfield	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	MA, Sociology, Arkansas State University, 1998. BA, Criminology, Arkansas State University, 1997.
License(s)/Certification(s), #(s), expiration date(s)	CRAADC, #6013, 6013, 10/12. CCODPD #400697, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	15 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 2.8 years.
Previous employer(s), positions, dates	Office of Adult Probation and Parole, Substance Abuse Program Leader, 2005-2009. Arkansas Department of Community Corrections, Substance Abuse Program Leader, 2003-2005. Arkansas State University, Adjunct Professor, 2002-2004. Missouri Southern State College, Adjunct Professor, 2000-2002.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

EXHIBIT D
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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Deidre Beck	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s)	CCJP, #4804, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	5 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3.5 years.
Previous employer(s), positions, dates	KCCC, Drug Abuse Counselor, 2007-2008. Aftermarket Warranty Specialist, Tracker Marine, 2005-2007. Customer Service Specialist, Bass Pro Shops, 2003-2005.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

**EXHIBIT D
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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Ron Coffelt	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s):	CADC, #4779, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	4 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 4 years.
Previous employer(s), positions, dates	Cornerstone Cottages, Supervisor, 2004-2007. Hollis, Masonry, Hod Carrier, 2003-2004.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Carolyn Harris	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BA, Sociology, Drury University, 2006.
License(s)/Certification(s), #(s), expiration date(s)	CCJP, #4012, 04/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	5 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3.5 years.
Previous employer(s), positions, dates	KCCC, Drug Abuse Counselor, 2007-2008. Lakeland Regional hospital, Behavioral Health Technician, 2005-2006. Regional Girls Shelter, Residential Aide, 96-98.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: John Snapp	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s)	CADC #6000, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	6 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 1.5 years.
Previous employer(s), positions, dates	Courage To Change Ranch, Residential Staff, 2009-2010. Peak Addiction Recovery Center, Residential In Patient Staff Counselor, Site Support Manager, 2007-2009. Harbor House Sober Living Facility, Residential Assistant Manager, 2006-2007.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Tina Nichols	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	MS, Education, Southwest Baptist University, 2005.
License(s)/Certification(s), #(s), expiration date(s)	CADC, #4148, 10/13.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; TCU Research and Scantron, 2008; Gateway TC, Method, Model and Skills, 2008; Cognitive Skills Training, 2008; Substance Abuse Ethics, 2009, Overview of Supervision and Counseling Competencies, 2009; Stages of Change, 2010; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Medication Assisted Training, 2011.
# of years experience in area of service proposed to provide:	4 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3.5 years.
Previous employer(s), positions, dates	KCCC, Drug Abuse Counselor, 2008. Cabool High School, Social Studies Teacher, 2006-2007. Mansfield School District, K-12 Computer Teacher, Aide and Bus Driver, 1998-2006.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Rikki Hawkins	
Position Description for this Project:	Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and develops individualized treatment plans. Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BA, Psychology, Columbia College, 2008.
License(s)/Certification(s), #(s), expiration date(s):	CRADC, #4756, 10/13.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11; Gateway Supervisor Training, 2011.
# of years experience in area of service proposed to provide:	4 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 2.2 years.
Previous employer(s), positions, dates	Family Counseling Center, Re-Entry Counselor, 2009-2010. Law Offices of Steven Privette, Legal Assistant, 2006-2007.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor II</u>	
Name of Person: Mindy Reinhold	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	MA, Psychology, Bethel University, 1995
License(s)/Certification(s), #(s), expiration date(s):	LPC, 2011020021, 6/13.
Specialized Training Completed. Include dates and documentation of completion:	Substance Abuse Ethics, 2/12; Suicide Assessment, 2/12.
# of years experience in area of service proposed to provide:	10 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 1/12.
Previous employer(s), positions, dates Identify specific information about experience in:	Remuda Ranch, Primary Counselor, 2008-2011. Professional Family Resources, Certified counselor, 2001-2008.
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Karen McCarty	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s):	RASACII #4379, 10/12
Specialized Training Completed. Include dates and documentation of completion:	Therapeutic Community Immersion Training, 5/04; Pathway to Change, 11/09; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11.
# of years experience in area of service proposed to provide:	5 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2008
Previous employer(s), positions, dates	KCCC, 04/08
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provide direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Abigail McKinnie	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BS, Psychology/Criminal justice, Drury university, 2004.
License(s)/Certification(s), #(s), expiration date(s):	RASACII, #5776, 10/13.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11.
# of years experience in area of service proposed to provide:	3 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships Previous employer(s), positions, dates Identify specific information about experience in:	Employee for 2 years. Burrel Behavioral Health Services, Community Case Worker, 2008-2009. Lakeland Regional Hospital, Behavior Technician, 2003-2008.
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Amie Thompson	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BS, Biology/Psychology, Drury University, 2009. MA, Counseling/Psychology, Forest Institute, 2011.
License(s)/Certification(s), #(s), expiration date(s):	RASACII #6308, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Therapeutic Community History and Overview, 1/11; Basics of Encounter, 2/11; Correctional Ethics, 03/11; Internal Evaluation Protocol, 4/11; Criminal Thinking, 6/11; Designing Interventions Using Stages of Change, 10/11; Medication Assisted Treatment, 1/12;
# of years experience in area of service proposed to provide:	1 year 4 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2011.
Previous employer(s), positions, dates	Lakeland Regional Hospital, Behavioral Health Technician, 2010-2011
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Kelly Finlin	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BS, Social Work, California State University-Long Beach, 1994.
License(s)/Certification(s), #(s), expiration date(s):	RASACII #5880, 10/12
Specialized Training Completed. Include dates and documentation of completion:	Pathway Training, 2010, Substance Abuse Ethics, 2010, Boundaries and Ethical Reflections in Working with Criminal Justice Clients, 2010, Basic of Encounters, 2011, Therapeutic Community History and Overview, 2011, Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11.
# of years experience in area of service proposed to provide:	2 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 2 years.
Previous employer(s), positions, dates	Mt. Pleasant Winery, Retail Clerk, 2008-2009. Stone Hill Winery, Tour Guide, 2007-2008. Chateau On the Lake, Room Service Attendant, 2006-2007. Internal Revenue Service of Texas, Tax Examiner, 2000-2006. YWCA of Dutchess County, Case Manager, 1997-1999.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provide direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Anna Brown	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BS, Criminal Justice administration, Missouri Southern State University, 2008.
License(s)/Certification(s), #(s), expiration date(s):	RASACII #5277, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change, 11/09; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11.
# of years experience in area of service proposed to provide:	4 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships Previous employer(s), positions, dates	Employee for 2.5 years. The Kitchen, Case Manager, 2010-2011. Gateway Foundation, Counselor I, 2009-2010. Carol Jones Recovery Center for Women, Substance Abuse Technician, 2007-2009.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provide direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Jason Peters	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	AA, Social Sciences, OTC, 2010 BS, Psychology, MSU, 2011.
License(s)/Certification(s), #(s), expiration date(s):	RASACI #6482; 10/12
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Continuum of Intervention, 11/11.
# of years experience in area of service proposed to provide:	> 1year
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships Previous employer(s), positions, dates Identify specific information about experience in:	Employee since 2011.
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Gary Morrison	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	Ed.D, Teachers college of Columbia University, 2005.
License(s)/Certification(s), #(s), expiration date(s):	RASACII #5927, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway Training, 2011, Ethics of Documentation, 201; Cultural Diversity in Counseling, 2011.
# of years experience in area of service proposed to provide:	4
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships Previous employer(s), positions, dates	Employee for 5 months. Sigma House, Substance Abuse Counselor, 2010-2011. City of Springfield, Missouri Career Center, Case Manager, 2008-2009. Mercy Learning Resources, Software Trainer, 2007-2008.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provide direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Mallory Stringer	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BS, Psychology/Sociology, SBU, 2011.
License(s)/Certification(s), #(s), expiration date(s):	
Specialized Training Completed. Include dates and documentation of completion:	
# of years experience in area of service proposed to provide:	2
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships Previous employer(s), positions, dates	Employee since 2/2012. Lakeland Regional Psychiatric Hospital, Behavioral Technician, 9/2011-01/2012. Alpha House Pregnancy Resource Center, Intern, 2011. Polk County Courts, Drug Court Intern, 2010.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Kelly Neasby	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	BA, Criminal Justice, 03/2012
License(s)/Certification(s), #(s), expiration date(s):	RASACII #6152, 2/12.
Specialized Training Completed. Include dates and documentation of completion:	Essential Learning: 250.25 Hours total. Pathway to Change; Therapeutic Community History and Overview, 1/11; Basics of Encounter, 2/11; Correctional Ethics, 03/11; Boundaries and Ethical Reflections in Working with Criminal Justice Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11
# of years experience in area of service proposed to provide:	2
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2010
Previous employer(s), positions, dates	Arc of the Ozarks, Behavioral Support Technician, 2010; Accredited/Tri lakes Bail Bonds, Licensed Bail Agent, 1988-2010.
Identify specific information about experience in:	
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Counselor I</u>	
Name of Person: Clyde Lucas	
Position Description for this Project:	Provides direct contact treatment services; performs case management. Documents treatment and discharge plans, clients progress and responses to treatments.
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s):	RASACII, #4837, 10/12.
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change; Boundaries and Ethical Reflections in Working with Criminal Justice Involved Clients, 12/10; Internal Evaluation Protocol 4/11; Criminal Thinking, 6/11.
# of years experience in area of service proposed to provide:	3.4 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships Previous employer(s), positions, dates Identify specific information about experience in:	Employee for 3.4 years. True Construction, laborer, 2006-2008.
Substance abuse services	Provides direct contact treatment services.
Re-entry Services	Provides direct contact treatment services.
Working with Offenders	Provides direct contact treatment services.
Describe the person's planned duties/role proposed herein:	Provides direct contact treatment services.

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Office Manager</u>	
Name of Person: Sandra Bingaman	
Position Description for this Project:	Responsible for organization and operation of the business office; data compilation, payroll and personnel administration, budget and expenditures. Prepares reports used in monitoring and evaluation Center's operations in accordance with contract compliance. Administrative liaison. Oversees assigned office staff.
Educational Degree (s): include college or university, major, and dates	Bachelor of Science, Elementary Education, Southwest Baptist University, 1996. MBA, William Woods University, 2011.
License(s)/Certification(s), #(s), expiration date(s):	n/a
Specialized Training Completed. Include dates and documentation of completion:	Essential Learning: Coaching and Mentoring in the Workplace, Conflict Management, EEOC and ADA: What Supervisors Need to Know, FSLA, FMLA, Hiring and Developing Your Staff, Valuing Diversity in the Workplace, Workplace Harassment, 2010 and 2011. Gateway Supervisor Training; SkillPath Administrative Assistants Conference, 2011. Member of SHRM since 2009.
# of years experience in area of service proposed to provide:	10 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 3 years.
Previous employer(s), positions, dates	Missouri State Teachers' Association, Field Coordinator, 07/2002-10/2008; Houston R-V Elementary School, Educator, 06/1996-06/2002
Identify specific information about experience in:	Reports, budgets, expenditures are processed on a daily, monthly or quarterly and yearly basis 2009-2012. Updates are made to census on a daily basis, 2009-2012. Personnel updates are made as needed 2009-2012. Payroll is processed on a bi-weekly basis, 2009-2012.
Substance abuse services	
Re-entry Services	
Working with Offenders	Supervision of Offender workers
Describe the person's planned duties/role proposed herein:	

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(copy and complete this table for each key person assigned to the project)

Title of Position: <u>Office Assistant</u>	
Name of Person: Becky Severs	
Position Description for this Project:	Processes information and data for TCU, files and client treatment information.
Educational Degree (s): include college or university, major, and dates	n/a
License(s)/Certification(s), #(s), expiration date(s):	n/a
Specialized Training Completed. Include dates and documentation of completion:	Pathway Facilitator.
# of years experience in area of service proposed to provide:	6 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 9 months.
Previous employer(s), positions, dates	United Health Care, Claims Adjuster, 2006-2011.
Identify specific information about experience in:	
Substance abuse services	
Re-entry Services	
Working with Offenders	supervises offender workers
Describe the person's planned duties/role proposed herein:	Office Assistant

EXHIBIT G**EMPLOYEE EXPENSE CHARGED TO CONTRACT**

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Duane Cummins Program Director	\$58,000	100%	\$58,000
Linda Christian Clinical Supervisor	\$37,500	100%	\$37,500
David Culbert Clinical Supervisor	\$37,500	100%	\$37,500
Thresa Miller Counselor Supervisor	\$34,000	100%	\$34,000
Harry Pearson Counselor Supervisor	\$34,000	100%	\$34,000
Janelle Murphy Counselor Supervisor	\$33,000	100%	\$33,000
Gayle Cleland Counselor Supervisor	\$33,000	100%	\$33,000
James Gillum Counselor III	\$33,000	100%	\$33,000
Cathy Farr Counselor II	\$30,000	100%	\$30,000
Richard Reeves Counselor II	\$30,000	100%	\$30,000
James Spencer Counselor II	\$30,000	100%	\$30,000
Dianna Hatfield Counselor II	\$30,000	100%	\$30,000
Deidre Beck Counselor II	\$30,000	100%	\$30,000
Ron Coffelt Counselor II	\$30,000	100%	\$30,000
Carolyn Harris Counselor II	\$30,000	100%	\$30,000

All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT G**EMPLOYEE EXPENSE CHARGED TO CONTRACT**

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
John Snapp Counselor II	\$30,000	100%	\$30,000
Tina Nichols Counselor II	\$30,000	100%	\$30,000
Rickki Hawkins Counselor II	\$30,000	100%	\$30,000
Mindy Reinhold Counselor II	\$30,000	100%	\$30,000
Karen McCarty Counselor I	\$25,480	100%	\$25,480
Abigal McKinnie Counselor I	\$25,480	100%	\$25,480
Amie Thompson Counselor I	\$25,480	100%	\$25,480
Kelly Finlin Counselor I	\$25,480	100%	\$25,480
Anna Brown Counselor I	\$25,480	100%	\$25,480
Jason Peters Counselor I	\$25,480	100%	\$25,480
Gary Morrison Counselor I	\$25,480	100%	\$25,480
Mallory Stringer Counselor I	\$25,480	100%	\$25,480
Kelly Neasby Counselor I	\$25,480	100%	\$25,480
Clyde Lucas Counselor I	\$25,480	100%	\$25,480
VACANT Counselor I	\$24,960	100%	\$24,960

All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT H modified via Amendment 001

EXHIBIT H

PERSONNEL CONTROL LISTING

Continued (Page 2)

Staff Name	Position	Location	Hours/Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
Snapp, John	Counselor II	OCC	40	CADC #6000		YES	None obtained	8/4/2010
Nichols, Tina	Counselor II	OCC	40	CSAC I #4148		YES	MA/ Education	9/18/2008
Hawkins, Rikki	Counselor II	OCC	40	CRDC #4756		YES	BS Psych.	8/5/2010
Reinhold, Mindy	Counselor II	OCC	40		#2011020021	YES	MA/Counseling	1/23/2012
McCarthy, Karen	Counselor I	OCC	40	RASACII #4379		NO	None obtained	9/18/2008
McKinnle, Abigail	Counselor I	OCC	40	RASACII #5776		NO	BS/Criminal Justice/Psy.	10/2/2009
Thompson, Amie	Counselor I	OCC	40	RASACII #6308		YES	MS Counseling	5/24/2011
Finlin, Kelly	Counselor I	OCC	40	RASACII #5880		NO	BA/Social Work	6/14/2010
Brown, Anna	Counselor I	OCC	40	AFS		NO	BS Crminal Justice	2/23/2011
Peters, Jason	Counselor I	OCC	40	RASACI #6482		NO		8/31/2011
Morrison, Gary	Counselor I	OCC	40	RASACII #5927		NO	Ed.D Organizational Leadership	9/30/2011
Stringer, Mallory	Counselor I	OCC	40			NO	BS Psy/Soc.	2/6/2012
Neasby, Kelly	Counselor I	OCC	40	RASACII #6152		NO		12/6/2010
Lucas, Clyde	Counselor I	OCC	40	RASACII #4837		NO	None obtained	11/18/2008
VACANT	Counselor I	OCC	40					To Be Hired
VACANT	Counselor I	OCC	40					To Be Hired
VACANT	Counselor I - PT	OCC	20					To Be Hired
Bingaman, Sandra	Office Manager	OCC	40			NO	BA/Edu.; MBA	3/24/2009
Severs, Becky	Office Assistant	OCC	40			NO	None obtained	6/27/2011

Melba J. J. J.
Signature _____ **Date** _____

EXHIBIT H modified via Amendment 001

**EXHIBIT H
PERSONNEL CONTROL LISTING**

Contractor Name Gateway Foundation, Inc. d/b/a GFI Services

Location Ozark Correctional Center

Date July 1, 2012 (Proposed)
(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours/Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
Cummins, Duane	Program Director	OCC	40	CCJP # 3365		YES	MS/Criminal Justice	7/13/2009
Christian, Linda	Clinical Supervisor	OCC	40	CRADC # 2983 CCJP # 4222	LPC # 2005030618	YES	MS/ Coun. BA/Psych/Soc.	9/18/2008
Culbert, David	Clinical Supervisor	OCC	40	CADC # 3000	LPC # 2004008723	YES	MA	9/19/2011
Miller, Thresa	Counselor Sup. Candidate	OCC	40	RSAP # 3832 CCJP # 4577	PLPC # 20011029355	YES	MS/Counseling	9/18/2008
Pearson, Harry	Counselor Sup. Candidate	OCC	40	RASACII # 5882	LMFT # 2010033240	YES	Ph.D/ D.MIN.	5/10/2010
Murphy, Janelle	Counselor Sup. Candidate	OCC	40	CCJP # 4029		YES		9/18/2008
Cleland, Gayle	Counselor Sup. Candidate	OCC	40	CCJP # 3688		YES	BA/ Arts	9/18/2008
Gillum, James	Counselor III	OCC	40	CRADC # 2331	LPC # 2007015278	YES	MS/Clin.Psy	9/18/2008
Farr, Cathy	Counselor II	OCC	40	CSACII # 2713 CCJP # 4243		YES	None obtained	9/18/2008
Reeves, Richard	Counselor II	OCC	40	CCJP # 4299		YES	AA/ Science	9/18/2008
Spencer, James	Counselor II	OCC	40	CSACII # 2304 CCJP # 4210		YES	AA / Applied Science	9/18/2008
Hatfield, Diana	Counselor II	OCC	40	CRADC # 6013		YES	M/S Sociology/B/S Crim. Jus.	7/19/2010
Beck, Deidre	Counselor II	OCC	40	CCODPD-400697 CCJP # 4804		YES	None obtained	9/18/2008
Coffelt, Ronald	Counselor II	OCC	40	CADC # 4779		YES	None obtained	11/13/2008
Harris, Carolyn	Counselor II	OCC	40	CCJP # 4012		YES	BA/ Sociology	9/18/2008

Signed on Page 2
 Signature K. Richard Reeves Date July 1, 2012
 Gateway Foundation, Inc.: IFB #SDA411-060, Exhibit H
 d/b/a GFI Services



GFI Services/Response to Referral

_____ was referred to your agency on _____. Please fax this response at your earliest convenience to 314-421-5994, Attn. _____. Thank you for your time in this matter.

___ Client showed for his/her intake appointment. The client's schedule at (agency)_____ will be (frequency/days/times)_____

___ Client was a no show for his/her intake appointment.

___ Client has been re-scheduled for his/her intake appointment at (date/time)_____

___ Other _____

Additional
Comments: _____

GFI Services/Response to Referral

To: Agency: _____
Attention: _____
FAX: (_____) _____

The following client was referred to your agency:

Client: _____
ID# _____
Referral Date _____
Level of Care _____

*****Please let us know his/her status*****

_____ Client came to his/her intake appointment. The client's weekly outpatient schedule will be (frequency/days/times) _____

_____ Client did not attend his/her intake appointment.

_____ Client has been re-scheduled for his/her intake appointment:

Date: _____, Time: _____

Additional Comments: _____

**PLEASE FAX RESPONSE TO: GFI Services, St. Louis Outpatient program
1430 Olive Suite 300 St. Louis, MO 63102
Fax: 314-421-5994 Phone: 314-421-6188**

Attachment J – Treatment Referral Form (DOC Clients)

**Missouri Department of Corrections
COMMUNITY SERVICES TREATMENT REFERRAL FORM**

Provider Name:			
Client Name:		MDOC#:	
DOB:	SSN:	Supervision Expiration Date:	
Client Address	Phone:		Alternate Phone:
	e-mail:		
	Other contact:		
Client Employer:		Phone:	
Hours of work/school:			
Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Private <input type="checkbox"/> None			
Other service providers or state agencies currently providing services for client:			
Provider/Agency	Contact Person	Phone	e-mail
1. Statement of problem or reason for referral <i>(attach additional page or other documentation if needed)</i> :			
2. History of prior problems and treatment, including for Co-Occurring Disorders <i>(attach additional page or other documentation if needed)</i> :			
3. Current medications:			
4. Known medical conditions:			
Services are covered under contract:		Services are <u>not</u> covered under an Offender Service contract:	
Check one: <input type="checkbox"/> ADA Primary Recovery + (Outpatient) <input type="checkbox"/> Free & Clean Program <input type="checkbox"/> Education Program (St. Louis only) <input type="checkbox"/> PCR Program <input type="checkbox"/> Other (specify) _____		Services requested: <input type="checkbox"/> Substance Abuse education <input type="checkbox"/> Substance Abuse assessment only <input type="checkbox"/> Substance Abuse assessment and treatment <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Anger Management <input type="checkbox"/> REACT <input type="checkbox"/> Other (describe): _____	
Services requested. <input type="checkbox"/> Substance Abuse assessment and treatment			
Referring DOC Staff <i>(print or type)</i> :		Phone:	
Staff e-mail address:		Referral Source (Check one)	
Referring District or Facility:		<input type="checkbox"/> DOC Institutional Treatment Program	
Address of Referring District or Facility		<input type="checkbox"/> District Probation and Parole	
		<input type="checkbox"/> DOC Transitional Housing Unit	
		<input type="checkbox"/> Other (Specify): _____	

Signature of Referring Staff
(Revised 7/1/08)

Today's date

TITLE: STAFF TRAINING AND DOCUMENTATION

EFFECTIVE DATE: April 21, 1998

REVISION DATE: January 6, 2004; September 1, 2004

Standard of Care §148.603
Ref: PS #813 & # 817

Policy:

Each Center Director will ensure that in-service training(s) meet the minimum requirements defined by our contract and licensure standards. The in-service training may be conducted by Gateway Professional Staff Members or by non-Gateway Professionals (when necessary). The Center Director will ensure that all trainers selected to provide the in-service training have the proper credentials and experience. Any Continuing Education hours offered for In-Service Training will meet all requirements of Continuing Education Policy #203A1. In addition, these trainings will be documented as outlined in this policy and maintained for a period of five years.

Procedure:

Corrections Contract

Gateway-Help Is Possible will provide 20 hours of in-service training per year to their employees. Training will include oversight and monitoring of mentally impaired, mentally retarded, and sex offender issues. The Commission's Facility Licensure Standards of Care requires that other specific types of training be provided to the staff.. (See New Employment Orientation {Attachment A} and Required Training-Texas Units, {Attachment D}, which reflects all mandatory in-service hours including this requirement.)

Ten days prior to any scheduled training at the unit, the Contract Monitor for TDCJ must be notified by the Center Director of the proposed training dates, targeted staff and topics. If programming for residents will not be available during the scheduled training, the Center Director will submit a proposed alternate programming plan for the clients along with the proposed training schedule. The Department's Contract Monitor must approve the alternate-programming plan. Notification is not required if there will be no interruption of services for clients

Trauma/Abuse/Sexual Issues:

Staff providing treatment interventions for trauma/abuse/sexual issues shall demonstrate evidence of specialized training in these areas; shall receive qualified and regular supervision and shall participate in training programs (in-service or external) to enhance their skills. When clinically appropriate, clients may be grouped by similar histories to enhance the treatment process. The counselors selected to facilitate these groups shall demonstrate evidence of specialized training or supervision in the facilitation of groups containing disclosure of volatile issues. Special attention will be given to confidentiality concerns in a correctional environment. Counselors will be trained/supervised to encourage client participation in these specialized services during the primary phase of treatment. Long-term treatment goals must be identified to encourage clients to seek on-going care when deemed appropriate (throughout the continuum of care and beyond).

Community Based Treatment:

All employees responsible for supervising clients in self-administration of medication who are not credentialed to administer medication shall complete documented training from a physician, pharmacist, physician assistant, or registered nurse before performing this task. Staff will complete two hours initial one time training. The training shall include:

1. Prescription labels;
2. Medical abbreviations;
3. Routes of administration;
4. Use of drug reference materials;
5. Storage, maintenance, handling, and destruction of medication;
6. Documentation requirements; and
7. Procedures for medication errors, adverse reactions, and side effects.

All programs that admit females of childbearing age shall have at least one staff person with documented knowledge of pregnant substance-abusing females and their care. When a pregnant female is admitted, all members of the treatment team shall receive information needed to provide appropriate care or to make appropriate referrals.

Training Record:

A Training Record will be completed for each employee. The training record will be maintained as an on-going document and will include the ***New Employment Orientation Checklist (Attachment A), In-Service Checklist – Mandatory Training (Attachment C), and In-Service Checklist – Additional Training (Attachment C1)***. The Training Records will be kept by the Unit Office Manager/Administrative Assistant in an organized Training Log and updated as trainings are offered. Certificates of Completion will be kept with each employee's Training Record as verification of course

completion. Should an employee terminate, the Training Record will be maintained or archived for a six-year period.

Personnel records will be forwarded to the Central Office (Chicago) H.R. Department and will be maintained for two years from the last date of employment.

The Training Record will contain the following information:

New Employee Orientation (Attachment A) –The orientation items listed on the Employee Orientation Checklist must be reviewed and completed in the 1st 7 calendar days from hire and prior to any new employee working without immediate supervision:

- See Orientation of Non-Employee Personnel Checklist (Texas) Section 12 of the P & P. Reference PS #817 Exhibit 1.
- Employee Orientation Checklist (Texas) section 12 of the P & P Reference PS #813 Exhibit 1.

In-Service Checklist – Mandatory Training (Attachment B) – Includes other training items required for each direct service employee to be completed within 90 days of hire (TB Training is required for all employees). (Refer to Required Training-Texas Units for annual requirements {Attachment D}).

- HIV Training (Based on TCADA's AIDS/HIV Model Workplace Guidelines)
- Abuse, Neglect, and Exploitation
- Tuberculosis Training, Hepatitis C, and Sexually Transmitted Diseases (All Staff)
- Nonviolent Crisis Intervention
- CPR and First Aid
- Special Needs
- Philosophy and Treatment Methods
- Intake and Screening and Admission Authorization
- Self-Administration of Medication

Continuing Education Hours (CEH) (See Policy 203A1)

Continuing Education Hours may be used for certification and recertification purposes. The approval of these courses is governed by TCBAP (Texas Certification Board of Addictions Professionals). In order to offer CEHs, the facility must maintain a current Continuing Education Certificate, appoint a Continuing Education Coordinator, and maintain all standards defined by TCBAP. In-Service Training may be approved for Continuing Education Hours as long as all of the standards are met. The Continuing Education Coordinator issues a special certificate for these courses. Additional documentation is also required (see Policy 203A1).

Training offered by non-Gateway professionals should be approved for Continuing Education Hours whenever possible. The trainer must have a current Continuing Education Certificate and Provider #. The Continuing Education Coordinator issues Certificates of Completion and maintains the required sign-in sheets and course evaluations.

In-Service Training – Delivered by Gateway Professionals – Non-CEHs

Non-CEH In-service training may utilize the same attendance sheet required for CEH seminars. A completion certificate is required. The certificates may be maintained in the training binder or in a separate in-service file maintained by the Officer Manager/Administrative Assistant. A SOP should describe the unit method of maintaining these certificates. The certificate must be available **with the sign-in sheet** for review.

An In-Service Training Certificate is attached. (Attachment Certificate Sample E)

Unit: _____



ATTESTATION STATEMENT

Course Title: _____

Date: _____

Presenter(s): _____

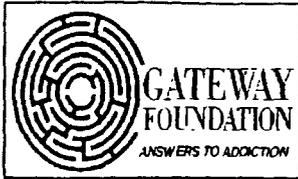
Responses and participation by workshop participants indicated their understanding of the material presented.

Signature of Presenter

Date

Signature of Presenter

Date



IN-SERVICE CHECKLIST-MANDATORY TRAINING

STAFF NAME: _____

FACILITY: _____ **DATE OF HIRE:** _____

PERSON COMPLETING TRAINING RECORD: _____

The following in-service trainings have been provided for this employee on the dates indicated:

<i>Training</i>	<i>Staff Type</i>	<i>Frequency</i>	<i>Date Completed</i>
TB/HIV/Hepatitis B, C & STDs	All Staff	3 hrs w/in 90 days of hire Annual update	
Non-Violent Crisis Intervention (NVC)	Direct Care Staff	4 hours w/in 90 days of hire 2 hrs annually	
TC Training	Direct Care Staff	On-going	
Abuse, Neglect, Exploitation & *Ethics	All Staff	Include in new hire orientation/ 8 hours annually *3 hrs annually for licensed staff	
Special Needs Populations (Must include Sex Offender Training)	Direct Care Staff	4 hrs annually	
Clinical Supervision	All staff providing supervision to clinical staff	3 hrs every 2 years	
Intake/Screening & Admission Authorization (include 2 hours of DSM diagnostic criteria for substance abuse disorders)	Direct Care Staff	Initial training is 8 hours and 8 hours annually	
Self-Administration of Medication	All staff supervising self-administration of meds	Initial training is 2 hours	
Clinical Documentation	Direct Care Staff	6 hours annually	

TRAINING NOTIFICATION FORM

Approved Providers must submit notification of all programs at least thirty (30) days prior to each program. This form must be submitted to TCBAP. No other notification will be accepted. Please make copies of this form for future use.

PROVIDER INFORMATION

Provider Name (as it appears on provider certificate)

Provider Number

PROGRAM INFORMATION

Program Title

Program Address (including city and state)

Program Instructor(s)

Program Date(s)

Program Time(s)

Brief description of program content

Will this program be advertised?

YES

NO

Will this program be open to all professionals?

YES

NO

PLEASE CATEGORIZE HOURS AS FOLLOWS:

_____ General Education Credit Hours
_____ Educ Credit Hours
_____ Clinical Supervision Credit Hours
_____ Cultural Awareness Credit Hours
_____ Dual Diagnosis Credit Hours
_____ Prevention Credit Hours

_____ TOTAL CREDIT HOURS OFFERED FOR THIS COURSE

MAIL/FAX/EMAIL THIS FORM TO:

TCBAP, 1005 CONGRESS AVENUE, STE. 460, AUSTIN, TX 78701
FAX: (512) 476-7297 * EMAIL: TCBAP@TCBAP.ORG

FOR OFFICE USE ONLY

Date received: _____

Fee Received: YES NO

Fee Amount: _____

Payment Information: _____

Reviewed by: _____

Date: _____



IN-SERVICE TRAINING CERTIFICATE

This certificate is to certify that _____ completed the following training.

TRAINING TITLE: _____

DATE: _____ NUMBER OF HOURS: _____

CONTENT: _____

INSTRUCTOR'S NAME & QUALIFICATIONS: _____

CEH COORDINATOR OR INSTRUCTOR SIGNATURE: _____

203A Alt E In-service Training Certificate.doc Rev 05/10/04

This is to certify that

License # _____

has satisfactorily completed

On this _____ day of _____ 2004

Instructor(s)

Course Location

(# Hours)

TCBAP Provider Number / Valid Through

(Type)

(KSA Domain)

Continuing Education Coordinator

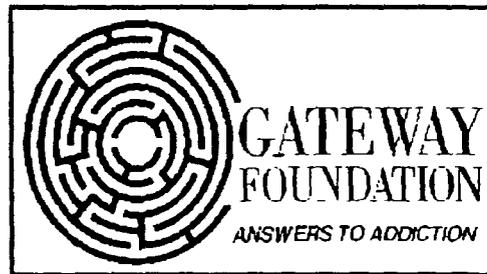
Gateway Foundation-Texas

Name of Provider

Address

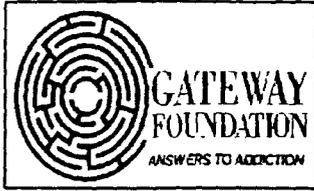
City/State/Zip

Phone



Complaints about provider or workshop content may be directed to the TCBAP Standards Committee 1005 Congress Avenue, Ste. 460, Austin Texas 78701 Fax (512-476-7297 e-mail TCBAP@TCBAP.ORG

203A1 Att D Rev 5 10 04



ATTACHMENT E

ATTENDANCE SHEET

Course Title: _____

Date: _____ Time: _____ Total Hours: _____

Location: _____

	Print Name	Credential	LCDC Number/CI Designation	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Presenter's Signature: _____

Presenter's Signature: _____

TITLE: CONTINUING EDUCATION HOURS—TRAINING AND DOCUMENTATION

EFFECTIVE DATE: October 9, 1996

REVISION DATE: January 6, 2004; September 1, 2004

Standard of Care §148.603

Policy:

Each Gateway Unit is responsible for unit compliance with the training requirements of the Texas Certification Board of Addiction Professionals (TCBAP). In addition, each unit will maintain "current" Continuing Education Certification and have a designated Continuing Education Coordinator. The Center Director will ensure compliance with all Procedures described below.

Procedure:

1. Each Unit will maintain its own Continuing Education Provider Number and appoint a Continuing Education Coordinator who will be responsible for unit compliance for TCBAP training. Should the need arise, changes in CE Coordinators must be immediately reported to TCBAP using the Continuing Education Coordinator Change Form (and no later than 30 days after change). **NOTE:** Corrections Management should be notified of change.
2. Units will not advertise workshops to be presented and will not charge attendees for the training. Center Directors can authorize a limited number of invitations to the scheduled training to significant Gateway counterparts (i.e., correctional staff or other guests).
3. Each Unit must clearly adopt an attendance policy, which specifies that attendees must be present for the entire workshop and cannot miss more than a total of fifteen (15) minutes of each four- (4) hour training segment.
4. The Unit Continuing Education Coordinator will sign each training certificate. Certificates should not have a computer font as a signature. However, signatures may be scanned.
5. The Unit Continuing Education Coordinators are responsible for course record keeping, issuance of certificates, and instructor(s) qualifications. Records will be kept in an orderly fashion by chronological date. Records are to be kept on the unit, in a secure place, for a period of three years. The Center Director will be familiar with all storage procedures.
6. The Unit Continuing Education Coordinators are responsible for granting no less than one (1) full credit hour. Fractional hour credit for continuing education may be granted if the

- course lasts longer than one (1) hour. The course time will not include breaks or other non-educational times, such as meals.
- 7 The Unit Continuing Education Coordinators will ensure compliance with all standards set forth in the guidelines of the Texas Certification Board of Addiction Professionals (TCBAP) Committee, effective July 1, 2003.
 8. The Unit Continuing Education Coordinators will ensure all aspects of any course offered under the provider number is current, appropriate, and relevant to chemical dependency counseling.
 - 9 The Unit Continuing Education Coordinators will ensure all education provider records are maintained in compliance with the standards of the TCBAP.
 10. Each unit will maintain:
 - a) Course outline for each course given, including a brief overview, objectives, comprehensive topical outline
 - b) Record of time, place, and date, credit type, total credit hours awarded and duration of each course given
 - c) A curriculum vitae or resume for each instructor
 - d) Documentation of LCDC number/CI designation, and/or certifications of presenters.
 - e) A listing or record of attendance showing the name and LCDC number/CI designation of each attendee taking any approved course (e.g., sign-in sheet)
 - f) Course evaluations by individuals
 - g) Attestation statement by presenter that material presented was understood by participants
 - h) Copies of course certificates
 - 11 Continuing Education Hours will comply with the following guidelines:
 - a) Each hour (50) minutes of interaction shall be accepted as one (1) continuing education hour (CEH)
 - b) Courses less than one (1) hour in duration will not be approved
 - 12 All education hours must be relevant to alcohol and other drug abuse counseling and treatment, addiction counseling and treatment, clinical supervision, compulsive gambling counseling and treatment, or the prevention of alcohol and other drug abuse. Courses must relate to the 12 core functions, scientific knowledge, or technical skill required for alcohol and drug counseling and treatment, addiction counseling and treatment, the prevention of alcohol and other drug abuse, contain content related to direct client care, or content related to indirect client care.

13. Courses offered for continuing education must be categorized as either General continuing education credit or as a specific required topic area (such as, clinical supervision, ethics, etc.)
14. Participants must meet all course requirements in order to receive CEH credit.
 - a) Partial credit will not be given for partial attendance.
 - b) Participants will not be excused from any portion of the course and receive credit. Attendees cannot miss more than 15 minutes of instruction per four (4) hours of training and still receive credit for participation.
 - c) Course evaluations must be completed and turned in by each participant.
15. Certificates of Completion will be awarded to qualified participants. Only format authorized by Corrections Management based on TCBAP Standards will be accepted and will include the following information:
 - a) Name and LCDC number/CI designation of attendee
 - b) Course Title
 - c) Provider name, address, telephone number, provider number, expiration date of provider number
 - d) Date of course
 - e) Location of course
 - f) Type of education hours (Ethics [E]; Cultural Awareness-Related [CA-R]; Dual Diagnosis/Sexual Abuse-Related [DD-R]. All other courses must be classified as "General"
 - g) KSA Domain
 - h) Signature of Continuing Education Coordinator
 - i) Instructor name
 - j) The statement "Complaints about provider or workshop content may be directed to the TCBAP Standards Committee, 1005 Congress Ave., Suite 460, Austin, Texas 78701, Fax No (512) 476-7297"
16. Completed certificates will be available to individual participants within 14 days after conclusion of each course.
17. Course verifications issued to a participant who is also the Continuing Education Coordinator for the unit must be cosigned by another LCDC who can verify that person's satisfactory completion of the workshop.
18. Instructors teaching approved continuing education courses shall have the following minimum qualifications
 - a) Qualified credentialed counselors,
 - b) individuals with at least a master's degree in the subject area; and/or

- c) individuals with documented education and experience generally recognized as providing expertise in the subject;
 - d) individuals who are licensed, registered, or certified in the subject area.
19. TCBAP Standards Committee must be notified of any course that will award credit under a TCBAP provider number thirty (30) days prior to the beginning of the course. The notification must arrive thirty (30) days prior to the course offering. It may be faxed. Providers may submit no more than five (5) late class notices within a one (1) year period.
20. Changes to the 30-Day Notification Form may be made by sending a copy of the original notice with the changes clearly noted. The word "**AMENDED**" and the date should be clearly written across the top of the notice. Changes may be made with less than thirty- (30) days notice as long as the original notice was submitted on time.
Corrections MANAGEMENT MUST BE NOTIFIED REGARDING ANY CHANGES.
- 21 CE hours may be approved by the Continuing Education Coordinator and Center Director for unit-specific course needs. All TCBAP standards must be strictly adhered to, with the 30-day notifications arriving at the Standards Committee of TCBAP at least 30 days prior to the course offering. A copy of the Instructor's resume and approved course outline must be sent to Corrections Management prior to the course offering.

TITLE: CLINICAL TRAINING INSTITUTE

EFFECTIVE DATE: December 2, 1999

REVISION DATE: January 6, 2004; September 1, 2004

Standard of Care §150.123 & §150.124

Policy:

Each Gateway Foundation Texas facility shall be a certified Clinical Training Institute (CTI). The Corrections Management Office will initiate application for and renewals of certification from the Commission. Each unit shall also appoint a CTI Coordinator. The CTI Coordinator shall be responsible for ensuring compliance with Commission standards governing the CTI.

Procedure:

1. The CTI shall provide activities in an array of the KSA domains, including assessment and counseling.
2. The CTI shall notify the Commission in writing within 30 days of any changes from the information submitted on the initial or renewal application. This includes:
 - a) Change in the CTI Coordinator
 - b) Change in the organization's name or mailing address; and,
 - c) Closure of the training program.
3. The CTI will appoint a single training coordinator who is a qualified credentialed counselor (QCC). The training coordinator shall oversee all training activities and ensure compliance with commission requirements and rules.
4. The CTI shall establish admission criteria. No applicant shall be admitted without:
 - a) Documentation that the applicant is registered with the Commission; and,
 - b) A signed ethics agreement, which is consistent with the LCDC Ethical Standards in § 150 121
5. The CTI shall establish a level system to classify interns according to hours of supervised work experienced. (See Policy # 204)

- 6 Gateway Help Is Possible will employ interns at all levels of supervision. The CTI shall designate each intern's level in writing and provide the intern with a copy of the documentation.
7. All interns will be under the direct supervision of a QCC as described in §150 125 (See Policy #204)
8. As a CTI, Gateway Help Is Possible will utilize the KSA curricula to prepare interns for the licensing exam. In addition, Gateway Help Is Possible may provide a Clinical Training Program that could include written and oral exam preparation, a review of the 12 core functions, KSA(s) and details on finalizing the case presentation. Any exam preparation courses other than the required KSA curricula are optional.

TITLE: CLINICAL TRAINING PROGRAM FOR COUNSELOR
INTERNS

EFFECTIVE DATE: December 2, 1999

REVISION DATE: October 22, 2003

Policy:

Gateway Foundation is committed to having our employees successfully acquire their license within the required parameters. We, therefore, expect our Counselor Interns to rigorously pursue a course of study that will ensure success. To that end, Gateway has developed a Clinical Training Program to assist in this process. The CTI Coordinator (or their designee) shall deliver the standard "Clinical Training Program for Counselor Interns as defined in this policy.

Procedure:

1. Counselor Interns are expected to participate in the Clinical Training course until passing the LCDC written and oral exams. All counselor intern(s) will participate in KSA (Knowledge, Skills and Attitudes) learning activities until acquiring licensure.
2. The CTI Coordinator (or their designee) will provide a detailed orientation of the Clinical Training Program to all Counselor Interns. New employees will be oriented during their orientation process.
3. While the CTI Coordinator will be responsible for providing the Clinical Training Program, they will not be responsible for managing any concerns surrounding an individual's participation (or lack of). These concerns are of a managerial nature and will be handled by the immediate supervisor as a performance issue. The CTI Coordinator will report any such concerns to the immediate Clinical Supervisor.
4. The Clinical Training Program will:
 - a. Be offered for twelve (12) weeks prior to the LCDC exams two times per year. Students' sign-in on the sign-in sheet each week (see attached). CTI Coordinator will maintain records of participation.
 - b. Be conducted for a minimum of (1) hour each week.
 - c. Be presented on each Gateway Unit.

- d. Provide each participant with the Student Information Packet discussed in the "Overview of the Standard Counselor Training Program Outline"
- e. Coach Counselor Interns in the pre-registration and registration process.
- f. Provide course content that will include written and oral exam preparation, a review of the 12 core functions, KSA(s) and details on finalizing the case presentation. The course content will minimally adhere to the Standard Outline provided as an attachment to this policy. Methods of course developments are also included.
- g. Maintain a sufficient supply of training materials (with a check-in and check-out procedure) for those materials that are to be returned to the CTI Coordinator. Gateway materials will include:
 - a. *Global Criteria – The 12 Core Functions of the Substance Abuse Counselor*
 - b. *Guide to the Written Examination Process*
 - c. *TCADA Candidate Guide (Sample Copy)*
 - d. *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice*
- h. Include didactic lectures, experiential exercises, student participation, and assigned homework
- i. Award Certificates of Completion after participants successfully complete the entire course including all assignments (see attached sample). A copy of the certificate will be placed in their personnel record.
- j. Have students complete an evaluation of the course at the twelve-week mark (see attached sample). The Course Evaluation will be submitted to the Director for review.
- k. The CTI Coordinator will maintain a statistical summary of course participation and pass/fail data following each testing cycle. Those statistics will be submitted to the Director semi-annually (in April and October). See attached format for details.
- l. To assure quality improvement, the Director will analyze the Course Evaluations, review the statistical data, and meet with those testing to formalize written recommendations for course improvement.
- m. Recommendations will be reviewed semiannually with the CTI Coordinator and submitted to the Regional Director. This Quality Improvement Information

POLICIES AND PROCEDURES

POLICY #203A3

PAGE 3 OF 2

(including written recommendations) will be maintained by the Director and reviewed during the Annual Internal Audit.

TITLE: CROSS TRAINING

EFFECTIVE DATE: December 1, 1994

REVISION DATE: March 4, 2001; September 1, 2004

Policy:

Gateway Foundation supports the cross training of employees to ensure development of their skills, knowledge and understanding of their job functions. Cross training assists Gateway in providing successful and quality services to our clients at all times.

Procedure:

1. All staff members will be given the opportunity to learn the responsibilities of other non-supervisory job functions.
2. The Center Director will allow employees to be cross-trained in the duties of other non-supervisory job responsibilities.
3. Supervisors are to be knowledgeable about the positions they directly supervise and be trained in the job duties of other supervisory positions.
4. Gateway will also offer Supervisory Development Training for non-supervisory employees to prepare them for future supervisory positions.

Approved By: Michael Ginziger

TITLE: Staff Healthcare Training
EFFICTIVE DATE: January 1, 1996
REVISION DATE: September 1, 2009; September 1, 2010
RFP Reference: C. 16 Texas Health and Safety Code Sections 85.112-114, 85.113, 85.114 (HIV/AIDS Policies and Education)

Reference: SATOM 01.05G & PS 813

Policy:

Gateway staff shall have Healthcare education annually. Training shall be in accordance with the Texas Health and Safety Code.

Procedure:

1. In order to ensure knowledge of communicable diseases, as well as enhance sensitivity to client needs, staff will have 6 education hours annually in HIV/AIDS/Hepatitis C, STDs and Other Communicable Diseases. (See Policy #203A Att B "In-Service Mandatory Training"). Training will include confidentiality requirements for clients with HIV/AIDS.
2. At the completion of the initial training (during new hire orientation) a certificate of completion will be placed in the employee training binder.
3. Each unit is responsible for ensuring staff-attendance.
4. The Continuing Education Coordinator at each respective unit will maintain documentation of training. (See Policy #203A1 Continuing Education Hours Training & Documentation)

Additional relevant policies:

- 203A Staff Training & Documentation
- 203A Att B Checklist-Mandatory Training
- 1002 Confidentiality of HIV Antibody and/or AIDS Status

Resume
Michael J. Darcy

- 1985 to Present** **President & CEO, Gateway Foundation, Inc.**
Appointed by the Board of Directors in 1985 to lead the agency. Executive responsibilities for the day to day affairs of a \$60,000,000 not for profit organization that delivers substance abuse treatment to 8,000 clients daily in 40 treatment centers through out the USA.
- 1978 to 1984** **Executive Director, Gateway Foundation, Inc.**
Reporting to the President. Functioned as the Chief Operating Officer overseeing the Directors of Outpatient Services, Residential Services, Finance, Human Resources, and Research. Managed an annual budget of \$3,000,000.
- 1973 - 1977** **Program Director, Gateway Foundation, Inc**
Reporting to the President and responsible for two outpatient and three residential centers. Managed annual budget of \$1,000,000.
- 1969 - 1972** **Treatment Center Director, Gateway Foundation, Inc.**
Start up Center Director for three residential and one outpatient center over a three-year period serving different geographies throughout Illinois. Responsible for all site operations, clinical functions and community relations.

Education

- Roosevelt University, Chicago, Illinois - Bachelor General Studies
- Kellogg Graduate School of Business, Northwestern University, Evanston, Illinois - Master of Management (MBA)

Other activities:

- Served on the Board of a national and state provider association
- Served on a number state government committees dealing with alcohol and other drug abuse policy issues
- Served on the Board of the Chicago Housing Authority

MICHAEL GINIGER

9851 Meadowglen Lane, Apt. 6

Houston, Texas 77042

713-922-8665 (cell)

713-592-8211 ext. 14 (work)

EXPERIENCE

1994 - PRESENT
GATEWAY
FOUNDATION, INC.

Vice President, Corrections Division

- Oversee, monitor, and direct activities and performance of treatment correctional facilities in multiple states.
- Ensures the quality of care to clients, maintain compliance with contracts, as well as licensure and accreditation standards.
- Ensures constant promotion of Gateway to appropriate correctional and state agencies.
- Key player in the development of the Texas Criminal Justice Treatment Initiative and worked closely with the Winner's Circle Self Help Network to assist men and women re-entering the community.
- Key player in Gateway's growth into new states and a prominent leader in starting up new programs and creating transition programs of existing programs from other vendors.
- Ensures the adherence to budgetary and sound fiscal requirements and promotion of prudent human resource practices.
- Advises the President of significant changes within the correctional institution's culture, and develops new plans and strategies for Gateway to acquire new business opportunities.

**GATEWAY
FOUNDATION, INC.**

Regional Director

- Managed the clinical and administrative operations of Gateway's Correctional And Community based programs in Texas, New Jersey, Missouri, Kansas, Illinois and Arizona.
- Responsible for establishing, implementing and maintaining policies and procedures for new and existing facilities, as well as, supervision of all the Facility Directors.
- Ensure the management of contractual obligations and budget preparation for new and existing units.
- Enhanced relationships with correctional staff and funding sources.

1988 – 1994

**PARKSIDE MEDICAL
SERVICES CORP.**

Program Director

- Responsible for the operations and management of full continuum of care for Adults and Adolescents.
- Facilitated transition to Dual Diagnosis programs for Youth patients.
- Implemented ASAM Criteria and implemented more individualized programming reflective of the shorterlengths of stay in all levels of care.
- Responsible for JCAHO preparation.
- Responsible for re-opening of significant referral sources.
- Served as a liaison with Medical Center and the community at large.
- Developed an Alumni Association

Director of AODA Services

- Responsible for direction and management of all aspects of Inpatient, Day Treatment and Outpatient Substance Abuse programs in a 541 bed teaching hospital
- Responsible for the development and implementation of the budget and the assurance of fiscal solvency of the programs.
- Coordinated the management of HMO capitated contracts.
- Guided program through its first JCAHO survey, with no contingencies.
- Developed and implemented full continuum of care.
- Opened new referral networks.
- Team leader of Center of Excellence (COE)
- Developed and coordinated the implementation of the annual Business plans for COE.
- Developed programs responsive to the Managed Healthcare environment while ensuring quality patient care.

1977 – 1988

**DEPAUL HEALTH
SYSTEMS**

- **Program Director**
- **Rehabilitation Supervisor**
- **Chemical Dependency Counselor**

EDUCATION

- LaSalle University - B.S., Health Services Management
- 1974-1977 - Daytop Village Counselor Training Program
- 1970-1971 - New School for Social Research – New York City, NY
- 1965-1968 - University of Wisconsin – Madison, WI

PROFESSIONAL AFFILIATIONS

- 2006 – Present Board of Directors, Therapeutic Communities of America
- 2000 – 2006 Board of Directors, Texas Association Substance Abuse Programs
- 1988 – Present Member, American College of Addiction Treatment Administrators (ACATA)
- 1988 – 1991 Board of Directors, National Association of Addiction Treatment Providers (NAATP)

LICENSES AND CERTIFICATIONS

- 1992 – Present Licensed Chemical Dependency Counselor (LCDW) Texas
- 1990 – Present Internationally Certified Alcohol and Drug Counselor
- Certified Criminal Justice Professional

MARTHA A. YOUNT
102 Bishop Quarter Lane
Oak Park, Illinois 60302
(708) 383-7735

SUMMARY

Extensive human resources experience in designing and implementing cost-effective human resources programs to reinforce the organization's mission, strategic plan, and operating goals.

EXPERIENCE

1994 to Present

GATEWAY FOUNDATION, INC., Chicago, Illinois

Provides direction for human resources programs for a behavioral health care organization with 1000 employees in five states

Vice President, Human Resources

- Develops human resources strategic plan, integrating human resources strategy with organization's mission, goals and objectives.
- Plans, directs and evaluates human resources policies and programs to ensure organization's current and future needs are met. Oversight responsibilities encompass compensation, benefits, employee relations, recruiting, employment, training and development.

1987 to 1993

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, Chicago, Illinois

A 637 bed acute-care teaching and research-based medical center with 4700 employees

Assistant Director, Human Resources

Provided direction for a staff of 12 and controlled a \$34 million benefits budget.

- Developed performance-based compensation and appraisal programs.
- Formulated and proposed wage increase strategies for 2400 employees covered by collective bargaining agreements.
- Established benefits function after the Hospitals were separated from the University resulting in a 10% decrease in benefits costs.
- Developed and implemented self-insured health plan to encourage employees, through plan design, to use Hospitals' facilities which resulted in retention of 38% of inpatient and 78% of outpatient care dollars.
- Selected and installed customized human resources information system; designed telephone-based automated time and attendance system ensuring greater accuracy in timekeeping.

1985 to 1987

REHABILITATION INSTITUTE OF CHICAGO, Chicago, Illinois

A 176 bed rehabilitation hospital with 900 employees.

Compensation and Benefits Manager

- Developed and implemented performance-based compensation program resulting in new merit increase, performance planning and appraisal systems for management and staff jobs.
- Managed employee benefit plans including health, life, dental, disability and retirement.

1976 to 1985

BAYLOR UNIVERSITY MEDICAL CENTER, Dallas, Texas

A 1069 bed acute-care teaching hospital with 5100 employees.

Assistant Director, Human Resources

- Developed, implemented, and managed corporate-wide, performance-based wage and salary program.
- Researched, designed, and implemented corporate-wide self-insured health plan.

EDUCATION

Master of Business Administration, The University of North Texas, Denton, Texas

Bachelor of Business Administration, The University of North Texas, Denton, Texas

GEORGE R. VARGAS, CPA

5838 N. Kolmar Avenue
Chicago, Illinois 60646
773-283-3368

EXPERIENCE

1999 - Present **Gateway Foundation, Inc.** Chicago, IL
Vice President, Finance

- Oversee, monitor, and direct activities and performance of division directors and managers, and their assigned staff.
- Oversee and monitor activities of related to budgeting, accounting, accounts payable, accounts receivable and financial reporting.
- Directs the formulation and implementation of overall organization finance-related policies, goals and objectives.
- Develop secure approval of and implement goals, objectives, plans and budgets for finance division functions and activities.
- Ensure all financial practices, systems, activities and records are in compliance with applicable government and regulatory requirements, as well as, funding sources standards and obligations.
- Ensures availability of financial resources to meet organizations current and future needs through oversight and management of organization's investments, liabilities, assets and receivables.
- Advises President of significant changes in various factors such as markets, tax laws, regulatory environment, revenues, and costs that effect overall financial plans and strategies of the organization.
- Responsible for Fiscal Oversight of all Contracts including all Corrections Division in-custody treatment services across the Division. This includes over \$20 million dollars in revenue from:
 - eight contracts in nine institutions (4,333 beds) with the Texas Department of Criminal Justice;
 - one contract for eight institutions (1,418 beds) with the New Jersey Department of Corrections; and,
 - two contracts in three institutions (564 beds) with the Missouri Department of Corrections.

GEORGE R. VARGAS, CPA

1997 - 1999 **Kemper Insurance Companies** Long Grove, IL
Senior Business Systems Analyst

- Member of a project team responsible for implementing the Oracle suite of applications including general ledger, accounts payable, purchasing, budgeting and cost allocation.
- Provided assessment and counsel to the Project Director on various project planning, management and implementation.
- Provided training, direction and guidance to various staff and consultants in the performance of current and future process analyses.
- Coordinated and participated in technical and functional analyses and mapping of more than 40 legacy system interfaces to the general ledger.
- Coordinated and developed the cost benefit analysis and business case leading to executive approval and funding of the project.
- Served as a liaison between the Internal Audit Department and Project Management and coordinated Internal Audit participation in reviews of project deliverables.

1996 - 1997 **Gateway Foundation, Inc.** Chicago, IL
Director of General Accounting

- Supervised the daily activities of a staff of eight Senior and Staff Accountants.
- Managed financial reporting activities and monthly general ledger closings.
- Restructured and organized the accounting department.
- Supervised preparation for year-end audits; coordinated activities with auditors; reduced audit effort and financial statement preparation by four months.
- Directed the aspect of the information system conversion tasks pertaining to the identification of system functionalities and their application to current accounting practices.
- Developed new accounting procedures and financial reporting specifications as required by the system conversion.
- Designed and built external governmental financial reporting processes reducing report preparation time by three months.

Daniel P. Molitor
Vice President, Information Services

Mr. Molitor is responsible for strategy and operations of organization-wide data, voice & project management information systems and support. He has over 19 years of progressive information systems-related experience. He plans, directs, manages systems and personnel, develops, updates and secures approval of the IS Strategic plan, capital and operational budgets, IS policies and procedures and participates in administrative operations including acquisitions & mergers. He is a member of the executive management team responsible for welfare of the agency and its interests.

Prior to Gateway, Mr. Molitor worked for major not-for-profit social service organization based in Illinois. His responsibilities included voice, data, applications and support of 120 locations throughout Illinois and a \$4 million information systems budget. He has been an instructor for both Governors State University and South Suburban College in Illinois. He has also owned, operated and managed a successful restaurant business for ten years.

Mr. Molitor received a MBA in Management Information Systems from Governors State University.

REBECCA DOUGLAS
14439 Andrea Way Lane
Houston, Texas 77083

(H) 281.933.3985
(C) 832-725-4071
E-mail: beckyd@houston.rr.com

PROFESSIONAL SUMMARY

More than 15 years of professional administrative management experience with consistently increasing responsibilities and accountability. A history of successes motivating and developing productive work teams, persuading governing bodies to reconsider positions, and designing and restructuring work processes for effective and efficient completion of projects.

BACKGROUND SUMMARY

- System / Process Analysis & Improvement
- Successful Team Building / Maintenance
- Quality Assurance / Quality Control
- Needs Assessment / Evaluation
- Licensure Regulatory Compliance / Interface
- Personnel Retention / Turnover Reduction
- Synthesize Complex Information
- Effective Presentations to Groups

SUMMARY OF PROFESSIONAL CONTRIBUTIONS

Manager with experience in new program development; restructuring and redesign of marginal programs. Successful development and implementation of all aspects of "start-up" program.

Results-oriented organizer and supervisor of quality management programs. Capable of quick evaluation, establishment of goals, development of processes, attainment of objectives.

Accomplished and effective presenter of organization / agency positions. Proficient at sorting and compiling data into persuasive position papers and oral presentations, resulting in changing and / or re-evaluation systems saving the company substantial costs.

Proven team-builder able to motivate and develop cohesive, productive work team. Extensive experience evaluating and hiring quality staff. Skilled at restoring non-productive staff by implementing structure and practical work processes, providing training, discipline, and support.

EMPLOYMENT SUMMARY

GATEWAY FOUNDATION- <u>Quality Management Coordinator</u>	Oct. 2003—Present
THE WATERSHED AT CLEAR LAKE-<u>Interim Program Director</u>	Oct. 2002—June 2003
TENET HEALTH CARE- <u>Director of Psychiatric Services</u>	Sept. 2001—Oct. 2002
GATEWAY FOUNDATION- <u>Area Director</u>	Dec. 1998—Sept. 2001
NEXUS RECOVERY CENTER- <u>Director of Clinical Services</u>	Aug. 1997—Nov. 1998
TENET HEALTH CARE- <u>Director of Psychiatric & Chemical Dependency Programs</u>	Feb. 1995—Aug. 1997
RICELAND REGIONAL MENTAL HEALTH AUTHORITY- <u>Program Manager</u>	Jan. 1992—Jan. 1995
<u>OTHER EXPERIENCE-- Alvin Community College--Adjunct Instructor</u>	Fall-- 2003

EDUCATION

Master of Arts—Houston Baptist University
Bachelor of Arts—University of Houston

CREDENTIALS

Licensed Professional Counselor (LPC)
Licensed Chemical Dependency Counselor (LCDC)
Certified LPC Supervisor

GREGORY S. DOCKINS
CURRICULUM VITA

Work Address:

55 East Jackson Blvd.
Suite 1500
Chicago, IL 60604
Phone: (312) 913-2321
Mobile: (815) 579-2701
Email: gdockins@gatewayfoundation.org

Present Address:

711 11th Street
La Salle, IL 61301
Phone: (815) 220-8185
Cell: (214) 912-3731
Email: g.dockins@insightbb.com

Education

1993-1998	University of Texas at Arlington, Arlington, Texas Completed coursework toward M.A. in Sociology.
Spring 1992	Texas Tech University, Lubbock, Texas Attended master's program in family studies.
1985-1988	Wayland Baptist University, Plainview, Texas B.A., completed December 1988, awarded May 1989. <u>Double Major:</u> Psychology/English <u>Overall G.P.A.:</u> 3.70 on 4.0 scale, Magna cum Laude.

Bilingual/Bicultural

Having lived in South America during my childhood, Mr. Dockins acquired many elements of the Latin culture and developed fluency, both written and spoken, of the Spanish language. It enables him to overcome communication barriers in both clinical and administrative environments that involve the Spanish language.

Professional Affiliations/Licenses

Licensed Chemical Dependency Counselor--licensed as LCDC by the Texas Department of State Health Services. License #4327, issued June 1, 1992; currently renewed through June of 2007.
Certified Criminal Justice Addiction Professional—ICRC reciprocal criminal justice certification. Currently certified as CCJP in both Texas and Illinois through October, 2007.

Curricula/Publications/Presentations

Curricula:

- Criminal Justice Prevention Program--Social Skills Education Curriculum
- Adolescent Substance Abuse Program--Alcohol and Drug Education Curriculum

Publications:

- Dockins, G. (1997). Chemical Dependency: Is It a Disease or Symptom? In Analyzing Social Problems: Essays and Exercises, p. 171-175, D. Dunn & D. V. Waller, Eds. Upper Saddle River, New Jersey: Prentice Hall.
- Nguyen, W. H., and Dockins, G. S., (1994). Chemical Dependency Counseling and the Asian American. El Paso, TX: TEMSATI, Aliviane-NOAD.

Training/Staff Development:

- Gateway Foundation Texas; 2000 to present: TC trainer for Corrections Division.
- Austin, Texas; 1995 through 1998: Worked under contract with the Texas Commission on Alcohol and Drug Abuse. Presented various topics, including: Cultural Sensitivity; Adolescent Substance Abuse Treatment; Treating the Dually Diagnosed; etc.
- Lima, Peru; October 1997: Co-facilitated presentation of Therapeutic Community Treatment Skills through Daytop International, under contract by the U.S. State Department to provide clinical training for substance abuse treatment in 3rd world countries. Served as trainer and translator for the training team.

GREGORY S. DOCKINS
CURRICULUM VITA

Employment History

- Director, Corrections Initiatives**
Gateway Foundation, Inc.
55 East Jackson Boulevard
Suite 1500
Chicago, Illinois 60604
Dates of Employment:
10/06 to Present
- Job duties include comprehensive program development functions and operational strategic planning for the Corrections Division. Serves as lead contact for new business opportunities; leads start-up teams during new contract acquisitions; administrative liaison for existing corrections contracts in Texas, New Jersey and Missouri. Responsible for program expansion, Division and agency marketing functions; coordinates Corrections Division internal evaluation project; and, serves as liaison for Division consultants.
- Program Director**
Sheridan Correctional Center
Illinois Dept of Corrections
Gateway Foundation, Inc.
Sheridan, IL 61351
Dates of Employment:
06/05 to 10/06
(contract ended)
- Job duties included complete program oversight for IDOC Sheridan Therapeutic Community, a 1,100 bed fully dedicated drug-treatment institution. Responsibilities included: development, implementation, and evaluation of program interventions; fiscal oversight; quality assurance; staff supervision; and, staff training and correctional officer cross-training on relevant clinical model (TC) and program activities. Key management functions included authorship of the **Integrated Standard Operating Procedure Manual** for the national model program. As Director for the Lead Vendor (Gateway), duties included responsibility for liaison and integration duties for entire correctional facility, ensuring that the entire institution was the therapeutic community—not just the treatment portion.
- Center Director**
Help Is Possible Project
Gateway Foundation, Inc.
723 South Peak Street
Dallas, Texas 75223
Dates of Employment:
04/00 to 06/05
- Job duties include: complete program oversight, including: development, implementation, and evaluation of program interventions; fiscal oversight; quality assurance; staff supervision; staff training of relevant clinical skills and program activities; and, physical plant oversight and supervision.
- Managed contract with Texas Department of Criminal Justice, which provides treatment services to the corrections population released to community as transition from in-prison treatment facilities (SAFPP).
 - Managed Care liaison with the NORTHSTAR project in the Dallas area. Worked to enhance the modified T.C. approach under the confines of the managed care environment.
 - Project Director for CSAT HIV Project, which serves HIV+ and at-risk clients with co-morbid addictions to both legal and illicit substances. Responsible for planning, directing, and evaluating the 5-year award.
- Program Director**
Pine Mountain Facility
Daytop Village, Inc.
Rural Route 3, Box 3562
Palestine, Texas 75801
Dates of Employment:
12/95 to 04/00
- Job duties include: complete program oversight, including: development, implementation, and evaluation of program interventions; quality assurance; staff supervision; staff training of relevant clinical skills and program activities; facilitate and lead community involvement, including local Advisory Board; and, physical plant oversight and supervision. Played key leadership role in making a programmatic transition from traditional Therapeutic Community Model to a Modified Managed-Care design.
- Site Coordinator**
Pleasant Grove Positive Directions
Dallas Challenge, Inc.
8012 Umphress Road
Dallas, Texas 75217
Dates of Employment:
02/95 to 12/95
- Job duties included: program development, implementation, and evaluation; clinical supervision of Case Management staff; strategic program planning and reporting, including Quality Assurance functions; physical plant oversight and supervision; workshop/training presentations for staff and other community/professional groups; translation services for clinical interviews and assessments for monolingual Spanish-speaking clients; facilitate Advisory Board planning/activities; etc.

GREGORY S. DOCKINS
CURRICULUM VITA

Employment History
(Continued)

Clinical Coordinator
East Dallas Counseling Center
4306 Bryan Street
Dallas, Texas 75204
Dates of Employment:
07/93 to 02/95

Job duties included: program development, implementation, and evaluation; staff supervision; community liaison; clinical duties, including individual/family/group counseling; and, fund-raising, grant-writing and grant management [Office of the Governor, Criminal Justice Division; Texas Commission on Alcohol and Drug Abuse, Juvenile TAIP/Target Cities].

Program Director
Chemical Dependency Program
River Terrace Psychiatric Hospital
and Treatment Center
233 W. 10th Street
Dallas, Texas 75208
Dates of Employment:
09/92 to 02/93

Job duties included: writing the policies and procedures for the entire treatment continuum, including inpatient detoxification, intensive residential, intensive outpatient, and supportive outpatient; serving as the liaison with the Texas Commission on Alcohol and Drug Abuse, obtaining the initial treatment license for the program; administrative duties over program start-up and implementation; clinical supervision; monitoring of program evaluation/efficacy through QA/CQI endeavors; and, general management responsibilities, as per JCAHO accreditation requirements.

Multiple Positions
Central Plains Center for MHMR
and Substance Abuse
2700 Yonkers
Plainview, Texas 79072
Dates of Employment:
01/89 to 09/92

Upward mobility through the agency, from direct care clinical positions into program management positions, including the following:

- Coordinator, W.W. Allen Treatment Center & E.A.P. Program—served as administrator over 30-bed co-ed adult residential facility (11/90 to 09/92).
- Administrator, D.W.I. Education Program
- Staff Therapist, W.W. Allen Treatment Center
- Alcohol/Drug Education Counselor, Youth Substance Abuse Program

References

Available upon request made to the current work address and/or phone number(s).

Duane Cummins
3552 Madison-442
Annapolis, Mo. 63620
Phone: (314) 541-6388
Current Work Phone: 573-218-5006 Ext. 249
Email: maninthemirror@starband.net

During the past twenty years I have functioned in a variety of different positions within the Missouri Department of Corrections and Missouri Department of Mental Health. I have substantial **experience in administrative, managerial, and Substance abuse treatment services**. My primary **expertise is in program design, development and systems evaluation**. I have had the opportunity to **train employees** in a wide range of professional disciplines and have participated in the development of numerous offender programs.

EDUCATION

2007 Masters of Science in Human Services with specialization in Criminal Justice (Honors) –
Capella University Minneapolis, MN

2004 Bachelor of Science in Criminal Justice (Honors) - Kaplan College, Boca Raton FL.

1988 Associate of Arts – Mineral Area College, Park Hills MO

I am currently participating in doctoral studies through Capella University's Public Safety Doctoral Program with a specialization in Criminal Justice. My expected completion date (ABD) is January 2010.

EMPLOYMENT

Feb. 2008 – present:

Missouri Department of Corrections, Central Office
Jefferson City, Mo.

Area Substance Abuse Treatment Coordinator, (Southeast Region)

This is a professional administrative position in which I am responsible for developing, monitoring, and coordinating Department of Corrections contracted treatment programs for substance abuse services within the southeast-region of Missouri.

July 2007 – Feb 2008:

Mo. Dept of Mental Health, Mo. Sex Offenders Treatment Center
Farmington, Mo.

Unit Program Supervisor

I conducted professional program planning, management, and supervisory work of substantial scope and complexity for a stand-alone treatment unit in a residential mental health facility for persons committed or detained as violent sexual predators.

March 2005- July 2007:

Mo. Dept of Corrections, Farmington Treatment Center,
Farmington Mo.
Substance Abuse Counselor Supervisor (SAC III)

This is a senior-level professional and supervisory position involving the treatment and rehabilitation of individuals in a substance abuse treatment and rehabilitation program located within an adult correctional facility. In this position I supervised clinical staff and assisted in the planning, coordination, and development of the substance abuse treatment program in both administrative and clinical capacities.

Nov. 2004 – March 2005:

Mo. Dept of Corrections, Farmington Treatment Center,
Farmington Mo.
Substance Abuse Counselor II

This is mid-level professional counseling position involving the treatment and rehabilitation of individuals in a substance abuse treatment and rehabilitation program located within an adult correctional facility. In this capacity I provided individual and group counseling and substance abuse education classes to offenders to assist them in recognizing problems and causal factors related to substance abuse and in developing alternative/coping behaviors.

Feb.2004-Nov.2004:

Mo. Dept of Corrections, Farmington Treatment Center,
Farmington Mo.
Corrections Caseworker I

This is a professional social work position with offenders in an adult correctional center. In this capacity I secured and evaluated social information counseled offenders concerning their personal problems and aided the offenders in adjustment to change.

June 2002- Feb. 2004:

Mo. Dept of Corrections, Farmington Treatment Center,
Farmington Mo.
Substance Abuse Counselor II

This is mid-level professional counseling position involving the treatment and rehabilitation of individuals in a substance abuse treatment and rehabilitation program located within an adult correctional facility.

Nov. 1996-June 2002:

Mo. Dept of Corrections, Farmington Treatment Center,
Farmington Mo
Substance Abuse Counselor I

This is an entry-level professional counseling position involving the treatment and rehabilitation of individuals in a substance abuse treatment and rehabilitation program located within an adult correctional facility.

May 1989- Nov. 1996:

Mo. Dept of Corrections, Farmington Treatment Center,
Farmington Mo.
Correctional Officer I

I provided basic safety and security functions within an adult male correctional facility. I experienced a wide range of assignments in the general population facility as well as the institutional treatment center.

OTHER CREDENTIALS

Certified Criminal Justice Addictions Professional - certificate # 3365

Note: I am the first individual in Missouri to obtain this credential.

Internationally Certified Criminal Justice Addictions Professional

Certified Substance Abuse Traffic Offenders Program Instructor

Certified Substance Abuse Counselor Supervisor- certificate # 28

Pathway to Change Facilitator Trainer

Board Member, Missouri Substance Abuse Counselor Certification Board, (2005-2008)

Committee Member, International Certification and Reciprocity Consortium on Alcohol and Other Drug Abuse. Criminal Justice Addictions Professional (CCJP) Job Analysis Team for the development of the International CCJP Test (2007).

Subject Matter Expert and Line Item Writer, International Certification and Reciprocity Consortium on Alcohol and Other Drug Abuse. Criminal Justice Addictions Professional (CCJP) International CCJP Test (2008).

Trainer on Substance Abuse Treatment with Criminal Justice involved clients:

- National Council on Alcoholism and Drug Dependence (NCADD)- Kansas City
- Missouri Substance Abuse Professional Credentialing Board (MSAPCB)
- Missouri DOC- Division of Probation and Parole (P&P)
- Missouri DOC-Division of Adult Institutions (DAI)
- Missouri DOC-Division of Offender Rehabilitative Services (DORS)

Memberships

- American Criminological Society
- Alpha Phi Sigma – International Criminal Justice Honor Society
- American Corrections Association/Missouri Corrections Association

Missouri Department of Corrections
Jefferson City, MO
(573) 751-2389

Duane Cummins
Area Substance Abuse Treatment
Coordinator
Southeast Regional
(573) 218-5006 ext. 249
C: (314) 541-6388
maninthemirror@starband.net

Interested. Resume received.
Doctoral studies, Capella Univ., expected 1/10
MS Human Services/Criminal Justice, Capella Univ., 2007
BS Criminal Justice, Kaplan College, 2004
AA, Mineral Area College, 1988
Certified

\$45K

Present Facility: 20 years
Present Position: 1 ½ years
Reports to: Deputy Director (Marta Nolan)
Supervises: 0
Responsibilities: oversight of department; Southeast region
Previous: Unit Program Supervisor, Department of Mental Health, Sex Offenders Treatment Center, 7 months
Supervised: 30 Aides and 15 Supervisors
Previous: Substance Abuse Counselor Supervisor (SACIII), Department of Corrections, Farmington Treatment Center, 2 years
Reported to: Clinical Director (Scott Jordan)
Supervised: 7 Counselors
Responsibilities: 450 in program
Previous: Substance Abuse Counselor II, Farmington Treatment Center, 5 months
Previous: Corrections Caseworker I, Farmington Treatment Center, 10 months
Previous: Substance Abuse Counselor II, Farmington Treatment Center, 2 years
Previous: Substance Abuse Counselor I, Farmington Treatment Center, 5 ½ years
Previous: Correctional Officer I, Farmington Treatment Center, 7 ½ years
Note: wants challenges; inspired by Gateway; has budget oversight responsibility
Referred by: Diana Harris, MO Department of Corrections and Steve Doherty



JOB DESCRIPTION

JOB TITLE: Corrections Director

FLSA STATUS: Exempt

GENERAL SUMMARY:

Responsible for planning, organizing, directing and controlling the management and delivery of quality client services and related administrative and support activities, within a defined substance abuse treatment program. In doing so, reviews clinical treatment activities, results and documentation; and ensures compliance with program and Foundation standards and objectives, and applicable contracts and regulations. Participates in developing program budgets, goals, and policies; and ensures effective implementation and administration of same.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Plans and directs through subordinate supervisory personnel, the effective management and delivery of quality clinical services for a defined residential, corrections, or outpatient substance abuse treatment program.
2. Oversees and directs program activities and staff related to administrative support, record keeping, billing and financial reporting. May oversee and direct service and maintenance.
3. Interviews, hires, oversees the training and development of, schedules, assigns work to, evaluates the performance of and, when necessary, disciplines and discharges subordinate supervisors. Approves recommendations of subordinate managers and supervisors in evaluating and disciplining employees, and ensures continued compliance with established personnel policies and achievement of objectives for professional growth and development of staff. Responsible for verifying credentials and qualifications of independent contractors.
4. Establishes and implements appropriate service delivery system for treatment program. Promotes continuous improvement in methods of delivery of treatment and services, by revising and developing program standards, implementing appropriate corrective actions to resolve discrepancies, and ensuring adherence to contracts, regulations and license requirements.
5. Develops program budget projections; monitors and approves expenditures; and initiates corrective actions to resolve variances. Reviews financial reports including contract utilization and income and expenses to ensure accuracy and budgetary and contractual compliance.
6. Prepares regular and special reports or analyses on financial status and program results and activities, for review and use by managers and executives in planning and evaluating program activities, services, and results.
7. Participates in developing program goals and objectives, and designs and implements appropriate plans to meet agreed-upon goals. Assists subordinate supervisors in developing and meeting appropriate goals and objectives for their areas of responsibility.
8. Conducts meetings with program staff to review goals, objectives, routine and special activities, and short- and long-term plans. Participates in regional meetings with other directors to exchange ideas, evaluate operations, and develop policies.

First Draft: 06/02/08
Approved: 12/08/08
Revised: 12/08/08

JOB DESCRIPTION: Corrections Director

9. Periodically reviews client treatment plans with subordinate managers and supervisors to ensure quality and continuity of care. Ensures level and quantity of services provided adhere to applicable contractual obligations. Randomly audits client documentation to ensure record-keeping system complies with all governmental regulations and standards.
10. Maintains and fosters positive public relations by attending local meetings and participating in community functions. Serves as program liaison, and reinforces sound working relationships with funding agency representatives, local agencies and organizations. Where applicable, supports community outreach through such activities as conducting tours and speaking at events.
11. Serves as professional resource to subordinates in resolving clinical treatment or administrative problems. Investigates problems and concerns, and initiates appropriate corrective actions.
12. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on internal and external committees as assigned.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Knowledge of management theories and practices, including basic accounting and marketing, and ability to plan and oversee program administration, at a level normally acquired through completion of a Bachelor's degree in business, health administration, or related field. (See employment guidelines for assigned program requirements. A Master's degree in health services administration, mental health or related field may be required).
2. In-depth knowledge of counseling treatment practices and philosophies in order to plan, oversee and evaluate clinical activities; at a level normally acquired through five to seven years progressively more responsible, related experience in the substance abuse field, with at least three years concurrent supervisory experience. Minimum two years treatment experience, and knowledge of up-to-date techniques and modalities and case management within assigned program required.
3. High level of communication skills necessary to lead and motivate assigned staff; develop and maintain cooperative working relationships with correctional personnel and funding agency representatives, and prepare complex reports and correspondence, and formal presentations.
4. High level problem solving and analytical abilities necessary to oversee and direct the work of others, investigate and resolve conflicts and deficiencies, develop goals and objectives, and devise policies and procedures.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide supervision.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Regional/State Director.

First Draft: 06/02/08
Approved: 12/08/08
Revised: 12/08/08

JOB DESCRIPTION: Corrections Director

2. Responsible for overseeing three to five supervisors or managers, and leading and following-up on the work of up to fifty employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 06/02/08
Approved 12/08/08
Revised 12/08/08



JOB DESCRIPTION

JOB TITLE: Clinical Supervisor

FLSA STATUS: Exempt

GENERAL SUMMARY:

Responsible for providing direct supervision to Counselors and other clinical staff delivering developmentally appropriate client treatment. Oversees client services and ensures compliance with established program standards and service delivery objectives. Audits client records. Assists in interviewing, selecting, evaluating, scheduling and disciplining assigned staff. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures, and initiates corrective actions. Assumes client caseload in response to work load or staffing shortages.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Provides direct supervision to Counselors and other clinical staff involved in delivering individualized client treatment that addresses developmental and maturation levels. Oversees assigned treatment program activities, operations and delivery of services; and ensures client needs and contractual obligations for quality and quantity of care are met.
2. Develops and monitors a therapeutic environment to foster positive client interactions and communications. Trains subordinate staff to monitor and document client therapeutic interactions in accordance with program expectations.
3. Oversees client services by reviewing all client treatment and discharge plans, conducting client case reviews to ensure consistent and timely treatment, and, where applicable, approving client learning experiences and privileges or restrictions. Review compliance with established program standards, and adherence to group schedules and formats. Redirects or motivates counselors to meet service delivery objectives and compliance standards, or initiates corrective actions.
4. Responsible for auditing client records and documentation to ensure same is timely, accurate, complete and in accordance with regulatory and accreditation guidelines, and funding agency requirements. Authorizes or signs off client admissions and discharges.
5. Assists with staff selection and retention by interviewing, selecting, evaluating the performance of, and recommending disciplinary action, up to and including discharge. Responsible for recommending work and time off schedules for assigned staff, and completing caseload assignments, to ensure optimal clinical operations.
6. Responsible for promoting professional growth, and the development of clinical skills among assigned staff, by planning and scheduling in-services and workshops, motivating active participation and involvement by staff, documenting education activities and results, and so forth.
7. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serve as resource to staff in resolving complex case problems, and performing crises interventions.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

JOB DESCRIPTION: Clinical Supervisor

8. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures, and orients clients and staff to facility rules and regulations. Investigates client, staff or employee incidents and concerns, documents findings, and takes necessary immediate corrective action. Notifies supervisor and/or funding agency representatives of unusually complex or sensitive enforcement situations.
9. Oversees discharge planning for clients during course of treatment. Ensures community referral sources are used effectively as aftercare services to discharged clients.
10. Performs related supervisory or administrative duties such as assisting in developing and refining area policies and procedures; maintaining up to date procedures manual; performing on-call or staff on duty responsibilities as required; assisting with budget planning and expenditure approvals as needed; and completing various special reports and memos regarding program results and activities, and recommendations to improve program quality and effectiveness.
11. Directs individual, group and, where applicable, family counseling sessions; and assumes client caseload as necessary in response to workload or staffing shortages, and to maintain quality and continuity of care within assigned center. Assume responsibilities of supervisor in his/her absence and as requested.
12. Maintains and fosters cooperative working relationships with funding or contracting agencies, current and potential referral resources and services, community organizations, and criminal justice and social services agencies. May conduct formal community presentations on disease of addiction and treatment, and/or provide court testimony.
13. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees such as Utilization Review, as assigned.
14. Participates in performance improvement activities as appropriate.

Residential:

15. Assists in managing the milieu, which includes the physical and social environment within the Center, and in supervising subordinate staff who may be assigned to direct aspects of the milieu, such as client work assignments.
16. Performs on-call or staff on duty responsibilities as required, which includes administering breathalyzer to clients to detect alcohol use; performing client searches and client property searches; and collecting client urine specimens.

MISA clients:

17. Ensures clients exhibiting MISA symptomatology are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

JOB DESCRIPTION: Clinical Supervisor

2. Ability to supervise and monitor assessments, treatment planning, and counseling; serve as resource in resolving complex case problems; and participate in scheduling and evaluating the work of others; at a level normally acquired through three to five years prior experience in substance abuse field, with at least twelve hours supervisory training. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, within assigned treatment program (adult residential, corrections, outpatient, or youth care) required.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:
 - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. Licensure as a professional counselor, clinical social worker, or psychologist may be required to counsel individuals with a co-occurring diagnosis (See employment guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
5. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.
6. Analytical and problem solving abilities necessary to plan and schedule the work of others, resolve conflicts, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

JOB DESCRIPTION: Clinical Supervisor

- 3. Ability to respond to telephones and pages, and hear speech.
- 4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

- 1. Reports to the Program Manager/Director or designee.
- 2. Responsible for leading and following-up on the work of four to eight clinical staff employees.

WORKING CONDITIONS:

- 1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
- 2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 02/08/12

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor Supervisor

FLSA STATUS: Exempt

GENERAL SUMMARY:

In addition to regularly performing duties of Counselor II, supervises other counselors, and guides and directs activities and operations of assigned treatment program. Plans and schedules work time and caseload for assigned staff, and audits client records and documentation. Responsible for orienting, training and developing assigned staff. Interprets and enforces area Policies and Procedures and assists in the development of corrective actions. Serves as resource to assigned staff in identifying and resolving complex case problems.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Regularly performs duties of Counselor II (for a reduced caseload), which includes: completing comprehensive assessments, preparing individualized developmentally appropriate treatment plans, conducting individual and group counseling sessions, and documenting treatment activities and clients' responses.
2. Supervises groups of counselors and other clinical support staff, and guides and directs activities and operations of assigned substance abuse treatment program. In doing so, ensures proper treatment planning and implementation, and client needs and contractual obligations for quantity and quality of care are met.
3. Responsible for planning and scheduling assigned schedules and making client caseload assignments, according to established guidelines.
4. Assists in the auditing of client records and documentation to ensure same is timely, accurate, and in accordance with regulatory and accreditation standards, and funding agency requirements. Authorizes or signs off client admissions and discharges.
5. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serves as resource to staff in resolving complex case problems, and performing crises interventions.
6. Assists in mentoring new staff and assists in the oversight of training and development of interns and practicum students.
7. Assists in interviewing, and recommends hiring and assists in the development of performance evaluations of assigned staff. Participates in coaching employees regarding work performance and expectations, advising them of consequences, and assists in the compiling of disciplinary action documentation.
8. Assists in developing area policies and procedures, and maintains procedures manual. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures. Investigates incidents, and potential staff or client violations; documents findings; and takes necessary immediate corrective action. Notifies supervisor of complex or sensitive enforcement situations.

Approved 02/20/1998
Revised. 02/29/2012

JOB DESCRIPTION: Counselor Supervisor

9. Completes various regular and special reports and memos regarding program results and activities, incident reports and actions, recommendations to improve program quality and effectiveness, and so forth.
10. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees such as utilization review, as assigned.
11. May conduct formal presentations to explain treatment program services and objectives to groups of student interns, peers and/or professional interests.
12. Participates in performance improvement activities as appropriate.
13. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.
14. Ensures clients exhibiting MISA symptomatology are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

MINIMUM QUALIFICATIONS:

1. **Education Requirement:** Associates' degree in psychology, Sociology, social work, Criminal Justice, mental health counseling, or substance abuse counseling or related field; or equivalent work experience on a year for year basis.
2. **Certification Requirement:** Current certification as a substance abuse counselor or advanced license in the State of Missouri. Must maintain a valid certification or license for continued employment in accordance with the Missouri Department of Corrections requirements.
3. **Experience Required:** Two years prior experience in the substance abuse field, with at least twelve hours supervisory training. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, in a corrections or adult residential treatment program required.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills.
2. Ability to perform assessment, treatment planning, and counseling; provide intensive services for some complex cases; and plan, guide, oversee, and evaluate the work of others; at a level normally acquired through eighteen months to three years prior experience in substance abuse field.
3. Demonstrated skills and knowledge of the principles of growth and development for the client population; and is able to assess and interpret client data, identifying individual client needs and providing care appropriate to the developmental stage of the clients served.
4. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.

Approved 02/20/1998
Revised: 02/29/2012

JOB DESCRIPTION: Counselor Supervisor

5. Analytical abilities necessary to plan and schedule the work of others, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
6. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.
7. May require limited travel for training, assistance with program development in other units, etc.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Clinical Supervisor or Director.
2. Responsible for leading and following-up on the work of other clinical staff.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. Works in corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.



JOB DESCRIPTION

JOB TITLE: Counselor III

FLSA STATUS: Exempt

GENERAL SUMMARY:

Completes comprehensive assessments and treatment planning for caseload, and provides counseling services to clients. Develops and implements complex treatment and discharge plans for clients with dual diagnoses, social or mental health issues. Serves as professional resource to other Counselors in resolving complex case problems, and provides clinical supervision and guidance as needed. Develops and conducts in-service and continuing education programs for treatment staff. Assumes responsibility for overseeing Counselors in absence of supervisor. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Maintains caseload which includes completing comprehensive assessments, preparing individualized developmentally appropriate treatment plans, and providing individual and group counseling and educational services in support of treatment plans. Maintains regular contact with insurance providers to report client treatment progress and obtain required certifications for continued stays. Depending on Center or site assigned, part-time positions may not maintain a caseload.
2. Develops and implements complex treatment and discharge plans for clients with dual diagnoses, social, or mental health issues; and conducts intensive or comprehensive interventions as necessary, such as family or domestic violence counseling.
3. Reports caseload activities and progress to supervisor as required. Maintains records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.
4. Designs, implements, and integrates intensive service program to address particular social or psychological problems affecting portion of client population, e.g., domestic violence, sexual assault, grief, and so forth.
5. Serves as professional resource, and provides clinical supervision to other Counselors as needed. Audits client records prepared by others to ensure compliance with required documentation and service delivery. Provides assessments of special needs clients, and advice and guidance necessary to resolve complex case problems. Demonstrates and/or instructs on appropriate procedures, modalities and techniques.
6. As requested and appropriate, develops and presents introductory and continuing education programs on subjects related to assigned specialty for other Counselors or Technicians. Trains and oversees assigned Interns.
7. Collaborates with supervisor or other psychiatric, social work, or medical professionals on specific case-related issues to maintain continuity of care, and to aid in achieving therapeutic and restorative goals for clients.
8. Creates positive working relationships with local social service agencies and community organizations. Researches and evaluates services provided by each to utilize them as sources in client referrals.
9. Serves on variety of department or site committees necessary to plan and evaluate treatment programs and client services. Contributes to continuous improvement of treatment protocols, procedures and results.

Approved 4-17-08
Revised 4/4/08

JOB DESCRIPTION: Counselor III

10. May assume responsibility for supervision of Counselors in absence of supervisor.
11. Participates in performance improvement activities as appropriate.

MISA clients:

12. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomatology to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills, in-depth knowledge of counseling, treatment and discharge planning; at a level normally acquired through completion of a Master's degree in psychology, social work, mental health or substance abuse counseling, or closely related field.
2. Ability to perform assessment, treatment planning, and counseling for complex or dual diagnoses cases; and serve as professional resource to others in resolving complex case issues; at a level normally acquired through four years prior experience, with at least one year experience working with dual-diagnosed clients.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:
 - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
5. Advanced interpersonal skills necessary to conduct training and education programs; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and develop and maintain effective contacts with insurance providers, outside agencies and referral sources or services.

JOB DESCRIPTION: Counselor III

- 6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
- 7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

- 1. Ability to speak with others in order to exchange information and provide counseling.
- 2. Ability to record and proofread information on forms and charts.
- 3. Ability to respond to telephones and pages, and hear speech.
- 4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

- 1. Reports to the Counselor Supervisor or Clinical Supervisor; in absence thereof, may report to the Assistant Director or Center Director.
- 2. May occasionally assume supervisory responsibilities in absence of supervisor. May oversee and train Interns.

WORKING CONDITIONS:

- 1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
- 2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Approved: 4-17-08
Revised: 4/4/08



JOB DESCRIPTION

JOB TITLE: Counselor II

FLSA STATUS: Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Caseload typically includes some complex cases requiring more intensive services. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.
2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.
3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.
4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.
5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.
6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.
7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.
8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor II

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.
10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.
11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.
12. May be required to perform urine collection from clients for laboratory screening.
13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomatology to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.
2. Ability to perform assessment, treatment planning, and counseling, and provide intensive services for some complex cases, with minimal supervision and direction, at a level normally acquired through two years prior experience in the substance abuse field.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

First Draft 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor II

- **Adolescent Clients:** Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - **Adult Clients:** Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - **Geriatric Clients:** Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
 5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.
 6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
 7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.
2. May occasionally oversee and train Interns.

First Draft. 08/01/01
Approved 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor II

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft 08/01/01
Approved: 11/30/01
Revised 11/19/01



JOB DESCRIPTION

JOB TITLE: Counselor I

FLSA STATUS: Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.
2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.
3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.
4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.
5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.
6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.
7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.
8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

First Draft: 08/01/01
Approved 11/30/01
Revised 11/19/01

JOB DESCRIPTION: Counselor I

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.
10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.
11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.
12. May be required to perform urine collection from clients for laboratory screening.
13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomatology to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.
2. Ability to perform assessment, treatment planning, and counseling at a level normally acquired through six months prior experience in substance abuse field, and/or successful completion of in-house staff training program.
3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor I

- **Adolescent Clients:** Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.
 - **Adult Clients:** Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.
 - **Geriatric Clients:** Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.
4. Current certification or qualification as an alcohol, drug, or substance abuse counselor or intern; as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)
 5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.
 6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.
 7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.
2. Has no responsibility for leading or supervising the work of others.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor I

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft 08/01/01
Approved: 11/30/01
Revised 11/19/01



JOB DESCRIPTION

JOB TITLE: Office Manager

FLSA STATUS: Exempt

GENERAL SUMMARY:

Responsible for organization and operation of business office at assigned Center. Responsible for timely and accurate processing and data entry of billing information. Compiles data and information, and prepares reports used in monitoring and evaluating Center's operations, finances and contract compliance. Maintains expenditure records and receipts, tracks budget allocations, and initiates corrective actions to control budget variances. Assists in preparing budget recommendations. Oversees and directs assigned office staff and client workers. Performs day-to-day personnel administration for Center. Serves as Center administrative liaison, processes various forms and records, and maintains office records and filing systems. Performs variety of related administrative, office, and secretarial duties and tasks.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Responsible for organization and operation of business office at assigned Center. Initiates corrective actions necessary to ensure efficient and smooth operations in areas of responsibility.
2. Responsible for processing of billing information, directly or through others, which includes performing data entry such as posting charges, compiling and reporting census and contract statistics, and tracking and monitoring staff billing hours. Ensures timely processing of billing information, and accurate entry of database information.
3. Compiles data and information, completes summary calculations and analyses, and prepares regular or special reports for use by superiors in monitoring and evaluating Center's finances, operations and contract compliance. Researches unusual data results or occurrences and prepares explanations or justifications.
4. Maintains inventory of approved office supplies by processing purchase requisitions and approving expenditures within specified limits and budget.
5. Maintains expenditure records and receipts, tracks budget allocations and expenditures for areas of responsibility, and initiates corrective actions to control budget variances. Assists in Center budget planning and monitoring by compiling and reporting census and service delivery statistics, and revenue and expenditure data.
6. Oversees and assigns work to lower-classified office employees and assigned client workers engaged in performing office or service duties. Participates in hiring, evaluating, and disciplining assigned subordinates as appropriate.
7. Performs personnel administration for Center which includes maintaining personnel files and training records, collecting and processing time sheets, preparing employment offers and processing new hires, and responding to questions concerning payroll and benefits policies and procedures. Ensures personnel actions are in compliance with federal, state and central offices rules and regulations.
8. Serves as administrative liaison between assigned Center, other centers, central office and contracting agency, by gathering and exchanging information related to operational, budget, payroll, and personnel issues or procedures. Attends Center supervisory meetings to provide information concerning office procedures, updated policies, and personnel administration changes.

Approved 4/17/08
Revised: 4/4/08

JOB DESCRIPTION: Office Manager

9. Processes various forms and records related to client admission, rotations and discharge. Prepares regular reports and counts related to client census and services provided.
10. Responsible for organization and maintenance of office records and filing systems (manual and computerized). Ensures accurate and efficient storage and retrieval of documents and information; and that files and information are correct, up to date, and complete.
11. Performs various related administrative duties such as maintaining policy and procedure manuals, posting and balancing petty cash and postage expenditures, enforcing office equipment maintenance and service contracts, obtaining security clearances for staff and visitors, and coordinating travel and meeting arrangements.
12. Performs office and secretarial duties such as composing and typing correspondence and documents, photocopying and assembling documents, answering telephones, filing, and data entry.

Residential/Outpatient Centers:

1. Responsible for registration of clients and verification and explanation of client insurance benefits, directly or through others, which includes entering accurate client information such as insurance benefits and certification into database, contacting insurance providers to obtain benefits information, calculating the portion of the charges for which the client is responsible, and explaining the benefit information to and arranging for payment from the client or family member. May be responsible for contacting client or family member post-discharge to request payment of remaining balance.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Ability to read and write well enough to draft, proof and edit correspondence, reports, tables and the like; and perform simple arithmetic and statistical calculations to prepare and verify summary reports and financial transactions. Knowledge of office systems, procedures, equipment, and computer applications. May require prior experience with health insurance terminology, codes and billing procedures in order to bill insurance and communicate with insurance providers. Necessary ability and knowledge normally acquired through up to one year post high school training in business or office administration.
2. Ability to type complex statistical tables and forms, non-routine correspondence, reports and the like; and complete data entry accurately and efficiently, at a level normally acquired through training in touch-typing techniques, in high school or beyond.
3. Approximately two to three years of progressively more responsible related work experience in order to gain in-depth understanding of Gateway policies, procedures and operations necessary to assume high-level administrative details and office management responsibilities.
4. Interpersonal skills necessary to communicate effectively with a diverse group of external and internal contacts in investigating and resolving operational and administrative problems, and to lead and motivate assigned staff.
5. Analytical abilities necessary to delegate and follow-up on the work of others, compile and analyze data and information for various reports and statements, and investigate and resolve various questions and issues related to administrative responsibilities.
6. Ability to maintain confidentiality of client treatment and financial information, and personnel files.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to communicate with others in order to gather and exchange information.
2. Ability to respond to telephone inquiries.

Approved. 4/17/08
Revised 4/4/08

JOB DESCRIPTION: Office Manager

3. Ability to continually proofread, check and verify data from printed form and computer monitor display.
4. Ability to use a keyboard and video display terminal to enter, retrieve, and/or audit information and data on a continual basis.
5. Ability to pull, lift and transport files and documents to and from various locations within office or assigned location.

REPORTING RELATIONSHIPS:

1. Reports to the Community Director, Program Manager or Center Director.
2. Responsible for leading and following-up on the work of two to three office employees, and assigned crews of client workers.

WORKING CONDITIONS:

1. Works in a normal office environment where there are relatively few discomforts due to dust, dirt, noise and the like.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Approved: 4/17/08
Revised: 4/4/08



JOB DESCRIPTION

JOB TITLE: Office Assistant

FLSA STATUS: Nonexempt

GENERAL SUMMARY:

Processes information and data for billing of services (50% or more of work time) by entering client and treatment information into computer database, and logging and posting treatment services and hours. Sorts and files documents and records, and maintains filing systems. Types variety of correspondence, memos, forms, and logs. Records data and information on various logs, charts, and indexes; and compiles data for regular summary reports. Performs related office duties such as sorting and distributing mail, answering telephones, greeting and directing visitors, photocopying and assembling documents, and so forth.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Enters variety of data using keyboard into computer database, and ensures information is complete, accurate and up to date. Data entered includes client identification and financial information; as well as related treatment information, logs and summaries used in billing processing.
2. Performs clerical tasks related to processing bills which includes logging, coding, and tallying treatment services and hours, and verifying and posting hours billed to client accounts. Prepares regular summary reports of treatment totals and services billed.
3. Maintains variety of clinical and administrative files which includes sorting, classifying and filing documents, and purging outdated files and documents. Performs related filing tasks such as retrieving files, typing labels, shredding documents, boxing files for archives, and so forth.
4. Types variety of items including routine correspondence, memos, forms, logs, meeting minutes and tables using standard word processing and spreadsheet applications.
5. Collects data from source documents, and assembles and maintains records, charts, indexes, manuals, calendars, logs, caseload summaries, census counts and the like. Prepares regular summary or follow-up reports according to established schedules and procedures.
6. Receives, sorts and routes incoming mail and faxes. Packages, labels and affixes proper postage on outgoing mail; and ensures proper transmission of outgoing faxes.
7. Receives and screens incoming telephone calls, and relays calls or records messages; and greets and directs visitors. Provides visitors and callers with routine factual information.
8. Performs variety of related clerical duties such as photocopying and assembling documents, tallying timesheets, scheduling and confirming appointments, requisitioning and storing approved office supplies, and so forth.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Ability to read, write and perform arithmetic calculations in order to proof and verify database information, and prepare summary reports; at a level normally acquired through completion of high school.

JOB DESCRIPTION: Office Assistant

2. Ability to complete data entry accurately and efficiently, as well as type routine correspondence and other documents; and knowledge of filing and office procedures, and standard computer office and database applications; at a level normally acquired through up to one year related education and training, in touch-typing/data entry and general office procedures, in high school or beyond.
3. Approximately one to three months on-the-job experience necessary in order to learn filing and database systems, and Gateway and center/unit policies and procedures.
4. Interpersonal skills necessary to answer telephones and greet visitors, exchange information on factual matters, and perform other activities requiring ordinary courtesy and tact.
5. Analytical abilities necessary to sort, post and verify database information, complete simple summaries of data, and classify and file materials.
6. Ability to maintain confidentiality of client financial and treatment information.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to communicate with others in order to gather and exchange information.
2. Ability to respond to telephone inquiries.
3. Ability to continually proofread, check and verify data from printed form and computer monitor display.
4. Ability to use a keyboard and video display terminal to enter, retrieve, and/or audit information and data on a continual basis.
5. Ability to pull, lift and transport files and documents to and from various locations within office or assigned location.

REPORTING RELATIONSHIPS:

1. Reports to a designated office, administrative, or clinical supervisor or manager.
2. Has no responsibility for leading or supervising the work of others.

WORKING CONDITIONS:

1. Works in a normal office environment where there are relatively few discomforts due to dust, dirt, noise and the like.
2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
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Name	Title	Date
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Name	Human Resources	Date
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

3.7 PROPOSED METHOD OF PERFORMANCE, INCLUDING PART TWO: SCOPE OF WORK

3.7 Proposed Method of Performance

3.7.1 – 3.7.3 GENERAL REQUIREMENTS

Gateway Foundation, Inc. (“Gateway”) proposes to provide assessment and Long-Term Modified Therapeutic Community Substance Abuse Treatment Services Programs services at the Ozark Correctional Center (OCC) in accordance with the provisions and requirements set forth by the Missouri Department of Corrections, (hereafter referred to as “the Department”).

In the sections that follow, Gateway has presented its distinctive action plan for performing the requirements of the IFB and complying with the standards expressed in the IFB.

To facilitate the evaluation process, Gateway has organized the bid into distinctive sections that correspond with each section and subsection of Part Two: Scope of Work of the IFB. Subsections 3.7.4 through 3.7.8 of Section 3.7: Proposed Method of Performance are addressed at the end of the Scope of Work components.

PART TWO

SCOPE OF WORK

2.1 General Contractual Requirements

2.1.1 PROVISION OF REQUIRED SERVICES

Gateway Foundation, Inc. (“Gateway”) proposes to provide Assessment and Long-Term Modified Therapeutic Community Substance Abuse Treatment Services Programs services at the Ozark Correctional Center (OCC) in accordance with the provisions and requirements set forth by the Missouri Department of Corrections, (hereafter referred to as “the Department”).

2.1.2 SPECIFIC SERVICES TO BE PROVIDED

Gateway understands and hereby agrees that all services must and will be performed to the sole satisfaction of the Department as the final judge of the quality of Gateway's performance under the contract and that any dispute arising from conflicts with Departmental policy and appropriate clinical practice for assessments will be resolved by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse. Therefore, it is understood and agreed that Gateway will continue to comply with the following requirements:

- a. Gateway will establish appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility.
- b. Gateway and the Department will jointly develop and maintain a standardized operating procedure governing the provision of assessment services at OCC, consistent with the Department’s Standard Operating Procedures. Additionally, we will modify the current procedure as necessary to meet the requirements of the new contract.
- c. Gateway will identify a contact person at the facility who will be responsible for coordinating all aspects of the contract with the OCC Warden and Gateway’s contract coordinator.

As the current provider of treatment services at the Ozark Correctional Center, Gateway presently complies with all of the above requirements as demonstrated below.

- a. Gateway has established appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility. Through collaborative planning and service provision Gateway has successfully implemented both required and value-added services while responding to the operational needs of Ozark Correctional Center.

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The OCC-Gateway team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based TCs. As a result of this collaboration, the full spectrum of required programming--to include assessment, treatment planning, proper documentation of progress notes, mandated report writing, individual counseling, small groups, psycho-educational classes, and standard TC community activities-- have been provided while still accommodating the needs of the institution operations.

Additionally, value-added activities have included extensive improvements on the basic assessment requirements, provision of individualized treatment interventions such as the TCU brief intervention groups, and development of a greater range of self-help groups (e.g., “rhyming in recovery,” a poetry-based mutual support group). Focused counselor-led support groups have been developed for Encounter Masters and Relating Table facilitators to process effective conflict resolution strategies, as well as a “Big Brother” focus group, “Phase I” focus group, and “Structure” focus group, each addressing unique stressors and needs of the indicated clients.

In collaboration with DOC, Gateway has contributed support and assistance in restorative justice activities to include “wheels for the world,” a voluntary program in which clients, on their personal time, re-build wheelchairs for donation. Gateway also supports and helps facilitate client involvement in a gardening project from which food is donated to a local food pantry. While the Department is the primary developer and oversight for these projects, Gateway staff incorporates the experiential component into individual and group discussions to help clients process and understand the nature of these activities and how these experiences can enhance the treatment experience and be internalized and translated into clients’ lives after prison.

- b. Gateway and the Department have jointly developed and maintained standardized operating procedures governing the provision of assessment services at OCC consistent with the Department’s Standard Operating Procedures. Gateway has consistently met the Department’s standards for assessment and has enhanced the required assessment process through implementation of Internal Evaluation Protocols (IEP). While the Department’s policies require an initial assessment and report to guide the treatment planning process, Gateway practices have extended the assessment practice into a true process of ongoing evaluation and re-evaluation over time.

Gateway conducts a formal re-assessment at intake, at phase-up to Phase II, at the point a case evaluation report is due to Probation and Parole, and at release. Each assessment measures where clients are in numerous spectrums within the context of previous assessments. This practice enhances our understanding of what progress is being made and what tactics are or are not working for the client and informs treatment planning modifications throughout the treatment experience. Additionally, treatment interventions are truly individualized based on the assessed information, which differs from the common practice of “one size fits all” programming.

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- c. Gateway's contact person at the facility has and will continue to collaboratively coordinate all aspects of the contract with the OCC Warden and Gateway's contract coordinator. Currently Gateway employs Duane Cummins as the Program Director at OCC. Mr. Cummins serves as the primary contact person responsible for coordination of the contract requirements in collaboration with the OCC Warden and the Area Substance Abuse Treatment Coordinator. Mr. Cummins has extensive experience in both corrections and substance abuse treatment, offering a balanced understanding of the dynamics of each of these disciplines. Furthermore, Mr. Cummins offers both practical and scholarly understanding of the theories of practice and the integration of criminal justice and addiction evidence-based practices to advise and collaborate with the Department representatives in establishing best practices for this population and this program site. The relationship of Gateway managers and supervisors with the OCC Administration has been one of ongoing and extensive team work, always reflecting Gateway's understanding that we are "guest in your home."

2.1.3 ABILITY TO PERFORM ALL PROGRAMMING SERVICES

Gateway has consistently met and exceeded program service requirements and will continue to do so in this new contract. Additional services added in this current contract will be provided through the same collaboration previously employed to ensure that the program can reach its maximum potential for benefit to the clients and the Department's satisfaction. Gateway will describe in detail how we have met and exceeded the contract requirements throughout this proposal.

2.1.4 NUMBER OF ASSESSMENTS

Gateway understands that it is the Department's goal to maximize the number of substance abuse assessments completed to ensure appropriate program placement. However, we further understand and agree that the Department makes no specific guarantee as to the minimum or maximum number of assessments required or program participants, although the Department has designated all 650 beds at OCC for the program. We have prepared this proposal with this designation as a guideline.

Gateway has implemented an effective process to review all incoming offender files on the day offenders arrive at the OCC treatment program. Files lacking the required assessment are noted; a counselor is assigned that day to schedule and complete the assessment within the allotted time frame. This process has been very efficient in the past, resulting in a near perfect record of achieving assessment guidelines. In the event Gateway is awarded the new contract, this system will remain in place *and there will be no interruption in assessment completion*. Although some competitors may prefer to designate an "assessment counselor," Gateway believes that the Primary Counselor is the best person to complete this task with clients, and thus, with the reduced counselor-to-client ratio (now 1:22), we will have more counselor time to assimilate these tasks into the normal functions performed by Primary Counselors.

2.1.5 ADDITIONAL FUNDING/ADDITIONAL SERVICES

Gateway understands and agrees that if additional funding exists, Gateway will provide additional services at the firm, fixed price as indicated on the pricing page.

2.2 General Operational Requirements

2.2.1 DEPARTMENT AS SOLE SOURCE OF REFERRALS

Gateway agrees that the Department alone is the sole source of referral and without exception retains the right to terminate any participant it deems necessary in order to maintain program integrity and a safe and secure correctional environment.

2.2.2 SERVICES FOR PERSONS OF ALL FAITHS AND NO FAITH

As required by the IFB, Gateway's programs will be accessible to persons of all faiths and to persons of no faith who are atheist, agnostic or undecided. The programs shall include presentation of reasonable alternatives wherever the programs incorporate ideations of "God or a higher power". No offender will be terminated as a result of failure to participate in treatment activities or assignments associated with the above ideations.

Twelve-Step Programs. Gateway has long recognized the value of twelve-step programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) as avenues of support for achieving and/or maintaining abstinence. The twelve steps involve accepting one's addiction, relying on the support of a Higher Power, becoming self-aware, and coming to terms with one's history. Consistent with our treatment programs, twelve-step programs promote sobriety/abstinence and personal responsibility. Therefore, they complement our cognitive restructuring efforts, which specifically encourage pro-social behaviors and attitudes and self-efficacy.

Offenders use twelve-step materials such as AA's *Big Book*, NA's *Basic Text*, and other materials that describe the steps in detail. Gateway will provide volunteer coordination, recovery literature libraries, and time and space for open meetings, study groups and sponsorship sessions. Gateway staff will work closely with the state agency to offer in-house AA/NA meetings several times per week and will include them in the program schedule as approved.

We recognize that some offenders cannot relate to or object to programming that promotes the concept of a Higher Power. Therefore, participation in twelve-step meetings is not mandatory but will be strongly encouraged.

Secular Organizations for Sobriety

Offenders who prefer a secular self-help group may participate in Secular Organizations for Sobriety (SOS) meetings instead of or in addition to AA or NA. Secular Organizations for Sobriety is a secular alternative to the twelve-step recovery program. It is an individual-centered cognitive approach to support individuals' sustained recovery and utilizes secular humanism principles. Gateway will continue to provide literature and instruction on SOS recovery philosophies and SOS self-help.

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SMART

A second secular support group option is offered to the offenders at OCC. The **SMART Recovery® (Self-Management and Recovery Training)** is a secular four-point mutual support program that helps people recover from all types of addictive behaviors, including alcoholism, drug abuse, substance abuse, drug addiction, alcohol abuse, gambling addiction, cocaine addiction, and addiction to other substances and activities. SMART Recovery is based on scientific knowledge and evolves as scientific knowledge evolves. The 4-Point Program offers specific tools and techniques for each of the program points:

Point 1: Building and Maintaining Motivation

Point 2: Coping with Urges

Point 3: Managing Thoughts, Feelings and Behaviors

Point 4: Living a Balanced Life

SMART Recovery has a scientific foundation, not a spiritual one. SMART Recovery teaches increasing self-reliance, rather than powerlessness. SMART Recovery meetings are discussion meetings in which individuals talk with one another, rather than to one another. SMART Recovery encourages attendance for months to years, but probably not a lifetime. There are no sponsors in SMART Recovery. SMART Recovery discourages use of labels such as "alcoholic" or "addict." The program employs a variety of tools and techniques to help individuals gain independence from addiction and addictive behaviors. Participants are encouraged to learn how to use each tool and to practice the tools and techniques as they progress toward Point 4 of the program -- achieving lifestyle balance and leading a fulfilling and healthy life.

Peer Support Groups and Winners Circle

Gateway staff members will provide instruction and available literature regarding Peer Support Groups and Winners Circle. Peer-support groups are conducted during the treatment process. These peer support groups are similar to other self-help groups, but also promote and reinforce the rules and tools of the therapeutic community and related treatment principles. While self-help groups tend to provide an arena to allow individuals to express themselves and be heard, peer-support groups tend to challenge and encourage more interaction. That is, in peer support groups, clients are not only listened to; they are frequently and actively responded to and confronted when necessary. Clients typically participate in peer support groups twice weekly, but Gateway will adjust these meetings according to the preferences and needs of the Department.

Peer support groups are precursors of another voluntary self-help group known as Winners Circle. The Winners Circle support group is formed by and for recovering ex-offenders who have graduated from therapeutic communities. While some general twelve-step principles are incorporated, Winners Circle utilizes many therapeutic community rules and tools. The primary focus of this group is to promote drug-and crime-free lives and address problems associated with

living in the free world. Winners Circle groups have been organized in many areas. Clients meet others from the same geographic areas and receive local information about Winner's Circle programs and how to attend or form new groups. Gateway's Vice President for Corrections, Michael Giniger, serves on the Winners Circle Advisory Board in Texas.

Gateway has observed many benefits of post-treatment participation in Winners Circle groups, and we believe this participation goes far to reduce the potential for relapse and recidivism. Gateway proposes to include Peer Support Group participation in our TCs to encourage client involvement in Winners Circle groups after discharge. Currently, Winners Circle is organized as a self-help group monitored by the Department; however, we look forward to assisting the Department in applying our experience and expertise in developing Winners Circle groups and activities for the OCC.

2.2.3 PROVISION OF SERVICES WITHIN THE START-UP PERIOD

As the incumbent treatment provider at OCC, Gateway has the staff and program elements currently in place. We are fully prepared to continue delivering services on July 1, 2012 with **absolutely no interruption of services to clients.**

2.2.4 COSTS FOR MATERIALS, LABOR, EQUIPMENT, AND SUPPLIES

Gateway will furnish all material, labor, equipment, and supplies necessary to perform the services required.

Gateway currently complies and will continue to comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders to the extent that these may be applicable.

2.2.5 COSTS FOR PROVIDING SERVICES

Gateway will assume all costs for providing services, except as otherwise specified herein.

- a. Gateway understands that the Department will not provide private telephone lines, fax lines, or fax equipment. As the incumbent provider, Gateway currently maintains private phone lines and a fax line at Ozark Correctional Center, as approved by the Department.
- b. Gateway understands that the Department will assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishings (i.e. desks, chairs, furniture), and utilities except as listed in 2.2.5 a.

- c. Gateway understands that the Department will provide and make available all labor, equipment, supplies, and other materials as may be necessary for the upkeep and sanitation of the Department facility.

2.2.6 ACCESS TO THE DEPARTMENT'S DATABASE

If deemed necessary, the Department will provide Gateway with access to the Department's database and to the MOCIS system when the Healthcare Module is implemented.

- a. The Department has provided 32 computers to Gateway for on-site services. This is consistent with the number of computers currently needed. If, based on the required staffing in this contract, additional staff will be required, Gateway will provide the Department with the number of additional computers needed and the proposed use of each computer. We understand that the actual quantity of computers provided will be subject to the Department's approval based upon availability, proposed usage, and proposed location of the computer. For off-site locations, Gateway will be responsible for providing computer hardware, line charges and/or installation costs.

Gateway is requesting permission to retain two computers at OCC for administrative and management purposes. Gateway will continue to provide PCs for the Director and the administrative support personnel. As the Department can provide clinical hardware and software, Gateway will not provide computer equipment for clinical personnel.

- b. Access to Department information systems will only be provided on a need-to-know basis. Approval for access will be obtained through the Warden and will be limited to contractor staff who have approved access by the Director of Information Systems. As the incumbent, this approval has been granted for all current Gateway staff.
- c. The Department has provided and will continue to provide any computer requiring Department network access.
- d. Gateway agrees that if computers and internet access are requested for use by Gateway, all approvals will be received in advance through the OCC Warden, the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Director of Information Systems/Corrections. Currently appropriate approvals have been granted for all Gateway staff. It is understood that additional staff will be required to also obtain these approvals.

2.2.7 WRITTEN COMMUNICATIONS AND MATERIALS

Gateway understands that the Department will have the right, at any time, to review and approve all written communications and materials developed and used by Gateway to communicate with offenders. In addition, Gateway will coordinate and submit for approval any formats, forms and

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materials to the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services prior to their use.

Any and all standardized forms used by Gateway that are not official Department forms must be approved (as to content and format) in writing by the OCC Warden and the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services. Gateway and Department staff will use the same Department approved forms for consistency. If a specific quality assurance format is required by the Division of Offender Rehabilitative Services, Gateway will comply as requested.

Gateway recently agreed to the Department's request to include both the Gateway logo and the Department of Corrections' logo on the Offender Handbook. As the incumbent, Gateway has obtained all proper approvals and can continue to use the approved forms without any time lag that would be required for a new vendor to obtain these approvals.. It is understood that Gateway will not use the name, logo, or other identifying marks of the State of Missouri or the Department on any materials produced or issued, without the prior written approval of the Department.

2.2.8 DAYS OF SERVICE PROVISION

Gateway agrees to provide services six (6) days per week (Monday through Saturday), although staff are not required to provide services on state holidays. We have included a sample weekly schedule of program services in a later section of this proposal to demonstrate how we intend to comply with this requirement.

2.3 Specific Service Requirements

2.3.1 SERVICES TO BE PROVIDED

Gateway will continue to provide gender-responsive, evidence-based substance abuse treatment to eligible offenders that consist of the following services in accordance with all requirements specified in the IFB:

- a. **Assessment services** for offenders at OCC as requested by the Department.

Our comprehensive assessment services are described in detail in a later section of this proposal, but include all required components outlined in the IFB, as well as supplemental assessments that will enhance service delivery according to the Gateway Model.

- b. **Long-Term (12 months) Modified Therapeutic Community Substance Abuse Treatment** for offenders ordered by the Court pursuant to RSMO 217.362 and stipulated by the Board of Probation and Parole

Gateway's Modified Therapeutic Community model of substance abuse treatment focuses on creating a "family" structure and atmosphere, as well as peer accountability, positive peer culture, and opportunities for peer leadership. The current treatment program is highly structured and employs a variety of treatment approaches. This enables Gateway clinicians to adopt treatment methods and to fashion treatment modalities to match each client's ability to respond. Our treatment programs are flexible and able to adapt freely to the myriad issues of our clients. We are not restricted to a rigid curriculum. Gateway strives to hire counselors who are able to adjust to the ever-changing needs of clients. This type of flexibility is vital for effective treatment.

The ability of each client to respond to Gateway staff is also considered. We recognize that each staff member has a unique personality and cognitive style, and we acknowledge that certain clients may be more responsive to certain personality types. Gateway clinical/counselor supervisors allow versatility in making staff assignments to ensure that clients interact with staff members to whom they are most responsive.

Counselors design client treatment plans to address clients' risk levels and criminogenic needs identified in the assessment process. In addition to substance abuse, clients' criminogenic needs are addressed in the clients' intermediate goals and objectives. Clients' ongoing progress in meeting these needs determines treatment duration and intensity.

Our Cognitive Restructuring/Cognitive Self Change component addresses criminal attitudes, behaviors and thoughts on a daily basis and with a variety of methods, and Gateway's distinctive treatment model reinforces positive, pro-social behaviors while addressing both substance abuse and criminal behaviors.

In all of Gateway's treatment programs in correctional facilities, our philosophy has been and remains: "We are a guest in your home." Gateway strives to maintain a positive, cooperative relationship with the corrections agencies we serve. We proceed with care to respect each agency's laws, rules, regulations and procedures. In turn, we hope to foster a sense of mutual respect and camaraderie that we believe translates into the highest quality of service for the agency and for each individual client. Therefore, Gateway structures each of its TC programs according to the requirements of the hosting agency.

2.3.2 PLAN FOR SEAMLESS INTEGRATION OF PROGRAM SERVICES

Without exception, in all of our correctional treatment programs, we have found that a team approach with representatives of the Department is essential to service delivery and improves treatment efficacy with this population. At all our Missouri programs, we have demonstrated that this approach is an essential tenet of the therapeutic milieu to ensure an "integrated" treatment environment. We have employed the same approach to providing services at OCC.

Gateway has collaborated with the department to develop a detailed plan for system collaboration and integration into the Ozark Correctional Center structure and its delivery of treatment services to all targeted groups.

Gateway has incorporated a specific plan pre-approved by the Department for system integration into the OCC structure and its delivery of treatment services to all targeted groups. Gateway's plan to integrate the Department of Corrections into the treatment process is comprehensive and effective and based on our successes in the past. We believe that Gateway and the Department must work closely together as a team for the treatment experience to succeed and that the best in-prison treatment occurs when the institution as a whole is the "community" and not just the treatment program (i.e., time in group).

As approved by the Department, Gateway has worked with the OCC custody staff to integrate the treatment paradigm into daily operation of the unit/facility. Accordingly, the successful methods we have implemented to integrate our program with the Department's program can be seen throughout this proposal. Continuous integration is one of our highest priorities.

Gateway's Team Approach to Service Delivery

We have found that a team approach with representatives of the Department is essential to service delivery and improves treatment efficacy with this population. At the Ozark TC, this is an essential tenet of the therapeutic milieu to ensure an "integrated" treatment environment. Gateway staff has worked closely with all Department representatives and with correctional case workers and probation and parole officers to determine clients' needs, and to develop a treatment plan and social service linkages that address those needs. Counselors have worked closely with Department staff to develop effective sanctions and treatment strategies. We have provided extensive opportunities for interaction and discussion of client progress (or lack thereof).

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Gateway will commit to working with the Department to develop a method for including offenders' significant others, as may be deemed appropriate.

Gateway Foundation and the Department of Corrections at Ozark Correctional Center have partnered to work in a very intentional fashion to move beyond the constraints of mere cooperation toward full collaboration in operating a Therapeutic Community (TC) within the prison setting. This collaboration is premised on the belief that recovery is a holistic experience and that the best potential for a prison-based TC can be realized only when all stakeholders are committed to providing the environment and processes supported by research as most consistent with best practices. The OCC-Gateway team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based TCs.

The OCC-Gateway Team has established a common philosophical and theoretical foundation related to the collaborative team approach. Utilizing the "Five Function Model" developed by Patrick Lencioni (2002), the team has worked to develop a common understanding of what is needed to function as a successful interdisciplinary team. Under this concept, professional trust leads to productive conflict, then to mutual commitment and interpersonal accountability, and finally, to desired results. In contrast, lack of trust leads to fear of conflict, then to lack of commitment and avoidance of accountability, and therefore, to inattention to results. Joint trainings have been conducted; teams have been identified to include each of the various disciplines, and outward signs of the joint commitment to team functioning (lapel pins, posters etc.) have been incorporated as a standard part of doing business.

The agreement to collaborate and the emphasis on team building have been applied to practice in many ways unique to the OCC setting. Each Housing Unit Wing is managed by an interdisciplinary team. This team primarily consists of the counselors assigned to the Wing, the caseworker, the custody staff, the Counselor III, and the Wing Strength. Adjunct members of the team include representatives of Mental Health, Medical, Probation and Parole, Education, and Work Supervisors who participate to the extent possible in all aspects of offenders' treatment.

Primary teams (with the exception of the Wing Strength, an offender-held position) meet weekly to conduct intake staffings on newly arriving offenders. Each member is given the opportunity to share with others what is known of offenders from DOC classification files, intake assessments, and other documentation. Mental health scores, educational scores, medical needs, motivational status, assessment information and other data are all part of the intake staffing. The information garnered allows the primary counselor some foundation upon which to assist to offenders in creating an initial treatment plan.

During the treatment period, the primary teams meet several times throughout the week to discuss offender behaviors and treatment needs. Formal staffings are scheduled and communicated throughout the institution via email; any staff member with information to bring to the staffing is invited to attend. Treatment decisions are made based on input from all of the team members; responsibility to guide offenders through various treatment interventions is shared by every member of the team.

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Treatment interventions, such as treatment plan modifications and behavior contracts, are communicated to all OCC staff through email so that every member of the rational authority team will be aware of what is happening with offenders. The objective is to relay to offenders that wherever they go (work, school, medical, mental health, chow hall, or anywhere else), staff are aware of what is occurring in their treatment and will support their efforts to change. Likewise, offenders become aware that there is “no refuge finally from” themselves. “Here, at last, a person can appear clearly to himself, not as the giant of his dreams, nor the dwarf of his fears, but as a man, part of a whole, with a share in its purpose.”

At OCC, special consideration is always given to the fact that many offenders face. Educational deficits, mental health issues, and medical issues often require special accommodations for offenders to benefit from and successfully complete the treatment program. Here again, the integrated treatment team works together to identify what impact offenders’ special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes will be modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals.

Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive actions or unfounded assumptions related to offenders’ abilities. Furthermore, when a Program Review Committee is necessary to evaluate offenders’ behavior or progress, the meeting is attended by the appropriate department (mental health, medical, or education) that can best evaluate the impact of the offenders’ special needs on their overall performance.

Every staff person at Gateway-OCC contributes to the overall treatment experience of the offenders. From orientation to treatment and assignment to work details and throughout every aspect of programming, the treatment experience at the OCC-TC is the result of a multidisciplinary, interagency, team-centered approach. The evident collaborative effort of the entire community demonstrates that Gateway Foundation and DOC have established a model relationship and a unified approach to a joint mission that is not often observed in prison-based treatment programs. The end result is that everyone benefits. The institution is a safer, more satisfying place to work for staff. Offenders receive much more in-depth assessment and individualized treatment services. Treatment is more successful, and the community is made safer. Awarding the contract to Gateway would ensure the continuation of this highly effective and beneficial partnership.

Although we expect that many clients will remain resistant to treatment and that it may take several tries to truly engage the client in the recovery process, our experience has been that this team approach prevents clients from “falling through the cracks” and results in fewer clients disengaging from the treatment process. Gateway’s performance in the current contract has resulted in reductions in program withdrawals and terminations over the period of the contract, and that trend continues at this time.

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These reductions are directly linked to efforts made by both Gateway and Department personnel to help offenders work through the stages of change and apply appropriate interventions for offenders who are either contemplative or who have drifted back into the precontemplation phase.

With respect to coordinated efforts, Gateway has developed and maintains an excellent relationship with the administration and staff at the treatment site. We will continue to communicate and interact with DOC staff in a variety of ways and at all levels. Methods of integration with the Department, in addition to those already described, are described below, and Gateway is committed to continuing and improving on these procedures based on the Department's needs and recommendations.

Daily communication takes place between Gateway staff members and Department staff onsite. Gateway clinicians will continue to communicate with Department staff regularly and particularly whenever there is an issue with a client, such as behavior management or treatment progress issues.

Gateway facilitates a clinical staff meeting weekly that is attended by Gateway and Department staff. During this meeting, client progress is reviewed for the appropriateness of phase changes, discharges, and behavior issues. Everyone provides input into the decisions on clients.

Our general approach to treatment planning involves a comprehensive team effort with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates the intention of each department to make meaningful contributions to treatment services and is yet another example of our means of open communication and cooperative relationship between Gateway and the Department's various domains.

Gathering information from all aspects of the facility allows the team to gain a holistic picture of each client. The information is important in aiding the clinical staff in making effective treatment recommendations and decisions. Information compiled includes the following: 1) basic information on clients who have progressed through treatment, 2) the client-driven social perspective of the client's progress; 3) assignment and performance as a positive role model within the TC; and 4) overall activity in the living quarters. This information is taken quite seriously by clinicians as indicators of progress or for evaluating the need for intervention.

Additional feedback is collected from various departments at the facility that support treatment. This information includes information such as security violations; appointments missed at the medical department; or clients missing a session without proper notice; and similar information from available sources. Of course, Gateway staff pursues specific information on *any issue* pertaining to the clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

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Ongoing communication occurs in several ways. Gateway staff maintains a communications notebook to convey pertinent information from shift to shift. Program staff, classification staff and corrections officers take part in the review committee process when evaluating client applicants for jobs within the job hierarchy. Gateway staff members encourage corrections officers to participate in as many therapeutic activities as they are able. This results in greater knowledge of many officers about the treatment process and the treatment continuum.

Input from corrections officers may be entered in a client's treatment record by the clinical staff. As clients prepare for release, counselors confer with other treatment staff, probation or parole officials, and appropriate Department officials to insure the most appropriate placement and effective case management for the clients' transitional needs. This collaboration ensures continued attention to clients' needs during the transition from treatment to aftercare placement. Our clinicians and Department representatives on site meet jointly at least once each week to discuss program issues and individual client progress. This joint staffing goes far to ensure that Gateway and the Department continue to communicate and provide services in a consolidated manner. We are proud of our current joint clinical staffing activities with the Department and believe they demonstrate another aspect of our shared commitment to implementation and utilization of the best evidence-supported methods.

An important aspect of our collaboration and integration with the Department's program involves the program schedule. Gateway has developed effective schedules for a variety of programs, and we are well-versed in collaborating with corrections agencies in developing schedules that meet the needs of the Department and of the clients. **In corrections environments, Gateway is aware of various security issues and other agency concerns, such as the need for scheduled and/or random "counts" and the importance of providing for control of inmate movement with respect to the program schedule.** We have therefore adapted our schedule to accommodate the Department's schedule in this regard, and address the need for escorts during client movement, supervision of client visitation, recreation and other activities as we **work closely with Facility representatives in designing program schedules.** The treatment schedule prioritizes service of individual treatment needs.

As indicated by our current flexibility in schedule development, Gateway has and will continue to work closely to adopt program schedules that best serve the interests of the Department and the program participants at Ozark Correctional Center. All activities are scheduled according to institutional restrictions, and the proposed phase-specific schedules are subject to adjustment based on our collaboration with the department.

In all of Gateway's treatment programs in correctional facilities, our philosophy has been and continues to be based on the following philosophy: First and foremost, "We are a guest in your home." Gateway strives to maintain a positive, cooperative relationship with the corrections agencies we serve. We proceed with care to respect each agency's laws, rules, regulations and procedures. We further adapt to the specific protocols (scheduling, security, etc.) required by each institution. In turn, we hope to foster a sense of mutual respect and camaraderie that we believe translates into the highest quality of service for the agency and for each individual client.

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Therefore, Gateway structures each of its correctional programs according to the requirements of the hosting agency and has demonstrated that commitment at the Ozark Correctional Center.

In addition to the strategies previously mentioned, Gateway has established a **Quality Assurance Committee** to oversee the treatment program at OCC. The Quality Assurance Committee meets on a monthly basis in compliance with ADA standards 9 CSR 10-7.040 Quality Improvement. The committee meets to review service quality and to discuss quality enhancements; to identify, discuss and resolve problems or issues pertaining to treatment services; and to review various outcome data, including exit surveys, population trends, and behavioral trends within the institution. DOC representatives from Classification, Custody, Probation and Parole, Food Service, Canteen and Education have regularly attended. Contracted personnel from both Medical and Mental Health have regularly attended.

This multidisciplinary process greatly benefits all concerned, particularly the offenders. By fostering communication among all parties, problems are identified before they occur and treatment efforts continue to be enhanced. As such, the Quality Assurance Committee has become a valuable management tool at Gateway locations and is effective for the joint management of the OCC program.

2.3.3 SERVICE MODIFICATION AND ONGOING CONSULTATIVE COMMUNICATION

Modifications of services to accommodate offenders' needs were explained in a previous section.

Gateway is fully committed to ongoing consultative communication with state agency personnel. We believe that Gateway and state agency personnel must work closely together as a team for the treatment experience to succeed. Various aspects of our commitment to integrate other personnel are evident throughout this proposal.

We have found that a team approach with representatives of various state agency services improves treatment efficacy with this population. Counselors work closely with the case managers, wardens, correctional officers, correctional case workers and probation and parole officers to develop effective sanctions and treatment strategies. Counselors assess offenders' other social service needs—e.g., food, clothing, appropriate housing, vocational training or other vocational assistance—and attempt to link offenders with these services prior to release. We will continue to provide extensive opportunities for interaction and discussion of offender progress (or lack thereof). Meetings or conferences with correctional case workers, probation and parole officers may include offenders and significant others, if appropriate, and could involve conference calls if issues need to be addressed quickly.

With respect to coordinated efforts specific to OCC, Gateway has developed and maintains an excellent relationship with the site's administration and staff. We communicate and interact with state agency staff in a variety of ways, and at all levels. Our methods of integration with the institution are described below, and we are committed to improving these procedures as needed.

Daily communication takes place between Gateway staff members and staff at OCC. Clinicians communicate with Department staff whenever there is an issue with an offender, such as behavior management, treatment progress, and movement outside the facility. Gateway management also communicates directly with the Warden and/or the Department Area Treatment Coordinator when special conditions, events, or accommodations require higher level coordination.

Gateway attends a **daily management team meeting**, attended by Gateway management and the Department's representatives. Additionally, Gateway attends a monthly meeting of all Department Heads at Ozark Correctional Center. These meetings are facilitated by the Warden of the facility.

2.3.4 CONSISTENT STAFF COVERAGE DURING THE WORK WEEK

Gateway understands that service needs must be covered consistently during the work week in order to meet both Department requirements and institutional needs for timeliness. We have prepared a staffing pattern with sufficient staff (presented later in this proposal) to assure that this occurs and will have trained back-up staff available as needed to administer services and assessments according to the timelines required by the IFB.

2.3.5 EMERGENCY/CRISIS COUNSELING

The collaborative environment already established at Ozark Correctional Center is conducive to effective crisis intervention. The open line of communication already operational as standard procedure enables swift and effective crisis intervention and referral to take place.

Gateway staff are regularly trained in crisis intervention protocols. In the event of a crisis situation, staff are directed to first secure the safety of the offender and to maintain constant contact with the offender until control has been transferred to the appropriate Department representative.

Initial contact is made with the custody supervisor and then with mental health and/or medical personnel as appropriate. All crisis situations are staffed by the interdisciplinary case management team after initial intervention has secured the safety of the individual(s) in crisis.

2.3.6 GENDER-RESPONSIVE, EVIDENCE-BASED TREATMENT

Gateway has implemented and will continue to provide substance abuse treatment that is both gender-responsive and evidence-based. The tenets and constructs of the Therapeutic Community are--in and of themselves--evidence-based. Additionally, the use of extensive cognitive

interventions such as mind mapping, the addiction-offending cycle (AOD), and journaling are highly supported in the literature and are standard components of programming at OCC.

Every staff member working for Gateway has been trained in Pathway to Change facilitation and participates in delivery of that program. This is the cognitive restructuring program purchased by the Department and required in all treatment programs. Gateway has also established the use of other evidence-based and gender-responsive curricula including those described below.

MEN'S WORK CURRICULUM

Because gender-responsive curricula must address gender issues appropriate for men as well as for women, Gateway will incorporate the *Men's Work Workbook Series* (1992) by Paul Kivel and published by Hazelden Publishing and Educational Services. The series of three workbooks is designed to help offenders understand and personalize how and why they have been violent and how they can become capable of controlling their anger.

Gateway clinicians will use these texts as the basis for leading group counseling interventions with the male populations in the programs. Although it is cost prohibitive to provide each client with a set of these workbooks, our staff uses the texts as a way of guiding the group discussion/interaction around each of the topics. The three workbooks and a list of the topics covered in each are presented below.

Growing Up Male: Identifying Violence in My Life (Workbook #1)

This workbook helps offenders understand how violence starts in men's lives. It starts by examining how boys are raised to become men who hold pain inside and turn anger into violence. It also explores how women are set up to be targets of male violence and offers ways to get help with one's own physical, emotional, and sexual abuse. The topics covered in this workbook include the following:

- Act Like a Man
- Dealing with Physical Violence
- Raised to Be Bullies
- Dealing with Emotional Violence
- Act Like a Lady
- Dealing with Sexual Violence
- Getting Help

Anger, Power, Violence and Drugs: Breaking the Connections (Workbook #2)

This workbook contains forty-one exercises that address how men are taught to connect anger, power, violence, alcohol, and other drugs. The exercises break through these connections, identify ways reclaim feelings, and explain how to express anger without violence. The exercises also explore how gender, race and ethnic heritage, and economic class create inequality of power. The topics covered in this workbook include the following:

- Anger
- Power and Violence
- Each of us is Different
- Class
- Drugs and Violence
- Battery
- Communication

Becoming Whole: Learning New Roles, Making New Choices (Workbook #3)

The exercises in this workbook are intended to provide encouragement to help offenders reconstruct their lives and relationships, develop alternatives to violence, suggest new ways to establish healthy relationships with other men, and provide information to develop a spiritual connection in their lives. The topics covered in this workbook include the following:

- Men, Spirituality, and Religion-Becoming Whole
- Becoming Partners
- Man-to-Man
- Parenting Nonviolently
- Being an Ally to teens
- Intervention
- Conclusion

INSIDE/OUT DADS

This curriculum, developed by the National Fatherhood Initiative (2005), is an evidence-based reentry program designed to connect incarcerated fathers to their families and prepare them for release. Topics include the following:

- **About Me: Remembering My Past** (*What Kind of Father Am I?*)
- **Being A Man: What is a Man?** (*Physical and Mental Health, Masculinity and the Media*)
- **Relationships: Love and Relationships** (*Improving my Communication Skills*)
- **Handling and Expressing Emotions: Expressing Anger** (*Stress and Anger, Carrying Emotions*)
- **Discipline: Styles of Discipline** (*Culture, Morals, and Discipline; Being a Fair, Loving Father*)
- **Fathering from the Inside: Creating a Fathering Plan** (*Paper Hugs, Reading to Your Kids*)

BRIEF INTERVENTION GROUPS (TARGETED GROUPS)

Targeted groups are small, closed, and directed groups held over a period of 4-6 weeks. Assignment to these groups is based upon assessed needs identified through TCU assessment results and/or counselor observation. The groups' intents are to address a specific individual need through the group process based upon short curricula developed by Texas Christian University. Topics include the following:

- **Getting Motivated to Change**
- **Understanding and Reducing Angry Feelings**
- **Unlock Your Thinking Open Your Mind**
- **Ideas for Better Communication**
- **Mapping Your Reentry Plan**
- **Mapping the Twelve Steps**

2.4 Assessment Requirements

Gateway understands that the number of assessments required in this contract may be greater than in previous contracts. Gateway is prepared to respond to this need and will provide Department-required assessments in accordance with the contract. Gateway has maintained and continues to maintain a high ratio of staff qualified to complete assessments (currently 98%). At Ozark Correctional Center, we have a significant number of licensed professionals to whom assessments for clients designated as MH-3 under the Department's mental health classification system are assigned. The Gateway DENS operating system for conducting ASIs is currently installed on several computers and space is available to allow several assessment interviews to be conducted simultaneously, if needed.

Our current process is to review offender files on the day offenders arrive at the program. Files lacking the required assessment are noted, and a counselor is assigned that day to schedule and complete the assessment within the allotted time frame. This process has been very effective in the past, resulting in a near perfect record of achieving assessment guidelines. In the event Gateway is awarded the contract, this system will remain in place.

2.4.1 CLIENT ASSESSMENT INSTRUMENTS

The comprehensive assessment for each offender is a compilation of standardized instrumentation and individualized interviews that cover psycho-social functioning; alcohol/drug dependency issues; familial and social support systems; medical and psychological health; and educational, vocational, and employment needs. Gateway proposes to continue administering the Initial Classification Analysis-Substance Abuse (ICA-SA), the CJ-Addiction Severity Index (through our DENS application), and the TCU Criminal Justice Client Evaluation of Self and Treatment (CEST) assessments, which include the Motivation Form currently in use at OCC. These assessments collectively provide the basis for comprehensive treatment planning that directs the regimen of services delivered and opportunities provided to offenders within the treatment environment. Specifically, the assessment functions completed within the first week to ten days at the facility include the instruments described below.

The **Initial Classification Analysis-Substance Abuse (ICA-SA)** is an assessment instrument that aids in the appropriate placement of offenders into differing levels of need for substance abuse treatment. Gateway assessment staff will use the Initial Classification Analysis-Substance Abuse (ICA-SA), an assessment instrument developed by the Outcomes Assessment Workgroup comprised of state and private substance abuse treatment providers. The purpose of the (ICA-SA) is to aid in the appropriate placement of incarcerated individuals into differing levels of need for substance abuse treatment ranging from "long term, intensive, inpatient treatment" to "no services required." Gateway's qualified professional counselors will easily be able to incorporate the (ICA-SA) into the Assessment procedure.

The substance abuse treatment staff will incorporate the substance abuse needs score identified by the Initial Substance Abuse Classification Analysis (ICA-SA) and any pre-existing substance abuse testing into the assessment summary.

Gateway will incorporate the substance abuse needs score as identified by the Initial Substance Abuse Classification Analysis (ICA-SA) and any pre-existing substance abuse testing into the assessment summary. The comprehensive assessments are compiled and disseminated to the entire treatment team in preparation for treatment plan completion, developed as a result of the assessment and treatment recommendations.

The assessment instrument and interview will be completed by a certified, registered, or appropriately licensed Substance Abuse Professional as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse, Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

ADDICTION SEVERITY INDEX (CJ-ASI)

With Department permission, Gateway will continue to use the **Criminal Justice Addiction Severity Index (CJ-ASI) and Psycho-Social History** to assess all clients as is the practice under the current contract. The CJ-ASI assesses the nature and extent of clients' substance abuse history, treatment history, clients' strengths and recovery capabilities, and specific treatment needs. The assessment shall include the following bio/psycho/social data:

- name
- home address
- home and work telephone number
- date of birth
- sex
- race or ethnic origin and/or language preference
- emergency contact
- education
- religion and/or spiritual orientation
- marital status
- type and place of employment
- physical or mental disability, if any
- social security number , if requested
- drivers license number, county of residence and county of arrest

All clients will be assessed by intake staff for health status and risk factors. This assessment shall include the following:

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- a medical screening;
- a history of current and prior emotional or behavioral functioning, problems and treatments including a history of current physical, emotional or sexual abuse
- an analysis of the client's home and/or living environment including child care needs, religion, childhood, military service history, education and vocational history, financial status, social or peer group, family constellation and history of substance abuse, treatment history, and a determination of the need for participation of any family members or significant others in the clients' treatment
- information on pending legal issues or specific conditions of court supervision, probation or parole including substance abuse assessments related to a DUI offense
- motor development and functioning
- speech, hearing, vision, and language functions
- substance abuse history and current pattern of use

The ASI instrument is a comprehensive, highly structured clinical interview designed to obtain detailed information about all aspects of a client's life and situation, including, but not limited to, the medical, social, psychological, vocational, legal, family, and alcohol/drug abuse aspects of the person's life. Ratings are based on responses to objective and subjective questions within each area. Because interviewer judgment is critical, only counselors with the appropriate credentials, training and experience will administer the ASI.

Each completed ASI is signed and dated by the intake clinician or primary counselor. All ASIs are reviewed and countersigned by Clinical/Counselor Supervisors. A copy of the ASI, demonstrating the format for summarizing and reporting results of the assessment, is attached in the sample clinical file appendix.

Furthermore, Gateway worked with a prominent research group to develop a computerized version of the ASI that assists us in collecting client information and providing written reports in an efficient manner. The computerized version allows Gateway to quickly formulate and document individualized treatment plans based on information obtained from the ASI. It is important to note that use of a computerized version does not detract from the counselor-client interview process and produces treatment plans that are unique and individualized according to each client's treatment needs. Through this process Gateway ensures that treatment plans are comprehensive and address all of the information obtained during the assessment process.

Gateway's use of the ASI is another example of our commitment to exceed expectations and to excel in program delivery. Clinical staff at various locations identified the need to obtain information not squarely addressed by the instrument. To resolve this dilemma, our clinicians adapted the ASI to better obtain psycho-social information needed to develop more effective treatment planning for clients at all of our treatment programs. The ASI document is a matter of public domain, and while Gateway clinicians worked with a prominent research entity to modify the instrument, its integrity has been maintained.

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Use of the ASI allows Gateway clinicians to collect detailed information for identifying and ranking client problems that need intervention and to establish intermediate and long-term goals. These tasks are achieved in concert with each client, based in part on his unique perspectives and in part on the priorities identified by the Department. Ongoing assessment of client needs and treatment progress will be conducted as indicated in the Treatment Plan section.

When possible, assessments are conducted in a client's preferred language by someone culturally sensitive to the racial/ethnic characteristics of specific clients. With the Department's cooperation, persons identified with special needs (e.g., individuals with disabilities) have treatment structured so that the timing, level of communication and physical plant arrangements are conducive to accurate assessment. When necessary, the Department will provide interpreters for the hearing impaired or those with specific language needs as well as support for the visually impaired.

In addition to the comprehensive substance abuse history and psychosocial assessment using the CJ-ASI, Gateway Foundation proposes to continue the current implementation of the **TCU Assessment System** via its Internal Evaluation Protocol (IEP). The IEP process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through the program.

TCU ASSESSMENT SYSTEM

One of the key components of Gateway's treatment programs is the internal process evaluation protocol that was developed in conjunction with TCU's Institute of Behavioral Research and Gateway consultant Dr. Kevin Knight. This process evaluation uses the TCU Assessment System standardized instrumentation to provide ongoing assessment of offender risks and needs throughout the treatment episode, rather than simply at intake. This allows Gateway to modify treatment interventions according to the needs as they change throughout the course of treatment. Due to our experience with assisting TCU in the development of the Automated Data Collection (ADC) process, Gateway proposes to utilize the Scantron system for collecting the assessment data at the OCC programs. This enables Gateway clinicians to easily gather assessment data, have it automatically scored, and then use the reports that are generated to hone and direct the treatment service system at the individual client level.

The assessment package that Gateway currently uses and proposes to continue providing via this contract includes the assessment of **offenders' psychological, social, familial, and environmental needs** and the **criminal thinking patterns** that lead to recidivism of criminal behavior. Gateway will administer a battery of standardized assessments developed by the Texas Christian University (TCU) Institute of Behavioral Research (IBR), which primarily includes recent iterations of the **TCU Drug Screen II (TCUDSII)**, the **Criminal Justice-Client Evaluation of Self and Treatment (CJ-CEST)** and the **Criminal Thinking Scales (CTS)**. Gateway also proposes to continue administration of the **TCU Health Form** to screen offender for co-occurring mental health needs that may prohibit their participation in the Therapeutic

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Community programming, and the **TCU Trauma Form**, which is a version of the PTSD Civilian Checklist to assess for trauma related risks/needs. TCU has incorporated these instruments into the ADC process, making it readily available for Gateway to implement them as a part of our service delivery system.

With a primary goal of targeting the “highest risk” offenders for our most intensive set of services, we propose to continue use of the **TCU CJ-CEST**, and a screening tool that captures common criminal thinking errors, the **TCU CTS**. These standardized instruments are designed to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking (See Knight, et al, 2006; and, Garner, et al, in press). The results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development.

The CJ version of the **Client Evaluation of Self and Treatment (CEST)** records offender ratings of the counselor, therapeutic groups, and the program in general. It has recently been re-organized by Dr. Knight and TCU, modifying it into four separate stand-alone sub-scales, which include offender ratings of motivation, psychological functioning, social functioning, and treatment engagement. The specific domains and 16 scales and indices are as follow:

Treatment Needs and Motivation

- *Problem Recognition* - acknowledgment (or denial) of behavioral problems resulting from drug use.
- *Desire for Help* – awareness of intrinsic need for change and interest in getting help.
- *Treatment Readiness* – accepting “action” in the form of specific commitments to formal treatment.
- *Treatment Needs* (index) – areas in which clients believe they need more help.
- *Pressures for Treatment* (index) – types of pressures experienced from external sources.

Psychological Functioning

- *Depression* – feeling depressed, sad, lonely, or hopeless.
- *Anxiety* – feeling anxious, nervous, tense, sleepless, or fearful.
- *Self-Esteem* – having favorable impressions of oneself.
- *Decision Making* – having difficulty making decisions, considering consequences, or planning ahead.

Social Functioning

- *Hostility* – having bad temper or tendency to intimidate, hurt, or fight with others.
- *Risk-Taking* – enjoys taking chances, being dangerous, or having wild friends.
- *Social Support* – having external support of family and friends.

Treatment Engagement and Process

- *Treatment Participation* – being involved and participating in treatment, talking about feelings.
- *Treatment Satisfaction* – satisfaction with the treatment program, services, and convenience.
- *Counseling Rapport* – having a therapeutic and trusting relationship with counselor/staff.
- *Peer Support* – having supportive relationships with other clients in the program.

The CEST forms are administered at intake (except for the treatment engagement form) and at the end of each treatment phase.

The TCU **Criminal Thinking Scales (CTS)** is a screening tool that captures common criminal thinking errors. Drug dependent individuals who score high on these scales “think like a criminal” and pose a threat to public safety. They clearly are good candidates for our most intensive services that are specifically designed to address both drug use and criminality. The six **CTS** self-report scales designed to measure criminal thinking errors include the following:

- *Entitlement* – sense of ownership and privilege, misidentifying wants as needs.
- *Justification* – justify actions based on external circumstances or actions of others.
- *Power Orientation* – need for power, control, and retribution.
- *Cold Heartedness* – callousness and lack of emotional involvement in relationships.
- *Criminal Rationalization* – negative attitude toward the law and authority figures.
- *Personal Irresponsibility* – unwillingness to accept ownership for criminal actions.

The CTS form is administered at intake and at the end of each treatment phase.

As a result of our experience implementing the CTS instrument at Ozark and other institutional programs under contract throughout Missouri, Gateway Foundation proposes to use this instrument to assess clients in need of the *Pathways to Change* curriculum. During the pre-bid conference, there was discussion regarding the need to identify offenders most in need of this intervention; thus, through our use of the CTS, Gateway can ensure that high-risk offenders are identified at Intake. Counselors will then assign participation in *Pathways* as a part of the treatment planning process. The use of this instrument will also enable Gateway to provide the Department with “pre-/post-test” measurement of improvements resulting from the intervention. This process can begin as soon as Gateway is awarded the contract.

TCU Health Form: Gateway will use the Texas Christian University (TCU) Health Form to screen offenders for mental health problems. This form is based on the K10 mental health screening and contains 10 items that ask offenders about symptoms of fatigue, nervousness, hopelessness, restlessness, depression, and worthlessness during the past 30 days. The form will be used to identify offenders who may need referral for additional mental health services.

TCU Trauma Form [based on the PTSD CheckList – Civilian Version (PCL-C)]: In recognition of the relationship between substance abuse, mental health problems, and trauma, as well as the prevalence of trauma among substance abusers, Gateway proposes to continue conducting a specific trauma assessment, the PTSD CheckList – Civilian Version (PCL-C). This instrument is a 17-item self-administered questionnaire. It uses diagnostic criteria B, C, and D for PTSD of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). There are three associated PTSD symptom clusters. They are re-experiencing, numbing/avoidance, and hyper arousal. The participants' rate the items on a 1 to 5 scale based on how they felt over the last month. Therefore the total response can range from 17 to 85. The general PCL was first created for Vietnam combat veterans, although it now accounts for both genders and civilians. With civilians, 50 or higher corresponds to lower sensitivities (0.60 to 0.78) and moderate specificities (0.89 to 0.99). This instrument is included in the TCU Automated Data Collection (ADC) process and is administered during the initial assessments conducted during the Orientation Phase of treatment. The TCU Scantron form is labeled the TRMAFORM and is provided as an attachment to this proposal.

As referenced elsewhere in this proposal, **Gateway has worked with TCU over the past several years to pilot test the Automated Data Collection system for the CTS and other standardized instruments. Additionally, Gateway has administered these assessments at OCC for several years, providing data with application to individualized treatment services, program development, and outcome measurement. Gateway is therefore the provider of choice to continue this strategy at OCC to effectively identify offenders who are struggling with changing negative thinking patterns, and to develop additional strategies and brief interventions that will address these risks for a return to negative behaviors.**

Administration of these assessment instruments is conducted by trained office staff. Evaluation and application of the test data will continue to be completed by a certified, registered, or appropriately licensed Substance Abuse Professional as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

TCU Assessment System—Internal Evaluation Protocol Administration Schedule

Gateway Foundation programs implement the **TCU Assessment System** through the Internal Evaluation Protocol (IEP), which uses a dynamic assessment process that identifies client risks and needs throughout the treatment episode. Specifically, the IEP implementation process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through each phase of the program. The intake administration of the established protocol will be completed within the first 10 days of treatment to ensure that the TCU assessment information is included in the Treatment Plan. Subsequent administrations are completed according to the administration protocol at the initial phase advancement point, just prior to completion of the case evaluation report for Probation and Parole, and prior to discharge.

The following chart outlines the IEP administration schedule.

Gateway Internal Evaluation Protocol—Administration Grid

ASSESSMENTS INCLUDED	ADMIN 1 (Intake)	ADMIN 2 (45-60 days)	ADMIN 3 (@ 9 months)	ADMIN 4 (DC)	ADMIN 5 (Early DC)
ADMINISTRATION CODES	Code: 01	Code: 02	Code: 03	Code: 04	Code: 05
TCU Drug Screen II	X	--	Copy from Admin 1	--	--
TCU Criminal History Form	X	--	Copy from Admin 1	--	--
TCU Motivation Form	X	X	X	X	X
TCU Psychological Functioning	X	X	X	X	X
TCU Social Functioning	X	X	X	X	X
TCU Treatment Engagement	--	X	X	X	X
TCU Criminal Thinking Scale	X	X	X	X	X
TCU Health Form	X	--	--	--	--
TCU Trauma Form	X	--	--	X	X
IPASS*	--	--	X	--	--

*IPASS is a report summary, not an assessment.

Inmate Pre-release Assessment (IPASS) and Transition Planning

As a part of the Internal Evaluation Protocol (IEP), all Gateway clients take a series of standardized assessments throughout their treatment episode. As a result of the assessment data collected over the course of treatment, Gateway clinicians are able to provide a discharge recommendation that includes the *Inmate Pre-Release Assessment* (IPASS). These assessments include the Criminal History Form, scores from the TCU Drug Screen, and the Engagement Score from the TCU CJ-Criminal Evaluation of Self and Treatment Form.

The composite score is the IPASS score, which determines the level of risk (high, moderate, low) for recidivism and/or relapse. This objective score is then used by clinical staff to ensure the most appropriate continuing care referral is made in preparation for discharge.

Gateway will continue to complete the IPASS scoring on each offender prior to the final phase of treatment as a function of the discharge and continuum of care planning processes.

Additional Assessments as Required

Gateway will work with the Department to review additional assessment needs over the life of this contract and agrees to develop a joint protocol regarding the implementation of any new instruments that are required.

2.4.2 ASSESSMENT OF OFFENDERS WITH SPECIAL NEEDS

The use of the TCU battery of assessments allows Gateway to screen every offender for special needs to include those identified by the Department as well as any offender whose special needs may not have been identified earlier in the Department's Reception and Diagnostic process. Any identified offender special needs, whether identification was made by the Department or implication of need emerged through the Gateway assessment process, are reported to and discussed with the appropriate Department agency to include mental health, medical, and education. Additionally, appropriate modification of treatment is discussed with the entire case management team and is incorporated in the treatment plan. Currently administered screening tools address anxiety, depression, mental status, and suicide/homicide risk for all offenders entering the OCC program.

Staff will work with the Department and the appropriate personnel at OCC to identify offenders with lower cognitive functioning, physical disabilities and/or learning disabilities or deficits to address their needs or prepare a referral to a more appropriate environment.

2.4.3 SIGNED RELEASES FOR TREATMENT AND ASSESSMENT RECORDS

Gateway assures the Department that appropriate releases are signed for requesting previous treatment and assessment records of offenders, as needed.

2.4.4 WRITTEN NARRATIVE ASSESSMENT DOCUMENTATION

As required and at a minimum, the written narrative summaries of assessments currently comply with the assessment documentation requirements as reflected by the Certification Standards for Alcohol and Drug Abuse Programs, 9 CSR 10-7.010, et al "Core Rules for Psychiatric and Substance Abuse Programs." Gateway will continue to comply with these requirements.

Gateway agrees that a brief summary report of the assessments findings and recommendation for treatment will be distributed to appropriate classification staff and the Parole Officer within one (1) working day after the completion of the assessment. If treatment stipulations are not consistent with assessment findings, Department staff will determine if the designated Probation and Parole staff should contact the appropriate jurisdiction of authority to revise orders for program placement.

2.5 Long-Term Modified Therapeutic Community Substance Abuse Treatment Program Requirements

2.5.1 EVIDENCE-BASED PRACTICES FOR SUBSTANCE ABUSE AND CRIMINALITY

The Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that the modified therapeutic community itself has sufficient evidence to support its designation as an evidence-based practice at the program level. This designation was earned through the accumulation of an evidence base for the TC's ability to produce positive clinical outcomes for persons with co-occurring disorders (De Leon, 1993; De Leon et al., 2000; Sacks et al., 1998, 1999).

SAMSA has examined the evidence for the effectiveness of TCs in reducing drug use and criminality and has found that both short- and long-term follow-up studies show significant decreases in alcohol and illicit drug use, reduced criminality, improved psychological functioning, and increased employment (Condelli & Hubbard, 1994; De Leon, 1984; Hubbard et al., 1997; Simpson & Sells, 1982). Improvement in psychological well-being after treatment also was demonstrated in several studies (Brook & Whitehead, 1980; Carroll & McGinley, 1998; De Leon 1984, 1989; De Leon & Jainchill, 1982; Kennard & Wilson, 1979).

Research findings also indicate that psychological status improves during treatment, with larger changes in self-esteem, ego strength, socialization, and depression, and smaller changes in long-standing characteristics such as personality disorders (De Leon & Jainchill, 1982).

Further, modified therapeutic communities have proven effective for persons with co-occurring substance abuse and mental health disorders as a result of the "community-as-method" concept; that is, the community is the healing agent and by altering the traditional TC approach in response to clients' mental health symptoms, cognitive impairments, reduced level of functioning, short attention span, and poor urge control.

In its review of the evidence supporting the effectiveness of therapeutic communities, SAMHSA found that the following components of a TC are significant contributors to their success.

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<i>Community Enhancement</i>	
Morning Meeting	Increases motivation for the day's activities and creates a positive family atmosphere.
Concept Seminars	Review the concept of the day.
General Interest Seminars	Provide information in areas of general interest (e.g., current events).
Program-Related Seminars	Address issues of particular relevance (e.g., homelessness, HIV prevention, and psychotropic medication).
Orientation Seminars	Orient new members and introduce all new activities.
Evening Meetings	Review house business for the day, outline plans for the next day, and monitor the emotional tone of the house.
General Meetings	Provide public review of critical events.
<i>Therapeutic/Educative</i>	
Individual Counseling	Incorporates both traditional mental health and unique OCC goals and methods.
Psychoeducational Classes	A format to facilitate learning among clients with COD; address topics such as entitlements/money management, positive relationship skills training, triple trouble group, and feelings management.
Conflict Resolution Groups	Modified encounter groups designed specifically for clients with COD.
Medication/Medication Monitoring	Begins with mental health assessment and medication prescription; continues with psychoeducation classes concerning the use and value of medication; monitors, using counselor observation, the peer community, and group reporting for medication adherence, side effects, and effectiveness.
Gender-Specific Groups	Combine features of "rap groups" and therapy groups focusing on gender-based issues.
Community and Clinical Management Policies	A system of rules and regulations to maintain physical and psychological safety of the environment, ensuring that resident life is orderly and productive, strengthening the community as a context for social learning.
Social Learning Consequence	A set of required behaviors prescribed as a response to unacceptable behavior, designed to enhance individual and community learning by transforming negative events into learning opportunities.
<i>Vocational</i>	
Peer Work Hierarchy	A rotating assignment of residents to jobs necessary to the day-to-day functioning of the facility to diversify and develop clients' work skills and experience.
World of Work	A psychoeducational class providing instruction in applications and interviews, time and attendance, relationships with others at work, employers' expectations, discipline, promotion, etc.
Recovery and World of Work	A psychoeducational class that addresses issues of mental disorders, substance abuse, and so on, in a work context.
Peer Advocate Training	A program for suitable clients offering role model, group facilitator, and individual counseling training.
Performance Evaluation	Provides regular, systematic feedback on work performance.
Job Selection and Placement	Individual counseling after 6 months to establish direction and to determine future employment.

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Due to the prevalence of persons who have co-occurring substance abuse and mental health disorders, such as the estimated 12%-15% of offenders at OCC with these two disorders, SAMHSA recommends the following modifications as reasonable accommodations.

The research findings on the modified therapeutic community model of treatment have resulted in the following recommendations from SAMHSA.

- Treat the whole person.
- Provide a highly structured daily regimen.
- Use peers to help one another.
- Rely on a network or community for both support and healing.
- Regard all interactions as opportunities for change.
- Foster positive growth and development.
- Promote change in behavior, attitudes, values, and lifestyle.
- Teach, honor, and respect cultural values, beliefs, and differences.

As will be seen throughout this proposal, Gateway Foundation has implemented all of these recommendations as well as all of the components of an evidence-based modified therapeutic community. We look forward to continuing this proven method of substance abuse treatment at the Ozark Correctional Center.

ADDITIONAL EVIDENCE-BASED PRACTICES TO BE USED

MOTIVATIONAL INTERVIEWING TECHNIQUES

Because motivation is an integral part of programming in Gateway TCs, offenders must be actively engaged from intake to release. Gateway conducts initial training for new staff and refresher training for existing staff to utilize Motivational Interviewing (MI) at OCC as a primary strategy to engage and encourage offenders' participation in treatment and to remain actively involved through their transition to community continuing care. The following sections discuss how we have implemented Motivational Interviewing techniques in the OCC substance abuse treatment programs.

1) Express empathy: Empathetic communication is employed from the very beginning of treatment and continues throughout the entire process.

Empathy and quality of the therapeutic alliance are fundamental to achieving favorable client outcomes. Gateway Foundation offers a model that embraces these qualities, and MI is essential to our model, philosophy, and approach. Expressing empathy is a thread that runs throughout the treatment course with Gateway. It is essential at the onset to engage the client in a therapeutic process, and it remains essential in ongoing exploration during all stages of the treatment process. Through the empathic approach, the client's natural ambivalence is accepted as "normal," and his struggles and feelings of being "stuck" are appreciated.

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The empathic approach yields multiple therapeutic benefits: It communicates acceptance of the client as a person; it releases clients from a need to defend themselves against external criticisms or threats to self-esteem or self-agency; it conveys caring and support for clients' well-being; it communicates that clients have the inner resources to make and act on decisions; and with the enhanced client-empowerment, there is an implicitly communicated strength in the area of client-responsibility. Gateway's use of the Motivational Interviewing principle of expressing empathy helps to engage clients and facilitates client self-exploration throughout treatment. It sets a therapeutic undertone of acceptance, encouragement, and self-efficacy; and it promotes a non-judgmental, healthy and respectful emphasis on client responsibility.

2) Develop discrepancy: Offenders are motivated to change as a result of perceived discrepancy between present behavior and important personal goals and values.

Few persons with substance use disorders are 100% determined to live a life of continued substance abuse and incarceration. While there are recognizable things clients like about using alcohol and other drugs ("pros"), there are also recognizable disadvantages ("cons"). Therefore, in regard to clients' attitudes toward substance use and motivation to continue the status-quo versus motivation to change, there is a natural ambivalence.

More traditional approaches have sometimes "pushed" for change, only to witness clients taking the counter-position, experienced by clinicians as client "resistance." By employing a non-confrontational, person-centered, yet directive approach (MI), Gateway clinicians help clients to explore this natural ambivalence.

It is important to note that developing discrepancy is appropriate for clients in the pre-contemplation and contemplation stages of readiness-to-change, where the client has not made a decision and commitment to change. Once a client has made a decision and commitment to change (and is thereby in a preparation, action, or maintenance stage-of-readiness), developing discrepancy is contraindicated. At that point, developing discrepancy and heightening ambivalence runs the risk of reintroducing motivational weight against change.

Gateway employs the Stages of Change mode, assessing the client's readiness to change upon admission to the program and throughout treatment, as treatment plans are revised. Gateway clinicians appropriately use the Motivational Interviewing principle "developing discrepancy" for clients in pre-contemplation and contemplation stages. It is notable that research indicates most clients (80%) are in pre-contemplation or contemplation stages of readiness-to-change. The percentage seems to be even greater for populations of coerced-treatment or incarcerated individuals, especially at the onset of treatment. Once clients reach beyond the contemplation stage, developing discrepancy is discontinued, and phase two of Motivational Interviewing (involving action planning and strengthening commitment to change) takes center stage.

3) Roll with resistance. Opposition demonstrated by participants is turned into an opportunity to explore the behavior.

Client resistance may take the form of negating (blaming, disagreeing, excusing, minimizing, claiming impunity), arguing (challenging, discounting, hostility), interrupting, and/or ignoring. However, one cannot resist without a counter-position to oppose. This generally occurs when counselors either overtly or non-overtly confront clients, disrespect clients, or present an argument for change. Motivational Interviewing respects the natural fact that each person ultimately makes his or her own decisions.

When counselors experience “resistance” from clients (“status-quo” talk), it is a signal to do something different. Ironically, people are more willing to explore alternatives to their current courses of action when they experience acceptance by their counselors and respect for their self-determination. Throughout clients’ treatment, it is essential for clinicians to respect client autonomy; to minimize the likelihood of client resistance by employing MI; to adjust course based on evidence of client resistance; and to roll with client resistance, when it does occur, toward favorable therapeutic outcomes.

4) Support self-efficacy. The participant belief in the possibility of change is responsible for choosing and carrying out the change.

Becoming motivated to change in a context where offenders lack confidence in their ability to succeed in making the change risks becoming an exercise in frustration and a potential assault to one’s already low sense of self-worth. A client’s “resistance to motivation” may serve the function of a “psychological defense” against further damage to self-esteem.

Conversely, increased self-efficacy may lead to increased motivation for positive change. With MI, counselors support self-efficacy and promote confidence in the possibility of change and in offenders’ ability to make it happen. Clients’ belief that change is possible is a necessary component for change motivation, and counselors focus efforts on enhancing positive motivation through supporting client self-efficacy throughout the course of treatment.

2.5.2 COGNITIVE RESTRUCTURING APPROACH TO CHEMICAL DEPENDENCY AND CRIMINALITY

Research on criminal offenders has demonstrated that offenders’ criminal conduct may be due to their lack of a repertoire of pro-social responses to their daily lives, which often results in aggressive acts, withdrawn behaviors, or other anti-social behaviors such as those associated with drug and alcohol abuse. For other offenders, planned and deliberate criminal acts are supported by strong antisocial attitudes and beliefs. Their way of thinking supports and justifies the serious offenses they commit. Behavior change cannot take place for these individuals until they become aware of their thinking and see a reason to change.

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Gateway was a pioneer in integrating the use of cognitive self-change techniques into corrections-based TC treatment and specializes in a form of cognitive intervention known as Cognitive Restructuring/Cognitive Self-Change. Through both experiential and cognitive activities that target values, behaviors, and attitudes, offenders learn the techniques of cognitive self-change, i.e., that our attitudes and behaviors result from how we think. Classes focus on self-change techniques such as thinking reports and journals, and on identifying and changing common thinking errors that lead to criminal thinking and behaviors, and relapse. Gateway's cognitive self-change component directly confronts both criminal and addictive behavior and teaches techniques for producing individual change and supporting pro-social behavior expected in the TC through changing the thinking patterns that have supported past negative behaviors. The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.

Cognitive self-change techniques identify and address the criminal thinking that is typical of the corrections population and supports the behavior expected in the TC. Through cognitive intervention education, inmates develop strategies to stop, think, and behave differently. Staff and other offenders reinforce these strategies for healthy and responsible thinking to help inmates develop alternatives to criminal thinking and behaviors. The techniques are particularly effective because inmates incorporate the therapeutic techniques into their own repertoire and constantly monitor thoughts and associated behaviors.

Gateway believes that **recovery is a result of cognitive and behavioral change**. This can only be accomplished by skilled counselors working with clients to identify specific needs and develop means of change. A prime example of this approach is cognitive restructuring.

Gateway was a pioneer in integrating the use of cognitive restructuring into corrections-based prison treatment. **The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.**

Contemporary research suggests that "superior post-release outcomes [are] secured . . . by offenders who had participated in [a] cognitive-behavioral program over those who had participated in a traditional disease-model substance abuse recovery program" (*Corrections Today*, "A Cognitive-Behavioral Approach to Substance Abuse Treatment," October, 1998, p. 103).

As detailed below, cognitive restructuring directly confronts both criminal and addictive behaviors, is profoundly conducive for producing individual change and creates self-reinforcing therapeutic milieus.

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General Principles

Cognitive self-change techniques identify and address the criminal thinking that is typical of the corrections population. Participants learn these techniques according to a few general principles:

- what we do in our minds controls what we do in life
- by controlling one's thoughts, one can control and change behaviors
- cognitive self-change techniques allow one to identify the connection between criminal behaviors and the thoughts and feelings that encourage the use of drugs and participation in criminal activity

Through cognitive intervention education, participants learn to develop strategies to stop, think, and behave differently. Staff and other participants reinforce these strategies for healthy and responsible thinking to help each participant develop alternatives to criminal thinking and behaviors.

Specifically, participants learn to:

- perfect specific techniques, including self-monitoring of thought patterns and recognizing the connections between thoughts, attitudes and behaviors
- recognize distorted thinking and
- apply the plan for change

These techniques are particularly effective because the participant incorporates the therapeutic techniques into his or her own repertoire, learns to question his or her conclusions or actions, and eventually begins to constantly monitor thoughts and associated behaviors.

Specific program goals include:

- **Cooperation** between staff and offenders to enhance the effectiveness of the program, and as a significant end in itself
- **Self-understanding** of how personal attitudes, beliefs and thinking patterns lead to criminal behavior, and how to control and change these attitudes, beliefs and thinking patterns
- **Motivation** to change behaviors based on a conscious choice and the realization that alternative ways of thinking and behaving are within our control
- **Reduction of Antisocial Behavior** by application of cognitive self-change principles

Thinking Reports and Journals

Two very potent cognitive self-change techniques involve use of **thinking reports and journals**. Effective use of these tools allows participants to identify the feelings, attitudes, beliefs, and behavior patterns associated with their **target behaviors**, and to identify **thinking errors**.

With *thinking reports*, participants

- describe specific situations in which they experience difficulty;
- record all thoughts during that situation;
- identify the feelings, attitudes, and beliefs that underlie the thoughts and behaviors;
- process these thinking reports and identify dysfunctional and distorted thought patterns (“thinking errors”); and
- learn how to intervene in the thought process to change it.

Participants use *journals* to

- identify target behaviors;
- look for patterns or cycles of thinking and behavior; and
- explore ways to manage these cycles by way of cognitive interventions.

By writing about their thoughts and behaviors, and perhaps sharing their journal entries with their peers, participants develop new habits of thinking, behaviors and attitudes. The focus is on learning, developing, and practicing the skills needed to build a healthy, responsible life.

Gateway's comprehensive Cognitive Restructuring Program Structure and Curriculum is outlined in detail and attached as an appendix.

2.5.3 STAGE OF CHANGE APPROACH TO TREATMENT AND RECOVERY

The Stage of Change approach is based on the theory that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change, and they progress through the stages at their own rate. Therefore, simply telling people in the “precontemplation” stage, for example, that they must make life changes (e.g., “give up drugs or criminal activities”) will not be effective and will not likely result in stable, long-term change.

According to the Stage of Change approach, there are five stages, each with a different set of issues and tasks that relate to changing behavior. The stages are as follows:

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- **Precontemplation:** Not yet acknowledging that there is a problem behavior that needs to be changed
- **Contemplation:** Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
- **Preparation/Determination:** Getting ready to change
- **Action/Willpower:** Changing behavior
- **Maintenance:** Maintaining the behavior change

Because clients' motivation to change is different at each stage, different interventions are required at each stage to help people move through the stages to achieve lasting change. The characteristics of clients at each stage are summarized in the following table.

STAGE	CLIENT CHARACTERISTICS	GATEWAY'S APPLICATION TO PROGRAM DESIGN, TREATMENT PHASES, PROTOCOLS, CURRICULA, AND MATERIALS
Pre-contemplation	<ul style="list-style-type: none"> • No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems 	Fundamental to Gateway's methodology is the establishment of rapport and raising doubts about the client's substance abuse and criminality. This is accomplished through both client and peer involvement in phase-integrated groups, seminars, and psycho-educational classes.
Contemplation	<ul style="list-style-type: none"> • More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change 	Through the use of interactive cognitive exercises, role playing, journaling and other activities programming is designed to help the client "tip the decisional balance scales" toward change. Phase advancement and increased responsibility to the community provides the opportunity to build self-efficacy and elicit self-motivation.
Preparation/Determination	<ul style="list-style-type: none"> • Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change 	Activities directed at strengthening a commitment to change are integral to the Gateway TC model to include peer support and self-help opportunities. The client is encouraged to explore the realities of the change process and to verbalize his intentions to pursue change with understanding that change is indeed a process not an event.
Action/Willpower	<ul style="list-style-type: none"> • Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with both personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and seeking support from others 	Recovery and re-entry strategies become the focus of treatment planning. Journaling, group and peer support continue to contribute to and reinforce the clients decision to change. Individual and group activities are designed to help clients identify high-risk situations through a functional analysis and develop appropriate coping strategies to over come these.
Maintenance	<ul style="list-style-type: none"> • Successful avoidance of temptations to return to old behavior • Reminders of progress made/advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies 	Activities include work assignments, education, recreation, and personal time to focus on interactive and introspective processing. The client is encouraged to "see himself as he is" and to honestly consider his daily choices as helpful or hindering long range goals. Progress is recognized and celebrated with recognition that every new day presents fresh challenges to his commitment.

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Gateway has incorporated the stage of change approach into its program design and treatment protocols, curricula, treatment phases, and program materials. Gateway clearly delineates the application of the stage of change approach to the practices in the selected treatment model.

2.5.4 SIX DAYS PER WEEK PROGRAMMING

Gateway shall continue to provide services six days per week. In addition to psychoeducational classes, small process groups, and individual sessions, Gateway provides a variety of other treatment activities. These include core TC components and “value added” components described below.

Morning Meetings: Morning Meetings convene every day following breakfast. The meeting is brief (30-40 minutes) and is conducted by residents under the supervision of staff. The general purpose of the Morning Meeting is to initiate the activities of the day in a positive manner. However, the specific objectives of this meeting are to motivate individuals to accept the day's activities with a positive attitude, to alter negative social images in a playful way, and to strengthen awareness of the program as family or community. These objectives relate to and reflect the TC's view of the client and the role of the community in the recovery process. Morning Meeting components include the following:

- **Recitation of the Gateway Philosophy:** Recitation of the Philosophy in the Morning Meeting is viewed as a bonding mechanism and a means of reaffirming the value of the collective struggle toward recovery and life change.
- **A Concept for the Day:** A well known maxim or phrase (e.g., "Honesty is the best policy.") is presented with a brief explanation that reflects the residents' perception or personal understanding of it. Thus, individual differences in comprehension in the audience should not be inhibited by criticism, debate, or negation.
- **A Word for the Day:** A single word or phrase (e.g., "serenity") is selected. A resident presents a formal definition and then underscores the word alone, or together with the Concept, as the Thought for the Day. The use of the Word and Concept is to stimulate resident thinking, particularly in relation to positive change, as well as to enhance vocabulary.
- **The Weather Report:** A brief report is generally drawn from newspapers or TV. The use is practical in that it dictates the appropriate dress for those who will be working outside or leaving the facility. It is also a simple, disarming reminder of the "reality" of outside living.
- **Songs:** This includes group songs or songs by presenting residents. The audience is free to join in singing with rhythmic handclapping or finger-snapping.

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- **Skits and Productions:** These include poems, jokes impersonations, or humorous awards (e.g. worst dressed, biggest reactor, most positive resident). The theme of various productions is mild, good-natured, fun, and free from serious or pointed criticism.

Wrap-up Meeting: Wrap-up meetings (also known as House Meetings) are the primary vehicle for transacting the business of the TC. Wrap-up meetings convene every night of the week, assembling all residents of the Wing. The main function of the Wrap-up meeting is community management. The basic purpose of the meeting is to communicate issues and concerns, while ending the day on a positive note. The basic business agenda in a customary sequence as follows:

- Recitation of the Gateway Philosophy
- Introduction of new residents
- Announcement of CDVs, BCs, TPRs, and LEs
- Apologies/Announcements
- Group push-ups and pull-ups
- Announcement of up-coming Encounters
- Announcement of Structure job changes
- Announcement of Phase changes
- Announcement of details of recreation, Structure meetings, self-help meetings, etc
- Announcement of food service menu for following day
- Identification of residents who are scheduled for TPR or medical appointments
- Special informational announcements
- Staff announcements

Community Meetings: Community Meetings are the last business meeting of the week (Friday evening). A weekly report that summarizes the condition of the Wing, the number of Encounters, TPR, CDVs, BCs, phase-ups and de-phases for the week is provided. The Family Member of the Week is announced and asked to share something about himself, his treatment progress, and his recovery. Assigned seminars from LEs and BCs are processed. Positive Affirmations are read. Time is allowed for discussion of Wing concerns, including problems that have occurred and need to be addressed.

General Meetings: General Meetings are attended by both residents and staff to address attitudes, behaviors, and issues that are a threat to the community. Meetings may also be held when a specific resident or group of residents has regressed in treatment and is being considered for a behavioral discharge. The purpose of the meeting is to utilize peer pressure to encourage the resident or group of residents to make positive change. These meetings can be requested by Structure, but only called by staff.

Classes and Seminars: Classes and seminars are conducted by staff, residents and/or guests and cover materials such as specific life skills, anger management, decision making, HIV, and chemical dependency education. Classes and seminars are designed to broaden the horizons of each community member. The Gateway Foundation curriculum offers a variety of potential

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topics. When residents assist the community by co-facilitating classes and seminars, they have the opportunity to review the curriculum to prepare them for this challenging opportunity to be both a teacher and a student.

Seminars are usually conducted by clients and present the teachings of recovery and right living, which balances the members' experiential learning in the TC. There are three main goals of utilizing seminars: Intellectual stimulation, personal involvement, and social integration.

Tutorials: The most utilized tutorial in a TC is the "personal growth" tutorial. This is a session or "special event" that is signified by staff stature and relaxed rules. This is a long session that permits spontaneous relaxed conversation due to the use of novels, movies, poems, etc. The features of this tutorial are effective and maximized learning because they communicate to the clients that they and the event are of special importance. The inherent goal of the personal growth tutorial is to teach members how to examine an issue, concept, or question versus drawing a specific opinion or conclusion, teaching open-mindedness. Two other types of tutorials are clinical skills (mock encounters) and job skills.

Peer Support Meetings: The Peer Support meeting is a Wing-specific meeting that occurs on a weekly basis. The main context and importance of a Peer Support meeting is to help change negative socialization and antisocial behavior. Peer Support meetings allow members to positively re-socialize. The overall process must involve peer interactions, sharing, and suggestions for improvement, instruction, and confrontation. Everyone benefits from this process because the Wing family knows where each member is in regard to his program and recovery and can learn from one another.

Encounter Group: Encounter Groups are conducted four nights per week. Encounter Groups are the hallmark feature of the TC and thus a significant component of the TC treatment model. The process of being encountered is what motivates change in the individual. "I will be held accountable for all I do." The Encounter is where "I confront myself in the eyes and hearts of others." The Encounter is an expression of compassion and responsible concern and is necessary for confronting behaviors/attitudes with honesty and self-awareness as steps toward positive change. The effectiveness of the Encounter is dependent upon the community's use of the Encounter tools. Clients have an opportunity to deal with issues in a direct, confrontational manner on an emotional level. This community forum allows all individuals to learn and grow. Encounter Group sessions are attended by clinical staff who have been trained in the Encounter Group process. All Encounter Groups serve the following therapeutic purposes:

- Heighten an individual's awareness about specific attitudes or behaviors that should change.
- Express thoughts and feelings toward others in a manner that is expected to result in meaningful resolution.
- Learn how to work on interpersonal problems and issues from an attitude of responsible concern for others.

- Learn how to work through conflicts with others through emotional interactions as opposed to physical interactions.
- Learn how to become more verbally assertive as opposed to physically aggressive.
- Learn how to listen to others. Encounters are a great opportunity to hear and process the information given and "if it doesn't apply, then let it fly."

Encounters are emotionally based. The focus is on how clients feel based on their perceptions of the behavior of others. Encounter Groups are not an arena for clients to simply expose others to the group or to retaliate for perceived past wrongs, nor are they forums for clients to explain or defend themselves. They are opportunities for clients to express current feelings about interpersonal situations to assist others in changing negative patterns of behavior, thinking, and feeling. The primary goal of the Encounter is to resolve interpersonal problems and to heighten an individual's awareness of specific problematic behavioral patterns.

Brief Intervention Groups (Targeted Groups): Targeted groups are small, closed directed groups held over a period of 4 to 6 weeks. Assignment to these groups is made based upon needs identified through TCU assessments and/or counselor observation. The group's intent is to address a specific individual need through the group process and is based upon short curriculum developed through Texas Christian University. Topics include the following:

- **Getting Motivated to Change**
- **Understanding and Reducing Angry Feelings**
- **Unlock Your Thinking Open Your Mind**
- **Ideas for Better Communication**
- **Mapping Your Reentry Plan**
- **Mapping the Twelve Steps**

Work Assignments: As a self-contained institution, OCC requires the availability of offenders to conduct daily operational tasks needed to maintain and service the institution. Gateway has worked to incorporate job duties into the therapeutic fabric of the program to emphasize the holistic character of the TC. All non-student offenders are assigned to an institutional job in addition to the expectation that they will also contribute to the community by accomplishing services to the community (structure job) that exceed this institutional job assignment. Work ethic, work attitude, and work performance are all an extension of the community and the individuals within the community. Therefore, these assignments are a part of the therapeutic process and are integrated into the program activities. Work performance is a part of the general discussion of offenders' progress and is processed with individuals becoming part of the treatment plan and progress review.

Daily Structured Programming and Client Education

Gateway recognizes that clients' ability to identify their feelings and express them appropriately, to resolve conflicts responsibly and to develop healthy decision making skills are important aspects of a comprehensive personal recovery program, and our programming and education

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efforts focus on these important issues. Our treatment education and program curricula include seminars and group process sessions on substance abuse and recovery, relapse prevention, life skills, interpersonal skills, offender lifestyle confrontation and family dynamics.

A detailed description of Client Education topics is set forth in the Group Education section. Our Client Education program addresses all topics required by the IFB. Gateway understands that any modifications to material presented and utilized, including video and audio presentations, must be first approved by the Department.

Group therapeutic activities take on a variety of formats, but each addresses client's substance abuse, criminal attitudes and behaviors and special needs, when applicable. Scheduled group activities include **family meetings** (also known as **AM or PM Development groups**), which are held as **wing meetings** or **facility-wide meetings**, **process (or static) groups**, and **conflict resolution (or encounter) groups**. These activities are described in detail in other sections of this bid.

Gateway agrees to provide therapeutic community activities such as those described above **six (6) days per week** and to schedule such activities to **accommodate clients' schedules and ensure maximum participation**.

Current Daily/Weekly Activity Schedules depicting the activities required by the IFB are included in Section 3.7.7 of this proposal. The level of specificity provided in these schedules demonstrates Gateway's understanding of the environment and provides evidence of a clear integration of services within the structure of the institution—which is something that cannot be provided by any other vendor.

Gateway acknowledges that program schedule modifications, if needed, will be developed jointly between Gateway and the Department upon receipt of the award. The goal of all clinical programming is to ensure that the OCC TC is a uniform and integrated treatment environment.

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2.5.5 FOUR-PHASE MODALITY FOR CHRONIC OFFENDERS

The modified TC program phases are client-driven. The average treatment length of stay is approximately 12 months based on behavior, progress, and sentencing stipulations. Extended programming is available for offenders who have been adjudicated a Chronic Offender under RSMo 557.023 Public Safety Offenses, have completed all three basic phases of treatment, and remain beyond the twelve-month program.

The Treatment Team assesses the offenders through all phases of treatment and determines the length of stay in each phase. While time in each phase is considered for advancement to the next phase, the primary determination is based on the offenders' progress in a given phase, their ability to meet the phase-up criteria for the next phase, and the extent to which they have become a role model for the phase they are in.

2.5.5.1 Phase I Chronic Offenders Program

Phase I (Orientation)

Phase I normally lasts between three and four weeks in length and includes a minimum of 30 hours of therapeutic activity per week. Clients receive one (1) hour of individual counseling per month; two (2) hours of small group per week; four (4) hours of psychoeducational classes; general TC sessions; self-help meetings; special assignments based on assessed needs; specialized focus groups; and work assignments during this phase.

Clients are instructed to properly fill out and drop written Pull-Up/Push-Up Forms and Encounter slips. TC terminology, Gateway guidelines, TC rules, and a variety of other topics are covered. Clients are familiarized with the TC environment and structure. An extensive assessment is completed that identifies individual needs and goals to be addressed in treatment, and becomes part of the Master Treatment Plan. During Phase I, activities are highly structured allowing clients to adjust to the TC and to focus on the life changes they intend to make.

2.5.5.2 Phase II Chronic Offenders Program

Phase II (Intensive Treatment)

Phase II is approximately 28 weeks in length and consists of a minimum of 30 hours of therapeutic activity per week. Clients receive one (1) hour of individual counseling per month, two (2) hours of small group per week, and two (2) hours of psychoeducational classes in addition to general TC sessions, self-help meetings, special assignments based on assessed needs, re-entry journaling groups, and work assignments during this phase.

Individualized needs identified in Phase I and documented in the Master Treatment Plan are addressed through individual counseling, education, group process, participation in self-help (12-step or alternative) groups, and the treatment environment. Clients are taught to identify and to begin making specific changes necessary to lead a drug-, alcohol-, and crime-free life. This is accomplished through classes, seminars, and groups on Chemical Dependency Education, Problem Solving Skills, and Criminal Thinking Errors.

During Phase II, activities remain highly structured; however, greater freedom is offered to self-monitor and greater privileges are granted as the client learns to utilize his tools for responsible living.

2.5.5.3 Phase III Chronic Offenders Program

Phase III (Relapse Prevention and Re-Entry):

Phase III consists of approximately 20 weeks and includes a minimum of 15 hours of therapeutic activity per week. Clients receive one (1) hour of individual counseling per month, two (2) hours of small group per week and one (1) hour of psychoeducational classes in addition to general TC sessions, self-help meetings, special assignments based on assessed needs, relapse prevention journaling groups, and work assignments during this phase.

The focus shifts to creating a bridge from the present treatment environment to living successfully in the outside community. Community referrals are identified and accomplished during this time. Clients complete a Relapse Prevention Plan that includes their identified relapse warning signs and relapse triggers, and other assignments. A comprehensive Continuing Care Plan is completed that includes self-help meeting times and locations, employment plans, education goals, a home plan, and aftercare provider information. Other tasks in preparation for leaving are also completed.

During Phase III, clients are expected to be proficient in structuring their own time in a responsible way. All available privileges are allowed during this phase.

In addition to the structured programming provided to the offenders, Gateway Foundation will work with the institutional and departmental staff to identify a mechanism for providing family support activities during this phase. Gateway is prepared to offer the required two-hour activity to approve family and/or significant other visitors, as allowed by the institution. Although this activity has not occurred due to environmental constraints, Gateway's Director will continue to provide programming options to the Department to address this need.

2.5.5.4 Phase IV Chronic Offenders Program

Phase IV (Advanced Relapse Prevention and Recovery Maintenance)

Phase IV begins for Chronic Offenders with completion of Phase III treatment, some time after the 12th month, and continues until release for those who are in an extended program. Phase IV offenders will participate in a minimum of 15 hours of therapeutic activity per week.

The primary focus is two-fold during this phase: maintain and safeguard the progress already made and refine, sharpen and internalize the relapse prevention and re-entry skills already learned. Clients receive one (1) hour of individual counseling per month, two (2) hours of small group per week and one (1) hour of psycho-educational classes in addition to general TC sessions, self-help meetings, special assignments based on assessed needs, and work assignments during this phase.

Additionally, Phase IV offenders are assigned to a specialized focus group exploring the effects of driving under the influence of alcohol and/or other drugs, victims and the community at large, victims' rights issues, and advanced alcohol abuse issues. The curriculum for the focus groups is based on portions of the Substance Abuse Traffic Offenders Program (SATOP) and the Department's Victims Impact curriculum and includes involvement from citizen organizations such as Mothers Against Drunk Driving (MADD). The mode and curriculum of these groups have already been approved by the Department and continue to be enhanced in collaboration with the Department.

2.5.5.5 Program Phases

Gateway has established clear and distinct criteria for movement from one phase to the next. The criteria reflect treatment progress and are listed in the offender handbook. Decisions regarding phase movement are made through a formal clinical staffing process that includes input from Department staff.

Advancement through each phase is determined not only by compliance with the treatment schedule, but also through a demonstration of progressively responsible behaviors. Advancement is earned through action measured on a 24-hour-a-day basis by all persons within the environment. There are expected objectives to meet in each phase of treatment. Upon completion of the objectives, clients must clearly demonstrate that they have achieved all of the objectives using the "Phase-Up Recommendation" form. This form is reviewed by staff.

Clients are evaluated in terms of participation, attitude, behavior, and responsibility. A satisfactory recommendation is required for phase-up. If clients fail to phase-up, they are provided with clearly defined objectives to complete prior to resubmission. The Clinical Supervisor serves as the final authority in all phase-ups.

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Phase I: To move from Phase I to Phase II the following are required:

1. Spend a minimum of 4 weeks in Phase I, as required by the IFB
2. Recite the Gateway Philosophy in front of peers and staff
3. Achieve all objectives listed in the TAP treatment plan for this phase, including successful completion of class assignments, and successful participation in TC activities
4. Attend TC Structure Class
5. Attend TC Tools Class
6. Exhibit knowledge of how to use core TC Tools with responsible care and concern by completing and submitting each of the following in collaboration with one's Big Brother:
 - Verbal/Written push-ups
 - Verbal/Written pull-ups
 - Encounter slips
7. Successfully complete an Orientation Phase Test
8. Submission of completed Chemical Dependency worksheets as assigned
9. Have documented attendance of two self-help meetings and two Phase I Focus Groups per week
10. Write a life story (autobiography) of at least seven pages that includes alcohol and drug use and describe how addiction has affected clients' life
11. Submit letter to Primary Counselor requesting phase-up
12. Completion a "Phase-up Recommendations" form with all required signatures
13. Meet with the Phase-up Committee for approval to phase-up.
14. Have not received a Conduct Violation (CDV) or more than one (1) staff initiated TPR in the past 10 days.
15. Demonstrate a positive work ethic in all areas of treatment (work assignment, school, program, and living with others).
16. Completion of all required assessments

If clients have not completed Phase I and advanced to Phase II after eight weeks in the program, a staffing is held to determine what treatment interventions may need to be initiated in order to assist them in achieving Phase I expectations.

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Phase II: To move from Phase II to Phase III the client must do the following:

1. Complete a minimum of 30 hours of required activity weekly, including community meetings, chemical dependency and life skills education, group and individual counseling, attendance at self-help and peer groups
2. Documented attendance of two self-help meetings per week
3. Meet identified target dates on treatment plans and complete workbooks and journals as assigned
4. Complete all written curriculum assignments
5. Demonstrate active participation in all identified TC activities
6. Complete a minimum of 28 weeks in the Intensive Phase (Phase II)
7. Have not received a CDV in the past 30 days or a staff initiated TPR 15 days prior to phase-up
8. Completed any Behavior Contracts (BC) if stipulated in contract.
9. Meet with the Phase-Up Committee and pass a written Phase-Up Test
10. Complete the Gateway/Change Companies Relapse Prevention Interactive-Journaling Classes
11. Submit letter to Primary Counselor requesting phase-up
12. Complete the "Phase-Up Recommendations" form
13. Demonstrate a positive work ethic in all areas of treatment (work assignments, school, program, and living with others).
14. Completion of all assessments in preparation for advancement

If clients have not advanced to Phase III by the end of their eighth month in treatment, they will be referred to the Program Review Committee for evaluation of their treatment progress. An extension of their treatment program may be recommended to allow them to successfully complete the treatment program, or unsuccessful termination from the program may be recommended.

Phase III: In Phase III, clients focus on applying job skills through involvement in work release (when and if eligible) or institutional employment, balancing that with treatment groups and responsibilities. Clients also complete such tasks as the Continuing Care Plan (home plan, employment, aftercare, etc.), a Relapse Prevention Plan (identifying relapse warning signs and triggers, coping skills, etc.), and a Comprehensive Case Evaluation. There is continuing emphasis on self-help meeting attendance and addressing re-entry issues. Clients also may apply for leadership positions within the TC Structure and serve as role models within the community.

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A Comprehensive Case Evaluation summarizing clients' treatment progress and achievement of their treatment goals is prepared by their Primary Counselor approximately two months before their anticipated program completion date (at approximately ten months into the program absent any time extensions). Information from this case evaluation is sent to the judge or parole board.

To qualify for a successful Case Evaluation, clients must do the following:

1. Complete a minimum of eight weeks in Phase III
2. Demonstrate progress and achieve all treatment plan goals and objectives, including participation in the group process and any other written work assigned by the Primary Counselor
3. Display positive role model behavior and comply with staff directives and follow program and institutional rules
4. "Give back" to new clients by teaching them the rules and tools of the TC
5. Complete the Relapse Prevention Plan and the Continuing Care Plan for use in developing the Case Evaluation
6. Develop a budget plan
7. Document attendance of 2 self-help meetings per week
8. Completion of all educational classes and the Gateway/Changes Companies Interactive Journaling Re-Entry workbook
9. Demonstration of an understanding of the connection between substance use and criminal behavior in his own life
10. Demonstration of the ability to utilize relapse prevention skills and coping strategies and respond appropriately to situations by using learned techniques, including cognitive self-change techniques.
11. Demonstration of the ability to accept and fulfill positions of responsibility within the community
12. Demonstration of a positive work ethic in all areas of treatment (work assignments, school, program, living with others)

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To qualify for a satisfactory program completion, clients must do the following:

1. Complete twelve months in the program with a successful case evaluation
2. Continue to participate fully in all required Phase III treatment activities; display positive role model behavior, and comply with staff directives and program/institutional rules.
3. “Give back” to the community through active participation in community activities, classes, and leadership roles and demonstrate a positive work ethic in all areas of treatment

Phase III members who fail to fully participate in treatment or meet expectations as senior members of the community after their Case Evaluations have been completed may be subject to treatment interventions and/or referral to the Offender Management Team. A supplemental report may be forwarded to the court or parole board for reconsideration of release. Offenders are expected to fully participate in all aspects of the program until the court or parole board releases them.

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2.6 Individual Counseling

Upon admission, clients are assigned to a primary counselor. Counselors meet with clients individually on a regular basis or as needed and as indicated by the clients' treatment plans. Individual counseling is a goal-oriented, face-to-face session between the client and his/her primary counselor to address individualized treatment issues. Individual counseling sessions may also provide a forum for clients to address problems that they are not yet willing to discuss in a group setting. Additionally, counselors help clients make connections between their problems and the information presented in group education and group counseling sessions.

Individual counseling techniques focus on positive role modeling, personal sharing, redirecting members to the TC process and didactic approaches. Upon admission, clients are assigned to a primary counselor, who will facilitate assessment, treatment planning, group counseling, education, family services and individual counseling to clients assigned to their caseloads. Our staff is well-trained in the concepts of cognitive restructuring, and clinicians introduce these concepts in each interaction with their clients.

Counselors meet with clients individually on a regular basis as needed and as indicated by the client's treatment plan. In our experience, individual counseling sessions in this regard may occur twice during the first month of treatment to complete the assessment and develop the treatment plan, and once per month thereafter.

Individual counseling is a goal-oriented, face-to-face session between the client and his primary counselor to assist the client in resolving problems related to the abuse of alcohol and other drugs, criminal lifestyles and all issues contained in the client's treatment plan. Emphasis in the individual session is to review the treatment plan to determine client's progress in reaching treatment goals.

During individual counseling sessions, counselors also help clients recognize that they are chemically dependent; identify behaviors, including criminal activity, related to their addiction; develop strategies for changing these behaviors; and identify people and activities that can help them attain and maintain recovery.

As clients begin to build a crime-free and drug-free life, individual counseling sessions provide the opportunity to address issues identified in the client's treatment plan, and to revise the treatment plan to address new issues. The counselor may help the client to understand how what he has learned in didactic and group sessions applies in a particular case. Throughout treatment, the counselor helps the client make the connections between the problems he is experiencing and the materials presented in group education and group counseling sessions.

Each offender shall receive a minimum of one (1) hour of individual counseling per month during all phases.

2.7 Group Counseling

Group counseling sessions will be limited to a maximum of twelve (12) offenders per group. Each offender will receive a minimum of two (2) one- (1) hour sessions of group counseling each week.

Group counseling sessions are designed to actively involve clients in exploring their unique involvement in substance abuse and criminal activity. In contrast to group education, group counseling requires clients to examine issues in their lives that led to substance abuse and/or criminal behavior, such as traumatic events, personal loss, low self-esteem, physical or sexual abuse, gang involvement, etc. Group counseling may also provide opportunities for clients to engage in role playing new ways of interacting that will support their recovery processes.

Group counseling is a means to assist chemically dependent clients to identify and address the issues connected to their substance use and to accomplish the goals and objectives in their individualized treatment plans. The group setting is used to elicit peer feedback, foster trust, practice social skills, enhance communication, and teach by example. Many clients are precontemplative, resistant to treatment or in denial, and/or will not understand the connections between their substance abuse and the difficulties they have faced and continue to face in their family, social, legal, financial and medical relationships.

Groups engage in discussion of all aspects of their substance abuse, recovery skills, and treatment issues. Topics include relapse prevention, disease concept of addiction, self-help recovery programs, post-acute withdrawal syndrome, coping skills, relapse prevention, parenting skills, and skills necessary for continued recovery.

Each offender will receive a minimum of two (2) one-hour sessions of group therapy each week throughout the treatment episode. Group therapy sessions will be limited to a maximum of twelve (12) offenders.

The current treatment structure at OCC utilizes a case management model in which the primary counselor facilitates clients' treatment experience and draws upon the strengths of a treatment team to provide the best services to clients and to reinforce the concept of "community as method." While the primary counselor does provide individual services such as individual counseling and treatment planning and psycho-educational classes, various other large and small group activities may be facilitated by another member of the counseling team in close communication and collaboration with the primary counselor.

"Process" or "static" groups are facilitated by a member of the counseling team. Assignment to a specific process group is decided based on clients' DOC jobs or school schedules. Additional consideration is given to good client counselor "fit." This aspect is especially considered when a client is struggling to engage in the program. These groups are conducted according to traditional group therapy principles and are structured to encourage each client to process his unique treatment issues as identified in his treatment plan. Process groups are smaller in size than

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family meetings and educational groups in general and allow clients to establish trust and comfort with each other. This lends for greater disclosure and meaningful discussions as group members "process" their personal treatment issues.

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2.8 Recovery-Centered Education

Since its establishment in 1968, Gateway Foundation has been a leader not only in delivering substance abuse treatment programming, but also in refining the therapeutic community concept by contributing new tools and materials to enhance program delivery. As a culmination of decades of research and work, Gateway has compiled a comprehensive curriculum for use by its staff at all of Gateway's correctional treatment facilities.

Gateway provides information and education addressing many aspects of chemical dependency and criminal attitudes and behaviors. Offenders need information regarding the nature and effects of chemical abuse and dependency and their relationship to criminal thinking, attitudes, and behaviors. Gateway provides this information in a variety of modalities, which may include lectures, educational groups, films, videotapes and handouts.

Recovery-centered education sessions will be limited to a maximum of forty (40) offenders per group session.

Gateway Curriculum

This comprehensive curriculum, developed collaboratively by Gateway staff and expert consultants, provides didactic information and experiential activities to address various goals and objectives that the TC is designed to accomplish, including the following: Substance Abuse Education; Life Skills Training; Offender Lifestyle Confrontation; Family Dynamics; Violence Interruption; and Co-occurring Mental Health and Substance Abuse Disorders

Stage of Change Approach to Recovery

The Stage of Change approach to recovery is interwoven throughout the interventions described in this proposal and is specifically covered in our interactive journals (discussed elsewhere in this proposal).

Disease Concept of Chemical Dependency

Substance abuse education is covered on many levels. Offenders are presented with a basic overview of the major drug classifications, their effects on the mind and body, impact on society, impact on victims, chemicals and the personality, effect of addiction on driving ability, and family impact. Included in this topic are alcohol, tobacco, cocaine, methamphetamines and amphetamines, stimulants, depressants, inhalants, cannabis, benzodiazapines, opiates, prescription medications, and other major substances often abused. These lectures are highly interactive with the offenders and solicit feedback from group members. The disease model of addiction covers the signs, symptoms, stages and progression of the disease of alcoholism and chemical dependency. Clients process the information to identify their own symptoms and stages of the disease. Specific focus is given toward understanding the holistic nature of the illness, the potential for genetic predisposition, and information regarding specific drugs of abuse.

□ ***Criminal Thinking***

Gateway's cognitive restructuring component directly deals with the identification of "criminal thinking" and "thinking errors" that make up the offender lifestyle and encourage abuse of substances. Offenders confront each other on a daily basis in education groups or group counseling sessions or during other therapeutic activities regarding any occurrence of criminal thinking or behaviors. Individuals process thinking errors by writing thinking reports that they discuss with other participants. Healthy, alternative ways of thinking are identified and practiced.

□ ***Relapse Prevention for Substance Abuse and Criminality***

This module utilizes a Relapse Prevention workbook designed specifically for Gateway corrections-based treatment programs by nationally-renowned substance abuse treatment expert Terrence Gorski. The workbook is organized into four categories, including self-assessment, warning sign identification, warning sign management, and recovery planning. Emphasis is placed on education about the specific dynamics of relapse and the development of relapse prevention plans. Clients identify possible reasons for relapse and ways to avoid them.

Gateway also uses relapse prevention workbooks designed for Gateway by The Change Companies. These are discussed in a later section of this proposal.

□ ***Spirituality in Recovery***

Addiction is rooted in a physical, mental and spiritual imbalance. Gateway's Holistic Social Model Approach recognizes the necessity for a substance abuse treatment model that addresses the spiritual void that frequently exists in the addict, as well as the behavioral and cognitive distortions; in sum, the whole person. As described elsewhere in this proposal, as clients become a part of the community they develop the attitudes, skills, and cognition that promote "right living." The support of and belonging to the treatment community fosters hope and belief that change is possible and that clients can rely on something other than themselves. Spirituality is developed and refined in clients as they develop care and concern about themselves and, importantly for this population and for others, and as they and the community note the changes in their beliefs and values through using the tools of the program.

□ ***Emotions Management***

Clients are taught the destructive nature of inappropriate and impulsive expressions of emotions. They learn to identify prior "feelings management" problems related to their alcohol or drug use, including the physical effect chemicals have on their emotional responses. This group offers offenders the opportunity to learn and practice the skill of identifying emotions and expressing them appropriately.

□ ***12 Step and other standardized self-help alternatives***

An introduction to and overview of 12-step programs is covered within the lecture series and offered on an optional basis. AA and NA groups are also provided. Outside representatives conduct twice weekly meetings. The importance of a sense of spirituality is also thoroughly discussed.

□ ***Stress Management Techniques***

Clients learn about the causes and effects of stress and examine how they dealt with stress in the past. Concrete techniques for minimizing stress in their lives and for dealing with stress appropriately in order to aid in their recovery are discussed and practiced.

□ ***Family and Social Relationships in Recovery***

Common aspects of family dynamics in response to substance use are examined, including codependency, enabling behavior, dysfunctional and healthy relationships, and family recovery. Clients learn and practice functional and healthy interactions and pro-social behaviors.

□ ***Parenting***

Many drug abusing offenders were themselves raised by families in which drug/alcohol abuse affected the family. In the Gateway curriculum, the module “Parental Drug Abuse—Effects on Kids” addresses this issue and discusses the effects of generational addiction and behaviors. The module discusses the impact that addicted parents have on their children; the message that using parents send to their children; and ways of dealing with negative effects on their own children.

□ ***Influence of Trauma on Substance Abuse***

Trauma is a natural byproduct of violence, whether physical, sexual, or emotional. Gateway’s Violence Interruption modules are designed for offenders who have experienced some type of violence/trauma. Emphasis is on examining the relation between substance abuse and violence, identifying violence triggers, and ways to avoid future violence. Forms of abuse with associated traumatic experiences are discussed as well as the ways in which substance use exacerbates maltreatment.

□ ***Domestic/Family Violence***

All aspects of domestic violence are covered. Specific topics include victimization, aspects of control, violence impact on the family roles, dynamics of abuse, safety planning, being an abuser, surviving an abusive relationship, how to spot and avoid an abuser, warning signs of abuse, and the roles in abusive relationships. Anger management and violence intervention are also taught. Clients are encouraged to identify their responses to exposure to or delivery of violent behavior and the relationship of these feelings to their substance use and recovery. Gateway may also use SAMHSA/CSAT TIP 25, *Substance abuse Treatment and Domestic Violence*.

□ ***HIV and Other STD Prevention***

Statistics about and mechanisms for the increased risk of infectious diseases among alcoholics and drug users are reviewed, as are the specific modes of infection, symptoms, and prognoses of HIV/AIDS/ TB, Hepatitis B & C and STIs. Preventive measures and current treatment for these diseases are emphasized.

□ ***Recreational/Leisure Skills Development***

Offenders learn the importance and benefits of appropriate leisure activities and participate in structured recreation activities that focus on community building. To reinforce the benefits of exercise as it pertains to good health, offenders also participate in routine and basic exercise activities such as calisthenics and stretching exercises. The need to incorporate healthy recreation and leisure activities to reduce stress and enjoy life is emphasized as the preferred alternative to alcohol and drug use as recreation.

□ ***Smoking Cessation and Nicotine Addiction***

The health risks and addictive nature of nicotine are expressed and emphasized because substance abusers are particularly prone to use nicotine and tobacco products. The specific aspects of addiction to nicotine are discussed, as are the various health risks related to a number of tobacco products. Offenders are taught various means of smoking cessation and recovery from nicotine addiction.

□ ***Gender Related Issues in Recovery***

Because gender-responsive curricula must address gender issues appropriate for men as well as for women, Gateway will incorporate the *Men's Work Workbook Series* (1992) by Paul Kivel and published by Hazelden Publishing and Educational Services. The series of three workbooks is designed to help offenders understand and personalize how and why they have been violent and how they can become capable of controlling their anger. Gateway clinicians will use these texts as the basis for leading group counseling interventions with the male populations in the programs.

□ ***Review of Accepted Recovery Models***

Addiction and its related problems can be treated successfully, but **no single treatment works for all substances, nor for all substance abusers**. Psychoeducational sessions explain how substance abuse treatment may be based on one of several traditional approaches: the **Medical Model**, which focuses on the recognition of addiction as a bio/psycho/social disease, the need for life-long abstinence, and the use of an ongoing recovery program to maintain abstinence; the **Social Model**, which focuses more on the need for long-term abstinence and the need for self-help recovery groups to maintain sobriety; and the **Behavioral Model**, which focuses more on diagnosis and treatment of other problems or conditions that can interfere with recovery. The **Twelve Step/Disease Model/Minnesota Model** is a comprehensive, multi-disciplinary approach to the treatment of addictions which is abstinence-oriented and based on the principles of Alcoholics Anonymous. The **Cognitive-Behavioral Model** involves individuals learning how their thoughts, feelings and behaviors (especially drinking/using behaviors) are connected and how to break those connections. The counselor helps clients analyze their environment and ways of responding to cues to use alcohol or drugs and establish new patterns of response to those cues. The **Bio-Psycho-Social Model** is an experiential, peer-oriented process that represents a much less expensive alternative to medically-oriented substance abuse treatment delivered by clinicians. **Harm reduction** is a public health approach to dealing with drug-related issues that places first priority on reducing the negative consequences of drug use rather than on eliminating drug use or ensuring abstinence.

□ ***Medication-Assisted Treatment***

Gateway has incorporated the use of FDA-approved and research-endorsed medications in the continuum of treatment and recovery of those suffering from psychoactive substance disorders. Specifically, Gateway believes that by introducing the value of Medication-Assisted Treatment (MAT) while offenders are receiving institutional treatment and educating these clients about MAT's potential benefits, engagement and retention in community-based treatment is improved as is long term treatment and recovery outcomes.

Gateway has espoused the benefits of MAT, an evidence-based treatment approach, particularly in the treatment of alcohol and opiate dependence, which represents 42% of those who receive treatment at Ozark Correctional Center. Gateway also understands that MAT is not to be considered a stand-alone treatment approach or panacea, but is incorporated into the treatment continuum from institutional to community-based treatment. To that end, Gateway has forged a partnership with our St. Louis Free and Clean Program and with its subcontracted MAT provider, Assisted Recovery Centers of America, to provide ongoing education and professional development for the clinical staff of Ozark Correctional Center.

Gateway incorporates Treatment Improvement Protocols (TIPS) and other SAMSHA publications into the professional development and training of treatment staff as well as into the curricula used to educate clients about MAT and its potential benefits to improve treatment and recovery outcomes. Specifically, Gateway incorporates TIP 43, Medication-Assisted Treatment in the Treatment of Opioid Addiction, Medication-Assisted Therapies (another SAMSHA publication); TIP 40 Clinical Guidelines for the use of Buprenorphine in the treatment of Opioid Dependence, Facts about Naltrexone in the Treatment of Opioid Addiction; TIP 28, Naltrexone and Alcoholism Treatment; and SAMHSA's Road to Recovery digital download of a webcast: ("Prescription to Addiction") that addresses the misuse, abuse, and addiction to prescription opioid pain medications and how incorporating MAT into treatment can increase treatment engagement, retention, and successful long term recovery. Gateway incorporates MAT into a Recovery Oriented System of Care treatment philosophy and encourages both clinical staff and clients to understand and accept this long-term approach.

□ ***Driving under the Influence***

This section provides definition of DUI and DWI and the fallacy of "buzzed driving" as distinct and separate. The cost and consequences of impaired driving in both monetary and human terms are explored, including the medical, mental health, and social/emotional stresses. The impact on self and others is processed through role play and journaling exercises.

□ ***Victims' Impacts***

The "butterfly effect" of drug and alcohol abuse is explored as the impact on others is processed over an ever-increasing sphere. Sessions are focused on exposing offenders to the trauma, physical pain, emotional suffering and devastation, financial loss, anger and frustration that is commonly experienced by innocent victims and their family members resulting from a DUI-related crash. Representatives from the community who have been impacted by drug and alcohol

abuse are included when possible to allow offenders first-hand testimony from lives touched by alcohol and other substance abuse.

☐ ***Co-dependency***

Co-dependency is a dysfunctional pattern of living and problem solving that affects both men and women. They become “attached” and overly involved in others’ lives. These dysfunctional relationships and their counterpart, healthy relationships, are discussed. After knowledge is gained about the components of healthy and unhealthy relationships, clients will learn to develop understanding and skills that lead to healthy interactions and pro-social behaviors.

☐ ***Anger Management***

Anger management is an important adjunct to substance abuse treatment in corrections environments, as it teaches clients to manage anger in positive ways. The anger management component presents education by use of information dissemination, homework, anger logs, questionnaires and discussions. Staff facilitate the program and use effective modeling behavior, guided role plays, debriefing, and effective feedback and reinforcement as important education and group process techniques.

2.9 Services for Offenders with Co-occurring Substance Abuse and Mental Health Disorders

Offenders with co-occurring substance abuse and mental health disorders, as indicated by their mental health classification scores, will be served in the long-term modified therapeutic community substance abuse treatment program.

Expertise in Treatment for the Mentally Ill Substance Abuser

Experience has shown us that clients with diagnosed special needs or multiple diagnoses may be found appropriate to participate in any number or combination of our various treatment programs, and therefore may appear for treatment at any given program site. Clients with special needs, particularly those clients with co-occurring substance abuse and psychiatric disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end. Gateway staff members all have a basic knowledge of both substance abuse disorders as well as psychiatric disorders. This is true for all of Gateway's programs, not only those programs specifically dedicated for treatment of clients with special needs.

We adhere to recent clinical literature which demonstrates that dually diagnosed clients "are best served in treatment settings which are Clinical Case Management (CCM) oriented, rather than based on treatment episodes and client participation in those episodes." (Robels, Bishop, Association House of Chicago, the Illinois *MISA Newsletter*, "Best Practice in Clinical Case Management," June 2001) According to experts in the treatment of substance abusers with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the client's and family's needs, enrolling the client in the appropriate level of care and coordinating treatment regimen components according to the client's assessed needs and treatment environment. Gateway is committed to providing effective integration of services for clients with special needs. We will assure that our staff will be specifically attuned to the special needs of offenders, and will carefully integrate services to meet each client's special needs.

Other modifications implemented by Gateway include the following:

Use of treatment practices and procedures more traditionally associated with the medical model of treatment. Many of our staff members have a basic knowledge of psychiatric diagnostic procedures, medications and therapeutic approaches appropriate for those who are mentally ill.

Emphasis on staff and client education pertaining to psychotropic medication. Specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. Clients are taught about the following:

- the therapeutic benefits of their medications;
- side effects and ways to deal with these effects in healthy ways;
- the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage;
- the effect their mental health diagnoses has on their substance abuse disorder, and vice versa.
- the need to comply with medication regimens
- common misconceptions which lead to non-compliance and means to avoid these pitfalls.
- specific medication doses and the times for taking medications
- approaches that mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
- use of more structured approaches in group settings than might be found in traditional therapeutic communities

2.9.1 PSYCHO-EDUCATIONAL TOPICS TO BE INCLUDED IN PHASE II

In addition to the Phase II classes addressing the issue of co-occurring disorders, Gateway provides specialized psychoeducational and semi-structured process groups that consist of MH3 clients only. The groups are composed of 10-15 individuals and are facilitated by a Licensed or Co-Occurring Disorder Certified professional for one hour per week. The Co-occurring Disorder Treatment Manual from the University of South Florida currently provides the foundation for the psychoeducational portion of these groups. The following topics are covered:

- The connection between substance abuse and mental health
- Depression and substance abuse
- Bipolar Disorder and substance abuse
- Anxiety Disorder and substance abuse
- Schizophrenia and schizoaffective disorder and substance abuse
- Substance Use: Motives and consequences
- Principles of treatment
- Relapse prevention
- Resources in the community

The modules explore risk factors (biological, relational, and environmental), medication and compliance, therapies and support groups, warning signs, risky situations, relapse prevention planning, and a variety of case histories.

Gateway will incorporate the following psycho-educational topics in Phase II:

a. Types of mental illness/special needs

Both the Phase II curriculum and the Co-occurring Disorder Treatment Manual from the University of South Florida address the relationship between substance abuse and other mental health issues. Each of these resources explores various types of mental illness to include depression, bipolar disorder, anxiety disorder, schizophrenia and schizoaffective disorder as well as some discussion of personality disorders. The curriculum further explores how risk factors and protective factors interact to make one more or less likely to experience mental health and substance use issues.

b. Effects of various mental illnesses on perceptions and behavior

The effects of mental illness on perception and behavior are explored in dedicated sections of the Co-occurring Disorder Treatment Manual as they relate to the specific mental illness discussed in that section. Licensed Counselors also provide additional information to clients on an individual basis and through client staffing in collaboration with clients' primary counselors and the Chief of Mental Health Services at OCC.

c. An introductory discussion of the biochemical bases of mental health disorders including the physiological effects of psychological trauma

Mental illnesses are biochemical brain disorders that affect individuals' thinking and emotions and may impact their ability to manage life on a day-to-day basis. Common mental health diagnoses include depression, bipolar disorder, schizophrenia, and anxiety disorders. As part of the discussion of each of these disorders, the biochemical bases and the effects psychological are discussed.

d. Interplay between the effects of co-occurring substance abuse and mental health disorders with interpersonal relationship issues

The effect of co-occurring substance abuse and mental health disorders is explored in classes focused on family dynamics as well as in the co-occurring groups.

e. Interplay of psychological trauma and psychiatric illness in women

OCC is an all-male program. While women's special needs are not explored as a standard part of programming, such discussion can and does become a part of family issue discussions for family members of those living with a person who suffers from mental illness.

f. Family relationships and co-occurring disorders

These discussions become part of family issue discussions for both those individuals who may themselves be struggling with co-occurring disorders as well as those who may have family members who suffer from mental illness.

g. Role and importance of medication management and compliance in recovery from mental illness and chemical dependency

Medication management and the importance of medication compliance are recurring themes throughout every portion of any and all co-occurring specific discussions. This dynamic is also central to the connection between substance abuse and mental health portion of the curriculum as well as relapse prevention.

h. Basic concepts in understanding the relationship between mental illness and substance abuse

This topic is explored in depth in “The Connection between Substance Abuse and Mental Health” section of the Co-occurring Disorder Treatment Manual and is a recurring theme throughout all co-occurring sessions.

i. Managing and coping with symptoms of mental illness and chemical dependency

This topic is at the core of the general idea being conveyed in each psychoeducational session and is explored in detail through the Co-occurring Disorder Treatment Manual curriculum for Depression, Bipolar Disorder, Anxiety Disorder Schizophrenia and Schizoaffective Disorder.

j. Coping with judgments and stereotypes and overcoming obstacles

These topics are discussed in the “Principles of Treatment” and “Relapse Prevention” portions of the Co-occurring Disorder Treatment Manual curriculum.

k. Role of desirable health habits and sound nutrition in recovery

The Gateway curriculum discusses the importance of hygiene and nutrition in recovery. Gateway has provided a supportive role in OCC Medical’s recent Healthy Living Initiative “Waist Watchers,” by incorporating client participation into treatment planning and following up on client progress. Recently, arrangements have been made to collaborate with Medical staff to co-facilitate weekly classes related to healthy living habits and nutrition.

l. Psychosocial influences in women’s recovery from mental illness and substance abuse

OCC is an all-male program. While women’s special needs are not explored as a standard part of programming, such discussion becomes a part of family issue discussions for family members of those living with a person who suffers from mental illness.

m. Relapse management and prevention

Relapse Prevention curriculum explores the most common high-risk situations for substance abuse and mental illness relapse and can be used to help people identify their own high-risk situations. Gateway's Interactive Journal "Relapse Prevention" provides opportunities for clients to explore early warning signs and high risk situations. Together with interactive discussion and worksheets, clients are able to create a meaningful relapse prevention plan.

2.9.2 APPROVAL FOR PSYCHO-EDUCATIONAL CURRICULA

Gateway has submitted curricula for the psycho-educational topics listed in 2.9.1 to the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services for approval prior to its use in the current contract. All programming specific to dually diagnosed individuals is coordinated with the OCC Chief of Mental Health Services to avoid duplication of services. In addition, the Department's medical contractor provides a session on medication to co-occurring clients.

2.9.3 MODIFICATION OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO OFFENDERS WITH CO-OCCURRING DISORDERS

Gateway will develop and submit a plan for the modification of substance abuse and mental health services to offenders with co-occurring disorders to ensure that their multiple needs are met. This may include any appropriate modifications made to the treatment model, along with justification for those modifications.

Gateway's Program Director, Clinical/Counselor Supervisors, and other licensed staff have worked closely with the OCC Chief of Mental Health Services to implement program modifications to best serve offenders with co-occurring disorders. The Gateway Clinical/Counselor Supervisors, working in cooperation with OCC's Chief of Mental Health Services, have consistently ensured that program rules, structure, procedures, interventions, and policies are modified as needed to serve offenders with co-occurring disorders.

Recognizing that offenders who have co-occurring substance abuse and mental health disorders require specific attention to both disorders, Gateway bases its approach to these offenders on the following guidelines recommended by the National Institute on Drug Abuse (NIDA) (1999) as the best practices for this population:

- Integrated treatment of substance use and mental disorders
- Treatment provided in the . . . most clinically appropriate setting within a continuum of care
- Treatment that is individualized for each person
- View of the client from a holistic, biopsychosocial perspective

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- Inclusion of self-help and peer support as valuable in the recovery process
- Education and support for families
- Case management as a key component
- Multidisciplinary teams and approaches
- Group education and group process as valuable elements of the treatment process
- Ongoing support, relapse management and prevention

In NIDA's *Approaches to Drug Abuse Counseling* (2000), Daley discusses a specific approach to treatment for this group of offenders known as dual disorders recovery counseling (DDRC):

Dual disorders recovery counseling (DDRC) is an integrated approach to treatment of patients with drug use disorders and co-morbid psychiatric disorders. The DDRC model, which integrates individual and group addiction counseling approaches with psychiatric interventions, attempts to balance the focus of treatment so that both the patients' addiction and psychiatric issues are addressed.

Daley's discussion of the DDRC counseling approach recommends a broad range of interventions, including the following:

- Educating [offenders] about psychiatric illness, addictive illness, treatment, and the recovery process.
- Supporting [offenders'] efforts at recovery and providing a sense of hope regarding positive change
- Efforts at recovery and providing a sense of hope regarding positive change.
- Referring [offenders'] for other needed services (case management, medical, social, vocational, economic needs).
- Helping [offenders'] increase self-awareness so that information regarding dual disorders can be personalized.
- Helping [offenders'] identify problems and areas of change.
- Helping [offenders'] develop and improve problem solving ability and develop recovery coping skills.
- Facilitating pharmacotherapy evaluation and compliance. (This requires close collaboration with the team psychiatrist.) (Daley, 2000)

Gateway clinicians have basic knowledge of both substance abuse disorders and psychiatric disorders, including knowledge of psychiatric diagnostic procedures, medications, and therapeutic approaches. Clinical Supervisors have a thorough knowledge of psychiatric diagnoses and related issues, along with advanced expertise in dealing with substance abuse disorders.

The integration of substance abuse and mental health services at times requires modifications to the modified therapeutic community such as those previously described in this proposal. When such modifications appear necessary, Gateway has provided justification and sought state agency

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approval for them. It is expected that this process and relationship will be retained with the new contract.

In all cases of modifying services for offenders with co-occurring disorders, Gateway's clinical supervisor will continue to collaborate with the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services and mental health contractor to ensure that the diverse needs of individuals with co-occurring substance abuse and mental health disorders are met by the program.

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2.10 Treatment Plan

The screening and comprehensive biopsychosocial assessment data collected during Phase I are designed to drive the development of an individualized treatment plan. Gateway understands that the treatment plan to be utilized at the program is the Transition Accountability Plan (TAP) contained in the DOC system. The information gleaned from the array of clinical, behavioral and educational assessments is collated into an integrated service delivery plan. This information is assimilated into an individualized treatment plan—the TAP.

Treatment plans reflect offenders' needs and treatment goals identified during the assessment process. The plans are reviewed with offenders in an effort to structure their participation in therapeutic and institutional activities as they proceed into Phase II of the program.

Research has demonstrated that treatment outcomes improve by 40% if services are matched to the needs of participants. Therefore, establishing treatment plans for participants with a focus on unique and individualized treatment needs is a high priority. Information gleaned from participants during the assessment process provides the means to determine each individual participant's unique treatment needs.

Treatment plans reflect participants' treatment needs as identified during the assessment process. This treatment planning process actively involves each participant and functions to engage participants in the treatment and recovery process.

The plans outline specific short- and long-term goals, measurable objectives and the specific interventions and activities in which participants will be involved. Participants actively assist in developing the plan. The following criteria are used in establishing individualized treatment plans:

- A clear statement of participant problems as identified during comprehensive intake and assessment processes
- Short- and long-term goals stated in measurable terms to correct the identified problems
- Clearly stated action plan for each objective with realistic time frames for achievement
- Specified type and frequency of services provided
- Specified manner in which treatment services will be coordinated with the participants' other institutional, educational and work commitments to insure that there are no conflicts
- Documented evidence of the participant's assistance with the treatment plan's development, including signatures by both counselor and participant

Additionally, the plans contain the following information required by the IFB:

- a. Measurable goals and outcomes
- b. Service supports and actions to accomplish each goal/outcome including services and supports and the staff member responsible as well as action steps of the offender and other supports

- c. Involvement of family and other supports when indicated
- d. Objectives for achieving stated goals
- e. Appropriate interventions for the objective
- f. Target dates and achievement dates for goals and objectives
- g. Program plan and any updated program plans;
- h. Estimated discharge/completion date

Gateway's Treatment Planning Process

Research has demonstrated that treatment outcomes improve by 40% if services are matched to the needs of participants. Therefore, establishing treatment plans for participants with a focus on unique and individualized treatment needs is a high priority. Information gleaned from participants during the assessment process provides the means to determine each individual participant's unique treatment needs.

Gateway will develop an individualized treatment plan for each offender. The plans will be reflective of the significant problems identified in the ASI and will be modified as needed throughout the treatment process. It is expected that revisions will be made as additional information comes to light through the TCU assessment process. The plans will be reviewed and signed by a supervisor or qualified professional.

Assessment, diagnosis and treatment planning are seen as ongoing processes. As participants progress through treatment, treatment needs often change. For example, participants with psychiatric symptoms and mental health diagnoses may improve dramatically through participation in treatment. Participants who require medication often find that their psychiatric symptoms dissipate, and dosages may be stabilized, reduced or even discontinued. Participants' treatment needs also change in terms of behavior or attitudes. As participants experience longer periods of abstinence coupled with the structure of the treatment program, treatment issues previously hidden may come to the surface.

Because of this dynamic treatment process, staff members continue to assess clients' competencies in terms of knowledge, skills and attitudes, and identify measurable, identifiable and reachable goals for each participant, which are modified as the participant progresses. The description of Gateway's treatment program that follows describes specific criteria which must be achieved before a client will move from one stage to another, and is based on a client's acquired knowledge, skills he has attained and client attitudes toward the treatment process and specific treatment goals and objectives.

Gateway treatment plans are designed to address the achievement of these criteria (as evidenced by specific knowledge, skills and attitudes) as well as to formulate additional parameters for movement through the treatment process based on the client's unique treatment needs. The client's counselor completes each treatment plan within ten (10) working days of the client's admission. Clients are then charged with the responsibility of following the treatment plan,

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working toward achievement of treatment plan goals and participating in the activities identified within the time frames described in the plan.

Treatment plan reviews and updates are based on feedback from the treatment team to include various Department staff. Treatment Plan Reviews will be performed with clients to evaluate the degree to which goals and objectives are achieved. This technique will enable clients to have a greater degree of ownership in their treatment episode and provide consistent feedback regarding outstanding needs, continuing treatment issues, and successful goal attainment of the objectives that have been mastered.

Each counselor is assigned to a Clinical/Counselor Supervisor who meets with counselors routinely to provide clinical supervision. Supervision may occur via case staffings, group supervision sessions, and/or individual meetings. Client progress, appropriateness of the treatment plan, and effectiveness of the counselor's approach are all discussed in detail and recorded by the Supervisor in clients' clinical files.

Gateway agrees to comply with the following requirements specified in the IFB.

a. Under the current contract, Gateway administers the URICA per prior contract requirements, but as a result of our implementation of the entire battery of TCU assessments, we are proposing to discontinue its use in the coming contract. As Gateway administers the **Texas Christian University Treatment Needs and Motivation** assessment (TCU MOTFORM) approximately three weeks after the offender arrival as part of the battery of TCU assessment testing, we are able to effectively measure client motivation. The TCU-MOTFORM assesses motivation as indicated by five factors:

Problem Recognition – acknowledgment or denial of problem behaviors resulting from drug use

Desire for Help - awareness of intrinsic need for change and interest in getting help

Treatment Readiness - accepting “action” in the form of specific commitments to formal treatment

Treatment Needs - types of “special needs” clients believe they have

Pressures for Treatment - types of pressures experienced from external sources

Information from the MOTFORM assessment (and the TCU assessment battery in general) provides information after a period of acclimation to the treatment environment and then throughout the remainder of the treatment program. This allows for a more authentic understanding of clients' motivation vs. the anxiety of initial intake and provides indication of increasing or decreasing motivation for change over time.

Gateway utilizes the **Criminal Justice Addiction Severity Index (CJ-ASI)** to assess all offenders. The CJ-ASI assesses the nature and extent of offenders' substance abuse history, treatment history, offenders' strengths and recovery capabilities, and specific treatment needs. The assessment includes the following bio/psycho/social data:

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- name
- home address
- home and work telephone number
- date of birth
- sex
- race or ethnic origin and/or language preference
- emergency contact
- education
- religion and/or spiritual orientation
- marital status
- type and place of employment
- physical or mental disability, if any
- social security number , if requested
- drivers license number, county of residence and county of arrest

All offenders are assessed by intake staff for health status and risk factors. This assessment shall include the following:

- a medical screening;
- a history of current and prior emotional or behavioral functioning, problems and treatments including a history of current physical, emotional or sexual abuse
- an analysis of the offender's home and/or living environment including child care needs, religion, childhood, military service history, education and vocational history, financial status, social or peer group, family constellation and history of substance abuse, treatment history, and a determination of the need for participation of any family members or significant others in the offenders' treatment
- information on pending legal issues or specific conditions of court supervision, probation or parole including substance abuse assessments related to a DUI offense
- motor development and functioning
- speech, hearing, vision, and language functions
- substance abuse history and current pattern of use

The ASI instrument is a comprehensive, highly structured clinical interview designed to obtain detailed information about all aspects of an offender's life and situation, including but not limited to the medical, social, psychological, vocational, legal, family, and alcohol/drug abuse aspects of the person's life. Ratings are based on responses to objective and subjective questions within each area.

The ASI allows Gateway clinicians to collect detailed information for identifying and ranking offender problems that need intervention and to establish intermediate and long-term goals. These tasks are achieved in concert with each offender, based in part on his unique perspectives and in part on the priorities identified by the Department. Ongoing assessment of offender needs and treatment progress will be conducted as indicated in the Treatment Plan section.

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When possible, assessment is conducted in offenders' preferred language by someone culturally sensitive to the racial/ethnic characteristics of specific offenders. Persons identified with special needs, (e.g., individuals with disabilities) will have treatment structured so that the timing, level of communication and physical plant arrangements are conducive to accurate assessment. When necessary, interpreters for the hearing impaired or those with specific language needs are provided by the Department, as well as support for the visually impaired.

Through our collaboration with DORS management staff and the DAI administration, Gateway currently uses its computerized version of the ASI (DENS) and proposes to expand this pc-based application into a network version with a single data base accessible to each clinical staff member from any desktop on the network. This will also allow the Department to aggregate data more readily for external reporting requirements.

b. Gateway will continue to complete initial individualized treatment plans within ten (10) days of program admission for each offender.

The treatment plan will include the following information:

- Measurable goals and outcomes individualized to reflect both counselor assessment and significant offender participation in goal-setting
- Service supports and actions to accomplish each goal/outcome including services and supports and the staff member responsible as well as action steps of the offender and other supports.
- Involvement of family and other supports when indicated
- Objectives for achieving stated goals
- Appropriate interventions for the objective
- Target dates and achievement dates for goals and objectives
- Estimated discharge/completion date

Our general approach to treatment planning involves a comprehensive team effort in which the client participates substantially in the development of his treatment plan with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates the intention of each department to make meaningful contributions to treatment services and is yet another example of our means of open communication and cooperative relationship between Gateway and the Department's various domains.

Treatment team meetings focused on re-entry and the status of clients' treatment plans are held approximately two months before clients' release dates. A review of the aforementioned information combined with input from the client's primary counselor and the Treatment Team results in treatment planning decisions that are summarized at the meeting. The information and meeting discussion may lead to a revised behavior contract with the client to address specific problem areas, if necessary. Our collaborative approach ensures that clients receive the

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maximum benefit from treatment and enhances awareness of other services available to clients either during treatment or upon release to the community.

c. Gateway will continue to complete a treatment plan review and update on each offender at a minimum of every ninety (90) days.

d. As has been our past practice, we will continue to invite the OCC Warden and a designated Probation and Parole representative to all treatment team meetings.

e. Treatment plan reviews and updates are conducted by counselors with their assigned offenders but are based on input and feedback from the treatment team and state agency staff. Gathering information from all aspects of the facility allows the team to gain a holistic picture of each client. The information is important in aiding the clinical staff in making effective treatment recommendations and decisions.

Information compiled includes the following: 1) basic information on clients who have progressed through treatment, 2) the client-driven social perspective of the client's progress; 3) assignment and performance as a positive role model within the TC; and 4) overall activity in the living quarters. This information is taken quite seriously by clinicians as indicators of progress or for evaluating the need for intervention.

Additional feedback is collected from various departments at the facility that support treatment. This information includes information such as security violations; appointments missed at the medical department; or clients missing a session without proper notice; and similar information from available sources. Of course, Gateway staff pursues specific information on *any issue* pertaining to the clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

Gateway recommends that our clinicians and Department representatives on site meet jointly at least once each week to discuss program issues and individual client progress. This joint staffing goes far to ensure that Gateway and the Department continue to communicate and provide services in a consolidated manner. We are proud of the joint clinical staffing plan we have developed and utilized at OCC and intend to continue and improve on that practice.

The mechanism developed to assure that significant members of the treatment team meet to evaluate the appropriateness of the treatment plan and goals, and to discuss the client's progress, includes weekly treatment team meetings, or "staffings." Staffings allow members of the treatment team to meet to discuss the treatment plans and progress of each client, and the progress of the client milieu as a whole. Interventions and treatment strategies are identified and discussed thoroughly.

As required, treatment and aftercare plans will include goals, objectives, and interventions that reflect the assessed motivation to change, developmental level of recovery, and reality and

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cognitive behavioral therapeutic concepts. Treatment plans were discussed in a previous section of this proposal. Aftercare plans are discussed in detail below.

f. Gateway assures the Department that all assigned treatment team members, as well as offenders, will sign the treatment plan reviews and updates.

2.10.1 PLANNING FOR CONTINUING CARE NEEDS

Counselors ensure that offenders' continuing care needs are addressed within their treatment plans. Aftercare plans focus on linking each offender to community resources for continuing care for both substance abuse and mental health services required by the offender to continue recovery efforts as identified by assessments and monitoring during treatment.

Staff consult with the OCC Chief of Mental Health Services to determine appropriate referral(s) for offenders with diagnosed mental health problems. Additionally, staff review the continuing care and recovery plan with the supervising institutional Probation and Parole Officer and consult with field Probation and Parole in accordance with Department policy.

Planning includes identifying and orchestrating for each offender needed referrals for services and resources both inside and outside the prison system. Offender needs are outlined according to priority, and an organized plan to meet those needs is developed by the Counselor in conjunction with the offender, the correctional case worker and probation or parole officers. Close attention is paid to the continuing care needs of offenders based on their individualized special needs.

Our written policy on Referrals and Consultations is attached as an appendix.

Counselors ensure that offenders' continuing care needs are addressed within their treatment plans based on information provided by mental health, medical, education, and/or are garnered from the assessment information. Planning includes identifying and orchestrating for each offender the needed referrals for services and resources both inside and outside the prison system as a collaborative effort of both Gateway and Department staff. Offender needs are outlined according to priority, and an organized plan to meet those needs is developed by counselors in conjunction with offenders, the correctional case worker, and probation or parole officers. Close attention is paid to the continuing care needs of offenders based on their individualized, special needs.

Draft aftercare plans are completed by clients in conjunction with their primary counselors just prior to completion of the case evaluation report (at about the 10th month). These are discussed with appropriate staff to include, at minimum, the primary counselor and corrections caseworker. Gateway staff consult with the OCC Chief of Mental Health Services to determine appropriate referral(s) for offenders with diagnosed mental health problems. Plans are focused on linking each offender to community resources for continuing care for both substance abuse and mental

health services required by the offender to continue recovery efforts as identified by assessments and monitoring during treatment.

The continuing care plan is finalized by the counselor and client in collaboration with the DOC caseworkers prior to completion of the case evaluation. At that point, continuing care needs have been identified and resources to provide after care services have been selected by clients in conjunction with their counselors. This information is forwarded to Probation and Parole for approval. The information is sent to the Corrections Caseworker by Probation and Parole. The caseworker then makes contact with the service providers in the community to make or verify appointments (to the extent possible).

2.10.2 DISCHARGE SUMMARIES

Gateway agrees to complete a discharge summary and forward it to the probation and parole officer with notification of completion of the TAP/Treatment Plan. By the day of release, but no later than three (3) working days of offenders' discharge from the program, the Treatment Plan, including the continuing care recommendations and discharge summary, will be completed and submitted for inclusion in the Continuing Care Packet in accordance with Department policy. Gateway is able to assure the Department of meeting this requirement through our offender discharge planning group process.

Discharge Summaries

As detailed previously, the Gateway treatment team assists offenders in developing continuing care plans that include specific actions and referrals for continuing recovery. When completed, the plans will be forwarded to the institutional probation and parole officer and will contain the following information:

- a. Admission and discharge dates
- b. Reasons for admission and referral source
- c. Assessment summary, including screening and substance abuse classification analysis scores
- d. Description of services provided, progress, and outcomes achieved
- e. Medical status and any needs that require ongoing monitoring or support, including prescribed medication
- f. Reason for discharge
- g. Aftercare/continuing recovery recommendations and relapse prevention plans for substance abuse and criminality

2.10.3 RELEASE OF INFORMATION FORMS

Gateway routinely ensures that offenders sign the Department-approved Release of Information form to facilitate the release of the documents contained within the Continuing Care Packet to the designated community resources and referral agencies.

2.10.4 TRANSITION ACCOUNTABILITY PLANS (TAP)

Gateway understands and agrees that a Department Transition Accountability Plan (TAP) for each offender is developed by Department staff to identify and address individualized re-entry needs.

We will continue to collaborate with interdivisional institutional staff to provide the assessment information necessary to assist in the development of an effective TAP and to ensure that, in accordance with Department policy, appropriate continuing care and recovery support services are included in the transitional components of the TAP.

We further understand and agree that TAP development and implementation may require collaboration with field Probation and Parole staff and partnering agencies in the community.

Interest has been expressed by both Gateway at OCC, Gateway St. Louis Outpatient Treatment Program, and Probation and Parole to improve communications between the institution and offenders released to the St. Louis area. All parties have discussed ways this might be accomplished. A possible plan would entail identifying offenders who will be released to St. Louis, as well as the Probation and Parole Officer and the Gateway Counselor to whom the offender would be assigned once released. Phone contact with these persons would be initiated. This process would constitute a pre-release staffing that would be very beneficial to the transition from prison to the community. With approval and support from the Department, Gateway would be eager to pursue this or additional ideas to reach this goal.

2.11 Clinical Records and Documentation

2.11.1 CLINICAL RECORDS

Gateway ensures the Department that the clinical records will contain the following required documentation:

- Initial assessment interview and ICA/SA
- Summary report of initial assessment
- Treatment contract (per Attachment #5 of the IFB), offender orientation to program services and rules, confidentiality statement, and offender's rights to grievance procedures
- Requests, receipts, or releases of information signed by offender
- Initial Individualized treatment plan, updated treatment plan(s), and treatment plan review(s)
- Progress notes for each individual contact and as needed to document significant program events
- Continuing care materials including a structured plan for recovery and a relapse prevention guidelines for substance abuse and criminality
- Discharge summary

A **sample clinical file** currently used in the program at OCC is attached as an appendix and will provide examples of the types of forms and documents that will continue to be used. Many of our clinical forms are translated into Spanish to accommodate the Spanish-speaking population. All of our clinical forms are subject to revision based on the preferences and needs of the Department. The attachment contains a face sheet, which lists the various forms we utilize and the time frames within which each form must be completed. We believe that these time frames are appropriate for purposes of treatment programs at OCC. However, Gateway will modify them as needed to comply with the Departments requirements. Our substance abuse counselors will complete all clinical documentation for their assigned client caseload, and clinical/counselor supervisors will ensure that Gateway documentation standards are met.

Gateway's documentation efforts focus on the progress each client makes toward reaching their treatment plan goals and objectives, particularly with respect to implementation of Cognitive Self-Change techniques, level of functioning in the TC milieu, understanding and utilization of 12-Step principles and competency with respect to completing the tasks required for movement through the various stages of the treatment program.

2.11.2 ASSESSMENT DOCUMENTATION

We further agree that documentation of the assessment will continue to include but will not be limited to the following:

- Demographic and identifying information
- Statement of needs, goals, and treatment expectation from the offender
- Presenting problem/situation and referral source
- History of previous substance abuse and/or psychiatric treatment including number and type of admissions as well as any current psychiatric symptoms
- A brief summary of health/medical history, if available
- Current medications and identification of any medication allergies and adverse reactions
- Alcohol and drug use for the thirty (30) days prior to incarceration and a substance abuse history that includes type of drug, patterns of use, duration and consequences of use
- Family, social, vocational, educational, legal, and recreational/leisure status and functioning. The collection and assessment of historical data is required in addition to the current status
- Personal and social resources and strengths, including the availability and use of family, social, peer, and other natural support systems

2.11.3 INDIVIDUALIZED TAP/ TREATMENT PLANS

The Individualized Treatment Plans will include the following information:

- Measurable goals and outcomes
- Objectives for achieving stated goals
- Specific interventions for each objective
- Service supports and actions of both the offender and staff to accomplish each goal/outcome
- Involvement of family and other supports when applicable
- Target and achievement dates for goals, objectives, and interventions
- Dates for treatment plan reviews and updates
- Estimated discharge/completion date

2.11.4 PROGRESS NOTES

Gateway assures the Department that progress notes will include the following information:

- Description of the specific service provided
- Date and actual time (beginning and ending times) the service was rendered
- Legible signature and title of staff rendering services
- Relationship of services to the Individualized Treatment Plan, with references to specific goals, objectives and interventions
- Description of offender's participation and response to services provided and a brief summary of important information shared by the offender during the session.

2.11.5 DISCHARGE SUMMARIES

Gateway ensures that offenders sign the Department-approved Release of Information form to facilitate the release of the TAP/Treatment Plan, assessment summary and continuing care and discharge planning information to the designated community resource and referral agencies and will work with department staff to ensure that the documents are forwarded immediately to the referral agencies.

Gateway agrees that discharge summaries will include, regardless of discharge status, the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Assessment summary, including applicable screening, assessments, assessment updates, and the ICA/SA
- Description of services provided, progress, and outcomes achieved
- Medical status and any needs that require ongoing monitoring or support, including prescribed medications
- Reason for and type of discharge
- Continuing care/aftercare plan and a structured plan of recovery including relapse prevention guidelines for substance abuse and criminality

2.12 Certification Requirements

2.12.1 PROGRAM CERTIFICATION

Gateway is currently certified by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. Our certification is effective through July 2012. We will proceed with the application process as directed by the Department of Mental Health.

2.12.2 CERTIFICATION WITHIN ONE YEAR

Gateway is the currently certified with the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. Re-awarding this contract to Gateway would allow no interruption of services while awaiting re-certification.

2.13 Security

2.13.1 SECURITY OF GATEWAY STAFF

Gateway understands that the Department will provide and be entirely responsible for the security of Gateway's staff while in the Department facility and that the level of security provided will be consistent with and according to the same standards of security afforded to Department personnel.

We understand that the first priority in a correctional facility is safety and security. Gateway's treatment programming has been designed to accommodate a myriad of established rules, regulations, policies, procedures, and schedules designed to enhance security. Gateway will continue to ensure that effective substance abuse treatment is implemented without compromising the safety and security of staff, offenders, or the facility and that internal policies, procedures and rules required to operate the program in conformity with the state agency's regulations are strictly followed.

Gateway personnel will be subject to and will comply with all security regulations and procedures of the Department and the facilities. Violation of regulations may result in an employee being denied access to the facility.

2.13.2 SECURITY OF PROGRAM EQUIPMENT

Gateway understands that the Department will provide security and security procedures to protect Gateway's equipment as well as Department equipment. Gateway will ensure that Gateway's staff adheres to all policies and procedures regarding security, custody, and control of offenders.

2.14 Training Requirements

2.14.1 ORIENTATION AND TRAINING OF STAFF

Gateway will continue to cooperate with the Department regarding orientation and training efforts as mutually agreed upon by Gateway and the Department, and/or as required by the IFB. Gateway understands and agrees that expenses incurred on behalf of their employed or contracted staff members, including but not necessarily limited to meals, mileage, lodging and displacement, will be their own responsibility for payment, but Gateway will not be obligated nor be allowed to pay any expenses incurred by the Department in such instances.

Gateway agrees that orientation and training will include the following:

- a. All Gateway program staff members who provide services within the institution for thirty (30) or more hours per week comply with the following training requirements:
 - Completion of the Department of Corrections' three- (3) week Basic Training prior to initiation of services. At the discretion of the Department, upon initial contract award, Gateway's staff members attending basic training may be spread over a period of time to be mutually agreed upon by the Department and Gateway. On occasion, the department, at its discretion, may assist with limited lodging costs for contracted staff members if required all day training is not available within a 60-minute drive of the staff domicile.
 - Host institution orientation as required by the Warden.
- b. Gateway also requires all full-time, part-time, back-up or substitute personnel to complete the host institution orientation prior to initiation of services.
- c. Backup or substitute personnel will meet the 3-Week requirement if they will be providing services in the institution for 60 consecutive days or longer.
- d. Up to forty (40) hours of professional development training annually, which will include the following:
 - Twenty-four (24) hours of the Missouri Department of Corrections core curriculum training, if required by host institution;
 - Treatment plan training;
 - Training on the MOCIS Healthcare Module, as required;
 - Missouri Reentry Process Training; and
 - Training in the OCC model of modified therapeutic community.
- e. *Pathway to Change* Facilitator Training: three-day facilitator training will be required for all staff providing treatment services.

- f. Gateway will agree to participate in additional specialized training as deemed necessary by the Department to ensure successful compliance with the contract.

In addition to the Department-required training, Gateway wishes to include the following training and professional development opportunities for its staff upon approval of the Department.

Staff Training Strategies, Curriculum and Practices

Internal Training Efforts

Gateway is able to choose from its qualified staff instructors adept at training professionals on important and various treatment issues. Determinations for suggested training efforts and annual training needs (beyond New Employee Orientation and Mandatory Training) are made based on feedback from staff and supervisors, and on contract or certification/licensing requirements. Directors and Clinical/Counselor Supervisors are trained to recognize additional staff training needs, and staff members may request training in a particular subject or area.

At a minimum, Gateway provides training to staff as required to maintain necessary credentials. With respect to staff training at OCC, Gateway will provide training to staff in the areas of offender screening, treatment plan development, group and individual counseling, criminal thinking patterns, and community treatment planning.

The in-service training may be conducted by Gateway staff members or by non-Gateway professionals when necessary. The Program Director will ensure that all trainers selected to provide in-service training have the proper credentials and experience. Aspects of our training policies and documentation are attached as an appendix.

Training Record

A training record is completed for each employee. The training record is maintained as an on-going document and includes the New Employment Orientation Checklist, In-service Checklist - Mandatory Training, and In-service Checklist - Additional Training. Training records are kept by the unit administrative support staff and updated as training opportunities are offered. Certificates of completion are kept with each employee's training record as verification of course completion.

New Employee Orientation

The following orientation items must be reviewed prior to any new employee working without immediate supervision. Each session includes presentation of material and groups discussion during 1 - 1.5 hour training sessions.

- Facility Policy and Procedure Manual
- Orientation to Working in a Correctional Environment

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- Client Rights
- Client Grievance Procedure
- Confidentiality of Client Identifying Information
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Emergency/Evacuation Procedures
- Specific Job Duties

New employees are oriented to clinical activities based on a “Watch-Do-Teach” model. New employees observe a given task or activity; they perform that activity in conjunction with a mentor, then perform the activity under the observation of the assigned mentor. The mentor provides feedback and additional instruction repeating the “Watch-Do-Teach” process until the trainee exhibits competence in the task or function. Clinical/Counselor Supervisors provide a final review of proficiency and additional feedback to the new employee. Normally, this initial orientation to clinical activity follows a four week schedule as follows:

Initial Orientation for New Counselors

Week I: Watch

- **Day 1 Work Schedule:** 8:00 a.m. – 4:30 p.m.
- **Day 1 Activities:** spent with the office manager completing all intake paperwork and HR required tasks
- **Day 2 Activities:** spent with a primary mentor; focused on routine therapeutic activities. The Initial Training Log will be completed as activities are observed.
- **Day 3 Activities:** continue observing activities and tasks from the Initial Training Log
- **Day 4 Activities:** continue observing activities and tasks from the Initial Training Log
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; create schedule for week II that ensures all general and day shift activities not yet observed will be observed.

Week II: Do

- **Days 1 & 2 Work Schedule:** 6:15 a.m. - 2:45 p.m.
- **Days 1 & 2 Activities:** follow the schedule previously established to ensure that all day shift activities have been observed.
- **Days 3&4 Activities:** co-facilitate activities and tasks; complete the “Performed With” section of the Initial Training Log for all general and day shift activities and tasks.
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities; review Initial Training Log; create schedule for week III that ensures all general and evening shift activities not yet observed will be observed; any activities previously observed will be performed with a mentor.

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Week III: Teach

- **Days 1 & 2 Work Schedule:** 6:15 a.m. – 2:45 p.m.
- **Days 1 & 2 Work Schedule:** facilitate day shift activities under the observation of an assigned mentor.
- **Day 3 Work Schedule:** 8:00 a.m. - 4:30 p.m.
- **Day 3 Activities:** complete clinical tasks from the Initial Training Log checklist under the observation of the Clinical/Counselor Supervisor or an assigned mentor
- **Day 4 Work Schedule:** 1:00 p.m. - 9:30 p.m.
- **Day 5 Activities:** Observe evening activities
- **Day 5 Work Schedule:** 12:00 p.m. -8:30 p.m.
- **Day 5 Activities:** meet with Clinical/Counselor Supervisor to review the previous week activities: review Initial Training Log: Create schedule for week IV that will ensure all general and evening shift activities not yet observed will be observed; those not yet performed with a mentor will be assigned, and those not yet performed under observation will be performed.

Week IV: WRAP UP

- **Days 1 & 2 Work Schedule:** 1:00 p.m. - 9:30 p.m.
- **Day 1 & 2 Activities:** co-facilitate evening activities with mentor
- **Days 3 & 4 Work Schedule:** 1:00 p.m. – 9:30 p.m.
- **Days 3 & 4 Activities:** facilitate evening activities under the observation of mentor
- **Day 5 Work Schedule:** 12:00 p.m. -8:30 p.m.
- **Day 5 Activities:** meet with Clinical Supervisor to review the previous week activities; review Initial Training Log; schedule any incomplete activities. Initial Caseload will be assigned and primary mentor identified for transitioning to full performance.

Mandatory Training

This section of the training plan includes other training items required within 90 days of hire for each member of the treatment staff, and is conducted in 1 - 1.5 hour training sessions of material presentation and group discussions.

- HIV/AIDS training
- Tuberculosis training and Sexually Transmitted Diseases
- Non-Violent Crisis Intervention
- Therapeutic Community Philosophy and Treatment Methods
- Cognitive Restructuring—*12 Pathways to Change* curriculum for staff in the TC program
- Treating Clients with Special Needs
- Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct

Supervisory Expectations and Related Training for Supervisors

Supervisors and managers at Gateway are required to participate in a sophisticated Management Development Training curriculum which involves six (6) training modules. These modules were developed by Anderson Consulting (now Accenture) and were designed to improve management skills and reduce staff turnover. The modules include:

- Communicating Effectively
- Building High Performance Teams
- Coaching to Improve Performance
- Situational Leadership
- Managing Employee Relationships
- Managing Conflict

STAFF TRAINING SCHEDULE

Timeframe	Topic	Trainers
Week 1	Pre-Service Orientation (see narrative following schedule)	Gateway management staff
Week 2	<ul style="list-style-type: none"> • Gateway Employee Guide • Policy & Procedures • Confidentiality • Emergency Procedures • Organization • Security & Safety • HIV • Clinical Policy Review 	Program Director; Clinical Supervisors; Administrative Assistants
Weeks 3-6 (45 days post-implementation)	<ul style="list-style-type: none"> • Therapeutic Communities • Clinical Documentation • Special Needs • Quality Management/Performance Issues • Motivational Interviewing • Cognitive Self-Change • Program Curricula (Relapse Prevention/ Life Skills/ Criminal Thinking Errors/Thinking Reports/Moral Reasoning) 	Gateway staff and/or external presenter
Weeks 7-12	<ul style="list-style-type: none"> • Continuation of Program Topic Training • Quality Management Plan • Unusual Incident Reporting • Non-Violent Crisis Intervention • Clinical Documentation & Processes 	Program Director; Clinical Supervisors; Administrative Assistants
Monthly	<ul style="list-style-type: none"> • Topical Training; may include one of the above topics and/or additional topics required for certification/re-certification. 	Gateway staff and/or external presenter
At least annually	<ul style="list-style-type: none"> • HIV/AIDS; Tuberculosis and STDs • Non-Violent Crisis Intervention • Therapeutic Community Philosophy and Substance Abuse Treatment Methods • Treating clients with Special Needs • Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct; • Screening and Assessment • Cognitive Self-Change • 12 Core Functions 	Gateway staff and/or external presenter

PRE-SERVICE TRAINING

New Gateway employees will participate in 40 hours of pre-service training. This orientation to Gateway and OCC will be presented by Gateway management staff and occur in the first week of employment. New Gateway staff will be oriented to specific Gateway procedures and processes, including:

Gateway Employee Guide:

- Policy and Procedures
- Attendance policy
- Kronos time clock; paid time off
- Code of Conduct/Corporate Compliance Program
- Gateway mission, vision & history overview
- Job description; Performance Evaluation and review process
- Benefits overview
- Smoking; visitors; solicitation;
- Dress Code
- Gateway property; computers/voice mail; use and reporting problems
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Specific Job Duties

Confidentiality:

- HIPAA privacy regulations
- 42 CFR
- Confidentiality—HIV/AIDS Status
- Confidentiality of client Identifying Information

Emergency Procedures

- Medical, psychiatric, suicide prevention / intervention
- Fire safety
- First aid kit location

Organization:

- Site tour & introduction to site personnel
- Organization chart (Gateway & site / department)
- Description of program service

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Security & Safety:

- Infection Control & Standard Precautions
- Workers Compensation / employee injuries
- OSHA Hazard Communication Plan
- Personal Belongings

HIV:

- Etiology, transmission, symptomology, and testing

Clinical Policy Review:

- Client behavior and consequences
- Child/elder abuse and neglect reporting/exploitation
- Client acknowledgment of treatment rights

Within the **first ninety (90) days** of hire, Gateway employees experience further training in the following areas:

- Quality Management Plan
- Unusual Incident Reporting
- Non-Violent Crisis Intervention
- Clinical documentation & processes

In addition to those items listed, Administrative Staff will review:

- Billing requirements & procedures
- Mail

At the completion of the orientation period, staff will begin a more intensive learning process regarding the following topics:

- Therapeutic Communities—History, Traditional model, Issues for New TC Counselors, Counselor Role, Basic TC Tools/Rules, Skills and Concepts, and Counselor Competencies.
- Clinical Documentation—including, Assessment, Master Treatment Plan
- Special Needs Clients
- Quality Management/Performance Measures
- Program Topics—Criminal Thinking Patterns, Life Skills, CD Education, Cognitive Self-Change, Anger/Aggression Management, Relapse Prevention, Problem Solving Skills, Pro-Social Values

These topics, among others, will be presented as ongoing training in seminar format in addition to daily practical experience guided by, initially, seasoned Gateway transition team members.

Gateway's practice is to ensure that certified staff annually receives the required 40 hours of continuing education hours. This education is presented monthly and includes three (6) hours of Ethics and three (3) hours of HIV training. In addition, the topics listed above will be included in these seminars and provided by either Gateway staff with expertise in these topics (from other Gateway facilities) and/or by persons contracted with Gateway.

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Gateway personnel will participate in additional training as deemed necessary by the Department to ensure successful compliance of the contract, and participation in and attendance at training shall be documented in staff training records.

2.14.2 STAFF SUPERVISION PRIOR TO TRAINING COMPLETION

No staff person will work unsupervised prior to completing basic training.

2.15 Personnel Requirements

2.15.1 COMPLIANCE WITH PERSONNEL REQUIREMENTS

Gateway understands and agrees to comply with the following personnel requirements:

- a. Minimum age requirements and passage of a background investigation conducted by the Department or its designee
- b. Passage of pre-employment drug screening and random drug testing thereafter per Department policy and procedures
- c. Employment of persons under supervision within the past two years
- d. Staff licensure and certification requirements
- e. Requirements for “licensing/certification supervision” of Gateway staff that require the supervision of a Missouri Licensed or Certified Professional because of a professional standard or statutory regulation
- f. Curriculum vitae and evidence of licensure/certification and Department approval prior to employment and placement of staff
- g. Employment of a diversified staff (please see extended discussion of this item in the Expertise of Offeror’s Personnel section of this proposal)
- h. Department approval of substitution of staff described in Gateway’s bid, minimum staffing levels, staff absences, assignment of staff on a temporary basis, and termination of staff for disciplinary reasons
- i. Replacement of staff for performance deemed unsatisfactory by the Department
- j. Staff employment with other providers and zero tolerance of offender abuse
- k. Compliance with state statutes, Department rules, regulations, guidelines, internal management policy and procedures, and general orders of the Department
- l. Supervision of Gateway employees; responsibility for conditions of employment, work environment, and employee rights; timely submission of updated Personnel Control Listings
- m. Provision of a full-time, on-site program administrator
- n. Education, experience, and credential requirements for the program administrator and minimum of one full time on-site senior clinical supervisor who holds state licensure as a mental health professional.
- o. Assignment of offenders with co-occurring disorders to primary counselor(s) with training and experience documented and reviewed by the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services prior to employment
- p. Preferred counselor-to-offender ratio for direct treatment staff of 1 counselor to 22 offenders
- q. Approval of all staff proposed for employment prior to contract implementation

Gateway proposes to staff the OCC program with a total of 4 Counselor Supervisors and 25.5 Counselors, to maintain compliance with the preferred counselor-to-offender ratio of one counselor to 22 offenders. This innovative staffing plan will allow us to improve the quality of clinical supervision and oversight at the unit level while providing the clinical coverage that is required by the IFB through the implementation of the Counselor Supervisor position. Gateway has successfully used this position in other institutional programs, and we believe that it will provide the best approach to staffing OCC under the new contract.

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We understand that the Department prefers that co-occurring disorder offenders are assigned a primary counselor with training, education, and experience in working with individuals with co-occurring disorders that are documented and reviewed by the Department prior to employment and have therefore kept a Counselor III position in the staffing pattern—in addition to the required advanced-level Clinical Supervisor. However, if in the future we are unable to fill the Counselor III position, and Gateway has made a documented good faith effort to employ counselors with the background listed above, counselors who do not possess previous experience and training in co-occurring disorders will be supervised by Counselor Supervisors with experience and education in working with individuals with co-occurring disorders. The Department will review the training plan for the counselors quarterly and lack of compliance with the training plan may be basis for termination of the employee.

2.16 Interpretive/Translation Services

2.16.1 DETERMINATION OF NEED FOR INTERPRETIVE/TRANSLATION SERVICES

Gateway understands that the Department will determine whether an offender requires Interpretive/Translation services due to an offender's physical impairment or language barrier and that the Department will obtain and will bear the financial responsibility for such services.

Gateway will consult with Department Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services regarding which specific treatment services will be assisted by an interpreter.

2.17 Meeting and Other Requirements

2.17.1 MEETING REQUIREMENTS

- a. Gateway will continue to meet with the Department on an as-needed basis after the contract is fully implemented. If/when acceptable to the Department, such meetings may be conducted via telephone call.
- b. At the request of the Department, Gateway's managers and associated administrative personnel will attend periodic Department staff meetings. These meetings may be held regionally or in Jefferson City, depending on the nature of the agenda. Expenses incurred by Gateway personnel to attend such meetings will be Gateway's responsibility.
- c. The OCC Warden/designee will meet at least weekly with Gateway's on-site program administrator to discuss pertinent program/Department issues.
- d. Gateway will actively participate in monthly contract/program oversight meetings, chaired by the OCC Warden/designee. When full contract implementation is achieved, meetings will be conducted, at a minimum, on a quarterly basis.

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NOTE: SECTIONS 2.17 THROUGH 2.37 CONTAIN GENERAL CONTRACTUAL REQUIREMENTS. GATEWAY UNDERSTANDS THESE REQUIREMENTS AND AGREES TO COMPLY WITH ALL ITEMS STIPULATED IN THOSE SECTIONS AND SUBSECTIONS AS IDENTIFIED BELOW.

- 2.17.2 Monthly Quality Assurance Activities
- 2.17.3 Audit Requirements
- 2.17.4 Document Retention
- 2.17.5 Stamped Correspondence
- 2.17.6 Public Release of Information Regarding the Contract
- 2.18 Other Contractual Requirements
 - 2.18.1 Contract
 - 2.18.2 Contract Period
 - 2.18.3 Renewal Periods
 - 2.18.4 Termination
 - 2.18.5 Notice of Contract Cancellation
 - 2.18.6 Deficiency Notice
 - 2.18.7 Contractor Liability
 - 2.18.8 Conflict of Interest
 - 2.18.9 Insurance
 - 2.18.10 Incidental Beneficiaries
 - 2.18.11 Assignment
 - 2.18.12 Coordination
 - 2.18.13 Confidentiality
 - 2.18.14 Property of State
 - 2.18.15 Publicity
 - 2.18.16 Legal and Accounting Services
 - 2.18.17 Subcontractors
- 2.19 E-Verify
 - 2.19.1 E-Verify
 - 2.19.2 Verification of Enrollment
 - 2.19.3 Submission of Exhibit I, Business Entity Certification, Enrollment Document, and Affidavit of Work Authorization
- 2.20 Participation by Other Organizations
- 2.21 Contractor's Personnel
- 2.22 Invoice Requirements
 - 2.22.1 State Vendor ACH/EFT Application
 - 2.22.2 Daily Head Count
 - 2.22.3 Itemized Invoices
 - 2.22.4 Invoice Processing
- 2.23 Federal Funds Requirements
 - 2.23.1 Use of Federal Funds
 - 2.23.2 Compliance with OMG Administrative Requirements and Cost Principles
 - 2.23.3 Steven's Amendment

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- 2.23.4 Limitations on Use of Appropriated Funds
- 2.23.5 Compliance with 37 CFR part 401
- 2.23.6 Compliance with OMB Circular A-133, Section 210 if applicable
- 2.23.7 Non-Discrimination and ADA

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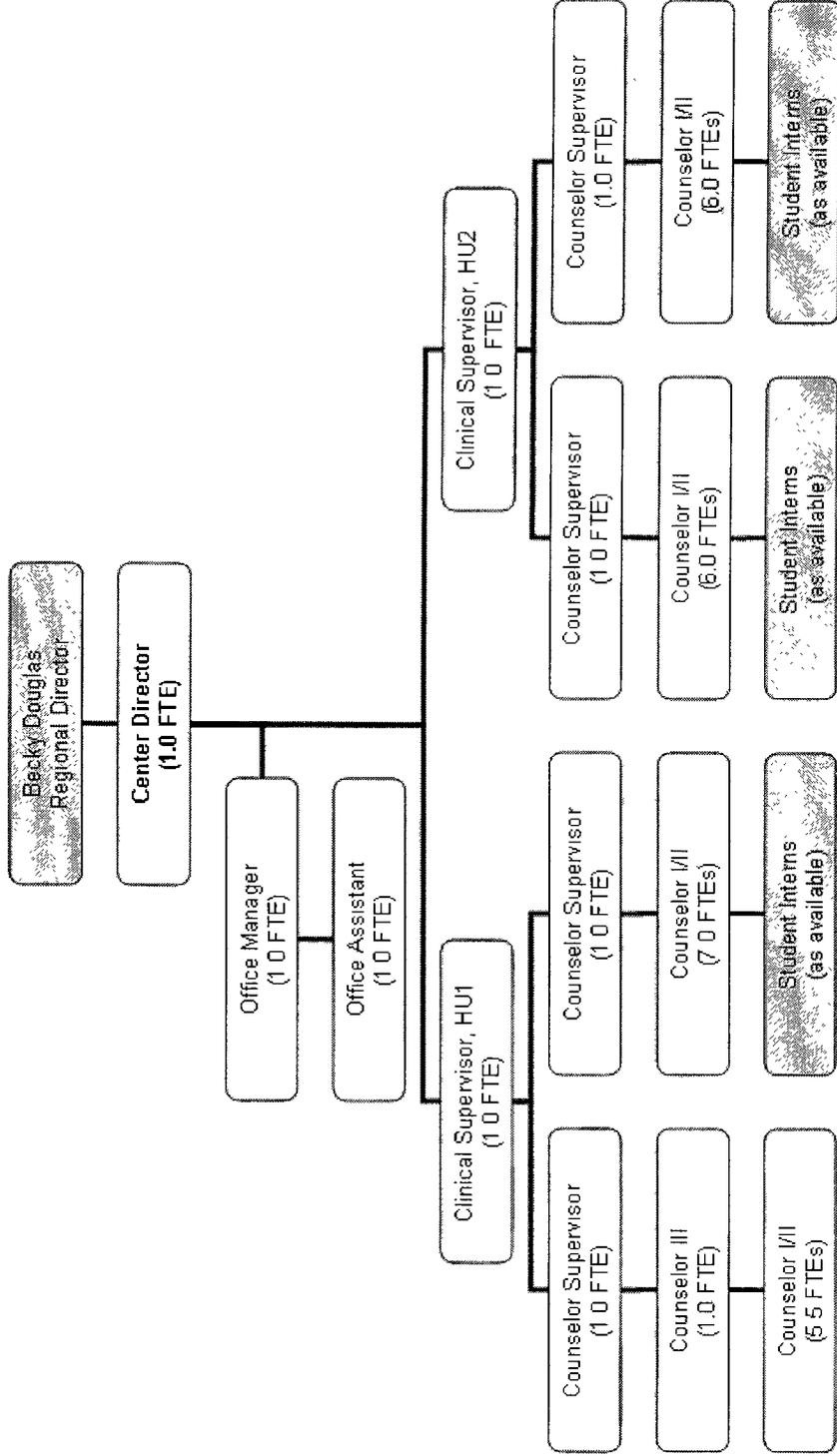
3.7 Proposed Method of Performance (Continued)

3.7.4 ORGANIZATIONAL CHART

On the following page, please find Gateway's organizational chart for the program.



Ozark Correctional Center
 Proposed Organizational Chart



Proposed: 07/01/12

3.7.5 ACCOMMODATION OF SPECIFIC AND UNIQUE NEEDS OF OFFENDERS

Gateway wishes to point out that our lengthy history of providing substance abuse treatment services in the dedicated special needs facilities in Texas has honed our expertise and ability to provide specialized services and programming to accommodate the clients' disabilities for treatment to be most successful. Gateway is committed to the philosophy that each client is unique and deserves a treatment approach that accommodates his or her distinct treatment needs. We seek to provide the most effective treatment experience possible. This philosophy is particularly relevant for clients who have "special needs" that must specifically be addressed and accommodated if the clients are to succeed in treatment. "Special needs" may include physical disabilities, mental illness, cognitive impairments, learning disabilities, illiteracy, language deficits, and/or other permanent disabilities.

To provide clients the most effective treatment possible, Gateway ensures that staff members are trained and remain competent to accurately assess for special needs and to make adjustments in treatment planning and treatment approaches to accommodate special needs.

At OCC consideration is always given to the special needs that many of our offenders have and Gateway is proud of the processes that have been in place for nearly three years under the current contract. Educational deficits, mental health issues, and medical issues often require special accommodations and are made for offenders to benefit from and successfully complete the treatment program. The integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes are modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals. Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive or unfounded assumptions related to the offenders' abilities. Furthermore, when the need for a Program Review Committee to evaluate offenders behavior or progress becomes evident, such review is attended by the appropriate department (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

Accommodations themselves are therapeutic in nature, not only for a client with special needs, but also for other clients and the therapeutic situation as a whole. By observing staff interacting with clients with special needs, clients learn to approach other individuals with the same willingness to tolerate individual differences and consider supportive, alternative approaches. In fact, one mechanism to accommodate clients with special needs involves assigning other clients to assist clients with challenges, e.g., reading print recovery material to visually impaired clients. Helping another person has positive benefits for the helper as well as the person helped.

The following table summarizes the accommodations that Gateway currently utilizes and will continue to employ as needed to assure that the special needs of clients are met.

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GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR CLIENTS WITH SPECIAL NEEDS	
CLIENT POPULATION	TREATMENT ACCOMMODATIONS/MODIFICATIONS
Clients with Physical Disabilities (e.g., nonambulatory clients, amputees, etc.)	<ul style="list-style-type: none"> • Establish realistic treatment goals that account for physical limitations • Set interim steps toward goal achievement • Ensure facility and counseling rooms, including furniture (desks, tables, etc.) are accessible • Adjust length of counseling sessions or schedule breaks to accommodate fatigue; create strategies to conserve energy • Address concurrent psychological and social consequences of the disability such as anger, hopelessness, frustration, social isolation, low self-esteem, etc. • Assess need for transportation assistance to participate in treatment
Clients with Cognitive Disabilities (e.g., brain injury, learning disabilities, retardation, etc.)	<ul style="list-style-type: none"> • Establish realistic treatment goals that account for cognitive limitations • Set interim and achievable steps toward goal achievement • Remove auditory (noise) and visual distractors (e.g., artwork, toys, etc.) that interfere with attention and concentration from counseling areas • Adjust frequency and/or length of counseling sessions to accommodate short attention spans • Repeat important information as needed to ensure comprehension • Provide written materials at appropriate reading level or in auditory form; review and "translate" material into simpler or more concrete language as needed; avoid abstract language • Allow alternative forms of expression (e.g., art work) of emotions • Provide memory aids and encourage note-taking • Assess need for and treat identified issues of impulse control • Provide direct feedback regarding inappropriate behavior

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR CLIENTS WITH SPECIAL NEEDS (Continued)	
CLIENT POPULATION	TREATMENT ACCOMMODATIONS/MODIFICATIONS
Clients with Sensory Disabilities (e.g., visual impairment/blindness, hearing impairment/deafness, etc.)	<p>For visually impaired or blind clients:</p> <ul style="list-style-type: none"> • Provide recovery materials in large print or audio form when available • Ensure that pathways are clear of obstacles • Provide signage in large lettering or Braille • Arrange for ancillary services such as readers <p>For hearing impaired or deaf clients:</p> <ul style="list-style-type: none"> • Arrange for sign language interpreters, as needed • Provide assistive listening devices for sound amplification, close-captioned videos, and/or computer-assisted transcription • Assess client's ability to lip-read if interpreters are not available • Assess client's ability to communicate orally • Ensure that room is barrier-free and lighting allows clients to see interpreter • Provide written alternatives to verbal material • Alter expectations for client's participation in group sessions
Clients with Reading Deficits	<ul style="list-style-type: none"> • Provide staff to assist in reading material and documents for clients who have reading deficits. • Assess clients' reading and comprehension level during the initial intake process both in person and through obtaining records from their probation/parole officer. • As appropriate, provide client mentors to assist clients with reading difficulties in group settings
Clients with Deficits in Written, Spoken, or Receptive Language	<ul style="list-style-type: none"> • Establish realistic treatment goals that account for deficits in written, spoken or receptive language • Set interim and achievable steps toward goal achievement • Remove auditory distractors (noise) that interfere with attention and concentration from counseling areas • Provide staff assistance to explain verbally written material • Provide interpreters as appropriate to the respond to the specific deficit
Clients with Mental Illness	Please see extended discussion below

EXPERTISE IN THE TREATMENT OF CO-OCCURRING DISORDERS

Experience has shown us that clients with diagnosed special needs or multiple diagnoses may be found appropriate to participate in any number or combination of our various treatment programs, and therefore may appear for treatment at any given program site. **Clients with special needs, particularly those clients with co-occurring substance abuse and psychiatric disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end.** Gateway staff members all have a basic knowledge of both substance abuse disorders as well as psychiatric disorders. This is true for all of Gateway's programs, not only those programs specifically dedicated for treatment of clients with special needs.

Gateway adheres to clinical research that demonstrates that **dually diagnosed clients "are best served in treatment settings which are Clinical Case Management (CCM) oriented,** rather than based on treatment episodes and client participation in those episodes." Robels, Bishop, Association House of Chicago, *The Illinois MISA Newsletter*, "Best Practice in Clinical Case Management," June 2001. According to experts in the treatment of substance abusers with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the client's and family's needs, enrolling the client in the appropriate level of care and coordinating treatment regimen components according to the client's assessed needs and treatment environment. *Id.* Gateway is committed to providing effective integration of services for clients with special needs. **We will assure that our staff will be specifically attuned to the special needs of clients, and will carefully integrate services to meet each client's special needs.**

Other modifications implemented by Gateway include the following:

- **Use of treatment practices and procedures more traditionally associated with the medical model of treatment.** Many of our staff members have a basic knowledge of psychiatric diagnostic procedures, medications and therapeutic approaches appropriate for those who are mentally ill.
- **Emphasis on staff and client education pertaining to psychotropic medication.** Specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. These clients are taught the following:
 - the therapeutic benefits of their medications;
 - side effects and ways to deal with these effects in healthy ways;
 - the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage;
 - the effect their mental health diagnoses has on their substance abuse disorder and vice versa.
 - the need to comply with medication regimens

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- common misconceptions which lead to non-compliance and means to avoid these pitfalls.
- specific medication doses and the times for taking medications
- approaches which mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
- use of more structured approaches in group settings than might be found in traditional therapeutic communities.

Residential treatment is a highly successful modality for providing treatment to dually (or multiply) diagnosed clients. Modifications to the traditional TC model are in order, however. We adhere to recent clinical literature which demonstrates that dually diagnosed clients "are best served in treatment settings which are Clinical Case Management (CCM) oriented, rather than based on treatment episodes and client participation in those episodes" (Robels, Bishop, Association House of Chicago, The Illinois MISA Newsletter, "Best Practice in Clinical Case Management," June 2001).

According to experts in the treatment of substance abusers with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the client's and family's needs, enrolling the client in the appropriate level of care and coordinating treatment regimen components according to the client's assessed needs and treatment environment. Gateway is committed to providing effective integration of services for clients with special needs. We assure that our staff is specifically attuned to the special needs of offenders, and carefully integrate services to meet each client's special needs.

Other measures implemented by Gateway include the following:

- Use of treatment practices and procedures more traditionally associated with the medical model of treatment. Many of our staff members have a basic knowledge of psychiatric diagnostic procedures, medications and therapeutic approaches appropriate for those who are mentally ill.
- Emphasis on staff and client education pertaining to psychotropic medication. Specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. These clients are taught the following:
 - the therapeutic benefits of their medications
 - side effects and ways to deal with these effects in healthy ways
 - the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage
 - the effect their mental health diagnoses has on their substance abuse disorder, and vice versa
 - the need to comply with medication regimens
 - common misconceptions which lead to non-compliance and means to avoid these pitfalls
 - specific medication doses and the times for taking medications
 - approaches that mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
 - use of more structured approaches in group settings than might be found in traditional therapeutic communities

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Gateway will address a range of mental health needs of clients and their families and include mental health professionals to meet this objective.

3.7.6 PLAN TO MEET CONTRACT REQUIREMENTS AND QUANTITY AND TIMELINESS OF ASSESSMENTS

As described elsewhere in this proposal, Gateway has consistently met all contractual requirements for completing assessments, including quantity and timeliness requirements.

Gateway understands that additional assessments may be required under this contract. Gateway is prepared to respond in the same way that we have performed during the current contract. We have sufficient numbers of qualified and/or licensed staff to complete all assessments, including those for clients designated as MH-3 under the Department's Mental Health classification system. As the incumbent, should Gateway be awarded this contract, there would be no interruption in the assessment process.

As indicated above in the Method of Performance 3.7.1-3, Scope of Work Section 2.1.4, Gateway has implemented an effective process to review all incoming offender files on the day offenders arrive at the OCC treatment program. Files lacking the required assessment are noted; a counselor is assigned that day to schedule and complete the assessment within the allotted time frame. This process has been very efficient in the past, resulting in a near perfect record of achieving assessment guidelines, despite the fact that offenders were supposed to arrive with assessments already completed.

In the event Gateway is awarded the new contract, this system will remain in place *and there will be no interruption in assessment completion*. Although some competitors may prefer to designate an "assessment counselor," Gateway believes that the Primary Counselor is the best person to complete this task with clients to ensure that counselors are able to establish the appropriate clinical rapport. With the reduced counselor-to-client ratio (now 1:22) for this contract, Gateway will have more counselor's time to assimilate these tasks into the normal functions performed by Primary Counselors.

This process will allow Gateway to meet all timeliness requirements for the completion of the required clinical assessments.

3.7.7 PROGRAM SCHEDULE AND CURRICULUM FOR EACH PROGRAM REQUIREMENT

PROGRAM SCHEDULE

Gateway has worked diligently over the past contract period to develop comprehensive program schedules that are effectively integrated within the overall structure of the institution. The Program Schedules are provided in significant detail, demonstrating Gateway's understanding of the environment and its constraints, and provide an overview of each activity and the staff member assigned to facilitate it.

The program schedules for Monday through Saturday are provided on the following pages.

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MONDAY

Time	Activity	Groups	Counselor	Facilitator	Room
5:00	Breakfast	As Assigned			Chow Hall
6:00	Wing Cleaning				HUI/HUII
6:30	Morning Meeting	1A 1B 1C 1D 2A 2B 2C 2D		Spencer Lucas McKinnie Hatfield Gillum Reeves Beck McCarty	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
7:30	Small Groups Community Service	1A-A 1B-A 1B-B 1C-A 1D-A 2A-A 2B-A 2C-A 2D-A AM Groups	Spencer Nichols Lucas McKinnie Hatfield Gillum Reeves Beck McCarty		Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 4 Trailer 4 Program Bldg Program Bldg SOD Bldg Visiting Room
8:30	Morning Meeting Count		All Staff	DOC	Trailer 1 HUI/HUII
9:00	Phase I Class Phase II Journal TCU Group Phase I Study Hall	All AM 1A 1B 1C 1D As Assigned Unassigned P1		Nichols Spencer Lucas McKinnie Hatfield As Assigned Structure	SOD Bldg Trailer 3 Trailer 3 Trailer 4 Trailer 4 Program Bldg Day Room
10:00	Phase II Class TCU Group Continued Self Help Groups TPR Phase I Recreation	1A/1B 1C/1D As Assigned		Pearson Snapp As Assigned McCarty Murphy DOC	Trailer 3 Trailer 4 Program Bldg Visiting Room SOD Bldg Gym
11:00	Client Lunch				Chow Hall
12:00	Wing Inspection				
12:30	Count				
1:00	Small Groups	1A-A 1B-A 1B-B 1C-A 1D-A 1A-C 2A-A	Pearson Lucas Coffelt Cleland Snapp Brown Murphy		Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 SOD Bldg SOD Bldg

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	Study Hall Community Service OUT PROCESSING	2B-A 2C-A Unassigned P1 Assigned	Peters Hawkins	Reeves	Programs Bldg Programs Bldg Day Room Visiting Room Trailer 2
2:00	Phase I Class Phase II Journaling Small Group	All PM 1A 1B 1C 1D 1D-B 2A-B 2B-B	Snapp Murphy Peters	Cleland Pearson Coffelt Neasby Finlin	Day Room Trailer 3 Trailer 3 Trailer 4 Trailer 4 Program Bldg SOD Program Bldg
3:00	Phase II Class Small Group TPR Self Help Meetings Phase I Recreation	1A/1B 1C/1D 2C-B	Hawkins	Brown Cleland Murphy Neasby DOC	Trailer 4 Trailer 4 Trailer 3 SOD Bldg Visiting Room Gym
4:00	Wing Clean Up				HU1/HU2
4:30	Dinner				Chow Hall
5:00	Count				HU1/HU2
5:30	Evening Meeting		All Staff		Trailer 2
6:00	Small Group Journaling Phase I Focus Group Study Hall	1C-A 1D-B 2A-A 2B-A 2D-A	Neasby Finlin Morrison Harris Farr	Structure Structure	Trailer 4 Trailer 4 Program Bldg Program Bldg Trailer 4 Trailer 3 Day Room
7:00	Phase IV Focus TPR	As Assigned As Assigned		Peters Brown	Trailer 3 SOD Bldg
8:00	Encounters	1A 1B 1C 1D 2A 2B 2C 2D		Brown/Reinhold Coffelt Neasby Finlin Morrison Harris Peters Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
9:00	Wrap Up	1A 1B 1C 1D 2A 2B 2C 2D		Brown/Reinhold Coffelt Neasby Finlin Morrison Harris Peters Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel

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TUESDAY

Time	Activity	Groups	Counselor	Facilitator	Room
5:00	Breakfast	As Assigned			Chow Hall
6:00	Wing Cleaning				HUI/HUII
6:30	Morning Meeting	1A 1B 1C 1D 2A 2B 2C 2D		Lucas Nichols McKinnie Hatfield Gillum Reeves Beck McCarty	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
7:30	Small Groups Community Service	1A-B 1B-C 1C-B 1D-B 2A-B 2B-B 2C-B 2D-B AM Groups	Spencer Nichols McKinnie Hatfield Gillum Reeves Beck McCarty		Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 4 Trailer 4 Program Bldg Program Bldg Visiting Room
8:30	Morning Meeting Count		All Staff	DOC	Trailer 1 HUI/HUII
9:00	Men's Work TCU Group Phase I Study Hall	1A/1B 1C/1D As Assigned Unassigned P1		Spencer Hatfield As Assigned Structure	Trailer 3 Trailer 4 Program Bldg Program Bldg Day Room
10:00	TCU Group Continued TPR Phase I Recreation	As Assigned		As Assigned Cleland DOC	Program Bldg Program Bldg SOD Bldg Gym
11:00	Client Lunch				Chow Hall
12:00	Wing Inspection				
12:30	Count				
1:00	Team Meetings Study Hall Community Service OUT PROCESSING	1A 1B 1C 1D 2A 2B 2C 2D			Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 4 Trailer 4 Program Bldg Program Bldg Day Room Day Room Trailer 2

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2:00	Facility Wide Team Meetings Continue				
3:00	Facility Wide Team Meetings Continue				
4:00	Wing Clean Up Staffings				HU I/II Trailers ¾
4:30	Dinner				Chow Hall
5:00	Count				HU I/II
5:30	Evening Meeting		All Staff		Trailer 2
6:00	Small Group Journaling Phase I Focus Group	1A-A 1B-A 1B-B 1C-B 1D-A 2A-B 2B-B 2C-A 2D-B Unassigned P1	Reinhold/Brown Coffelt Miller Neasby Finlin Morrison Harris Stringer/Peters Farr	Structure	Trailer 4 Trailer 4 Trailer 4 Ed Trl Ed Trl Program Bldg Program Bldg Trailer 4 Trailer 3 Trailer 3
7:00	Phase III Class Dual Diagnosis TPR	2A/2B 2C/2D As Assigned As Assigned		Morrison Farr Miller Finlin	Trailer 3 Trailer 3 Trailer 4 SOD Bldg
8:00	Encounters	1A 1B 1C 1D 2A 2B 2C 2D		Reinhold/Brown Miller Neasby Finlin Morrison Peters Stringer/Coffelt Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
9:00	Wrap Up	1A 1B 1C 1D 2A 2B 2C 2D		Reinhold/Brown Miller Neasby Finlin Morrison Peters Stringer/Coffelt Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel

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WEDNESDAY

Time	Activity	Groups	Counselor	Facilitator	Room
5:00	Breakfast	As Assigned			Chow Hall
6:00	Wing Cleaning				HUI/HUII
6:30	Morning Meeting	1A 1B 1C 1D 2A 2B 2C 2D		Spencer Lucas McKinnie Hatfield Gillum Reeves Beck McCarty	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
7:30	Men's Work TCU Group Pathways	2A/2B 2C/2D As Assigned As Assigned		Reeves McCarty As Assigned As Assigned	Trailer 3 Trailer 4 Trailer 4 As Assigned
8:30	Morning Meeting Count		All Staff	DOC	Trailer 1 HUI/HUII
9:00	TCU Group/Continued Phase Up Committee Phase I Study Hall	As Assigned As Assigned Unassigned P1		As Assigned Team Leader As Assigned	Trailer 4 SOD Bldg Day Room
9:30	Pathways	As Assigned		As Assigned	As Assigned
10:00	TCU Group Continued Self Help Groups TPR Phase I Recreation	As Assigned As Assigned		As Assigned N/A Hawkins DOC	Trailer 4 Trailer 3 SOD Bldg Gym
11:00	Client Lunch Staffing				Chow Hall Trailers 3/4
12:00	Wing Inspection				HU I/II
12:30	Count Pathways	As Assigned		As Assigned	As Assigned
1:00	TCU Group Study Hall OUT PROCESSING	As Assigned Unassigned P1		As Assigned Structure	Trailer 3 Day Room Trailer 2
2:00	Study Hall TCU Group Continued Phase Up Committee	Unassigned P1 As Assigned As Assigned		Structure As Assigned Team Leader	Day Room Trailer 3 SOD Bldg
2:30	Pathways	As Assigned		As Assigned	As Assigned
3:00	Men's Work	2A/2B		Harris	Trailer 3

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	TPR Self Help Meetings Phase I Recreation	2C/2D		Stringer/Farr Hawkins Pearson DOC	Trailer 4 SOD Bldg Visiting Room Gym
4:00	Wing Clean Up Staffing				HUI/II Trailer 3 & 4
4:30	Dinner				Chow Hall
5:00	Count				HU1/HU2
5:30	Evening Meeting		All Staff		Trailer 2
6:00	Small Group Journaling Small Group TCU Group Phase I Focus Group	1A-B 1B-C 2C-B 1B-A 1D-B As Assigned Unassigned P1	Reinhold/Brown Miller Stringer/Farr Coffelt Finlin	As Assigned Structure	Trailer 4 Trailer 4 Trailer 4 Ed Bldg Ed Bldg Program Bldg Trailer 3
7:00	Phase III Class TPR TCU Continued	1A/1B 1C/1D As Assigned As Assigned		Miller Neasby Peters As Assigned	Trailer 3 Trailer 4 SOD Bldg Program Bldg
8:00	Encounters	1A 1B 1C 1D 2A 2B 2C 2D		Reinhold/Peters Coffelt Brown Miller Morrison Harris Stringer/Finlin Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
9:00	Wrap Up	1A 1B 1C 1D 2A 2B 2C 2D		Reinhold/Peters Coffelt Brown Miller Morrison Harris Stringer/Finlin Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel

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THURSDAY

Time	Activity	Groups	Counselor	Facilitator	Room
5:00	Breakfast	As Assigned			Chow Hall
6:00	Wing Cleaning				HUI/HUII
6:30	Morning Meeting	1A 1B 1C 1D 2A 2B 2C 2D		Spencer Nichols McKinnie Hatfield Gillum Reeves Beck McCarty	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
7:30	Small Groups	1A-A 1B-A 1B-B 1C-A 1D-A 2A-A 2B-A 2C-A 2D-A	Spencer Nichols Lucas McKinnie Hatfield Gillum Reeves Beck McCarty		Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 4 Program Bldg Program Bldg SOD Bldg Visiting Room
	Community Service	AM Groups		Pearson	
8:30	Morning Meeting Count		All Staff		Trailer 1 HUI/HUII
9:00	Phase I Class Phase II Journal	All AM 2A 2B 2C 2D		Nichols Gillum Reeves Beck McCarty	SOD Bldg Trailer 3 Trailer 3 Trailer 4 Trailer 4
	Phase III Journaling TCU Group Study Hall	ALL AM As Assigned Unassigned		Pearson As Assigned	Program Bldg Program Bldg Day Room
10:00	Phase II Class TCU Group Continued	2A/2B 2C/2D As Assigned		Gillum Thompson As Assigned	Trailer 3 Trailer 4 Program Bldg Program Bldg
	TPR Phase I Canteen Spend	All AM		Snapp DOC	SOD Bldg Canteen
11:00	Client Lunch Staffing				Chow Hall Trailer 3/4
12:00	Wing Inspection				HU I/II
12:30	Count				HUI/II
1:00	Small Groups	1A-A 1B-A 1C-A 1D-A 1A-C 2A-A 2B-A	Pearson Lucas Cleland Snapp Brown Murphy Peters		Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 SOD Bldg SOD Bldg

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	Community Service Study Hall OUT PROCESSING	2C-A 2D-A As Assigned Unassigned P1	Hawkins Thompson	Spencer Structure	Programs Bldg Programs Bldg Visiting Room Day Room Trailer 2
2:00	Phase I Class Phase II Class Small Group TCU Group Study Hall	All PM 2A/2B 2C/2D 1C-B 1C-C As Assigned Unassigned	Cleland Brown	Miller Morrison Farr As Assigned	SOD Bldg Trailer 3 Trailer 4 Program Bldg Program Bldg Visiting Room Day Room
3:00	Phase II Journaling Small Group TCU Group Continued TPR Phase I Canteen Spend	2A 2B 2C 2D 1A-B As Assigned All PM	Pearson	Morrison Harris Hawkins Thompson As Assigned Snapp DOC	Trailer 3 Trailer 3 Trailer 4 Trailer 4 Program Bldg Program Bldg SOD Bldg Canteen
4:00	Wing Clean Up				HU1/HU2
4:30	Dinner				Chow Hall
5:00	Count				HU1/HU2
5:30	Evening Meeting		All Staff		Trailer 2
6:00	Small Group Phase I Focus Group	1A-A 1B-B 1C-A 2A-A 2B-A 2C-A 2D-A Unassigned P1	Reinhold/Brown Miller Neasby Morrison Harris Stringer/Finlin Farr	Structure	Trailer 4 Trailer 4 Trailer 4 Ed Trailer Ed Trailer Program Bldg Program Bldg Trailer 3
7:00	Phase IV Focus Dual Diagnosis TPR	As Assigned As Assigned		Peters Reinhold/Miller Farr	Trailer 3 Trailer 3 SOD Bldg
8:00	Encounters	1A 1B 1C 1D 2A 2B 2C 2D		Brown/Reinhold Miller Neasby Finlin Morrison Peters Stringer/Harris Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
9:00	Wrap Up	1A 1B 1C 1D 2A 2B 2C 2D		Brown Miller Neasby Finlin Morrison Peters Stringer/Harris Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel

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FRIDAY

Time	Activity	Groups	Counselor	Facilitator	Room
5:00	Breakfast	As Assigned			Chow Hall
6:00	Wing Cleaning				HUI/HUII
6:30	Morning Meeting	1A 1B 1C 1D 2A 2B 2C 2D		Spencer Nichols McKinnie Hatfield Gillum Reeves Beck McCarty	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
7:30	Small Groups Community Service Study Hall	1A-B 1B-C 1C-B 1D-B 2A-B 2B-B 2C-B 2D-B As Assigned Unassigned P1	Spencer Nichols McKinnie Hatfield Gillum Reeves Beck McCarty	Snapp Structure	Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 4 Program Bldg Program Bldg Visiting Room Day Room
8:30	Morning Meeting Count		All Staff		Trailer 1 HUI/HUII
9:00	Dual Diagnosis TCU Group Self Help Mtgs	As Assigned As Assigned As Assigned	Gillum Hatfield	Interns As Assigned	Program Bldg Program Bldg Trailer 4 Trailers 3/4
10:00	Phase III Class TCU Group Continued Self Help Groups TPR Study Hall	All AM As Assigned As Assigned As Assigned Unassigned P1		Lucas As Assigned Cleland Thompson Structure	Trailer 3 Trailer 4 Visiting Room SOD Bldg Day Room
11:00	Lunch				
12:00	Team Mtgs				
12:30	Count				
1:00	Small Groups	1A-B 1B-B 1C-C 1C-B 1D-B 2A-B 2B-B	Pearson Coffelt Brown Cleland Snapp Murphy Peters		Trailer 3 Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 4 Programs

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	Community Service Study Hall OUT PROCESSING	2C-B 2D-B As Assigned Unassigned P1	Hawkins Thompson	McKinnie Structure	Bldg Programs Bldg SOD Bldg Visiting Room Day Room Trailer 2
2:00	STRUCTURE MTG Phase 3 Journaling Dual Diagnosis Study Hall Self Help Mtgs	HUI/HUII ALL PM As Assigned PM Groups		Team Leaders Peters Gillum/Intern Pearson Structure	Trailer 4 SOD Program Bldg Program Bldg Day Room Trailer 3
3:00	Phase II Class Phase III Class TPR Self Help Meetings Study Hall	1A/1B 1C/1D All PM Unassigned P1		Brown Finlin Reinhold/Pearson Thompson Coffelt Structure	Trailer 3 Trailer 4 Program Bldg SOD Bldg Visiting Room Day Room
4:00	Wing Clean Up				HU1/HU2
4:30	Dinner				Chow Hall
5:00	Count				HU1/HU2
5:30	Evening Meeting		All Staff		Trailer 2
6:00	Small Group TPR	1A-B 1B-C 1C-B 1D-A 2A-B 2B-B 2C-B 2D-B	Reinhold/Coffelt Miller Neasby Finlin Morrison Harris Stringer/Peters Farr	Brown	Trailer 3 Trailer 3 Trailer 4 Trailer 4 Trailer 3 Trailer 4 Program Bldg Program Bldg SOD Bldg
7:00	Community Meeting	1A 1B 1C 1D 2A 2B 2C 2D		Reinhold/Brown Coffelt Neasby Finlin Morrison Harris Stringer/Miller Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel
8:00	Wrap Up	1A 1B 1C 1D 2A 2B 2C 2D		Reinhold/Brown Coffelt Neasby Finlin Morrison Harris Stringer/Miller Farr	Visiting Room Gym Trailer 4 Chow Hall SOD Bldg Day Room Trailer 3 Chapel

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SATURDAY

Time	Activity	Groups	Counselor	Facilitator	Room
5:00	Breakfast	As Assigned			Chow Hall
6:00	Wing Cleaning				HUI/HUII
7:30	Men's Work Small Group	1A/1B 1C/1D 2D-A		Miller/Stringer Coffelt Thompson	Trailer 3 Trailer 4 SOD Bldg
8:30	Count			DOC	HUI/HUII
9:00	TCU Group Small Group Self Help	As Assigned 2D-B		Thompson	Program Bldg Program Bldg SOD Bldg Trailer 3/4
10:00	TCU Group Continued Family Services Self Help Groups	As Assigned	Miller	As Assigned	Program Bldg Program Bldg Visiting Room Trailer 3/4
11:00	Lunch				
12:00	Wing Inspection				
12:30	Count				
1:00	TCU Group Self Help LOP Class	As Assigned		As Assigned Structure	SOD Bldg Trailer 3/4 Day Room
2:00	TCU Group Continued Inside/Out Dads Family Services LOP Class Self Help	As Assigned As Assigned As Assigned		As Assigned Coffelt Miller Structure	SOD Bldg Program Bldg Visiting Room Day Room Program Bldg/ Trailer 3/4
3:00	Inside/Out Dads Cont. Self Help	As Assigned		Coffelt	Program Bldg Program Bldg/ Trailer 3/4

**Missouri Department of Corrections
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OVERVIEW OF PROPOSED PROGRAM CURRICULA

Gateway has developed a comprehensive set of program curricula for implementation at the Ozark Correctional Center. These curricula provide the instructional basis for all interventions, which are delivered within the context of the Therapeutic Community methodology.

As Gateway Foundation is the current provider and all proposed curricula are currently approved and in use at the institution through the current contract, we have elected to submit a written overview of the curricula in response to this requirement. An electronic copy on a separate CD has also been provided with the Original proposal. If the Department requires additional detail regarding each of the components, or if the Department requires a hard copy of Gateway's curriculum, it can be provided upon request.

The curricula overview is provided on the following pages.

**OZARK CORRECTIONAL CENTER
OVERVIEW OF CURRICULA-BASED INTERVENTIONS**

Summary

The table below is provided for clarification on which specific curricula and/or structured intervention will be utilized at the Ozark Correctional Center, in response to IFB SDA411-060:

Curriculum-Based Interventions
Gateway Core Curriculum, including:
• Orientation
• CD Education
• Life Skills
• Cognitive Restructuring: Cognitive Self Change (CSC) Curriculum
• Gender-Specific Interventions
• Relapse Prevention (Gorski & Change Cos. Journals)
• Reentry Planning
• TC Interventions & Techniques
• TCU Brief Intervention Modules
• The Family & Recovery
Change Companies Interactive Journals:
• <i>Relapse Prevention</i>
• <i>Reentry</i>
<i>Men's Work</i>
<i>Inside Out Dad (Men)</i>
<i>Pathways to Change</i> (training and material provided through Missouri DOC)

Each of these elements is described in further detail on the pages that follow.

GATEWAY FOUNDATION, INC.
CORRECTIONS DIVISION—CORE CURRICULUM OVERVIEW

I. GATEWAY FOUNDATION CORRECTIONS: CORE CURRICULUM

a. Module 1: Orientation

The Orientation Curriculum includes sessions in three categories:

- i. Basic Knowledge—which prepares offenders for the treatment process
- ii. Rules and Tools—which provides the framework for expectations
- iii. Concepts and Terms—which helps establish the culture for the TC

b. Module 2: CD Education

The CD Education Curriculum includes sessions in the following categories:

- i. Getting Started—which provides an introduction to dependency
- ii. Basic Recovery—which covers physiological/psychological symptoms
- iii. Science of Addiction—which explains addiction as a brain disease
- iv. Pharmacology—which provides information on each category of drug
- v. Spirituality—which covers spiritual components of recovery
- vi. Trends and Issues—which includes current trends in research

c. Module 3: Life Skills

The Life Skills Curriculum includes sessions in the following categories:

- i. Emotional Health—which covers emotive elements of addiction
- ii. Physical Health—which reviews medical issues related to addiction
- iii. Mental Health—which provides information on co-occurring disorders
- iv. Anger Management—which provides methods for dealing w/ anger

d. Module 4: Cognitive Restructuring

The Cognitive Restructuring Curriculum includes Gateway's Cognitive Restructuring Program (CRP), which is a stage-based transtheoretical model for intervening in and modifying criminal thinking.

e. Module 5: Gender-Specific Interventions

The Gender-Specific Interventions Curriculum includes information relative to gender-specific issues, and includes:

- i. Men's Group (male facilities)
- ii. Women's Issues & Domestic Violence (female facilities)

f. Module 6: Relapse Prevention

The Relapse Prevention Curriculum provides a structured overview of issues related to ongoing recovery maintenance. Gateway's curriculum includes Terence Gorski's information/material from *Staying Sober—A Guide to Relapse Prevention* (as authorized through a formal agreement with Gorski)

GATEWAY FOUNDATION, INC.
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g. Module 7: Reentry Planning

The Reentry Planning Curriculum includes sessions in the following categories:

- i. Job Skills—which includes employment readiness material
- ii. Money Management—which covers budgeting and credit issues

h. Module 8: TC Interventions & Techniques

The TC Interventions & Techniques Curriculum includes structured information on Gateway’s TC Model, and provides clinicians with training material to ensure the appropriate implementation of said model. It includes modules on:

- i. TC Counselor Training
- ii. SAMHSA’s TC Training Curriculum
- iii. Administrative Separation/Segregation Intervention Guide

i. Module 9: TCU Brief Interventions

The TCU Brief Intervention Curriculum includes the *Targeted Interventions for Corrections*, a set of manualized interventions developed by the TCU Institute of Behavioral Research that Gateway employs in its “adaptive treatment” model informed by our Internal Evaluation Protocol. The TCU manuals incorporated into Gateway’s model include:

- i. *Understanding and Reducing Angry Feelings*
- ii. *Getting Motivated to Change*
- iii. *Unlock Your Thinking, Open Your Mind*
- iv. *Ideas for Better Communication*
- v. *Building Social Networks*
- vi. *Common Sense Ideas for HIV Prevention and Sexual Health*

j. Module 10: The Family & Recovery

The Family & Recovery Curriculum includes sessions in the following categories:

- i. Family—which includes information on family dynamics and recovery
- ii. Parenting—which provides material on health, responsible parenting

**GATEWAY FOUNDATION, INC.
CORRECTIONS DIVISION—CORE CURRICULUM OVERVIEW**

II. CHANGE COMPANIES INTERACTIVE JOURNALS

Gateway has incorporated new evidence-based curricula into its program design. These curricula focus on relapse prevention and re-entry issues that are common to all substance abusing offenders. The specific curriculum employs the use of interactive journaling, and the workbooks were developed by The Change Companies. The two modules of the curriculum include Relapse Prevention (with Basic and Intensive approaches), and Re-entry. The focus of the relapse prevention module includes relapse triggers and warning signs; the focus of the re-entry preparation module is life skills and transition planning. Each module emphasizes Stages of Change reference points and relapse triggers/warning signs.

RELAPSE PREVENTION JOURNAL:

The subtopics for the relapse prevention module include the following:

Life Skills related to Relapse Prevention

- Managing Stress
- Anger Management
- Health issues
- Financial Health and Budgeting
- Temptation Thinking

Relationship Skills related to Relapse Prevention

- Communication Skills
- Positive Qualities and Benefits
- Improving Family Ties
- Resolving Conflict
- Building a Safety Net

Goal-Setting Skills related to Relapse Prevention

- Goal-Setting
- Good Decision-Making
- How to Set Positive Goals
- Personal Goals

Relapse Prevention Plan

Personal Relapse Prevention Plan Completion

GATEWAY FOUNDATION, INC.

CORRECTIONS DIVISION—CORE CURRICULUM OVERVIEW

RE-ENTRY JOURNAL:

The Re-Entry Module will address topics similar to those identified in Life Skills/Social/Employment sections above, but from the transition perspective. The topics in the Reentry module include the following.

Family Relationships

- Reconnecting with Your Family
- Unhealthy vs. Healthy Family Relationships
- Five Ways to Improve Your Family Relationships

Peer Relationships

- Learning to Handle Peer Relationships
- Unhealthy vs. Healthy Peer Relationships
- Focus on Positive Qualities
- Benefits of Healthy Peer Relationships

Community Reintegration

- Accepting Authority
- Working with Authority Figures
- Learning from Authority Figures
- Where Will You Live?
- Taking Care of Your Health
- Taking Care of Legal Responsibilities

Employment Readiness

- The Role of Work
- Exploring Your Interests
- Exploring Your Skill Sets
- Beginning Your Job Search
- Overcoming Employment Barriers
- Applications and Interviews
- Commonly Asked Interview Questions
- Getting a Job is a Good Beginning

Decision-making Skills

- Making Responsible Decisions
- Seven Steps to Good Decision-making

Moving Forward

Maintaining Your Momentum

Please note that these journals have been developed exclusively for the Gateway Foundation. The material is copyrighted by The Change Companies, and cannot be disseminated without expressed written approval from The Change Companies.

GATEWAY FOUNDATION, INC.
CORRECTIONS DIVISION—CORE CURRICULUM OVERVIEW

III. MEN’S WORK CURRICULUM OVERVIEW

Because gender-responsive curricula must address gender issues appropriate for men as well as for women, Gateway uses the *Men's Work Workbook Series* (1992) by Paul Kivel and published by Hazelden Publishing and Educational Services. The series of three workbooks is designed to help offenders understand and personalize how and why they have been violent and how they can become capable of controlling their anger. The three workbooks and a list of the topics covered in each are presented below.

Growing Up Male: Identifying Violence in My Life (Workbook #1)

This workbook helps offenders understand how violence starts in men's lives. It starts by examining how boys are raised to become men who hold pain inside and turn anger into violence. It also explores how women are set up to be targets of male violence and offers ways to get help with one’s own physical, emotional, and sexual abuse. The topics covered in this workbook include the following:

- Act Like a Man
- Dealing with Physical Violence
- Raised to Be Bullies
- Dealing with Emotional Violence
- Act Like a Lady
- Dealing with Sexual Violence
- Getting Help

Anger, Power, Violence and Drugs: Breaking the Connections (Workbook #2)

This workbook contains forty-one exercises that address how men are taught to connect anger, power, violence, alcohol, and other drugs. The exercises break through these connections, identify ways reclaim feelings, and explain how to express anger without violence. The exercises also explore how gender, race and ethnic heritage, and economic class create inequality of power. The topics covered in this workbook include the following:

- Anger
- Power and Violence
- Each of us is Different
- Class
- Drugs and Violence
- Battery
- Communication

Becoming Whole: Learning New Roles, Making New Choices (Workbook #3)

The exercises in this workbook are intended to provide encouragement to help offenders reconstruct their lives and relationships, develop alternatives to violence, suggest new ways to establish healthy relationships with other men, and provide information to develop a spiritual connection in their lives. The topics covered in this workbook include the following:

- Men, Spirituality, and Religion-
Becoming Whole
- Becoming Partners
- Man-to-Man
- Parenting Nonviolently
- Being an Ally to teens
- Intervention
- Conclusion

IV. INSIDE OUT DADS CURRICULUM OVERVIEW

InsideOut Dad™

A Program for Incarcerated Fathers

Involved fathers are important to their child's development and well-being. But how can dads be good dads when they are separated by incarceration? The InsideOut Dad™ program provides practical and innovative ways to help overcome the physical and psychological challenges that incarcerated fathers face **Inside** (while incarcerated) and **Out** (after release).

An optional topic, "**Reentry: Being a Dad on the Outside,**" is also included.

The 12 topics in this curriculum include sessions on:

- Ground Rules
- About Me (Self-awareness)
- Being a Man
- Spirituality
- Handling Emotions
- Relationships
- Fathering
- Parenting
- Child Development
- Discipline
- Fathering From the Inside
- Closing

3.7.8 PLAN FOR SEAMLESS INTEGRATION OF PROGRAM SERVICES WITH FACILITY OPERATIONS AND FUNCTIONS

As the current provider of treatment services at OCC, Gateway has developed a highly integrated model of service delivery that often exceeds the requirements. As a dedicated treatment facility, OCC presents several challenges to scheduling. Clients in treatment also provide institutional services such as laundry, food service, maintenance, and all other functions of the facility. Offenders who have not completed a high school diploma or GED participate in school activities that are conducted during the day.

Gateway designed a unique case management structure to create a flexible treatment schedule that allows offenders to attend treatment services during the morning, afternoon, or evening. These “treatment blocks” allow offenders to attend school or work assignments throughout the day and night without compromising their ability to participate in the treatment activities. Furthermore, in collaboration with DOC administration, time has been established for core TC meetings (Morning Meeting, Encounters, and Wrap-ups) so that every offender is available to attend, thus maintaining his identity as a part of the whole.

Understanding the importance of work and having a positive work ethic in re-entry, and consistent with our philosophy of a holistic treatment experience, Gateway has incorporated the institutional work assignments and school attendance into the treatment milieu. These activities are treatment and are processed as a part of offenders’ progress. “Non-treatment hours” is a concept that is alien to the Gateway program at OCC. The treatment day is 24 hours long every day of the week, as every aspect of offenders’ time at OCC is considered a part of their change process. When not in structured treatment activities, offenders’ time is considered experiential living, and they continue to be assessed by staff and by their peers as to whether they demonstrates internalization of social living principles in his daily activities or not. The integration of services is indeed seamless and inseparable as each is blended into the lived experience of the offender in treatment.

SECTION I
OCC/DTP
GATEWAY FOUNDATION

 TREATMENT FILE CHECKLIST- PHASE I

 TREATMENT FILE CHECKLIST- PHASE II

 ADA CLIENT RECORD REVIEW FORM

 ✓ **DOC INSTITUTIONAL TREATMENT CENTER CONTRACT**

 ✓ **Gateway Foundation INITIAL INTAKE FORM**

 ✓ **Gateway Foundation PROGRAM ADMISSION/ACKNOWLEDGEMENT**

 ✓ **Gateway Foundation DOCUMENTATION OF CLIENT ORIENTATION**

 ✓ **Gateway Foundation CONFIDENTIALITY OF ALCOHOL AND DRUG
ABUSE PATIENT RECORDS**

 ✓ **Gateway Foundation CRIMINAL JUSTICE SYSTEM REFERRAL**



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INSTITUTIONAL TREATMENT CENTER CONTRACT

INSTITUTIONAL TREATMENT CENTER

OFFENDER NAME

DOC NUMBER

You have been assigned by the Board of Probation and Parole and/or the courts to an Institutional Treatment Center/Shock Incarceration Program.

I understand and agree to comply with the following:

1. I agree to abide by all Department of Corrections rules and regulations as provided in the Department Inmate Rulebook and appropriate Program Rules.
2. I understand that I will be restricted to the facility and will actively participate in all structured and scheduled activities/work assignments as directed by the Institutional Treatment Center.
3. I understand that escape from an Institutional Treatment Center constitutes a prosecutable Class B felony. I also understand that the use of force, including deadly force, may be used in the event of my escape or attempted escape.
4. If I have or develop a medical condition that requires extensive treatment away from the unit, preventing me from full participation in treatment, or that requires the use of certain restricted drugs, I will be transferred to an institution more able to meet my needs.
5. I understand that my failure to complete the Institutional Treatment Center program may result in my incarceration within the Division of Adult Institutions.
6. I understand that, if under probation, parole, or conditional release supervision status, my failure to successfully complete the Institutional Treatment Center program will constitute a violation of my orders of probation, parole, or conditional release.
7. I do not, to my knowledge, have any enemies at the Institutional Treatment Center and I realize there are no provisions for protective custody at this unit.
8. I understand that smoking will be permitted only in designated areas and never indoors.

I hereby attest, by my signature, that I have read or have had read to me the above cited contractual agreement regarding the Institutional Treatment Center and do agree to participate in this program.

OFFENDER SIGNATURE

DATE

STAFF WITNESS SIGNATURE

DATE

GATEWAY FOUNDATION
THERAPEUTIC COMMUNITY
OCC/DPT

INITIAL INTAKE FORM

Name: _____ Date of Admission: _____

Client DOB: _____ Client ID#: _____

Referral Institution: _____

Reason for Referral: _____

Marital Status: _____ # of Dependents: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____
Street City/State Zip

Telephone: Daytime # _____ Evening # _____

Comments:

Staff Signature,

Date

**GATEWAY FOUNDATION
OZARK CORRECTIONAL CENTER**

PROGRAM ADMINISTRATION ACKNOWLEDGEMENT

Participant Name: _____ ID#: _____

I understand that the Gateway Foundation Therapeutic Community Substance Abuse Treatment Program is a long term program involving three phases of treatment. The program involves a high level of personal investment and commitment on the part of each participant.

I hereby acknowledge that the following items have been explained, a copy of each has been provided, and that I consent to the terms and conditions of each:

- Client Rights and Responsibilities (TC Handbook)
- Confidentiality Laws, Provisions and Requirements
- TC Handbook
- Program and Institutional Rules
- Grievance Process

I consent to:

- Assessment
- Observation
- Treatment
- Comply with all rules and regulations

I further understand that I may be terminated from the program unsuccessfully if I subsequently request to withdraw from treatment, fail to abide by the requirements of the treatment plan, and/or violate program and institutional rules.

I have been informed of the requirements of the Gateway Foundation Therapeutic Community Substance Abuse Treatment Program operated at Ozark Correctional Center and hereby request admission to the program.

Participant Signature ID #

Date

Counselor Signature

Date

**GATEWAY FOUNDATION
DOCUMENTATION OF CLIENT ORIENTATION**

I, _____, have received orientation in the following subjects:

1. Member handbook describing this facility and services provided; Client rights; and rules and responsibilities.
2. I understand that the Therapeutic Community does not assess fees for services rendered.
3. I understand that I may use the Department of Corrections' grievance procedure in the event I feel my rights have been violated; I have been provided information on this grievance procedure. I understand that I may also report any violation of rights to the Department of Mental Health, 1706 East Elm Street, Jefferson City, MO 65102. I understand that I should utilize the Department of Corrections' internal grievance procedure prior to contacting the Department of Mental Health.

Client Signature

Date

Staff Signature

Date

GATEWAY FOUNDATION
Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by the program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a person as a patient **unless**:

1. The patient consents in writing
2. The disclosure is allowed by a court order
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluations

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Client Signature

Date

Staff Signature

Date

**GATEWAY FOUNDATION
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, _____, DOC NUMBER: _____, DOB _____, hereby consent to communication between the Gateway Foundation, Inc., and the Missouri Department of Corrections, the Educational Department, the Institutional Psychologist, the Medical Unit, the Division of Probation and Parole, and the Department of Mental Health- Division of Alcohol and Drug Abuse.

The purpose of and need for the disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of the information to be disclosed is my diagnosis/diagnostic impression, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, participation, attitude, behaviors, urinalysis and level of involvement in program activities and treatment. Information needed for medical or psychological referrals and the results of these evaluations and copies of the aftercare plan, relapse prevention plan, case evaluation and review and discharge summary.

I understand that this consent will remain in effect and cannot be revoked by me until I have been formally released from Supervision by the Missouri Department of Corrections.

I understand that my records are protected under the Federal and State Confidentiality regulations and cannot be released without my written consent unless otherwise provided for in the regulations. I understand the specific type of information that has been requested and the need for the information. I understand that treatment services are not contingent upon my decision concerning authorizing for the release of information, and I give my consent freely and voluntarily. I further understand that this consent is revocable after the final disposition of the criminal proceedings against me.

The person receiving this information may re-disclose and use it only to carry out that person's official duties with regard to the Client's criminal proceeding in reference to which the consent to release confidential information was made by the Client.

Date

Signature of Offender

Date

Signature of Staff & Credentials

SECTION II
OCC/DTP
GATEWAY FOUNDATION

_____ Gateway Foundation CASE EVALUATION

_____ ICA-SA CLASSIFICATION (INITIAL CLASSIFICATION FORM)

_____ ADDICTION SEVERITY INDEX (ASI)

_____ Gateway Foundation TCU INTERNAL EVALUATION PROTOCOL

_____ CLIENT INFORMATION:

_____ PROJECTED OUTDATE

_____ COURT OR BOARD STIPULATED

SECTION III
OCC/DTP
GATEWAY FOUNDATION

TREATMENT PLAN QUESTIONNAIRE

DEPHASE NOTICES

THERAPEUTIC BEHAVIOR CONTRACTS

PHASE UP CRITERIA SHEETS

PHASE I TEST

TREATMENT PLAN UPDATES

MASTER TREATMENT PLAN

TREATMENT PLAN QUESTIONNAIRE

NAME _____ REG # _____

Please check below the treatment issues you feel are the most important for you to work on while in treatment. During your psycho-social interview you will be meeting with a counselor to prioritize these issues. Please bring this with you to your interview.

- | | | |
|---|--|--|
| <input type="checkbox"/> Acceptance | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Relapse prevention/triggers |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Grief/loss | <input type="checkbox"/> Relationship w/ children |
| <input type="checkbox"/> Antisocial behavior | <input type="checkbox"/> Guilt/shame | <input type="checkbox"/> Relationship w/ significant other |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> Humility | <input type="checkbox"/> Repeat treatment history |
| <input type="checkbox"/> Boundaries/people-pleasing | <input type="checkbox"/> Impulsive behavior | <input type="checkbox"/> Responsibility/accountability |
| <input type="checkbox"/> Codependency | <input type="checkbox"/> Institutionalized | <input type="checkbox"/> Resentments |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Isolation | <input type="checkbox"/> Self-defeating behaviors |
| <input type="checkbox"/> Cravings | <input type="checkbox"/> Leisure activities | <input type="checkbox"/> Self-esteem issues |
| <input type="checkbox"/> Criminal thinking/tactics | <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Self-help steps |
| <input type="checkbox"/> Denial/resistance | <input type="checkbox"/> Patience | <input type="checkbox"/> Sexual abuse issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Spiritual issues |
| <input type="checkbox"/> Employment issues | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Strengths/weaknesses |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Fear of change | <input type="checkbox"/> Pro-social network | <input type="checkbox"/> Suicidal ideation |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Powerlessness/
unmanageability | <input type="checkbox"/> Trust |

Note any other issues not listed:

Resident's signature

Date

Counselor's signature

Date

**Gateway Foundation
Ozark Correctional Center**

MASTER TREATMENT PLAN

Resident Referred for Mandated Treatment by the Missouri Department of Corrections – Eligible for Treatment

Resident Name: _____ DOC#: _____ Date of Admit: _____

MTP/TAP Due: _____ MTP/TAP Completed: _____ Date Documented in Progress Notes: _____

Projected Discharge Date: _____ Actual Discharge Date: _____

Targeted Phase-Up Dates: Phase I-II _____ Phase II-III _____ Case Eval _____

Actual Phase-Up Dates: Phase I-II _____ Phase II-III _____ Case Eval _____

Treatment Plan Updates: (Due Every 90 Days)

1. _____ 2. _____ 3. _____ 4. _____

Counselor Assignments: (Please Print)

1. _____ 2. _____
Counselor Name / Date of Assignment Counselor Name / Date of Assignment

3. _____ 4. _____
Counselor Name / Date of Assignment Counselor Name / Date of Assignment

5. _____ 6. _____
Counselor Name / Date of Assignment Counselor Name / Date of Assignment

7. _____ 8. _____
Counselor Name / Date of Assignment Counselor Name / Date of Assignment

Problems Identified By Addiction Severity Index (ASI), Initial Interview, Resident Query, Other Team Input

Problem 1: _____

Problem 2: _____

Problem 3: _____

Problem 4: _____

Resident Query: _____

Other Team Input(if Any): _____

Resident Signature: _____ DOC#: _____ Date: _____

Counselor Signature/Title: _____ ID#: _____ Date: _____

Supervisor Signature/Title: _____ ID#: _____ Date: _____

SECTION IV
OCC/DTP
GATEWAY FOUNDATION

____ **PROGRAM PARTICIPATION (STRUCTURE POSITION) RECORD**

____ **NARRATIVE PROGRESS NOTES**

____ **INTERVENTION DOCUMENTATION SHEETS**

____ **CLINICAL STAFFING SHEETS**

Gateway Foundation
Ozark Correctional Center

Program Participation (Structure Position) Record
(To be completed for positions above basic crew)

Client Name: _____ DOC#: _____

√	Position	Date Started	Date Completed	Succ.	Unsucc.
	Senior Coordinator				
	House Coordinator				
	Chief Expeditor				
	Shingle Expeditor				
	L.E. Expeditor				
	Program Secretary				
	Wing Strength				
	Asst. Wing Strength				
	Elder				
	Creative Energy Coordinator				
	Creative Energy Dept. Head				
	Creative Energy Ramrod				
	Orientation Coordinator				
	Orientation Dept. Head				
	Orientation Ramrod				
	Business Office Coordinator				
	Business Office Dept. Head				
	Business Office Ramrod				
	Cognitive Coordinator				
	Cognitive Dept. Head				
	Cognitive Ramrod				
	Service Coordinator				
	Service Dept. Head				
	Service Ramrod				
	Big Brother Dept. Head				
	Big Brother Ramrod				
	Self-Help Dept. Head				
	Self-Help Ramrod				
	Steering Committee				
	Peer Support				
	Group Representative				
	Mediator				
	Tutor				
	Morning Meet. Team Leader				
	Other:				
	Other:				

SECTION V
OCC/DTP
GATEWAY FOUNDATION

___ LAY-IN / OUT-COUNT / DISCIPLINARY SEGREGATION TRACKING SHEET

___ PROGRAM EXTENSION NOTICES

___ OMT/PRC REFERRALS

___ CONDUCT VIOLATIONS

___ PSYCHOLOGICAL REFERRALS / ASSESSMENTS

___ DOC RECLASSIFICATION ANALYSIS FORMS

___ RCA - EDUCATIONAL LEVEL FORM

___ CLASSIFICATION FILE - INITIAL REVIEW

___ PATHWAYS COMPLETION CONFIRMATION

___ ICVC COMPLETION RECORD

___ SCREENING INSTRUMENT

___ SACA - SCREENING FOR ALCOHOL AND CHEMICAL ABUSE

___ URICA - READINESS FOR CHANGE

___ Gateway Foundation PRE-TEST

___ Gateway Foundation POST-TEST

Gateway Foundation Therapeutic Community
Ozark Correctional Center, Fordland MO

Offender Name: _____ DOC#: _____

Medical Lay-In Summary

Begin Date	Time	End Date	Time		TX days

Out-Count Summary

Begin Date	Time	End Date	Time		TX days

De-Phase Summary

Begin Date	Time	End Date	Time		TX days

Supervisory Review:

Date	Total Days	Signature
Date	Total Days	Signature
Date	Total Days	Signature

___ Yes ___ No
Extension Form Completed

___ Yes ___ No
Extension Form Completed

___ Yes ___ No
Extension Form Completed

SECTION VI
OCC/DTP
GATEWAY FOUNDATION

____ **DISCHARGE SUMMARY**

____ **AUTHORIZATION FOR DISCLOSURE OF CONSUMER
MEDICAL / HEALTH INFORMATION**

____ **CONTINUING CARE (AFTERCARE) PLAN**

____ **RELAPSE PREVENTION PLAN**

____ **PROGRAM SCHEDULE**

COGNITIVE RESTRUCTURING/ SELF-CHANGE

Introduction

Welcome to Gateway's Cognitive Restructuring/Self-Change (CRSC). The basic concept behind the program is that by controlling the thoughts in our minds, we can exercise control over our behaviors, reactions, and relationships with other people. The success of this program requires each of you to be willing to share your thoughts about specific situations in an open and sincere way. We will not judge or condemn or punish you for the way you think. You won't be held back in the program because we don't approve of the thoughts you report in group. But what is expected is that you report your thoughts honestly and make an effort to examine them closely.

Group Rules*

- 1.
- 2.
- 3.
- 4.
- 5.

*The group rules are formulated during the first session with client input, giving the clients a sense of ownership over their treatment experience.

*What we do in our minds...
controls the course of our lives.*

Attitudes

Attitudes are our basic thoughts and feelings toward someone or something in our life.

Beliefs

Beliefs are ideas or principles or values we use to evaluate ourselves and other people.

Thinking Patterns

Thinking patterns are the thoughts that I think automatically in different kinds of situations

Lesson 1

Learning to control our attitudes, beliefs and thinking patterns can give us more control over what we do in different situations. In our group, we will learn that some of our attitudes, beliefs and thinking patterns were a factor in the behaviors that got us into trouble, These may be uncomfortable to change because our sense of pride may be tied to these, but it's not impossible. If we proceed slowly and carefully, we will see that we can change and still feel pride and satisfaction with our life.

Homework

Choose one:

1. Give examples of one of your own attitudes, beliefs and thinking patterns.
2. Describe a situation in your own life that was important to you. Identify some of the attitudes, beliefs and thinking patterns that were in your mind in that situation.

*There is no reality...
only our perceptions!*

Lesson 2

Examining our own attitudes, beliefs and thinking patterns demands that we be able to be open-minded and non-judgmental. This is one of the most important skills to practice in our group. By being objective and open-minded, we give ourselves the opportunity to change. If we insist on holding on to the belief we are right, we stop ourselves from even considering change.

Homework

Choose one:

1. Describe one situation in which you were sure you were right but turned out to be wrong.
2. Describe one situation in which someone you know was sure they were right but turned out to be wrong.
3. Identify a topic you have a strong feeling about, then state an opposite or opposing opinion as clearly and objectively as you can.

Lesson 3

When the way we think gets us into trouble, it seldom makes any real difference whether we are right or wrong – as far as getting into trouble is concerned. Holding to certain thoughts, beliefs or attitudes is what causes the trouble. Sometimes we are so devoted to proving that our thinking is right that we dig ourselves deeper and deeper into ways of acting that get us into trouble.

Homework

Choose one:

1. List several attitudes, beliefs and thinking patterns and describe an effect they have on your behavior.
2. Identify one belief you have about life or people. How would you act differently if you didn't hold to that belief?

Lesson 4

Everyone in the world has distorted thinking – to some degree, some of the time. Our ability to understand and interpret the meaning of situations helps us get through life. We use our mind to cope with situations in life. But these same abilities can be misused to create misunderstandings and misinterpretations of situations.

Distortions are misinterpretations or misunderstandings that we do automatically, as a matter of habit.

A distortion is a way of thinking or a way of seeing situations that is so automatic that we think and see this way even when the facts don't completely support it.

There are some distortions that are particularly likely to get us into trouble with the law. These are labeled "thinking errors." These occur when we confuse wants with needs, or with comfort versus discomfort.

Homework

Rate yourselves from 1 to 5 on each of the thinking errors on the handout.

Thinking Errors

1. Modification – Makes excuses, blames others, devalues the victim. “If I wasn’t selling these drugs, you can bet someone else would be.”
2. Cut-off – Uses denial or phrases to avoid responsibility – ignores responsible actions – “F___ it” or “I’ll just get high and I won’t care what happens.”
3. Entitlement – Assumes unearned privileges or ownership. A sense of being above the law, “They owe it to me after all that I’ve been through.”
4. Power Orientation – Exerts external control over others rather than internal control over self. Manipulates or threatens verbally or physically. “He’s a weak punk, and that’s why I kicked his ass.”
5. Sentimentality – Views self as the “nice guy” despite criminal behaviors. Self-serving acts of kindness. “My family is my whole world. There is nothing I wouldn’t do for them.”
6. Super-optimism – Believes he or she is invulnerable, that one is not subject to consequences. Getting away with anything. “They’ll never get enough evidence to convict me.”
7. Cognitive indolence – Lazy thinking. Dependent on automatic thoughts, profanity and catch phrases. Evaluates oneself in a weak manner and evaluates others and circumstances in a weak manner. “Don’t sweat the small stuff. It’ll work out.”
8. Discontinuity – Gets side tracked, focuses poorly over time. Submits to events and situations rather than self-directed. “I wanted to complete three applications today, but then my brother showed up and I couldn’t.”

Lesson 5

We should now take some time to identify the **thinking errors** we saw ourselves doing and the negative consequences they led to in our lives. Take a serious look at how they impacted our behaviors and resulted in the problems we experienced.

Homework

Choose one:

1. Pick the three thinking errors that you use most often. Describe One situation in which you have used each error, and how you used it
2. Keep track of all the thinking errors you see other people do between now and next group. Make a short note for each example.

Lesson 6

The first step in cognitive change is **learning to observe our own thinking**. We need to practice paying attention to our thoughts

Thinking reports are a skill that helps us do this.

Thinking reports are just what they sound like, a report of the thoughts that go on inside our mind.

The most important use of thinking reports is for each person to practice observing their own thinking.

THINKING REPORTS

1. A brief, objective description of the situation.
2. A list of all the thoughts you can remember having at that time.

without explanation
without justification
without censorship
without criticism
3. A list of the feelings you had
4. Your attitudes and beliefs having to do with the situation.

Lesson 7

We need to look at our **thinking reports** as ways to identify our thoughts, attitudes, and beliefs that are most directly related to our illegal behavior.

Everyone needs to do this for himself, because not everyone has exactly the same thinking or perceptions.

Remember the point is not to condemn someone, it's simply to discover how our thinking has contributed to our behavior that got us into trouble.

Homework

Choose one:

1. Pick a behavior that has gotten you into trouble several times in your life. Write thinking reports on three separate situations in which you engaged in this behavior.
2. For the next week, pick one situation each day that causes you some degree of stress. Write thinking reports.

Lesson 8

This whole program is based on **paying attention to our thinking**, and learning to direct and control it. Thinking reports are a major tool for doing this.

But we also need a tool that we can record all of the details of our own personal habits of thinking.

This is what journals do. **Journals** are tools for focusing and directing our attention to our lives and the area we need details of. Journals help us examine our problem areas and evaluate our behaviors. Most important, we assess possible solutions and then try them out.

Journals are focused and organized ways of studying some specific part of our thinking.

Journals are always used with a specific target and a specific goal.

Journal Projects

1. Keep track of situations and behaviors.
2. Record thoughts and feelings.
3. Find patterns in my thinking.
4. Find cycles of thinking and behaving.
5. Practice changing and controlling these cycles.

Homework

Choose one:

Select a target behavior. Then record every example of, 1) doing the behavior, 2) thinking about doing the behavior, between now and the next group.

Select a target thinking pattern that may not always be expressed in a physical behavior. Keep a record of each time this target thinking pattern occurs in your mind, and describe the situation in which it happened, between now and the next group.

Lesson 9

Journal Projects

1. Keep track of situations and behaviors.
2. Record thoughts and feelings.
3. Find patterns in my thinking.
4. Find cycles of thinking and behavior.
5. Practice changing and controlling these cycles.

Journal projects are used to record and track any patterns in our thoughts or behaviors. By making them evident to us, we are then able to recognize our pattern and apply new interventions or ways of thinking and behavior.

Homework

Identify as many examples of your target behavior as you can remember. Include the most serious examples as well as those that no one knows about, even those that may not be serious but resulted in a similar behavior.

Lesson 10

It's important to know exactly which **behaviors you want to change**. The ones you change are the ones you have targeted for yourself, not the ones The counselor, the group, your P.O., or the law says to change...only those you honestly wish to do. Even more importantly, take this opportunity to learn how.

After you've identified the behavior, the next step is looking at the thoughts occurring before, during and after the behavior has happened. This is where most patterns appear. You should be able to see some similarities in your work so far.

Now, it's time to stop and think about what change means to us. This is the crucial step. We need to aim for goals we really want to achieve. Be honest and clear about where or how you see yourself. Think about your old ways of thinking or reacting, especially those that go you into trouble.

Now think about how you could be different...how you really want to be, how you want others to see you, how you see yourself.

By defining your own goals, you challenge yourself to face up to the question of whether you really want to change, or...continue to take chances with your life and freedom.

After setting your goals, it's time to identify interventions and controls. (This will be covered in our next session.)

Making a plan for these changes will be the final and most important project you'll construct. The key elements in your plan are identification of target thinking and the interventions you learn to apply.

And last, carry out you own plan. This means actually intervening and controlling the old ways of thinking and seeing yourself, and trying new

ways of thinking and reacting that you might achieve your goals of becoming who you want to be.

Cognitive change will work if you make it work. The key to it, is making conscious, deliberate decisions to control and change your thinking in the day-to-day situations that happen in your life. Change is not automatic. What is automatic is our old ways of thinking. When we deliberately force ourselves to think differently, we take control of our lives.

Homework

Choose one:

1. Write down how you would like to become different from the way you have been in the past.
2. Write down all the reasons you have for changing some of your thinking, then write down what will be hardest about changing these thoughts.

Lesson 11

Thoughts are words we speak in our heads. Thought patterns are those that we've said so often, that we aren't aware we are saying them again. Now that we have worked to identify some of these patterns and are making an effort to pay attention when they happen, a simple way to intervene is to change what we hear ourselves saying.

Interrupting old thoughts and stating new ones can work, if it's truly what you want. A reminder to yourself, of all the reasons you want to change may also help in these moments. These two techniques are called:

- Thought Stoppers
- Self Talk

Thought stopping is anything I can do to make myself stop thinking what I am thinking at the moment. Self talk is words I say to myself inside my head. It introduces new thoughts and reminds me of who I am and who I want to be.

Homework

Choose one:

Pick one of two interventions to apply to your target thinking patterns and try them out. Make notes of what happens and report the results back to the group.

Try each of these interventions on one occurrence of your target thinking in the next week. Keep notes on what happens and report results back to the group.

Lesson 12

As we begin the change process, it's important to remember that **change doesn't just happen. It takes patience and practice.** One of the biggest obstacles we'll run into is...ourselves. We grew up believing and experiencing life and situations with certain perceptions and attitudes. Now that we learned that some things may not be as they seemed, we have to find new ways of looking and experiencing the world. But keep in mind, we also have discovered new goals for ourselves and new ways of thinking. The only thing required is your effort.

This is not to say that obstacles don't truly exist, they do. Our environment, old friends, and our distorted thinking effect our chances for change but these are only obstacles not impossibilities. You may have to work harder with some, the choice is yours. Is your goal to be who you want to be, important enough?

Homework

Choose one:

1. Describe your own obstacles to change. Then, describe a strategy for overcoming them.
2. List as many of your personal obstacles as you can, and evaluate the power of each one. Use a 10-point scale, from (1) being not much trouble, to (10) being very difficult. Select your two or three biggest obstacles to change. Identify the thoughts, beliefs, and attitudes that support these obstacles to change. Then, outline a plan for overcoming them.

Lesson 13

Review

The process of cognitive change has several distinct stages or steps. In the beginning, it's important to focus on the process before going into the content. Once everyone understands the process, then we can begin to examine the patterns that may be involved in the presented reports.

Step 1. The first step to thinking reports is to uncover and focus attention on the thoughts and feelings we experienced, just as they went through our minds.

Step2. The second step involves identifying patterns. These are the thoughts and feelings that we used to justify, promote, and reward our actions. These patterns are usually habitual and automatic. We are looking for ways of thinking and feeling that permit us to do these acts and feel it's okay. This is the process of unraveling clues to discover the hidden pattern that explains the behavior.

Step 3. Continued exploration of similar situations help uncover the power this pattern has over our lives.

Step 4. We come to appreciate what we've learned about ourselves. We recognize that we will not be able to control or eliminate our target behaviors unless we control or eliminate the specific thinking that supports it.

These steps make up the foundation of cognitive self-change. They establish a foundation for motivation and even if after gaining insight, a person remains unmotivated, he at least was offered the choice. **Choosing to be responsible for your actions, is choosing to be responsible for your life and your freedom.**

SUMMARY/OVERVIEW OF TCU ADC FORMS IMPLEMENTED BY GATEWAY @ OCC

TCU Short (ADC) Forms

Client Drug Use and Crime Risk Forms:

- **TCU Drug Screen II**
- **Criminal History Risk Assessment**
(TCU CRHSForm)
- **TCU Criminal Thinking Scales**
(TCU CTS)

Client Health and Social Risk Forms:

- **Physical and Mental Health Status Screen**
(TCU HLTHForm)
- **Mental Trauma and PTSD Screen**
(TCU TRMAForm)

Client Evaluation of Self and Treatment (CEST) Forms:

- **Treatment Needs and Motivation**
(TCU MOTForm)
- **Psychological Functioning**
(TCU PSYForm)
- **Social Functioning**
(TCU SOCForm)
- **Treatment Engagement**
(TCU ENGForm)

TCU Criminal Justice ADC Forms

(for questions, contact Kevin Knight at k.knight@tcu.edu)

Six one-page forms were created from TCU criminal justice (CJ) assessments to provide counselors and administrators with a means of easily collecting data from offenders at intake and as they progress through treatment. These one-page forms are “read” by a computer using Scantron’s “ScanBook” software and scanner made especially for Optical Mark Recognition (OMR) forms. Scanned responses are converted into a standard text file for use in any spreadsheet, database, or analysis application (e.g. MS Excel, MS Access, SAS, & SPSS). This approach allows for flexibility in administering selected assessments, and provides an efficient means for scoring and reporting on the data that is collected. (Bulk copies of these printed forms can be purchased at economical rates.)

- The **TCU Drug Screen II** (TCUDSII) is a self-administered, brief screen that identifies individuals with a history of heavy drug use or dependency (based on the DSM and the NIMH Diagnostic Interview Schedule) and who therefore should be eligible for treatment options.
- The **CJ Client Evaluation of Self and Treatment** (CJ CEST) is based on self-report and records offender ratings of 18 motivation, psychosocial functioning, and treatment engagement scales. The four one-page forms in this group are labeled: TCU PsyForm, TCU SocForm, TCU MotForm, and TCU EngForm. Each title is designated by initials rather than the full name in order to minimize influence of the title on the client’s responses.
- The **Criminal Thinking Scales** (CTS) includes 6 self-report scales designed to measure criminal thinking errors. This one-page form is labeled TCU CTSForm.

Description of CJ Client Evaluation of Self and Treatment (CJ CEST) Forms

A. Treatment Needs and Motivation (MotForm)

1. *Problem Recognition* - acknowledgment (or denial) of behavioral problems resulting from drug use.
2. *Desire for Help* – awareness of intrinsic need for change and interest in getting help.
3. *Treatment Readiness* – accepting “action” in the form of specific commitments to formal treatment.
4. *Treatment Needs* (index) – types of special needs clients believe they have.
5. *Pressures for Treatment* (index) – types of pressures experienced from external sources.

B. Psychological Functioning (PsyForm)

1. *Depression* – feeling depressed, sad, lonely, or hopeless.
2. *Anxiety* – feeling anxious, nervous, tense, sleepless, or fearful.
3. *Self-Esteem* – having favorable impressions of oneself.
4. *Decision Making* – having difficulty making decisions, considering consequences, or planning ahead.
5. *Expectancy* – likelihood of refraining from drug use within the next few months.

C. Social Functioning (SocForm)

1. *Hostility* – having bad temper or tendency to intimidate, hurt, or fight with others.
2. *Risk-Taking* – enjoys taking chances, being dangerous, or having wild friends.
3. *Social Support* – having external support of family and friends.
4. *Social Desirability* – distortion of self-presentation for the purpose of socially desirable bias.

D. Treatment Engagement and Process (EngForm)

1. *Treatment Participation* – being involved and participating in treatment, talking about feelings.
2. *Treatment Satisfaction* – satisfaction with the treatment program, services, and convenience.
3. *Counseling Rapport* – having a therapeutic and trusting relationship with counselor/staff.
4. *Peer Support* – having supportive relationships with other clients in the program.

Description of Criminal Thinking Scales (CTS) Form

1. *Entitlement* – sense of ownership and privilege, misidentifying wants as needs.
2. *Justification* – justify actions based on external circumstances or actions of others.
3. *Power Orientation* – need for power, control, and retribution.
4. *Cold Heartedness* – callousness and lack of emotional involvement in relationships.
5. *Criminal Rationalization* – negative attitude toward the law and authority figures.
6. *Personal Irresponsibility* – unwillingness to accept ownership for criminal actions.

TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) -	Yes	No	Client ID#				ZIP code					
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	<input type="checkbox"/>	<input type="checkbox"/>	0					0				
2. Did you try to cut down on your drug use but were unable to do it?	<input type="checkbox"/>	<input type="checkbox"/>	1					1				
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	<input type="checkbox"/>	<input type="checkbox"/>	2					2				
4a. Did you get so high or sick from using drugs that it kept you from doing work, going to school, or caring for children?	<input type="checkbox"/>	<input type="checkbox"/>	3					3				
4b. Did you get so high or sick from drugs that it caused an accident or put you or others in danger?	<input type="checkbox"/>	<input type="checkbox"/>	4					4				
5. Did you spend less time at work, school, or with friends so that you could use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	5					5				
6a. Did your drug use cause emotional or psychological problems?	<input type="checkbox"/>	<input type="checkbox"/>	6					6				
6b. Did your drug use cause problems with family, friends, work, or police?	<input type="checkbox"/>	<input type="checkbox"/>	7					7				
6c. Did your drug use cause physical health or medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	8					8				
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	<input type="checkbox"/>	<input type="checkbox"/>	9					9				
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	<input type="checkbox"/>	<input type="checkbox"/>										
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="checkbox"/>	<input type="checkbox"/>										

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10. Which drug caused the most serious problem? [CHOOSE ONE]

None	<input type="checkbox"/>	Cocaine (by itself)	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Heroin (by itself)	<input type="checkbox"/>
Manjuana/Hashish	<input type="checkbox"/>	Street Methadone (non-prescription)	<input type="checkbox"/>
Hallucinogens/LSD/PCP/Psychedelics/Mushrooms	<input type="checkbox"/>	Other Opiates/Opium/Morphine/Demerol	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	Methamphetamines	<input type="checkbox"/>
Crack/Freebase	<input type="checkbox"/>	Amphetamines (other uppers)	<input type="checkbox"/>
Heroin and Cocaine (mixed together as Speedball)	<input type="checkbox"/>	Tranquilizers/Barbiturates/Sedatives (downers)	<input type="checkbox"/>

How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	About every day
11a. Alcohol	<input type="checkbox"/>				
11b. Marijuana/Hashish	<input type="checkbox"/>				
11c. Hallucinogens/LSD/PCP Psychedelics/Mushrooms	<input type="checkbox"/>				
11d. Inhalants	<input type="checkbox"/>				
11e. Crack/Freebase	<input type="checkbox"/>				
11f. Heroin and Cocaine (mixed together as Speedball)	<input type="checkbox"/>				
11g. Cocaine (by itself)	<input type="checkbox"/>				
11h. Heroin (by itself)	<input type="checkbox"/>				
11i. Street Methadone (non-prescription)	<input type="checkbox"/>				
11j. Other Opiates/Opium/Morphine/Demerol	<input type="checkbox"/>				
11k. Methamphetamines	<input type="checkbox"/>				
11l. Amphetamines (other uppers)	<input type="checkbox"/>				
11m. Tranquilizers/Barbiturates/Sedatives (downers)	<input type="checkbox"/>				
11n. Other (specify)	<input type="checkbox"/>				

12. During the last 12 months, how often did you inject drugs with a needle?
 Never Only a few times 1-3 times / month 1-5 times per week Daily

13. How serious do you think your drug problems are?
 Not at all Slightly Moderately Considerably Extremely

14. How many times before now have you ever been in a drug treatment program? [DO NOT INCLUDE AA/NA/CA MEETINGS]
 Never 1 time 2 times 3 times 4 or more times

15. How important is it for you to get drug treatment now?
 Not at all Slightly Moderately Considerably Extremely

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TCU CRHSFORM

1. In total, how many **TIMES** have you been **ARRESTED** in your **LIFETIME**?
 None 1-5 times 6-10 times 11-50 times Over 50 times
2. In total, how many **TIMES** have you been **CONVICTED** (found guilty) of a crime, as an adult or juvenile?
 None Once 2-5 times 6-10 times Over 10 times
3. Was your **MOST RECENT** conviction for robbery, burglary, or other thefts?
 No Yes
4. Altogether, how many **TIMES** have you ever been locked up (in detention, jail, or prison)?
 None Once 2-5 times 6-10 times Over 10 times
5. In total, how many **DAYS** have you ever spent in jail or prison?
 None 1-30 days 31-60 days 61-365 days Over 365 days
6. What was your **AGE** the **FIRST** time you were locked up (in detention, jail, or prison)?
 Never jailed Under 18 18-25 years Over 25 years
7. How many **TIMES** were you arrested **BEFORE AGE 18**?
 None Once 2-5 times 6-10 times Over 10 times
8. In total, how many **TIMES** have you had parole or probation **REVOKED** for any reason?
 None Once Twice 3 or more times
9. How many of those revocations were for **TECHNICAL VIOLATIONS**?
 None One Two 3 or more
10. Have you ever been told you were dependent on or addicted to **ALCOHOL** or other (illegal) **DRUGS**?
 No Yes
11. During the **PAST 2 YEARS** before **ENTERING** this program or facility, were you **EMPLOYED** (full or part-time) for 6 or more months?
 No Yes
12. Do you have a **HIGH SCHOOL DIPLOMA** or **GED**?
 No Yes
13. During the **LAST 6 MONTHS** before **ENTERING** this program or facility, how many **TIMES** were you **ARRESTED**?
 None Once 2-5 times 6-10 times Over 10 times
14. How many different **TIMES** (during those 6 months) were you locked up?
 None Once 2-5 times 6-10 times Over 10 times
15. How many **DAYS** (during those 6 months) did you spend locked up?
 None 1-7 days 8-30 days 31-60 days Over 60 days

Were any arrests (during those 6 months) for --	No	Yes
16. violent offenses (robbery, assault, murder)?	<input type="checkbox"/>	<input type="checkbox"/>
17. sexual offenses or assaults?	<input type="checkbox"/>	<input type="checkbox"/>
18. property offenses (burglary, theft, fraud)?	<input type="checkbox"/>	<input type="checkbox"/>
19. drug offenses (manufacturing, trafficking)?	<input type="checkbox"/>	<input type="checkbox"/>
20. parole or probation violations?	<input type="checkbox"/>	<input type="checkbox"/>
21. public-order offenses (weapons, vandalism)?	<input type="checkbox"/>	<input type="checkbox"/>
22. other offenses?	<input type="checkbox"/>	<input type="checkbox"/>

Based on Rounsaville et al. (Eds.). (1993). Diagnostic Source Book. NIH Pub 93-3508.

Selected items (2, 3, 4, 6, 8, 10, 11, 12) adapted from Saliency Factor Scores (Hoffman & Beck, 1974).

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TCU MOTFORM

Please indicate how much you AGREE or DISAGREE with each statement.	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. You need help dealing with your drug use.	<input type="checkbox"/>				
2. You need to be in treatment now.	<input type="checkbox"/>				
3. You have family members who want you to be in treatment.	<input type="checkbox"/>				
4. This treatment gives you a chance to solve your drug problems.	<input type="checkbox"/>				
5. Your drug use is a problem for you.	<input type="checkbox"/>				
6. This kind of treatment program is not helpful to you.	<input type="checkbox"/>				
7. You need help with your emotional troubles.	<input type="checkbox"/>				
8. Your drug use is more trouble than it's worth.	<input type="checkbox"/>				
9. You are concerned about legal problems.	<input type="checkbox"/>				
10. Your drug use is causing problems with the law.	<input type="checkbox"/>				
11. Your drug use is causing problems in thinking or doing your work.	<input type="checkbox"/>				
12. It is urgent that you find help immediately for your drug use.	<input type="checkbox"/>				
13. You will give up your friends and hangouts to solve your drug problems.	<input type="checkbox"/>				
14. You feel a lot of pressure to be in treatment.	<input type="checkbox"/>				
15. You need individual counseling sessions.	<input type="checkbox"/>				
16. Your drug use is causing problems with your family or friends.	<input type="checkbox"/>				
17. You expect to be sent to jail or prison if you are not in treatment.	<input type="checkbox"/>				
18. This treatment program gives you hope for recovery.	<input type="checkbox"/>				
19. You need educational or vocational training services.	<input type="checkbox"/>				
20. Your drug use is causing problems in finding or keeping a job.	<input type="checkbox"/>				
21. You want to be in drug treatment.	<input type="checkbox"/>				
22. Your life has gone out of control.	<input type="checkbox"/>				
23. You need group counseling sessions.	<input type="checkbox"/>				
24. Your drug use is causing problems with your health.	<input type="checkbox"/>				
25. You are ready to leave this treatment program.	<input type="checkbox"/>				
26. You are tired of the problems caused by drugs.	<input type="checkbox"/>				
27. You are at this treatment program only because it is required.	<input type="checkbox"/>				
28. Your drug use is making your life become worse and worse.	<input type="checkbox"/>				
29. You have serious drug-related health problems.	<input type="checkbox"/>				
30. You want to get your life straightened out.	<input type="checkbox"/>				
31. You need medical care and services.	<input type="checkbox"/>				
32. Several people close to you have serious drug problems.	<input type="checkbox"/>				
33. Your drug use is going to cause your death if you do not quit soon.	<input type="checkbox"/>				
34. You have legal problems that require you to be in treatment.	<input type="checkbox"/>				
35. You are not ready for this kind of treatment program.	<input type="checkbox"/>				
36. Please fill in the "Uncertain" box as your response for this question.	<input type="checkbox"/>				

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TCU PSYFORM

Please indicate how much you AGREE or DISAGREE with each statement.

Disagree Strongly Disagree Uncertain Agree Agree Strongly

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. You have trouble sleeping.	<input type="checkbox"/>				
2. You have much to be proud of.	<input type="checkbox"/>				
3. You consider how your actions will affect others.	<input type="checkbox"/>				
4. You plan ahead.	<input type="checkbox"/>				
5. You feel interested in life.	<input type="checkbox"/>				
6. You feel like a failure.	<input type="checkbox"/>				
7. You have trouble concentrating or remembering things.	<input type="checkbox"/>				
8. You feel afraid of certain things, like elevators, crowds, or going out alone.	<input type="checkbox"/>				
9. You feel anxious or nervous.	<input type="checkbox"/>				
10. You wish you had more respect for yourself.	<input type="checkbox"/>				
11. You are likely to feel the need to use drugs in the next few months.	<input type="checkbox"/>				
12. You feel sad or depressed.	<input type="checkbox"/>				
13. You think about probable results of your actions.	<input type="checkbox"/>				
14. You feel extra tired or run down.	<input type="checkbox"/>				
15. You have trouble sitting still for long.	<input type="checkbox"/>				
16. You think about what causes your current problems.	<input type="checkbox"/>				
17. You are likely to drink alcohol in the next few months.	<input type="checkbox"/>				
18. You think of several different ways to solve a problem.	<input type="checkbox"/>				
19. You feel you are basically no good.	<input type="checkbox"/>				
20. You worry or brood a lot.	<input type="checkbox"/>				
21. You have trouble making decisions.	<input type="checkbox"/>				
22. You feel hopeless about the future.	<input type="checkbox"/>				
23. You make good decisions.	<input type="checkbox"/>				
24. You are likely to relapse in the next few months.	<input type="checkbox"/>				
25. In general, you are satisfied with yourself.	<input type="checkbox"/>				
26. You make decisions without thinking about consequences.	<input type="checkbox"/>				
27. Please fill in the "Disagree" box as your response for this question.	<input type="checkbox"/>				
28. You feel tense or keyed up.	<input type="checkbox"/>				
29. You feel you are unimportant to others.	<input type="checkbox"/>				
30. You feel tightness or tension in your muscles.	<input type="checkbox"/>				
31. You are likely to have problems in quitting drug use.	<input type="checkbox"/>				
32. You feel lonely.	<input type="checkbox"/>				
33. You analyze problems by looking at all the choices.	<input type="checkbox"/>				

Client ID#

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TCU SOCFORM

Please indicate how much you AGREE or DISAGREE with each statement.

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. You have people close to you who motivate and encourage your recovery.	<input type="checkbox"/>				
2. You have never deliberately said something that hurt someone's feelings.	<input type="checkbox"/>				
3. You only do things that feel safe.	<input type="checkbox"/>				
4. You are sometimes irritated by people who ask favors of you.	<input type="checkbox"/>				
5. You have close family members who want to help you stay away from drugs.	<input type="checkbox"/>				
6. You have good friends who do not use drugs.	<input type="checkbox"/>				
7. When you do not know something, you do not at all mind admitting it.	<input type="checkbox"/>				
8. You have carried weapons, like knives or guns.	<input type="checkbox"/>				
9. You have people close to you who can always be trusted.	<input type="checkbox"/>				
10. You feel a lot of anger inside you.	<input type="checkbox"/>				
11. You sometimes try to get even rather than forgive and forget.	<input type="checkbox"/>				
12. You have a hot temper.	<input type="checkbox"/>				
13. You like others to feel afraid of you.	<input type="checkbox"/>				
14. You are always willing to admit it when you make a mistake.	<input type="checkbox"/>				
15. You feel mistreated by other people.	<input type="checkbox"/>				
16. You avoid anything dangerous.	<input type="checkbox"/>				
17. You have people close to you who understand your situation and problems.	<input type="checkbox"/>				
18. You are very careful and cautious.	<input type="checkbox"/>				
19. There have been occasions when you took advantage of someone.	<input type="checkbox"/>				
20. You work in situations where drug use is common.	<input type="checkbox"/>				
21. You have people close to you who expect you to make positive changes in your life.	<input type="checkbox"/>				
22. You can remember "playing sick" to get out of something.	<input type="checkbox"/>				
23. No matter who you are talking to, you are always a good listener.	<input type="checkbox"/>				
24. You get mad at other people easily.	<input type="checkbox"/>				
25. You have people close to you who help you develop confidence in yourself.	<input type="checkbox"/>				
26. You like to do things that are strange or exciting.	<input type="checkbox"/>				
27. You have felt like rebelling against people in authority even when they were right.	<input type="checkbox"/>				
28. You have urges to fight or hurt others.	<input type="checkbox"/>				
29. Please fill in the "Agree" box as your response for this question.	<input type="checkbox"/>				
30. You like to take chances.	<input type="checkbox"/>				
31. You have people close to you who respect you and your efforts.	<input type="checkbox"/>				
32. Occasionally, you gave up doing something because you thought too little of your ability.	<input type="checkbox"/>				
33. You like the "fast" life.	<input type="checkbox"/>				
34. You like friends who are wild.	<input type="checkbox"/>				
35. You sometimes feel resentful when you do not get your way.	<input type="checkbox"/>				
36. Your temper gets you into fights or other trouble.	<input type="checkbox"/>				

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Administration

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TCU CTSFORM

Please indicate how much you AGREE or DISAGREE with each statement.	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. You get upset when you hear about someone who has lost everything in a natural disaster.	<input type="checkbox"/>				
2. You are locked-up because you had a run of bad luck.	<input type="checkbox"/>				
3. The real reason you are locked-up is because of your race.	<input type="checkbox"/>				
4. When people tell you what to do, you become aggressive.	<input type="checkbox"/>				
5. Anything can be fixed in court if you have the right connections.	<input type="checkbox"/>				
6. Seeing someone cry makes you sad.	<input type="checkbox"/>				
7. You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?"	<input type="checkbox"/>				
8. Bankers, lawyers, and politicians get away with breaking the law every day.	<input type="checkbox"/>				
9. You have paid your dues in life and are justified in taking what you want.	<input type="checkbox"/>				
10. When not in control of a situation, you feel the need to exert power over others.	<input type="checkbox"/>				
11. When being asked about the motives for engaging in crime, you point out how hard your life has been.	<input type="checkbox"/>				
12. You are sometimes so moved by an experience that you feel emotions you cannot describe.	<input type="checkbox"/>				
13. You argue with others over relatively trivial matters.	<input type="checkbox"/>				
14. If someone disrespects you then you have to straighten them out, even if you have to get physical.	<input type="checkbox"/>				
15. You like to be in control.	<input type="checkbox"/>				
16. You find yourself blaming the victims of some of your crimes.	<input type="checkbox"/>				
17. You feel people are important to you.	<input type="checkbox"/>				
18. This country's justice system was designed to treat everyone equally.	<input type="checkbox"/>				
19. Police do worse things than do the "criminals" they lock up.	<input type="checkbox"/>				
20. You think you have to pay back people who mess with you.	<input type="checkbox"/>				
21. Nothing you do here is going to make a difference in the way you are treated.	<input type="checkbox"/>				
22. You feel you are above the law.	<input type="checkbox"/>				
23. It is okay to commit crime in order to pay for the things you need.	<input type="checkbox"/>				
24. Society owes you a better life.	<input type="checkbox"/>				
25. Breaking the law is no big deal as long as you do not physically harm someone.	<input type="checkbox"/>				
26. You find yourself blaming society and external circumstances for the problems in your life.	<input type="checkbox"/>				
27. You worry when a friend is having problems.	<input type="checkbox"/>				
28. The only way to protect yourself is to be ready to fight.	<input type="checkbox"/>				
29. You are not to blame for everything you have done.	<input type="checkbox"/>				
30. It is unfair that you are locked-up when bankers, lawyers, and politicians get away with their crimes.	<input type="checkbox"/>				
31. Laws are just a way to keep poor people down.	<input type="checkbox"/>				
32. Your good behavior should allow you to be irresponsible sometimes.	<input type="checkbox"/>				
33. It is okay to commit crime in order to live the life you deserve.	<input type="checkbox"/>				
34. Prosecutors often tell witnesses to lie in court.	<input type="checkbox"/>				
35. You justify the crimes you commit by telling yourself that if you had not done it, someone else would have.	<input type="checkbox"/>				
36. You may be a criminal, but your environment made you that way.	<input type="checkbox"/>				

Client ID#

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Today's Date

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Facility ID#

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TCU TRMAFORM

Instructions: Below is a list of PROBLEMS and COMPLAINTS that people sometimes have in response to stressful experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the PAST MONTH.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?	<input type="checkbox"/>				
2. Repeated, disturbing dreams of a stressful experience?	<input type="checkbox"/>				
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	<input type="checkbox"/>				
4. Feeling very upset when something reminded you of a stressful experience?	<input type="checkbox"/>				
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when reminded of a stressful experience?	<input type="checkbox"/>				
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	<input type="checkbox"/>				
7. Avoiding activities or situations because they reminded you of a stressful experience?	<input type="checkbox"/>				
8. Trouble remembering important parts of a stressful experience?	<input type="checkbox"/>				
9. Loss of interest in activities that you used to enjoy?	<input type="checkbox"/>				
10. Feeling distant or cut off from other people?	<input type="checkbox"/>				
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	<input type="checkbox"/>				
12. Feeling as if your future will somehow be cut short?	<input type="checkbox"/>				
13. Trouble falling or staying asleep?	<input type="checkbox"/>				
14. Feeling irritable or having angry outbursts?	<input type="checkbox"/>				
15. Having difficulty concentrating?	<input type="checkbox"/>				
16. Being "super-alert" or watchful or on guard?	<input type="checkbox"/>				
17. Feeling jumpy or easily startled?	<input type="checkbox"/>				

Client ID#

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Today's Date

Month Day Year

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From Weathers, Litz, Huska, Keane (1994). National Center for PTSD: Boston, MA.



Introduction to

Gateway Foundation, Inc. d/b/a GFI Services

Minority and Women Business Enterprise

Participation Commitment

For

Missouri Department of Corrections

IFB No. SDA411-060

**INTRODUCTION TO GATEWAY FOUNDATION, INC. D/B/A GFI SERVICES
MBE/WBE PARTICIPATION COMMITMENT
FOR MISSOURI DOC IFB # SDA411-060**

Background and Overview of Assumptions

Gateway Foundation, Inc. d/b/a GFI Services, is a national not for profit drug and alcohol treatment service provider and is responding to the Missouri Department of Corrections' IFB SDA411-060 for substance abuse assessment and long-term treatment services Ozark Correctional Center located in the State of Missouri. The program focuses on changing the patterns of substance abuse and addiction and associated criminality. Gateway will provide these services directly through their employees and does not subcontract its core services to other agencies. Approximately 95% of the total budget for this contract accounts for salaries and fringe benefits for the Gateway employees, as well as indirect overhead expenses. The services that Gateway provides are its product and as such it is difficult to attain the desired goal to subcontract 10% of the contract to certified MBE vendors and 5% of the contract to certified WBE vendors through the Missouri MBE/WBE Participation Commitment.

The following documents contain Gateway's efforts to include MBE/WBE vendors in those areas identified as business not directly provided by Gateway staff that would provide a meaningful contribution through the sale of needed goods and or services for the fulfillment of the program. A very close review was carried out of all possible opportunities and we were able to identify three related product areas. Gateway Supply Management staff carried out the vendor engagement activities as prescribed in IFB SDA411-060 and obtained the necessary documents for our proposal for services.

History of Gateway's Emphasis on Supplier Diversity

To further support opportunities like the one presented in this Request for Proposal, Gateway Foundation, Inc. d/b/a GFI Services has an established Supplier Diversity program that has been in place for almost fifteen years. We track our diversity vendors in our vendor system and report expenditures with them on a monthly and annual basis to Gateway's Executive Management Team. We provide monthly utilization reports to other contract sources as required. These reports allow us to identify areas to increase vendor diversity.

In identifying this certified MBE/WBE vendor for this contract, Gateway Foundation, Inc. d/b/a GFI Services understands that even though it will not provide us bonus points in the proposal review process, it is important for us to include diverse businesses in our process. In the interest of serving Missouri Department of Corrections as well as Gateway Foundation, Inc. d/b/a GFI Services diversity goals, we will be converting all Missouri contracts with Gateway Foundation, Inc. d/b/a GFI Services to this MBE/WBE vendor for the purchase of any office supply products needed.

EXHIBIT E

PARTICIPATION COMMITMENT

Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop Participation Commitment and/or Service-Disabled Veteran Business Enterprise (SDVE) – If the bidder is committing to participation by or if the bidder is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the bidder must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the bidder’s proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the bidder must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

MBE Participation Commitment Table		
(The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE
1. Guy Brown Mgmt, LLC dba	.004275 %	Office Supplies, Paper, Computer Supplies
2. Guy Brown Products, LLC	%	
3.	%	
4.	%	
Total MBE Percentage:	%	

WBE Participation Commitment Table		
(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Women Business Enterprise (WBE) proposed	Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed WBE
1.	%	
2.	%	
3.	%	
4.	%	
Total WBE Percentage:	%	

EXHIBIT F

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the bidder must either provide a letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the bidder's proposal.

~ Copy This Form For Each Organization Proposed ~

Bidder Name: Gateway Foundation, Inc.

This Section To Be Completed by Participating Organization:

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.

Indicate appropriate business classification(s):

MBE WBE Organization for the Blind Sheltered Workshop SDVE

Name of Organization: GuyBrown Management, LLC
(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: Trish Holland Email: Trishholland@guybrownproducts.com

Address (If SDVE, provide MO Address): 9003 OVERLOOK Blvd Phone #: 312-576-2583

City: Brentwood Fax #: 615-777-1501

State/Zip: TN 37027 Certification # See Attached

SDVE's Website Address: WWW.guybrown.com Certification (or attach copy of certification) Expiration Date: See Attached

Service-Disabled Veteran's (SDV) Name: N/A SDV's Signature: N/A
(Please Print)

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

Describe the products/services you (as the participating organization) have agreed to provide:
Business to business distributor of office supplies, reengineered printer cartridges, promotional merchandise, furniture and provider of Managed Print Services.

Authorized Signature:

[Signature]
Authorized Signature of Participating Organization
(MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

03/01/12
Date
(No earlier than the RFP issuance date)



State of Missouri
Office of Administration
Office of Equal Opportunity

Kelvin L. Simmons
Commissioner of Administration

Celeste Metcalf
Director

This is to certify Gay Brown Management, LLC dba Gay Brown Products, LLC qualifies as a Minority-Owned Business Enterprise that has met the eligibility criteria established by the State of Missouri, Office of Administration.

Celeste Metcalf

Celeste Metcalf, Office of Equal Opportunity

Certification Number M02098 Date of Issue 11/15/2011 Date of Expiration 11/4/2012

EXHIBIT I

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION**

BUSINESS ENTITY CERTIFICATION:

The bidder must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | | |
|---------------|---|
| BOX A: | To be completed by a non-business entity as defined below. |
| BOX B: | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm . |
| BOX C: | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management. |

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (IFB Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the state agency with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT I (continued)

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Gateway Foundation (Business Entity Name) ^{d/ba GFI Services} **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Martha Yount

Authorized Business Entity Representative's Name
(Please Print)

Martha Yount

Authorized Business Entity
Representative's Signature

Gateway Foundation, Inc.

Business Entity Name

3/1/12

Date

martha.yount@gatewayfoundation.org

E-Mail Address

As a business entity, the bidder must perform/provide each of the following. The bidder should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the bidder's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's name and the MOU signature page completed and signed, at minimum, by the bidder and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT I (continued)

AFFIDAVIT OF WORK AUTHORIZATION:

The bidder who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

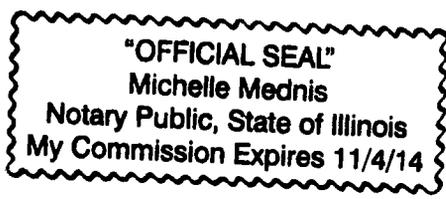
Comes now Martha Yount (Name of Business Entity Authorized Representative) as HR Vice President (Position/Title) first being duly sworn on my oath, affirm Gateway Foundation (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the GFI program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Gateway Foundation (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), 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 575.040, RSMo.)

<u><i>Martha Yount</i></u> <small>Authorized Representative's Signature</small>	<u>Martha Yount</u> <small>Printed Name</small>
<u>Vice President, HR</u> <small>Title</small>	<u>3/1/12</u> <small>Date</small>
<u>Martha.yount@gatewayfoundation.org</u> <small>E-Mail Address</small>	<u>386492</u> <small>E-Verify Company ID Number</small>

Subscribed and sworn to before me this 1 of March 2012, I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of COOK, State of
(NAME OF COUNTY)
Illinois, and my commission expires on 11/4/14.
(NAME OF STATE) (DATE)

<u><i>Michelle Mednis</i></u> <small>Signature of Notary</small>	<u>3/1/12</u> <small>Date</small>
---	--------------------------------------



Company ID Number: 386492

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

Employer Gateway Foundation Inc.	
MARTHA YOUNT	
Name (Please Type or Print)	Title
Electronically Signed	01/20/2011
Signature	Date
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Gateway Foundation Inc.
Company Facility Address:	55 E. Jackson Blvd.
	Suite 1500
	Chicago, IL 60604
Company Alternate Address:	
County or Parish:	COOK
Employer Identification Number:	362670036

Company ID Number: 386492

North American Industry Classification Systems Code:	813
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	2
<p>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</p> <ul style="list-style-type: none"> MISSOURI 2 site(s) 	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	JACKIE DUSING	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2265	
E-mail Address:	jxdusing@gatewayfoundation.org	
Name:	MARTHA YOUNT	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2348	
E-mail Address:	Martha.Yount@gatewayfoundation.org	
Name:	KRISTIN OWENS	Fax Number:
Telephone Number:	(312) 663 - 1130 ext. 2230	
E-mail Address:	klowens@gatewayfoundation.org	