□ ***Gender Issues in Pathways to Crime (Criminal Thinking)***
Although there is no one theory that can explain how all women end up in the criminal justice system, pathways theory offers insight into the different routes taken by women and men to the same destination. For women, social and economic marginality and struggles to survive due to lack of education, poverty, homelessness, histories of sexual abuse/assault and domestic violence, mental illness, and addiction form the pathways into the criminal justice system. Pathway theory suggests that these issues cause women to turn to crime as their means of survival.

Pathways theory has been borne out in research that indicates that women in the criminal justice system tend to be poor, undereducated, and unskilled and come from impoverished environments and fragmented families and often were exposed to physical and/or sexual abuse. They are more likely than men to have committed property crimes or engage in prostitution to obtain money to purchase drugs and are most likely to have been convicted of a drug-related offense. In addition to substance use disorders, they also are likely to have multiple physical and mental health problems.

Gateway has taken pathways theory into account when designing all aspects of its treatment programs for women.

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 another 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.

□ ***Impact of Substance Abuse on Pregnancy and Fetal Health***
Gateway will address the impact of substance abuse on pregnancy and fetal health with clients served at WERDCC and CCC utilizing material provided by the Substance Abuse and Mental Health Services Administration (SAMSHA) and the National Institute of Drug Abuse. The resources from which Gateway draws this curriculum material include "The Medical Consequences of Drug Abuse, Prenatal Effects," published by the National Institute of Drug Abuse, addressing the prenatal effects of drug exposure, including alcohol on the child, premature birth, miscarriage, low birth weight, and a variety of developmental, cognitive and behavioral problems. The SAMSHA resources from which Gateway draws curriculum material include a 2004 publication "Pregnancy and Drug Abuse," "Substance Abuse among Women During Pregnancy and Following Childbirth," and "Preventing Fetal Alcohol Spectrum Disorders (FASD): Healthy Women, Healthy Babies."

These resources will inform clients at WERDCC and CCC about the potential effects of use and abuse of various drugs including/emphasizing alcohol and that fetal alcohol syndrome is 100% preventable. Gateway understands that women with mental health disorders are more likely to expose themselves and their unborn children to alcohol and other drugs during pregnancy and will emphasize these issues with clients who have been identified as having co-occurring substance abuse and mental health disorders.

☐ ***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***
"Gender-Related Issues in Recovery" will addresses the unique characteristics and needs of female clients, including but not limited to the pathways that lead women to substance abuse and/or crime (history of physical and/or sexual abuse, current domestic violence, sexual exploitation/prostitution, depression and/or suicidal ideation/attempts, emotional disorders, eating disorders, etc.)

□ ***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.

Because Gateway has espoused the benefits of MAT, an evidence-based treatment approach, particularly in the treatment of alcohol and opiate dependence, the program was implemented at the Ozark Correctional Center. At OCC 42% of those who receive treatment are alcohol- and opiate-dependent. The program 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 would be happy to assist the Department in implementing this program at WERDCC/CCC and/or NECC should it be interested.**

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 Bupenorphine in the treatment of Opioid Dependence, Facts about Naltrexone in the Treatment of Opioid Addiction; TIP 28, Naltrexone and Alcoholism Treatment; and SAMSHA'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, including those on psychotropic medications, will receive services as indicated herein if they have been classified as moderately (MH-3) to seriously (MH-4) impaired.

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 Integration of Substance Abuse and Mental Health Services at Female Institutions

Many clients are dually diagnosed with substance abuse disorders and mental health disorders. Gateway clinicians are cognizant of the necessity to **collaborate with physicians, nurses, psychiatrists/psychologists or other health-care providers** who are resources and collaborators with us. Our efforts to remain in constant communication with health care providers enhance our ability to more particularly accommodate the physical, medical and psychological needs of the clients. Recommendations made by health care providers are incorporated into clients' individualized treatment plans. During treatment team meetings, staff members take into account these recommendations and include them in clients' aftercare plans, along with appropriate referrals to community resources as necessary.

Gateway clinicians are knowledgeable of both substance abuse disorders and psychiatric disorders. Gateway treatment programs for clients with co-occurring substance abuse and mental health disorders ensure that both disorders are addressed simultaneously and that all treatment is directed toward the same end. Supervisors and counselors are thoroughly familiar with psychiatric diagnoses and possess expertise in dealing with substance abuse disorders.

Clients who have co-occurring substance abuse and mental health disorders require specific attention to both disorders. Gateway bases its approach to these clients on the guidelines recommended by the National Institute on Drug Abuse (NIDA) (1999) as the best practices for this population, which we have implemented in our Texas special needs units since 1994:

- 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
- 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

Medication may be required for proper psychiatric treatment of mentally ill clients. Gateway provides ongoing training for staff members to enhance their knowledge of medications and side effects, with specific emphasis on working with clients who take psychotropic medications.

Clients are taught the therapeutic benefits of their medications; side effects and ways to deal with them 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 that their mental health disorders have on their substance abuse disorder, and *vice versa*. Common misconceptions that lead to non-compliance are highlighted to help clients avoid these pitfalls.

Through our current work at WERDCC, Gateway has developed comprehensive gender-specific programming for female offenders with co-occurring disorders. The curricula and treatment methodology proposed herein will be submitted for approval by the Department prior to implementation under this contract. **The advantage of selecting Gateway Foundation for this contract is the continuity of care that can be achieved for both female institutions.** Gateway will ensure that programming is consistent between the WERDCC Co-Occurring Disorder Wing and the services provided at CCC.

2.9.1.1 Modifications for Offenders with Co-Occurring Disorders at WERDCC and CCC

Gateway's Program Director at WERDCC works in cooperation with the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Warden at WERDCC (and will do so at CCC) to ensure that program rules, structure, procedures, interventions and policies are modified as needed to serve offenders with Co-Occurring Disorders. The Program Director also will collaborate with the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the institutional Mental Health services provider to ensure that the diverse needs of individuals with Co-Occurring Substance Abuse and Mental Health Disorders are met by the program services.

Gateway's Program Director, Clinical/Counselor Supervisors, and other licensed staff have worked closely with the 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 the 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
- 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.

In all cases of modifying services for offenders with co-occurring disorders, Gateway's clinical supervisors will continue to collaborate with the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services and the 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.

MODIFICATIONS TO MEET SOCIAL NEEDS

Gateway will implement the TCU Brief Intervention *Building Social Networks*, a structured curriculum module designed to teach participants ways to build and strengthen social support in recovery. The topics include the following:

- Social Networks in Recovery
- Support Groups and Your Recovery
- When Other Family Members Use
- Mapping Worksheets

2.9.2 WERDCC Co-Occurring Disorders Wing (60 Beds)

Gateway will remain in contact with the Chief of Institutional Mental Health to identify women most appropriate and in need of receiving more intensive mental health services on the designated co-occurring wing.

2.9.2.1 EXPANDED ASSESSMENTS

Gateway has developed an expanded assessment for clients assigned to the co-occurring program. The assessment is completed on all MH3s within the first 14 days of treatment by licensed staff. The expanded assessment (attached to this proposal) is also performed for any client who is identified as exhibiting mental health issues and those threatening to harm themselves or others. The assessment includes:

- Client's assessment of the problem(s), duration and precipitant
- Mental Status Screen (general appearance; psychomotor activity; affect/mood; thought content; thought processes; oriented; evidence of mental retardation; personality organization)
- Risk Assessment (suicidal; violence/physical abuse; sexual abuse)
- Mental Status Summary
- Previous Psychiatric/Counseling History, to include medication
- Physical Health Screening
- Appropriateness of Agency Services for Client
- Recommendation for Additional Evaluations (Alcohol/Drug Assessment; Psychiatric Evaluation/Mental Status Exam; Psychological Assessment/Testing)
- Childhood/Family/Marital History Pertinent to Problem
- External Involvement in Problem
- Identification of Person involved in Treatment (family, etc.)
- Stages of Change (Substance Abuse/Chemical Dependency; Criminality and/or Personality Disorders/Axes I-V MH Disorders & Developmental Model of Recovery)
- Preliminary Assessment & Symptoms Supporting Diagnosis

2.9.2.2 SERVICES IN THE CO-OCCURRING DISORDERS WING

These services will include group programming incorporating topics listed below:

a. Basic concepts in understanding the relationship between mental illness and substance abuse disorders

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.

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.

b. Types of Co-occurring Disorders
Currently, offenders at WERDCC have diagnoses of Schizophrenia, Bipolar Disorder, Major Depression, and Anxiety Disorders. We expect a similar mix of diagnoses at the Chillicothe facility.

c. Introduction to biochemical bases of mental health disorders and substance abuse disorders
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. Neurobiological effects of trauma and incidence of psychiatric illness in trauma survivors
Research using PET, MRI, and CAT scans have found neurological differences with subjects who report trauma histories. Specific dysfunctions include formation of consciously declared memories that are essential to future planning; processing emotions linked to both fear responses and pleasure; planning complex cognitive behavior, personality expression, decision making and moderating social behavior; coordination of thoughts and actions in accord with internal goals.

Symptom presentation for trauma--whether or not it meets full criteria for Posttraumatic Stress Disorder--often is accompanied by avoidance/withdrawal, flashbacks, emotional numbness, loss of the capacity to experience pleasure, nightmares, mood swings, guilt, and insomnia.

Incidence and prevalence of behavioral health problems (mental health and substance abuse) with trauma victims is estimated at two to three times higher than the general population. (Adverse Childhood Experiences (ACE), http://www.cdc.gov/ace/index.htm)

e. Role 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.

f. Managing and coping with symptoms of mental illness and substance abuse disorders
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.

g. Managing symptoms in a healthy manner to minimize impacts on relationships
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.

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.

h. Coping with judgments, 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.

i. Role of desirable health habits and sound nutrition in recovery
In addition to the overall health and nutrition lectures contained in the Gateway curriculum, WERDCC currently introduces a section from **Women's Integrated Treatment (WIT),** developed by Stephanie Covington, Ph. D that addresses Body Image. In general, female addicts, particularly those involved in the criminal justice system, do not have high self-esteem or a positive image of self. This portion of the Covington literature confronts this view and discusses ways for women to improve their self-image. In addition, because of their focus on their addiction, clients neglect to eat properly, if at all. The food pyramid that includes healthy foods, daily nutritional needs, and planning meals using the food pyramid is discussed in the lectures. Healthy habits, including exercise and hygiene, are additional topics. This new information and practical applications are included in clients' Relapse Prevention Plans. The Relapse Prevention Interactive Journal is an additional resource for information about healthy eating and incorporating a healthy life style into their recovery.

j. Psychosocial influences in women's recovery from mental illness and substance abuse
Research has shown that addicted women offenders have multiple psychosocial problems including mental illness, histories of trauma and abuse, and involvement in abusive relationships (TAP 23, 1999). Treatment programs for women in the criminal justice system must therefore address these co-occurring problems through thorough comprehensive assessment of their needs, a menu of gender-responsive treatment interventions, and continuity of care from the time of incarceration through re-entry into the community. Gateway understands that the treatment issues of women are unique and require thoughtful attention and creative approaches to best assist women to adopt recovery-focused and productive lifestyles. This is particularly important to Gateway because **we treated more than 5600 women in FY 2011, nearly half of whom were women in criminal justice institutions.**

k. Relapse management and prevention
The 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.

2.9.2.3 Co-Occurring Disorders Personnel Requirements

The IFB co-occurring disorder staff requirements differ from those required in the current contract. Because Gateway is the current provider of services, we have already on staff clinical staff members who meet the current qualifications: an LCSW as Clinical Supervisor; one (1) Master's-level counselor; three (3) Counselor IIs; and one (1) Counselor I. **Should Gateway be awarded this contract, sufficient and appropriate staff are already in place and there would be no delay in services.**

2.9.3 Co-Occurring Disorders Services at Chillicothe Correctional Center

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 have a basic knowledge of both substance abuse disorders and 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 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 clients' and families' needs, enrolling clients in the appropriate level of care, and coordinating treatment regimen components according to clients' 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

Gateway has experience with integrating treatment for co-occurring/non-co-occurring offenders (Maryville Treatment Center, Pre-Release Correctional Center in the Cook County Jail, Chicago, IL). All offenders attend the specialized weekly MH lectures and groups addressing pharmacological educational groups and groups describing the effects of drug/alcohol use on persons with psychological diagnoses. The expanded assessment described elsewhere in this IFB will be administered to offenders identified as having co-occurring disorders, offenders exhibiting emotional or mental health symptoms, and offenders who express a desire to hurt themselves or others. As at WERDCC, the Program Director and staff at CCC will maintain close contact with the Mental Health Providers for consultation and referral.

b. As reflected in the schedules attached, all offenders, including those who are identified as having a co-occurring diagnosis, will receive specialized educational groups related to mental health issues as described below.

2.9.3.1 Co-occurring Disorders Topics

As required by the IFB, Gateway will incorporate the following topics into programming for eligible offenders as previously described in section 2.9.2.2.:

a. Basic concepts in understanding the relationship between mental illness and substance abuse disorders
b. Types of co-occurring disorders
c. Introduction to biochemical bases of mental health disorders and substance abuse disorders
d. Neurobiological effects of trauma and incidence of psychiatric illness in trauma survivors
e. Role of medication management and compliance in recovery from mental illness and chemical dependency
f. Managing and coping with symptoms of mental illness and substance abuse disorders
g. Managing symptoms in a healthy manner to minimize impacts on relationships
h. Coping with judgments, stereotypes and overcoming obstacles
i. Role of desirable health habits and sound nutrition in recovery
j. Psychosocial influences in women's recovery from mental illness and substance abuse
k. Relapse management and prevention

In addition to the Gateway curriculum, we currently use the *Co-occurring Disorder Treatment Manual* from the University of South Florida. Together, these 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. We propose to also implement these at CCC.

2.10 PARTIAL DAY TREATMENT PROGRAM

Gateway's Partial Day Treatment (PDT) will consist of a 150-hour program to be delivered in three-hour blocks, five days a week. Clients will receive services according to the following schedule:

- Each offender will receive a **minimum of 30 minutes of individual therapy per week.**
- Each offender will receive a **minimum of two (2) hours per week of group counseling and will participate in additional therapeutic activities.**
- Offenders will participate in **at least one hour of substance abuse and relapse prevention education classes per week.**

Gateway will assign its Intake Counselor II at CCC to work with the institution to identify offenders in need of PDT programming. This should ensure that the Department's resources are adequately utilized for this population when court-ordered participants are insufficient to maintain an adequate census.

The services to be offered to this group of clients are described below.

INDIVIDUAL COUNSELING

Individual counseling techniques focus on positive role modeling, personal sharing, redirecting members to the treatment process and didactic approaches. Upon admission, clients are assigned by Supervisors to a primary counselor, who will provide 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.

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 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. Throughout treatment, the counselor helps the client make the connections between the problems she is experiencing and the materials presented in group education and group counseling sessions.

GROUP COUNSELING

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 resistant to treatment and 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.

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 education efforts focus on these important issues. Our treatment education curriculum includes sessions on substance abuse and recovery, relapse prevention, life skills and interpersonal skills. Gateway utilizes a variety of formats for group education, in order to accommodate clients with a variety of abilities and clients who may have some cognitive deficits.

Although modes of presentation may differ, education groups provide information and then provide participants with the opportunity to discuss it, ask questions, or otherwise attempt to connect what they have learned with their own lives. Presentations may include lectures, handouts, audiovisual materials, or some combination; all presentations include an opportunity for clarification and discussion.

For example, the counselor may present a video or a short lecture and then engage participants of a discussion of what they have seen and heard. A client who is constantly late may receive a learning experience that requires her to give a presentation in a didactic group that explains the importance of being on time and the strategies one can utilize to be on time.

Information in didactic education is provided in a variety of formats to take into account various learning styles and abilities as well as any cognitive deficits. For example, some individuals may have trouble learning from written material but can benefit from role playing or other demonstrations; others will benefit from being able to take materials to their living quarters with them to study. Counselors will also connect didactic sessions with group and individual counseling sessions.

2.11 RELAPSE PROGRAM

Gateway will provide relapse program services for offenders referred by the Department. Offenders shall receive a minimum of fifteen (15) hours per week of relapse programming. Relapse programming services shall include the following:

a. Relapse prevention education
b. Group counseling
c. Structured individual assignments
d. Recovery support groups
e. Transition groups facilitated by classification and/or probation and parole staff

In recognition of the primary treatment objectives for this population of offenders, emphasis will be placed on relapse prevention within the treatment community. Education about recovery familiarizes clients with the processes of building and maintaining sober, crime-free lives.

RELAPSE PROGRAM FOCUS & ACTIVITIES	
FOCUS	**ACTIVITIES**
• Identification of reasons/circumstances of relapse • Prior Recovery Evaluation • Identification of high risk factors and skill deficits • Focus on responsibility, acceptance of authority, and balancing multiple demands and stress	• Identify thinking errors and relapse dynamics • Special relapse prevention sessions • Group education • Individual counseling • Relate relapse circumstances to peers • Attend chemical education and life skill groups • Linkage with self-help groups

Gateway has adopted the relapse preventions models of Terence Gorski, which describe the "stages" of recovery, to provide relapse prevention planning and education. The stages include the transition period, when people become aware that they are experiencing problems related to their alcohol and/or other drug use, and the stabilization period, which begins after clients have been drug-free for a sufficient amount of time to detoxify and no longer experiences cravings for the drug; this normally takes from one to six months, depending on the substance(s) involved.

These stages have different relapse patterns. During the transition period, clients may believe that abstinence is unnecessary, hoping there may be a way to control their alcohol or drug use. Gateway teaches clients that abstinence is necessary, as evidenced by their drug-related incarceration. However, Gorski points out that clients need stabilization management skills to maintain abstinence during the stabilization phase.

By the time clients near completion of the program, they will have entered the stabilization phase and will be aware that controlled use of substances is not a feasible strategy for crime-free living. Therefore, relapse prevention training in this phase focuses on developing stabilization management skills. Clients identify their own relapse triggers, which may include people, places, and situations in which they would want to use again. They then develop detailed plans to participate in healthy, prosocial activities and cultivate associations with people who are recovering and/or who live drug- and crime-free lives and begin to act on these plans.

These activities are important because many clients are tempted to use again as soon as they come in contact with their former drug-using and criminally involved peers—often the only group of people with whom they previously felt at home in the free world.

Clients learn stress reduction techniques and techniques to resolve interpersonal and situational crises that threaten sobriety. They learn to analyze relationships, behaviors, feelings, and events; to recognize the signs of an impending relapse; and to take appropriate steps—attend a 12-step meeting, call a sponsor—to avoid relapse. Clients also learn about how recovery may differ depending on the substance of abuse, thereby enabling them to recognize the progression of recovery in their own lives.

Issues related to family and social support networks are stressed. Clients are encouraged to evaluate the role of their families, significant others, and past associates in the development of their chemically dependent lifestyles. The primary question is whether existing social support networks will hinder or assist in achieving a recovering lifestyle. Many of the issues raised in chemical dependence education and recovery classes are discussed further in group and individual therapy sessions, as clients determine how the issues continue to affect their lives.

Our relapse prevention curriculum addresses a wide range of relevant topics. If the 30-day length of stay precludes full delivery of the curriculum, modules will be selected to meet the specific needs of the clients in the program.

RELAPSE PREVENTION CURRICULUM

Session/Topic

1 Alcohol and Drug Addiction Test
2 Offender Personality Self-Test
3 Exercise 1: Why Do I Want To Change?
Exercise 2: Reasons for Relapse
4 Video – Recovery and Relapse Part I
5 Exercise #3: Alcohol/Drug/Legal Calendar
Exercise #4: Relapse Episode List
6 Exercise #5: Summary of Relapse History
7 Exercise #6: Life and Addiction History, Part 1
8 Video – Recovery and Relapse, Part 2
9 Exercise #6: Life and Addiction History, Part 2
10 Exercise #7: Life History Summary, Part 1
11 Exercise #7: Life History Summary, Part 2
12 Video – Recovery and Relapse, Part 3
13 Exercise #8: Drug/Alcohol Warning Signs
14 Exercise #9: Relapse Warning Signs
15 Exercise #10a: Warning Sign List
16 Exercise #10b: Warning Sign List
17 Exercise #11: Warning Sign Analysis, Part 1
18 Exercise #11: Warning Sign Analysis, Part 2
19 Exercise #12: Combine Warning Sign List
20 Exercise #13: First Ordered Warning Sign List
21 Approved Video or Other Ancillary Material
22 Exercise #14: Final Warning Sign List
23 Exercise #15: Critical Warning Signs
24 Exercise #16: Warning Sign Management Strategy
25 Exercise #17: Identifying High-Risk Situations
26 Exercise #18: Identification of Core Beliefs
27 Exercise #19: Combined Mistaken Belief List
28 Exercise #20: Challenging Mandates and Injunctions
29 Exercise #21: Challenging Mandates
30 Exercise #22: Challenging Injunctions
31 Exercise #23: Improved Reactions to Mandates/Injunctions
32 Approved Video or Other Ancillary Material
33 Exercise #24: Management of High-Rick Situations
34 Exercise #25: Relapse Prevention Strategy
35 Exercise #26: Daily Recovery Plan
36 Exercise #27: Evening Inventory Sheet

THE CHANGE COMPANIES—GATEWAY INTERACTIVE JOURNAL ON RELAPSE PREVENTION

Gateway has enhanced the delivery of relapse prevention services to clients through the implementation of the Interactive Journal for Relapse Prevention, which was designed exclusively for Gateway. These journals provide a very practical approach to relapse prevention and allow the client to focus on how the triggers and factors affect her sobriety. Our experience has shown that having healthy relationships is a key component in maintaining sobriety, and a significant portion of the journal addresses this issue. Some additional topics of the Relapse Prevention journal include:

- Relationship skills
- Effective Communication Skills lead to Healthy Relationships
- Positive Qualities and Benefits of Healthy Relationships
- Improving Your Family Ties
- Resolving Conflict in Your Relationships
- Building Your Safety Net

Clients take their journal with them at discharge so that they can continue to refer to them and work with them in their aftercare placement and have an integral tool to support their continued recovery.

Gateway's experience with this intervention demonstrates that clients are very responsive to these journals and obtain great benefits from completing them. In addition to the internal feedback received on these journals, some of Gateway's current contract monitors have also witnessed this intervention in process, and have indicated that it is a very effective component of the Gateway program that should be continued in the upcoming contract year.

As these journals were produced for Gateway, the resource can be provided only by Gateway—another of the many reasons why MODOC should select Gateway.

RELAPSE PROGRAM FOCUS & ACTIVITIES	
FOCUS	**ACTIVITIES**
• Identification of reasons/circumstances of relapse • Prior Recovery Evaluation • Identification of high risk factors and skill deficits • Focus on responsibility, acceptance of authority, and balancing multiple demands and stress	• Identify thinking errors and relapse dynamics • Special relapse prevention sessions • Group education • Individual counseling • Relate relapse circumstances to peers • Attend chemical education and life skill groups • Linkage with self-help groups

2.12 NECC SPECIFIC REQUIREMENTS

Gateway will provide on-site substance abuse treatment services for offenders housed in the general population at NECC who have been stipulated for six (6) to twelve (12) months of treatment, but who are not appropriate for placement at substance abuse treatment centers due to their ambulatory restrictions or special needs, according to criteria established by the Division of Offender Rehabilitative Services and in collaboration with the Warden.

Gateway proposes to implement at NECC a Modified Therapeutic Community model of substance abuse treatment that focuses on creating a "family" structure and atmosphere, as well as peer accountability, positive peer culture, and opportunities for peer leadership.

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.

Community Enhancement	
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.
Therapeutic/Educative	
Individual Counseling	Incorporates both traditional mental health and unique OCC goals and methods.
Psychoeducational Classes	Are predominant, using 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.
Vocational	
Peer Work Hierarchy	A rotating assignment of residents to jobs necessary to the day-to-day functioning of the facility, serving 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.
Work 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.

As Gateway anticipates some clients at NECC will have co-occurring substance abuse and mental health disorders, we propose to follow the reasonable accommodations and/or modifications as recommended by SAMHSA.

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 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 Northeast Correctional Center.

2.12.1 Services will be provided according to the following requirements:

a. Treatment services will be provided a minimum of five (5) days each week. This may include some evening hours, as necessary. Gateway's treatment schedule reflects this requirement and is attached.

b. Offenders will receive treatment services for six (6) to twelve (12) months and may be either Court-ordered or Board of Probation and Parole-mandated.

c. Gateway will provide a range of substance abuse services as determined by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services including, but not limited to: expanded assessment, treatment planning, individual counseling, group counseling, group education, case management services, and transition and discharge planning. All programming will include additional topics and foci as required to respond appropriately to individualized treatment needs.

Gateway will provide each of these as required by the IFB. Detailed descriptions are found in several places in this proposal.

d. Each offender will receive individual counseling a minimum of two (2) times per month. Individual therapy sessions will be fifty (50) to sixty (60) minutes in length per session. Gateway's treatment schedule reflects this requirement and is attached.

e. Each offender will receive a minimum of three (3) ninety minute (90) sessions of group counseling per week.

f. Each offender will receive a minimum of four (4), one (1) hour recovery-centered education classes per week. Recovery centered education topics shall include, but not be limited to:

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; their impacts on society and 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.

Special Needs-Related Topics
Gateway will incorporate the following topics and lectures into its programming for special needs clients:

- Mental illness and chemical dependency
- Types of mental illness/ special needs
- Managing and coping with symptoms of mental illness and chemical dependency
- Coping with judgments and stereotypes and overcoming obstacles
- Role of desirable health habits and sound nutrition in recovery
- Effects of various mental illnesses on perceptions and behaviors
- Medication management

These topics are included within Gateway's curriculum.

Criminal Thinking
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 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.

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
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

Orientation to 12 Step Programs & Self-Help Programs
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.

Health Needs in Substance Abuse Recovery
Gateway's curricula, including topics in the Interactive Journals address the health debilitating aspects of chemical dependency with respect to various drugs of abuse. Substance abuse and criminal lifestyles are discussed as they relate to health and nutrition. The enormous benefits of a health promoting lifestyle with a healthy, nutritious diet are emphasized, especially with respect to the healing aspects of proper nutrition and exercise. Various aspects of hygiene also are addressed as they affect health needs, i.e., poor dental hygiene and/or the effects drugs have on healthy gums and teeth; vitamin deficiencies that affect healthy skin and hair; and the negative impact on the internal organs of the body. Clients learn the importance of good nutrition and exercise to maintain a healthy, productive lifestyle.

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.

Impact of Parental Substance Abuse on Children
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
Gateway provides HIV/AIDS education during the course of clients' treatment. 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.

Codependency
Codependency 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.

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.

Medicated 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 Medication-Assisted Treatment (MAT) while offenders are receiving institutional treatment and educating them about MAT's potential benefits, their engagement and retention in community-based treatment is improved, as is long-term treatment and recovery outcomes.

Because Gateway has accepted the benefits of MAT, an evidence-based treatment approach, particularly in the treatment of alcohol and opiate dependence, the program was implemented at the Ozark Correctional Center. At OCC 42% of those who receive treatment are alcohol and opiate dependent. The program at OCC 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 OCC clinical staff. Gateway would be happy to assist the Department in implementing this program at WERDCC/CCC and/or NECC should it be interested.

Gateway incorporates Treatment Improvement Protocols (TIPS) and other SAMSHA publications into the professional development and training of treatment staff and 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 Bupenorphine in the treatment of Opioid Dependence; Facts about Naltrexone in the Treatment of Opioid Addiction; TIP 28, Naltrexone and Alcoholism Treatment; and SAMSHA'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.

g. As the incumbent, Gateway has received approval for the current personnel and curricula and will seek approval for new employees and all curricula prior to implementation. **Because we have received prior approval, there will be no delay in services should Gateway be awarded this contract.**

h. Gateway will implement programmatic and case management services to address the reentry preparation needs of offenders including, but not necessarily limited to, vocational readiness, employability skills, and life skills. Case management services will be provided in three (3) to five (5) sessions for offenders in the six (6) month program and six (6) to ten (10) sessions for offenders in the twelve- (12) month program as describe below.

Vocational Readiness/Employability Skills

Gateway's program includes employment readiness training as a means of assisting offenders make a successful transition into the community. Clients learn basic principles of employment, including work ethic, accountability, and payment for a job well done. They receive instruction on aspects of creating resumes, interviewing, and obtaining a job, as well as efforts to retain employment. These include prompt attendance, teamwork, and a willingness to put forth one's best effort with consistency.

Gateway understands that employment is one factor that reduces a client's likelihood of re-offending and relapsing and places emphasis in clients' assessment and treatment plans to identify vocational needs and implement steps to help them obtain vocational training, employability skills, and gainful employment.

Gateway proposes to begin the process of employment preparation by assisting clients in determining their career interest through use of the form on the next page.

GATEWAY FOUNDATION
VOCATIONAL INTEREST SURVEY

UNIT: _____

Client Name: _____ **SID # :** _____

Counselor: _____

Date: _____

Instructions: This is a brief survey to help you identify some vocational interests that will help you with planning for employment. Check all the items that fit your interests. This survey will support your answers when completing your Interactive Re-entry Journal.

Interest – *these are general categories*		**Examples** – *these are not inclusive, but, represent types of activities that may be included in the general categories*	
1	Mechanical	Cars / Trades /Electrical / Plumbing /Air Condition / Heating / Computer Repair	☐
2	Architecture & Construction	Building /Architecture / Remodeling / Furniture Making / Interior Decorating / Painting	☐
3	Agriculture/Natural Resources	Environment /Landscaping /Gardening /Working Outside / Farming & Ranching / Forestry / Livestock Management / Animals & Pets	☐
4	Education / Training	Teaching / Research / Teacher's Aide	☐
5	Information Technology	Computer Application / Business	☐
6	Arts / Communication	Arts / Crafts / Writing / Music / Speech / Drama Journalism / Literature / Languages	☐
7	Finance	Accounting / Bookkeeping /Math /Economics / Banking	☐
8	Dietary / Food Service / Hospitality	Cooking / Party & Event Planning / Restaurant Service or Management /Tourism	☐
9	Human & Social Services	Nursing & Nurses' Aide /Child Care / Marketing	☐
10	Science / Technology	Physical Sciences / Engineering / Research & Development / Biology	☐

Gateway will provide materials for client use in seeking and obtaining employment. Examples of these resources include the following:

- ***Best Resumes and Letters for Ex-Clients*:** Includes resume and letter writing mistakes to avoid; step-by-step instructions on developing each resume section; examples of chronological and functional resumes; job search letters; examples of effective letter; resume and letter evaluation forms; transition resources for ex-clients

- ***The Ex-Client's Job Hunting Guide*:** Examines attitudes; how to conduct research on jobs and communities; effective resumes and letters; job search approaches; how to network for information, advice, and referrals; winning job interview skills; negotiating salary and benefits

- ***Job Interview Tips for People With Not-So-Hot Backgrounds*:** Discusses 35 common interview errors; 101 typical interview questions; unexpected and wacky questions; behavior- and situation-based questions; questions interviewees should ask; closing the interview and follow-up;12 alternative career services

- ***No One Will Hire Me!*:** Discusses misunderstanding job market realities; mistakes that result in self-fulfilling prophecies; 17 key mistakes job seekers make; includes analyses, self-tests, exercises, and resources for avoiding the errors in the future

Life Skills

Clients participate in sessions designed to teach and practice complex life skills such as assertiveness, anger management, goal setting, managing criminality, and changing thinking errors. Many offenders who have experienced a life of crime and substance abuse need assistance with building and maintaining skills to support recovery and allow for an effective transition into the general community. Our life skills curriculum prepares clients to better function in society. Topics covered in Life Skills are described more fully elsewhere in this narrative.

In addition to traditional TC activities, Gateway plans to incorporate the *Living in Balance: Moving from a Life of Addiction to a Life of Recovery* curriculum that was developed by the Hazelden Foundation. The *Living in Balance* (LIB) curriculum consists of twelve core sessions with client worksheet sets that can be used either in individual or group sessions. Twenty-one supplemental worksheets are also available. The worksheets consist of information and exercises designed to reinforce the information. Sessions will be facilitated by trained addiction professionals.

The twelve core sessions that comprise the curriculum are identified below.

- Definitions, Terms, and Self-Diagnosis
- Alcohol and Other Drug Education
- Triggers, Cravings, and Avoiding Relapse
- Planning for Sobriety
- Alcohol and Tobacco
- Spirituality
- Sex, Drugs, and Alcohol
- Stress and Emotional Well-Being
- Skills for Reducing Stress
- Negative Emotions
- Anger and Communication
- Relapse Prevention

Case Management

Gateway will include case management services at NECC that will prepare clients for re-entry into the community as required by the IFB.

Case management services will begin upon admission and will include intake and screening of clients; treatment plan development and ongoing monitoring; aftercare planning to identify and integrate needed community services; referrals and coordination of approved movement of clients; and maintenance of community contacts for efficient linkage of services.

Case management includes referrals for needed services, which may include day care; housing; job placement; recreational activities; medical/dental services; psychological/ psychiatric services food assistance; social services; legal aid; educational/vocational training; financial aid; services for disabilities; family services; parent support groups; and transportation.

Counselors will provide case management sessions and meet with clients as needed to address their needs. During treatment, they continuously assess the need to refer clients to services within the institution, such as medical or chaplain support. They track and monitor client progress in treatment, discuss progress or lack of progress with clients and the treatment team, provide crisis intervention, complete discharge/aftercare plans, and conduct education sessions

Gateway counselors recognize the importance of a strong support network in maintaining recovery. Counselors will maintain contact with community resources and offenders' families as appropriate.

i. Gateway's battery of assessments will allow counselors to address individuals' needs and prepare treatment plans, case management plans, and aftercare plans that are inclusive of identified assets and challenges. The readministration of TCU assessments at specified times during the treatment episode will allow continuous opportunity to update and revise, as needed.

Because this process is already in place at NECC, awarding Gateway this contract will ensure that assessment and awareness of clients' needs and/or progress/lack of progress will continue uninterrupted. Gateway will maintain a counselor-to-offender ratio at NECC of no more than 1:15 per the requirements indicated in the IFB; however, when manageable, the Clinical Supervisor will assume a partial caseload to keep counselor caseloads between 12 and 15.

j. Gateway has established a Contract Quality Assurance Committee to oversee the treatment programs at WERDCC and NECC. The Contract QA Committee meets monthly 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, and Education have regularly attended. Contracted personnel from both Medical and Mental Health also have attended, when available.

This multidisciplinary process greatly benefits all concerned, particularly the offenders. By fostering communication among all parties, potential problems are identified before they occur and treatment efforts continue to be enhanced. As such, the Oversight Committee has become a valuable management tool at Gateway locations and is effective for the joint management of the WERDCC/NECC program.

Additional curricula we propose to utilize at NECC include the following:

Men's Work
This is a workbook-formatted group developed by Paul Kivel (1991) and designed to produce behavioral, attitudinal, and emotional change in men so that they can resolve conflicts without resorting to violence. Topics include the following:

- Growing Up Male: Identifying Violence in My Life
- Anger, Power, Violence, and Drugs: Breaking the Connections
- Becoming Whole: Learning New Roles, Making New Choices

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)*

2.13 TREATMENT PLAN

Gateway's treatment planning process includes the establishment of goals, objectives, and specific interventions to address recovery from substance abuse, criminality, and any additional assessed mental health disorders, as well as any special needs necessitating adaptation of the treatment process and treatment interventions.

Treatment plans reflect offenders' needs and the 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

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, 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.

2.13.1 DEPARTMENT-APPROVED SUBSTANCE ABUSE AND MOTIVATION FOR CHANGE ASSESSMENTS

Motivation for Change Assessment

Gateway proposes to administer the **Texas Christian University Treatment Needs and Motivation** assessment (TCU MOTFORM) as part of the assessment battery 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.

Substance Abuse Assessment

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:

- 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.

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 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 as established by the Department.

d. As has been our past practice, we will continue to invite the facility Wardens 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 our other programs 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 cognitive behavioral therapeutic concepts. Treatment plans were discussed in a previous section of this proposal. Aftercare plans are discussed in detail below.

Gateway assures the Department that all assigned treatment team members, as well as offenders, will sign the treatment plan reviews and updates.

2.13.2 GENDER-RESPONSIVE ASSESSMENT INSTRUMENT

Gateway will determine if a Gender-Responsive Assessment Instrument has been completed on an offender and, if so, will incorporate applicable needs into the Treatment plan for those offenders in six (6) to twelve (12) months of treatment.

a. Gateway will 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 maximum benefit from treatment and enhances awareness of other services available to clients either during treatment or upon release to the community.

b. Gateway will continue to complete a treatment plan review and update on each offender at a minimum frequency specified by the Department.

c. As has been our past practice, we will invite the WERDCC, CCC, and NECC Wardens and a designated Probation and Parole representative to all treatment team meetings.

d. 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 treatment community; 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 designated times 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 WERDCC and NECC and intend to continue and improve on that practice and to implement the same process at CCC.

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 cognitive behavioral therapeutic concepts. Treatment plans were discussed in a previous section of this proposal. Aftercare plans are discussed in detail below.

e. Gateway assures the Department that all assigned treatment team members, as well as offenders, will sign the treatment plan reviews and updates.

2.13.3 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 facility's 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.

a. 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. These are discussed with appropriate staff to include, at minimum, the primary counselor and corrections caseworker. Gateway staff consult with the facility's 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).

2.13.4 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.

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

2.13.5 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. Gateway will work with Department staff to ensure that the documents are forwarded immediately to the referral agencies, as requested.

2.13.6 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.

2.14 CLINICAL RECORDS AND DOCUMENTATION

2.14.1 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
- Gender-responsive 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 programs at WERDCC and NECC is attached as an appendix and will provide examples of the types of forms and documents that will continue to be used. Clinical forms are translated into Spanish to accommodate the Spanish-speaking population, as needed. 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 timeframes are appropriate for purposes of treatment programs at WERDCC/CCC. 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 treatment 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.

2.14.2 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
- Offenders' assessed stage of motivation to change for both substance abuse and criminality
- Pertinent information from the Gender-Responsive Assessment Instrument

2.14.3 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

2.14.4 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.

2.14.5 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

2.15 CERTIFICATION REQUIREMENTS

2.15.1 PROGRAM CERTIFICATION

Gateway programs at WERDCC and NECC are currently certified by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. Our certification is effective through August 31, 2014. We will proceed with the application process for Chillicothe as directed by the Department of Mental Health.

2.15.2 CERTIFICATION WITHIN ONE YEAR

Gateway is the currently certified with the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse at WERDCC and NECC. Re-awarding this contract to Gateway would allow no interruption of services while awaiting re-certification. For the CCC site, Gateway will work with the Department to ensure that certification is obtained within the required timeframe. However, if it is not attainable within that period, Gateway will seek approval from the Department based on an attainable target date.

2.16 SECURITY

2.16.1 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.

2.16.2 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.

2.17 TRAINING REQUIREMENTS

2.17.1 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.

2.17.2 COMPLIANCE WITH TRAINING REQUIREMENTS

Gateway will cooperate with the Department regarding training efforts as mutually agreed upon by Gateway and the Department, and/or as required by the IFB. Training expenses for our employees and/or our contracted employees, including meals, mileage, lodging and other relevant training costs will be paid by Gateway. Gateway will not be obligated nor will it be allowed to pay any expenses incurred by the Department in such instances.

Gateway agrees that orientation and training will include the following:

1. 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.

2. Host institution orientation as required by the Warden.

a. Gateway also requires all full-time, part-time, back-up or substitute personnel to complete the host institution orientation prior to initiation of services.

b. Backup or substitute personnel will meet the three-week requirement if they will be providing services in the institution for 60 consecutive days or longer.

c. 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;
- TAP/Treatment plan training as required;
- Training on the MOCIS Healthcare Module, as required; and
- Missouri Reentry Process Training.

d. *Pathway to Change* Facilitator Training: three-day facilitator training will be required for all staff providing treatment services.

e. Gateway will agree to participate in additional specialized training as deemed necessary by the Department to ensure successful compliance with the contract.

f. Participation in and attendance at training will be documented in Gateway's training records.

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 WERDCC/CCC and NECC, 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 be maintained as an on-going document and includes the New Employment Orientation Checklist and In-service Checklist - Mandatory 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
- 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

Initial Orientation for New Counselors

Week 1:

- Corporate Compliance/Administrative information (training of new counselors by Officer Manager) (2 days)
- Attend daily wing staffing (M/T/TH/F)
- Attend Wing staffing
- Attend client orientation class
- Review client file
- Attend caseload groups
- Attend Conflict Resolution Group
- Attend Thinking Report Lecture
- Learn COD responsibilities
- Construct a client file

Week 2:

- Complete any unfinished task from Week 1
- Observe completion of Weekly Summaries / Complete Weekly Summary
- Attend caseload croups
- Attend Phase II Group / Review phase criteria sheet
- Attend daily staffing
- Attend Coordinator meeting

- Continue file review
- Observe intake/complete intake
- Attend Thinking Report Lecture
- Learn Expeditor responsibilities

Week 3:

- Complete any unfinished task from Week 2
- Attend daily staffing
- Attend Coordinator meeting
- Attend caseload groups
- Complete intakes
- Observe Master Treatment Plan/complete Master Treatment Plan
- Observe treatment plan reviews/complete treatment plan reviews
- With trainer, complete intake through progress note and mental health referral

Week 4:

- Complete any unfinished task from Week 3
- Continue to learn computer entries
- Attend daily staffing
- Attend caseload groups
- Attend Coordinator meeting
- Facilitate Phase II group with another staff present
- Attend *Pathway to Change* class
- Attend *Living In Balance* class
- Attend *Helping Women Recover* class
- Attend *Inside Out Dads* class (NECC staff)
- Attend relapse/re-entry journal class
- Observe Business Office responsibilities

Weeks 4 – 9:

- Continue attending groups
- Continue document completion and entry
- Co-facilitate *Living in Balance* group
- Attend *Helping Women Recover* class
- Attend and help facilitate *Inside Out Dads* class (NECC staff0
- Observe Creative Energy Department
- Continue to add clients to caseload

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
- Cognitive Restructuring—*Pathway to Change* curriculum for staff in the treatment program
- Treating Clients with Special Needs
- Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct
- Overview of Motivational Interviewing and motivational enhancement techniques used within the treatment environment

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

Gateway's practice is to ensure that certified staff annually receives the required 40 hours of continuing education hours. This education includes Ethics and 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.

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.

2.17.3 STAFF SUPERVISION PRIOR TO TRAINING COMPLETION

No staff person will work unsupervised prior to completing basic training.

2.18 PERSONNEL REQUIREMENTS

2.18.1 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. Current curriculum vitae and evidence of licensure/certification and Department approval prior to employment and placement of staff
g. Employment of a diversified staff
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 one full-time, on-site program administrator at CCC and one full-time program administrator at WERDCC/NECC
n. Preferred Program administrators' credential, education, experience
o. Allocation of one FTE to perform pre-program assessments for Board of Probation and Parole-referred offenders at each of the women's facilities
p. Staffing patterns for the Short-Term, Intermediate, Long-Term, Partial Day, and Relapse Program may be staffed with one full-time, qualified staff person dedicated to that program.
q. Qualifications for Clinical Supervisors and minimum of four (4) clinical supervisors at CCC and minimum of four clinical supervisors at WERDCC, one (1) who will be dedicated solely to the Co-occurring Disorders Wing
r. Minimum staffing and qualification for WERDCC Co-occurring Disorders wing and counselor-to-offender ratio
s. Assignment of co-occurring disorders offenders to primary counselors
t. Good faith efforts to employ qualified co-occurring disorders counselors
u. Minimum staffing/staff qualifications for NECC personnel and counselor-to-offender ratio
v. Prior approval of staff by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services
w. Obligation to meet or exceed minimum staffing requirements herein at all times.

2.19 INTERPRETIVE/TRANSLATION SERVICES

2.19.1 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.

2.20 MEETING AND OTHER REQUIREMENTS

2.20.1 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 facility 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 facility Warden/designee. When full contract implementation is achieved, meetings will be conducted, at a minimum, on a quarterly basis.

2.20.2 MONTHLY QUALITY ASSURANCE ACTIVITIES

Gateway has designed and implemented monthly quality assurance (QA) activities to ensure appropriate contract compliance and service quality. A summary of monthly QA activities for each facility is maintained and forwarded to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services, and the Warden at each correctional facility on a quarterly basis according to the following schedule: October 15 (for the months of July, August, September), January 15 (for the months of October, November, December), April 15 (for the months of January, February, March), and July 15 (for the months of April, May, and June).

Gateway established a **Quality Assurance Committee** to oversee treatment at WERDCC/NECC and will establish a committee for CCC. 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, and contracted personnel from both Medical and Mental Health are invited to attend.

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 WERDCC, CCC, and NECC programs.

NOTE: SECTIONS 2.20.3 THROUGH 2.26.7 CONTAIN GENERAL CONTRACTUAL REQUIREMENTS. GATEWAY UNDERSTANDS THESE REQUIREMENTS AND AGREES TO COMPLY WITH ALL ITEMS STIPULATED IN THOSE SECTIONS AND SUBSECTIONS AS IDENTIFIED BELOW.

2.20.3 Audit Requirements
2.20.4 Document Retention
2.20.5 Stamped Correspondence
2.20.6 Public Release of Information Regarding the Contract
2.21 Other Contractual Requirements
2.21.1 Contract
2.21.2 Contract Period
2.21.3 Renewal Periods
2.21.4 Termination
2.21.5 Notice of Contract Cancellation
2.21.6 Deficiency Notice
2.21.7 Contractor Liability
2.21.8 Conflict of Interest
2.21.9 Insurance
2.21.10 Incidental Beneficiaries
2.21.11 Assignment
2.21.12 Coordination
2.21.13 Confidentiality
2.21.14 Property of State
2.21.15 Publicity
2.21.16 Legal and Accounting Services
2.21.17 Subcontractors
2.22 E-Verify
2.22.1 E-Verify
2.22.2 Verification of Enrollment
2.22.3 Submission of Exhibit I, Business Entity Certification, Enrollment Document, and Affidavit of Work Authorization
2.23 Participation by Other Organizations
2.24 Contractor's Personnel
2.25 Invoice Requirements
2.25.1 State Vendor ACH/EFT Application
2.25.2 Daily Head Count
2.25.3 Itemized Invoices
2.25.4 Invoice Processing
2.25.5 State of Missouri Purchasing card (VISA as a method of payment
2.26 Federal Funds Requirements
2.26.1 Use of Federal Funds
2.26.2 Compliance with OMG Administrative Requirements and Cost Principles
2.26.3 Steven's Amendment

2.26.4 Limitations on Use of Appropriated Funds
2.26.5 Compliance with 37 CFR part 401
2.26.6 Compliance with OMB Circular A-133, Section 210 if applicable
2.26.7 Non-Discrimination and ADA

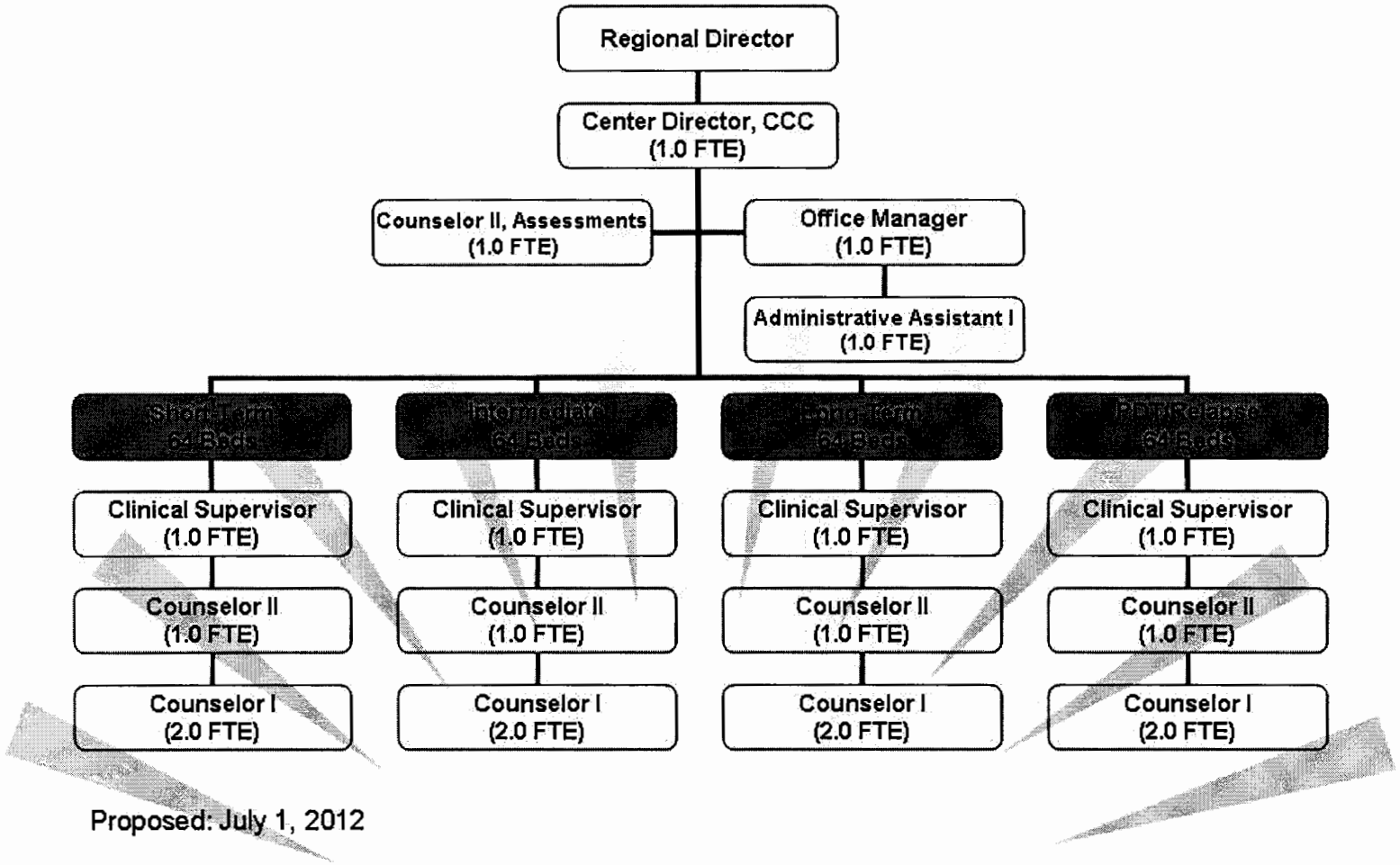
ADDITIONAL REQUIREMENTS OF IFB SECTION 3.7

3.7.4 ORGANIZATIONAL CHART

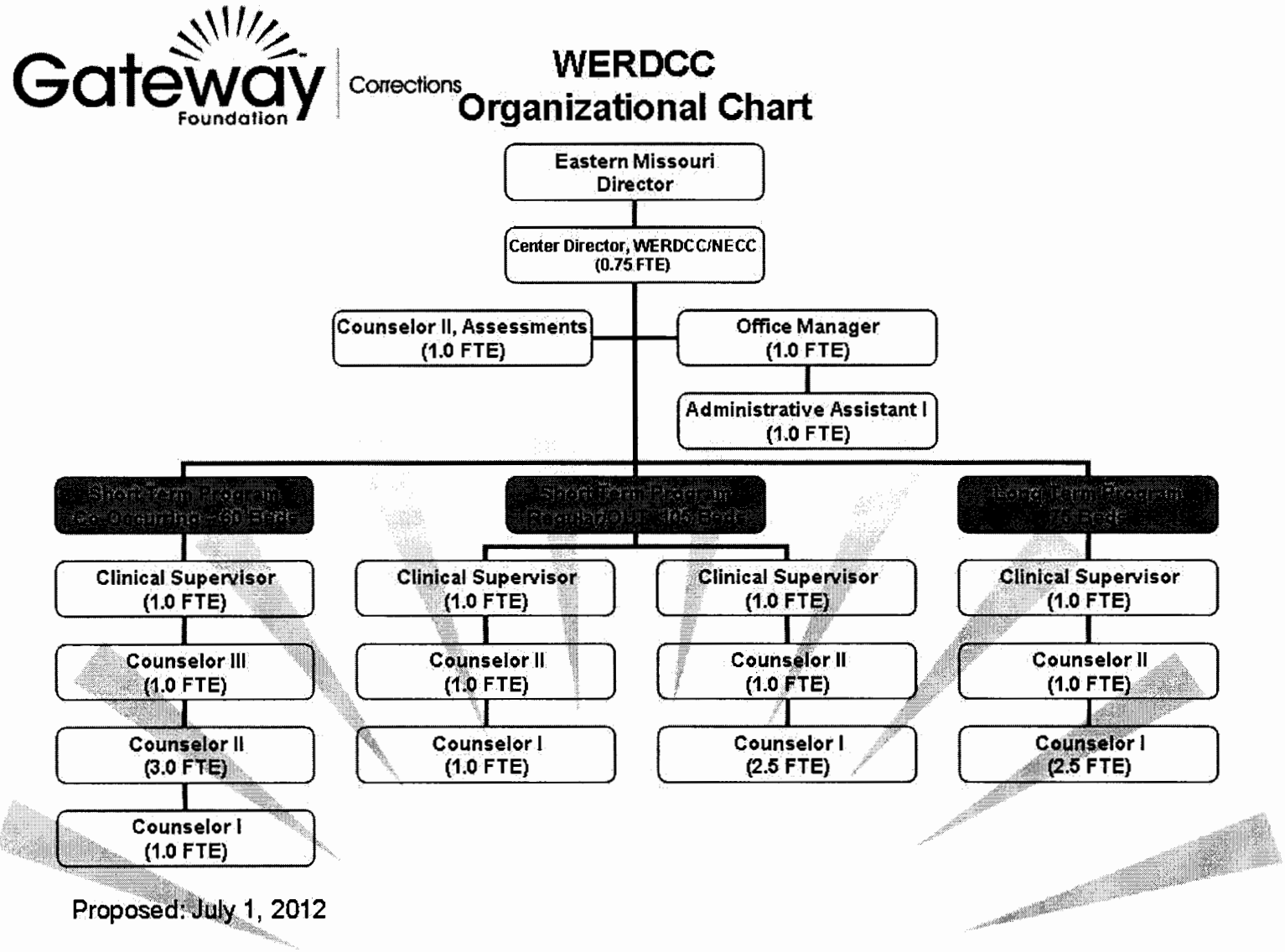
On the following pages, please find Gateway's organizational charts for the programs at each facility.

Corrections

CCC Organizational Chart

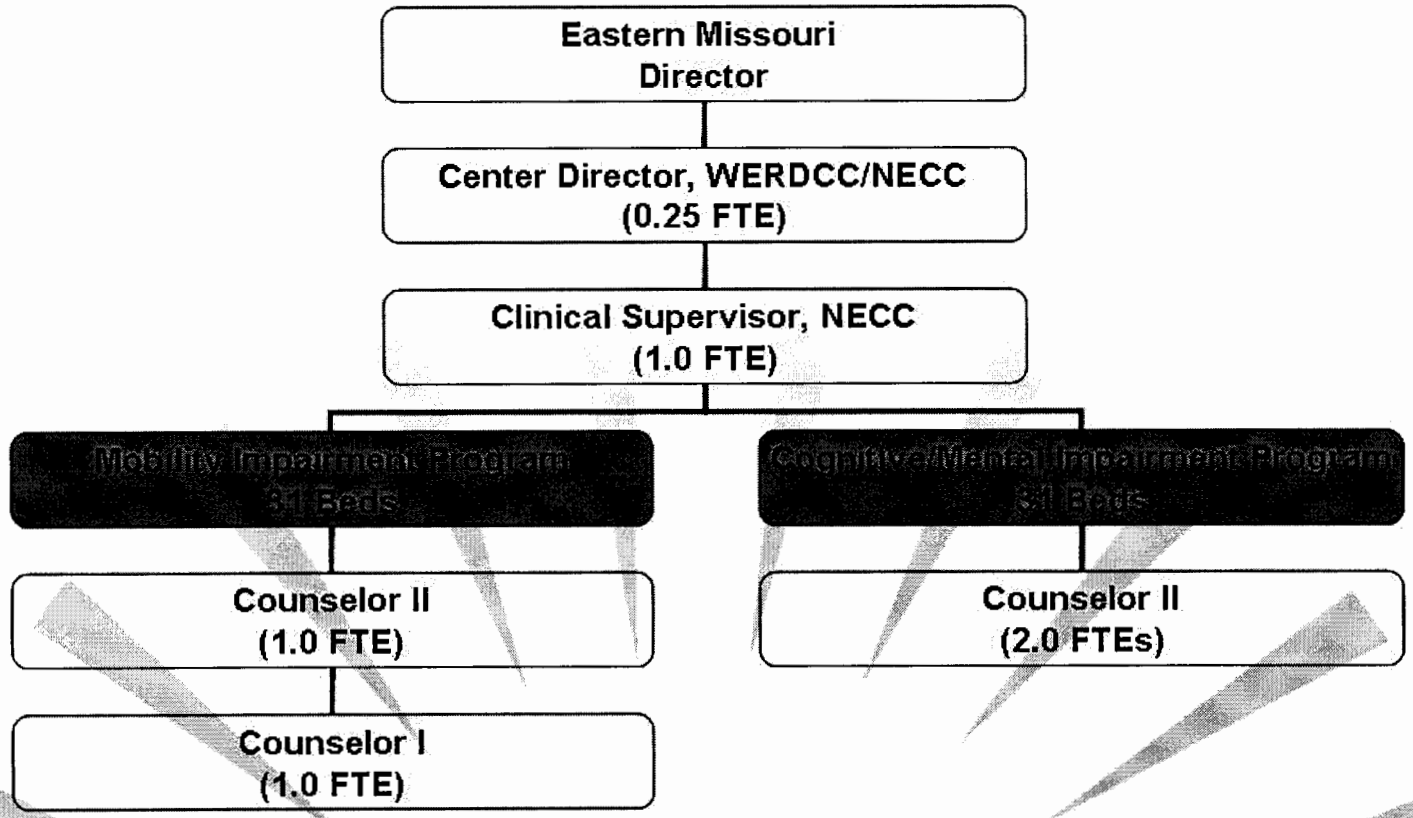


Proposed: July 1, 2012


Gateway Foundation
Corrections
WERDCC
Organizational Chart
Eastern Missouri Director
Center Director, WERDCC/NECC (0.75 FTE)
Counselor II, Assessments (1.0 FTE)
Office Manager (1.0 FTE)
Administrative Assistant I (1.0 FTE)
Clinical Supervisor (1.0 FTE)
Counselor III (1.0 FTE)
Counselor II (3.0 FTE)
Counselor I (1.0 FTE)
Clinical Supervisor (1.0 FTE)
Counselor II (1.0 FTE)
Counselor I (1.0 FTE)
Clinical Supervisor (1.0 FTE)
Counselor II (1.0 FTE)
Counselor I (2.5 FTE)
Clinical Supervisor (1.0 FTE)
Counselor II (1.0 FTE)
Counselor I (2.5 FTE)
Proposed: July 1, 2012

Corrections

NECC Organizational Chart



Proposed: July 1, 2012

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.

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.

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.)	• 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.)	• 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.)	**For visually impaired or blind clients:** • 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 **For hearing impaired or deaf clients:** • 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	• 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	• 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

- 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. 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 treatment environments

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 and MH-4 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 offenders as they arrive at the treatment program. Files lacking the required assessment are noted and completed within the allotted time frame. This process has been very efficient in the past, resulting in a high percentage of achieving assessment guidelines

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 SCHEDULES

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. Upon award, these schedules will be reviewed with the institution management (i.e., Wardens, FUMs, etc.) and representatives from DORS to ensure that the implementation of the program fits seamlessly into the structure of the institution.

The proposed program schedules for each program at each facility are provided on the following pages.

GATEWAY WEEKLY TREATMENT SCHEDULE: CCC—SHORT-TERM & INTERMEDIATE PROGRAMS

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM							
6:30 AM – 7:00 AM		House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	
7:00 AM – 7:50 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:00 AM – 8:50 AM	Homework Study/Recreation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	
		Ph. II/III: LIB	Ph. II/III: Relapse Prev. / ST Pathway to Change	Ph. II/III: CD Ed.	Ph. II/III: Reentry Gp. / ST Pathway to Change	Ph. II/III: LIB	Homework Study/Recreation
9:00 AM – 9:50 AM		Counseling Group / or Ind. Study		Counseling Group / or Ind. Study		Counseling Group / or Ind. Study	
10:00 AM – 10:50 PM		Cognitive Skills Education Group	TCU Brief Interv. Educational Groups	MH Disorder Group	TCU Brief Interv. Educational Groups	Cognitive Skills Education Group	Morning Meeting
11:00 AM– 11:50 AM							
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Family CD Education (2 Sat./month)
1:00 PM – 1:50 PM		Counseling Group / or Ind. Study	Seeking Safety Group	Counseling Group / or Ind. Study	Seeking Safety Group	Counseling Group / or Ind. Study	Visitation or Independent Study Or Homework Study/Recreation
2:00 PM – 2:50 PM		Conflict Resolution Group		Conflict Resolution Group		Conflict Resolution Group	
3:00 PM – 3:50 PM		Time Out for Me! Group	TCU Brief Interv. Educational Groups	Time Out for Me! Group	TCU Brief Interv. Educational Groups	Time Out for Me! Group	
4:00 PM – 4:50 PM							
5:00 PM – 7:50 PM		Support Group Meeting		Support Group Meeting		Support Group Meeting	
8:00 PM – 8:50 PM							
9:00 PM – 10:00 PM							

GATEWAY WEEKLY TREATMENT SCHEDULE: CCC—LONG-TERM PROGRAM

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM							
6:30 AM – 7:00 AM		House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	
7:00 AM – 7:50 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:00 AM – 8:50 AM	Homework Study/Recreation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	
9:00 AM – 9:50 AM		Ph. II/III: LIB Counseling Group / or / Ind. Study	Helping Women Recover Group	Ph. II/III: CD Ed. Counseling Group / or / Ind. Study	Helping Women Recover Group	Ph. II/III: LIB Counseling Group / or / Ind. Study	Homework Study/Recreation
10:00 AM – 10:50 PM		Cognitive Skills Education Group	TCU Brief Interv. Educational Groups	MH Disorder Group	TCU Brief Interv. Educational Groups	Cognitive Skills Education Group	Morning Meeting
11:00 AM– 11:50 AM							
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Family CD Education (2 Sat./month)
1:00 PM – 1:50 PM		Counseling Group / or / Ind. Study	Seeking Safety Group / LT Pathway To Change	Counseling Group / or / Ind. Study	Seeking Safety Group / LT Pathway To Change	Counseling Group / or / Ind. Study	Visitation or Independent Study Or Homework Study/Recreation
2:00 PM – 2:50 PM		Conflict Resolution Group		Conflict Resolution Group		Conflict Resolution Group	
3:00 PM – 3:50 PM		Time Out for Me! Group	Relapse Prevention Journal Group	Time Out for Me! Group	Reentry Journal Group	Time Out for Me! Group	
4:00 PM – 4:50 PM							
5:00 PM – 7:50 PM		Support Group Meeting		Support Group Meeting		Support Group Meeting	
8:00 PM – 8:50 PM							
9:00 PM – 10:00 PM							

GATEWAY WEEKLY TREATMENT SCHEDULE: CCC—RELAPSE PROGRAM

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM	Sleep Time	Wake Up/Hygiene	Wake Up/Hygiene	Wake Up/Hygiene	Wake Up/Hygiene	Wake Up/Hygiene	Sleep Time
6:30 AM – 7:00 AM	Sleep Time	Breakfast/Hygiene	Breakfast/Hygiene	Breakfast/Hygiene	Breakfast/Hygiene	Breakfast/Hygiene	Sleep Time
7:00 AM – 7:50 AM	Wake Up/Hygiene Breakfast/Hygiene	House Jobs	House Jobs	House Jobs	House Jobs	House Jobs	Wake Up/Hygiene Breakfast/Hygiene
8:00 AM – 8:30 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:30 AM – 9:30 AM	Homework Study/Recreation	Relapse Prevention Education	Life Skills Group (LIB)	Relapse Prevention Education	Life Skills Group (LIB)	Relapse Prevention Education	Homework Study/Recreation
9:30 AM – 11:00 PM		Counseling Group / or / Ind. Study	Conflict Resolution Group	Counseling Group / or / Ind. Study	Conflict Resolution Group	Counseling Group / or / Ind. Study	
11:00 AM– 11:50 AM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Visitation or Independent Study Or Homework Study/Recreation
1:00 PM – 2:20 PM		Counseling Group / or / Ind. Study	Relapse Prevention Journal Group	Counseling Group / or / Ind. Study	Re-Entry Journal Group	Counseling Group / or / Ind. Study	
2:30 PM – 4:00 PM		Individual Cnsling. or Independent Study	Transition Group	Support Group Meeting	Transition Group	Individual Cnsling. or Independent Study	
4:00 PM – 4:50 PM	CHOW/FORM DUTIES	CHOW/FORM DUTIES	CHOW/FORM DUTIES	CHOW/FORM DUTIES	CHOW/FORM DUTIES	CHOW/FORM DUTIES	CHOW/FORM DUTIES
5:00 PM – 7:50 PM	Free Time	Support Group Meeting	Independent Study	Independent Study	Independent Study	Support Group Meeting	Free Time
8:00 PM – 8:50 PM	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time
9:00 PM – 10:00 PM	Self Reflection	Self Reflection	Self Reflection	Self Reflection	Self Reflection	Self Reflection	Self Reflection

GATEWAY WEEKLY TREATMENT SCHEDULE: CCC—PARTIAL DAY TREATMENT PROGRAM

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM – 6:30 AM							
6:30 AM – 7:00 AM							
7:00 AM – 7:50 AM		House Jobs	House Jobs	House Jobs	House Jobs	House Jobs	
8:00 AM – 8:30 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:30 AM – 9:30 AM	Homework Study/Recreation	Relapse Prevention Education	Life Skills Group (LIB)	Relapse Prevention Education	Life Skills Group (LIB)	Relapse Prevention Education	Homework Study/Recreation
9:30 AM – 11:00 PM		Caseload Counseling Group / Individual Assignments	Conflict Resolution Counseling Group	Caseload Counseling Group / Individual Assignments	Conflict Resolution Counseling Group	Caseload Counseling Group / Individual Assignments	
11:00 AM– 11:50 AM							
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPR&LE Assignments Study/Recreation*	TPR&LE Assignments Study/Recreation*	TPR&LE Assignments Study/Recreation*	TPR&LE Assignments Study/Recreation*	TPR&LE Assignments Study/Recreation*	Visitation or Independent Study Or Homework Study/Recreation
1:00 PM – 2:20 PM		Caseload Counseling Group / Individual Assignments	Relapse Prevention Journal Group	Caseload Counseling Group / Individual Assignments	Re-Entry Journal Group	Caseload Counseling Group / Individual Assignments	
2:30 PM – 3:50 PM		Individual Cseling. or Independent Study	Individual Cseling. or Independent Study	Individual Cseling. or Independent Study	Individual Cseling. or Independent Study	Individual Cseling. or Independent Study	
4:00 PM – 4:50 PM							
5:00 PM – 7:50 PM		Support Group Meeting				Support Group Meeting	
8:00 PM – 8:50 PM							
9:00 PM – 10:00 PM							

GATEWAY WEEKLY TREATMENT SCHEDULE: WERDCC—SHORT-TERM & OUT PROGRAMS

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM							
6:30 AM – 7:00 AM		House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	
7:00 AM – 7:50 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:00 AM – 8:50 AM	Homework Study/Recreation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	
9:00 AM – 9:50 AM		Ph. II/III: LIB / Counseling Group or Ind. Study	Ph. II/III: Relapse Prev. / ST Pathway to Change	Ph. II/III: CD Ed. / Counseling Group or Ind. Study	Ph. II/III: Reentry Gp. / ST Pathway to Change	Ph. II/III: LIB / Counseling Group or Ind. Study	Homework Study/Recreation
10:00 AM – 10:50 PM		Cognitive Skills Education Group	TCU Brief Interv. Educational Groups	Drug-Specific Educational Groups	TCU Brief Interv. Educational Groups	Cognitive Skills Education Group	Morning Meeting
11:00 AM– 11:50 AM							
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Family CD Education (2 Sat./month)
1:00 PM – 1:50 PM		Counseling Group or Ind. Study	Seeking Safety Group	Counseling Group or Ind. Study	Seeking Safety Group	Counseling Group or Ind. Study	Visitation or Independent Study Or Homework Study/Recreation
2:00 PM – 2:50 PM		Conflict Resolution Group		Conflict Resolution Group		Conflict Resolution Group	
3:00 PM – 3:50 PM		Time Out for Me! Group	TCU Brief Interv. Educational Groups	Time Out for Me! Group	TCU Brief Interv. Educational Groups	Time Out for Me! Group	
4:00 PM – 4:50 PM							
5:00 PM – 7:50 PM		Support Group Meeting		Support Group Meeting		Support Group Meeting	
8:00 PM – 8:50 PM							
9:00 PM – 10:00 PM							

GATEWAY WEEKLY TREATMENT SCHEDULE: WERDCC—LONG-TERM PROGRAM

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM							
6:30 AM – 7:00 AM		House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	
7:00 AM – 7:50 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:00 AM – 8:50 AM	Homework Study/Recreation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	Ph. I: Orientation	
		Ph. II/III: LIB	Helping Women Recover Group	Ph. II/III: CD Ed.	Helping Women Recover Group	Ph. II/III: LIB	Homework Study/Recreation
9:00 AM – 9:50 AM		Counseling Group or Ind. Study		Counseling Group or Ind. Study		Counseling Group or Ind. Study	
10:00 AM – 10:50 PM		Cognitive Skills Education Group	TCU Brief Interv. Educational Groups	Drug-Specific Educational Groups	TCU Brief Interv. Educational Groups	Cognitive Skills Education Group	Morning Meeting
11:00 AM– 11:50 AM							
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Family CD Education (2 Sat./month)
1:00 PM – 1:50 PM		Counseling Group or Ind. Study	Seeking Safety Group / LT Pathway To Change	Counseling Group or Ind. Study	Seeking Safety Group / LT Pathway To Change	Counseling Group or Ind. Study	Visitation or Independent Study Or Homework Study/Recreation
2:00 PM – 2:50 PM		Conflict Resolution Group		Conflict Resolution Group		Conflict Resolution Group	
3:00 PM – 3:50 PM		Time Out for Me! Group	Relapse Prevention Journal Group	Time Out for Me! Group	Reentry Journal Group	Time Out for Me! Group	
4:00 PM – 4:50 PM							
5:00 PM – 7:50 PM		Support Group Meeting		Support Group Meeting		Support Group Meeting	
8:00 PM – 8:50 PM							
9:00 PM – 10:00 PM							

GATEWAY WEEKLY TREATMENT SCHEDULE: WERDCC—CO-OCCURRING DISORDERS PROGRAM

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM							
6:30 AM – 7:00 AM		House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	House Jobs COD Meeting	
7:00 AM – 7:50 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:00 AM – 8:50 AM	Homework Study/Recreation	Phs. I: Orientation	Phs. I: Orientation	Phs. I: Orientation	Phs. I: Orientation	Phs. I: Orientation	
		Phs. II/III: LIB	Helping Women Recover Group	Phs. II/III: CD Ed.	Helping Women Recover Group	Phs. II/III: LIB	Homework Study/Recreation
9:00 AM – 9:50 AM		Counseling Group / or / Ind. Study		Counseling Group / or / Ind. Study		Counseling Group / or / Ind. Study	
10:00 AM – 10:50 PM		Cognitive Skills Education Group	TCU Brief Interv. Educational Groups	MH Disorder Group	TCU Brief Interv. Educational Groups	Cognitive Skills Education Group	Morning Meeting
11:00 AM– 11:50 AM							
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Family CD Education (2 Sat./month)
1:00 PM – 1:50 PM		Counseling Group / or / Ind. Study	Seeking Safety Group / LT Pathway To Change	Counseling Group / or / Ind. Study	Seeking Safety Group / LT Pathway To Change	Counseling Group / or / Ind. Study	Visitation or Independent Study Or Homework Study/Recreation
2:00 PM – 2:50 PM		Conflict Resolution Group		Conflict Resolution Group		Conflict Resolution Group	
3:00 PM – 3:50 PM		Time Out for Me! Group	Relapse Prevention Journal Group	Time Out for Me! Group	Reentry Journal Group	Time Out for Me! Group	
4:00 PM – 4:50 PM							
5:00 PM – 7:50 PM		Support Group Meeting		Support Group Meeting		Support Group Meeting	
8:00 PM – 8:50 PM							
9:00 PM – 10:00 PM							

GATEWAY WEEKLY TREATMENT SCHEDULE: NECC—SPECIAL NEEDS PROGRAM

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00 AM - 6:30 AM	Sleep Time	Wake Up/Hygiene	Wake Up/Hygiene	Wake Up/Hygiene	Wake Up/Hygiene	Wake Up/Hygiene	Sleep Time
6:30 AM – 7:00 AM	Sleep Time	Dorm Clean-up	Dorm Clean-up	Dorm Clean-up	Dorm Clean-up	Dorm Clean-up	Sleep Time
7:00 AM – 7:50 AM	Wake Up/Hygiene Dorm Clean-up	House Jobs	House Jobs	House Jobs	House Jobs	House Jobs	Wake Up/Hygiene Dorm Clean-up
8:00 AM – 8:30 AM		Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
8:30 AM – 9:30 AM	Homework Study/Recreation	Ph. I: Orientation Ph. II/III: RC Educ.	Ph. I: Orientation Ph. II/III: RC Educ.	Ph. I: Orientation Ph. II/III: RC Educ.	Ph. I: Orientation Ph. II/III: RC Educ.	Inside Out Dads	Homework Study/Recreation
9:30 AM – 11:00 PM		Counseling Group / or / Ind. Study	Encounter Group	Counseling Group / or / Ind. Study	Encounter Group	Counseling Group / or / Ind. Study	
11:00 AM– 11:50 AM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:00 PM- 12:50 PM	Visitation or Independent Study Or Homework Study/Recreation	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	TPRs/LE Assignments Study/Recreation*	Visitation or Independent Study Or Homework Study/Recreation
1:00 PM – 2:30 PM		Counseling Group / or / Ind. Study	Pathway To Change	Counseling Group / or / Ind. Study	Pathway To Change	Counseling Group / or / Ind. Study	
2:30 PM – 2:50 PM		Mens Work		Mens Work		Mens Work	
2:30 PM – 4:00 PM			Relapse Prevention Journal Group		Reentry Journal Group		
4:00 PM – 4:50 PM	Free Time Or Chores	Free Time Or Chores	Free Time Or Chores	Free Time Or Chores	Free Time Or Chores	Free Time Or Chores	Free Time Or Chores
5:00 PM – 7:50 PM	Free Time	Support Group Meeting	Independent Study	Support Group Meeting	Independent Study	Support Group Meeting	Free Time
8:00 PM – 8:50 PM	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time
9:00 PM – 10:00 PM	Quiet Time	Quiet Time	Quiet Time	Quiet Time	Quiet Time	Quiet Time	Quiet Time

OVERVIEW OF PROPOSED PROGRAM CURRICULA

Gateway has developed a comprehensive set of program curricula for implementation at WERDCC, CCC, and NECC. These curricula provide the instructional basis for all interventions, which are delivered within the context of Gateway's treatment methodology.

As Gateway Foundation is the current provider and all proposed curricula are currently approved and in use at WERDCC and NECC through the current contract, we have elected to submit a written overview of the curricula in response to this requirement for all facilities currently under bid (CCC, WERDCC and NECC). 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, of 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.

Gateway Foundation | Corrections

OVERVIEW OF CURRICULA-BASED INTERVENTIONS
PROPOSED FOR IFB #SDA411-061
CCC, WERDCC AND NECC

Summary

The table below is provided for clarification on which specific curricula and/or structured intervention will be utilized in response to IFB SDA411-061:

Curriculum-Based Interventions	CCC	WERDCC	NECC
Gateway Core Curriculum, including:	X	X	X
• Orientation	X	X	X
• CD Education	X	X	X
• Life Skills	X	X	X
• Cognitive Restructuring: Cognitive Self Change (CSC) Curriculum	X	X	X
• Gender-Specific Interventions	X	X	X
• Relapse Prevention (Gorski & Change Cos. Journals)	X	X	X
• Reentry Planning	X	X	X
• TC Interventions & Techniques	X	X	X
• TCU Brief Intervention Modules	X	X	X
• The Family & Recovery	X	X	X
Living in Balance (Hazelden)	X	X	X
Change Companies Interactive Journals:	X	X	X
• *Relapse Prevention*	X	X	X
• *Reentry*	X	X	X
Seeking Safety (Najvits)	X	X	
Helping Women Recover (Covington)	X	X	
Time Out for Me!	X	X	
Men's Work			X
Inside Out Dad (Men)			X
Pathway to Change (training and material provided through Missouri DOC)	X	X	X

Each of these elements is described in further detail on the pages that follow.

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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 and introduction to dependency
ii. Basic Recovery—which covers physiological/psychological symptoms
iii. Science of Addition—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)

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

II. LIVING IN BALANCE (HAZELDEN)

Gateway plans to incorporate the *Living in Balance: Moving from a Life of Addiction to a Life of Recovery, a* curriculum that was developed by the Hazelden Foundation. The *Living in Balance* (LIB) curriculum consists of twelve core sessions with client worksheet sets that can be used either in individual or group sessions. Twenty-one supplemental worksheets are also available. The worksheets consist of information and exercises designed to reinforce the information. Sessions will be facilitated by trained addiction professionals.

The twelve core sessions that comprise the curriculum are identified below.

- Definitions, Terms, and Self-Diagnosis
- Alcohol and Other Drug Education
- Triggers, Cravings, and Avoiding Relapse
- Planning for Sobriety
- Alcohol and Tobacco
- Spirituality
- Sex, Drugs, and Alcohol
- Stress and Emotional Well-Being
- Skills for Reducing Stress
- Negative Emotions
- Anger and Communication
- Relapse Prevention

III. 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

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.

IV. SEEKING SAFETY (DR. NAJAVITS)

Because so many substance abusing women have experienced some type of trauma in their lives, it is essential to effective treatment that substance abusing women are provided a safe, supportive environment and nurturing program activities as proposed in the *Seeking Safety* curriculum developed by Dr. Lisa Najavits of the Harvard Medical School/McLean Hospital. *Seeking Safety* consists of 25 topics based on the following key principles:

- Safety as the overarching goal (safety in relationships, thinking, behavior, emotions).
- Integrated treatment for both ***post-traumatic stress and substance abuse***
- Focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
- Four content areas: cognitive, behavioral, interpersonal, case management
- Attention to clinician processes (counter-transference, self-care, and other issues)

The modules contained in the curriculum are specifically designed to address clients' needs through cognitive, interpersonal, and behavioral interventions. Gateway currently uses the *Seeking Safety* program at its female institutions.

The Seeking Safety Curriculum is an approved evidence based practice, and is listed on the National Registry of Evidence-based Programs and Practices (NREPP). A synopsis of that listing is provided on the pages that follow.

V. HELPING WOMEN RECOVER: A PROGRAM FOR TREATMENT SUBSTANCE ABUSE (DR. COVINGTON)

Helping Women Recover sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives. Gateway's Program Director and one of the Clinical Supervisors has been trained on this module.

The intervention is delivered through 1.5-hour sessions that occur once or twice each week. The *Helping Women Recover* program consists of 17 sessions organized around 4 domains: (1) Self, (2) Relationship/Support Systems, (3) Sexuality, and (4) Spirituality. Several studies have been conducted on *Helping Women Recover* and provide evidence as to the effectiveness of the curricula. The curricula is included on several lists of evidence-based practices, including SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

VI. TIME OUT FOR ME! (TCU)

The TCU Brief Intervention, *Time Out!* series consists of a manual for leading a women-only workshop that addresses the sensitive topics of relationships, sexuality, and intimacy. *Time Out! For Me* provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure. The following topics comprise the workshop:

- A new outlook on sexuality
- My personal rights
- Getting through to people (communication skills)
- Woman-care, self-care
- Choices for today's woman
- Talking about our sexuality

VII. 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

VIII. 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

IX. PATHWAY TO CHANGE

Gateway will implement the *Pathway to Change* (PTC) cognitive skills curriculum to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognitive skills to criminal offenders and is written in language that accommodates the educational levels offenders may have.

The lessons allow self-examination by the offenders to identify their own thought and decision-making processes and learn new skills to correct faulty thoughts and behaviors that lead to criminal conduct. *Pathway to Change,* in conjunction with Gateway's Cognitive Self-Change curriculum (described in detail later in this proposal), will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

Pathway to Change consists of twelve lessons. The first six lessons are the core modules and will be presented sequentially and to a closed group of no more than 24 offenders. The second series of six lessons may be presented to open groups and not necessarily in sequence. The program is designed for one (1) or two (2) two-hour modules per week.

Every staff member currently working for Gateway has been trained in *Pathway to Change* facilitation and participates in delivery of that program. All CCC staff members will be similarly trained prior to implementing the curriculum.

3.7.8 PLAN FOR SEAMLESS INTEGRATION OF PROGRAM SERVICES WITH FACILITY OPERATIONS AND FUNCTIONS

As the current provider of treatment services at WERDCC and NECC, Gateway has developed a highly integrated model of service delivery that often exceeds the requirements. 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's schedule is designed to create a flexible treatment schedule that allows offenders to attend treatment services throughout the morning, afternoon and evening. This allows 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 meetings (Morning Meeting, Conflict Resolution, and Wrap-ups) so that every offender is available to attend, thus maintaining her 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 Gateway programs. The treatment day is 24 hours long every day of the week, as every aspect of offenders' time 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 their 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.

As Gateway is not the current treatment provider at CCC, a period of time will be needed to transition the program to Gateway. An Implementation Plan and its corresponding Implementation Schedule are included on the following pages.

PROPOSED IMPLEMENTATION PLAN

Specific start-up activities will commence upon notice of award and will continue until start-up is complete forty-five (45) days from execution of a contract. Most of the start-up activities will be initiated in the first 7 to 10 days of the implementation period, with incremental progress proceeding throughout the start-up period until the program is fully operational. As Gateway is the incumbent provider of services at WERDCC and NECC, the start-up activities will center on the implementation of interventions that are new to this proposal, and the expansion of the NECC program. For the programs at CCC, the start-up activities will include a comprehensive plan to establish the program services as described in our proposal. The start-up activities will include, but not be limited to the following functions:

ADMINISTRATIVE FUNCTIONS

The following tasks can be accomplished at our **Corporate Office in Chicago, IL.**

- Complete any application processes necessary to enable Gateway to provide treatment services at CCC.
- Coordinate between the Department and Gateway's Accounts Receivable Department to set up billing mechanisms for the additional site (CCC).
- Coordinate and establish procedures to facilitate effective reporting activities for all programs.
- Assist the implementation team and coordinate with the Department in developing program materials.
- Arrange for timely delivery of items needed to implement program services, such as equipment and Gateway forms.

HUMAN RESOURCES FUNCTIONS

Once awarded this contract, we will implement a zealous plan for hiring at the Chillicothe Correctional Center. Our top priority will be to hire an effective Program Director. Our start-up team will include a member of our Human Resources Department to assist with hiring. First, we will interview staff members currently providing services at CCC through the existing contract. For those who meet Gateway standards for hiring, we would welcome their expertise, especially with respect to their existing familiarity with the site and the offenders there. Gateway will review applicants with the Department and seek guidance regarding any hiring decisions of existing personnel. The focus at WERDCC and NECC will be to hire staff for the vacant and expanded positions not currently part of the staffing pattern (i.e., growth due to the lower staff to client ratio at WERDCC and the additional beds for the NECC program).

In addition, staff members from our many other corrections-related or community-based programs are available to assist in start-up efforts, or may even apply for permanent positions at CCC, WERDCC and NECC. Finally, we will recruit and hire staff from the community through

advertising for remaining staff positions, and coordinate as necessary with the Department. In fact, our Human Resources Department has actively familiarized itself with the availability of substance abuse treatment professionals in Missouri as well as compensation expectations in the facility areas in an effort to prepare for providing services there should we receive the contract award.

The Human Resources Specialist will facilitate all aspects of hiring including interviews, background and reference checks, urine testing, benefits, payroll issues and initial orientation to Gateway policies. We have found that providing a representative onsite allows for comprehensive and efficient recruitment and preparation of staff, which allows Gateway to shorten the initial start-up period. The interview and selection process will continue throughout the start-up period until a full complement of staff is hired. Further details on staff recruitment, hiring and retention policies are provided elsewhere in this proposal.

INFORMATION SERVICES FUNCTIONS

Our Information Services Department (IS) will systematically investigate, then coordinate information and technological needs and resources with the Department to ensure compliance with the contract. The main focus of the IS team will be to work with the Office of Administration personnel on the installation of the Gateway server for the DENS assessment application (as described in Section 3.7 of our proposal).

IMPLEMENTATION TEAM RESPONSIBILITIES

- Provide services to clients as reasonable on an ongoing basis and monitor status of treatment milieu throughout the start-up process and assist new staff to assimilate to the treatment unit.
- Review current Department structure, policies and procedures with Department personnel
- Meet with the Superintendent, CCC staff, and clients, in combination or separately, on a routine basis to facilitate communication of start-up progress, solicit feedback and provide instruction, orientation and training as needed
- In conjunction with the department, adapt Gateway curriculum to fit the requirements of CCC, WERDCC and the clients in Missouri.
- Submit weekly Transition Report, detailing progress, to VP, Corrections Programs and the department.
- Provide unit staff with proposal and contract for services
- Set up office and office equipment, train staff as necessary
- Post Gateway philosophy, treatment slogans, etc. as allowed by the institutions.
- Develop staff assignments and schedules and notify the department.
- Develop policies and procedures manual to fit the contract requirements and to meet the needs of the Department. Each of Gateway's existing programs, including programs delivered in correctional institutions much like those in Missouri, are operated according to

written policies and procedures. Thus, Gateway is fully capable of quickly developing a policies and procedure manual specific to the treatment activities in Missouri.

- Conduct a training needs assessment and initiate training for staff members and Department staff (with permission from the Department). Gateway understands that staff training is essential for delivery of high quality services.
- The implementation team will make it a priority to identify and provide for the training needs of on-site Gateway staff and Department personnel, particularly with respect to the unique aspects of Gateway's treatment philosophies. We will also ensure that staff participates in any Department-initiated training experiences upon request. Many of our agency managers are experienced trainers and able to provide for the majority of staff development needs. Training efforts will continue on an ongoing basis throughout the term of the contract.

Typical training needs for start-up include documentation, orientation, groups, schedule development, curriculum, treatment philosophy and other topics determined by the training needs assessment. Training will also be tailored to each staff person according to his/her job position (e.g., Program Director vs. Administrative Assistant). Staff training will also include instruction on utilization of the ASI. We have found from our transition experiences that require us to take over services provided by the incumbent provider that staff require training in performing the basic activities of the treatment environment, such as conflict resolution/encounter groups, process groups, and individualized treatment planning. Agendas for staff training will be developed on a weekly basis or as necessary.

- Develop Orientation Manual specific to CCC, and make modifications to the WERDCC and NECC manuals as necessary due to any new contractual requirements.
- Meet with CCC Warden and department staff to begin establishing a working relationship at the new institution.
- Arrange for staff to meet with Security for initial, mutual cross training sessions
- Meet with Department representatives to delineate performance expectations and set-up referral procedures for referring clients into and out of the program
- Determine with the department the date Gateway will be responsible for clinical records, and develop schedule to prepare and accomplish transition of records from current provider.
- Work as a team with the Department to integrate program operations and ensure a smooth transition. Focus will be on being able to provide services to inmates as soon as possible to avoid any lapse in services.

These tasks will be prioritized and addressed to meet the needs of the offenders and employees.

The following table details the elements of Gateway's Implementation Plan. Our implementation plan is designed to remain flexible so that we can adapt to the needs of our clients and to institutional and Departmental requirements. Thus, the plan is meant as an estimation of activities and timeframes.

PROGRAM COMPONENT TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON DAYS	DELIVERABLE PRODUCTS
Administrative Functions				
Complete any application processes necessary to enable Gateway to provide treatment services at CCC	Process already completed	Corporate Office Business Manager	2	Completed application process with Gateway licensed to do business in Missouri
Coordinate between the Department and Gateway's Accounts Receivable Department to set up billing mechanisms	Contract execution date – 4 weeks	Accounts Receivable personnel	7	Billing processes established and approved by the department
Coordinate and establish procedures to facilitate effective reporting activities	Contract execution date – 4 weeks	Information Services personnel	6	Procedures established for reporting activities, approved by the department
Assist the implementation team and coordinate with the Department in purchasing or developing program materials	Contract execution date – 4 weeks	Regional Director, Purchasing Department personnel, Implementation Team	5-10	Program materials developed and delivered
Arrange for timely delivery of items needed to implement program services, such as equipment and Gateway forms	Contract execution date – 4 weeks	Purchasing Department personnel, Implementation Team	4	Equipment and forms delivered
Information Services Functions				
Investigate, then coordinate information and technological needs and resources with the Department	Contract execution date and/or date of award notice	Information Services personnel (on site and Corporate Office)	7	Information Services technological needs and resources established on site and at Corporate Office, as needed
Work with departmental, institutional and OA staff to install the Gateway servers at WERDCC and CCC and install the network version of Gateway's DENS application	Upon contract execution and/or date of award notice	Information Services personnel (on site and Corporate Office)	30-60	Installed network version of the DENS application, and mapped access to all clinical staff PC's

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON DAYS	DELIVERABLE PRODUCTS
Human Resources Functions				
Recruit staff	Contract execution date or sooner with Department permission; 7 to 15 days after contract execution	Human Resources personnel (on site and Corporate Office), Implementation Team	14-20	Full complement of staff hired
Interview staff members currently providing services at the proposed site pursuant to the existing contracts	Contract execution date or sooner, as above -- within 5 days	Human Resources staff onsite, Implementation Team	10	All existing staff interviewed
Advertise vacancies as needed, externally and internally	Immediately after interviews with existing staff, if needed	Human Resources personnel	0.5	Vacancies advertised internally and externally as needed
Perform background and reference checks, urine testing, benefits, payroll issues and initial orientation to Gateway policies regarding new hires	Immediately as of hire dates of staff – 4 weeks	Human Resources staff (on site and Corporate Office)	7	All tasks completed for new hires
Implementation Team Functions				
Provide services to clients as reasonable on an ongoing basis and monitor status of treatment milieu throughout the start-up process, while assisting new staff to assimilate to the treatment unit.	First date of contract term -- 30 days later, as needed	Implementation Team	40	Clients continue to receive service as dictated by contract
Review current Department structure, policies and procedures with Department personnel	Date of award notification and/or date of contract execution -- 3 days later	Implementation Team and Program Director, once hired	3	Meeting with Department to review structure, policies and procedures accomplished

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON DAYS	DELIVERABLE PRODUCTS
Implementation Team Functions--Continued				
Meet with Warden, CCC staff and clients, in combination or separately, on a routine basis to facilitate communication of start-up progress, solicit feedback and provide instruction, orientation and training as needed	Date of award notification and/or date of contract execution -- ongoing until program start up date	Implementation Team and Program Director, when hired	20	Communication, training, instruction and orientation with staff accomplished; positive and communicative relationship with Department established and maintained
In conjunction with the Department, adapt Gateway gender-specific curriculum to fit the requirements of the Department and the clients at WERDCC and CCC	Date of award notification and/or date of contract execution -- ongoing until program start up completed	Program Director, when hired; Implementation Team	30	Curriculum adapted and established
Submit weekly Transition Report, detailing progress, to VP, Corrections Programs and DORS staff	Weekly from date of contract execution until program start date	Regional Director, then Program Directors, when hired.	1.5	Transition Reports timely and thoroughly completed, and delivered to DORS ATCs weekly
Provide unit staff with proposal and contract for services	Immediately upon hire of Program Director	Regional Director	0.3	Proposal and contract for services delivered to Program Director; Program Director train staff regarding contract requirements
Set up office and office equipment, train staff as necessary	Date of contract execution	Implementation Team	40	Office and equipment set up, completion of staff training as detailed in proposal accomplished
Post Gateway philosophy, treatment slogans, etc. as allowed by institutions	Date of contract execution -- 7 days later	Implementation Team	2	Information posted

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST PERSON DAYS	DELIVERABLE PRODUCTS
Implementation Team Functions--Continued				
Conduct a training needs assessment at CCC and initiate training for staff members and Department staff (with permission from the Department).	Immediately with staff as they are hired -- 4 weeks	Implementation Team	6	Staff training needs assessed and training initiated
Develop Orientation Manual specific to CCC, update WERDCC/NECC manuals as needed.	Date of contract execution -- 30 days later	Regional Director and Implementation Team	5	Meeting with CCC and Orientation Manual developed in collaboration with WERDCC Director and DORS
Meet with CCC representatives on ongoing basis	At the earliest possible opportunity once contract is awarded	Regional Director	5	Immediate and weekly meetings with CCC accomplished
Arrange for staff to meet with Security for initial, mutual cross training sessions	No later than 6 weeks from award	Regional Director and staff hired to provide services	25	Staff hired meet with Security for mutual cross training
Meet with Department representatives to delineate performance expectations and set-up referral procedures for referring clients into and out of the program	No later than 6 weeks from award	Program Director, Office Managers	2	Meeting as described accomplished; expectation/procedures discussed and established
Determine with the Department the date Gateway will be responsible for clinical records, and develop schedule to prepare and accomplish transition of records from current provider.	No later than 6 weeks from award	Regional Director, Program Director	1	Determination of date accomplished and schedule for transition of records from current provider established

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST PERSON DAYS	DELIVERABLE PRODUCTS
Implementation Team Functions--Continued				
Develop staff assignments and program schedules in collaboration with the Department	Date of contract execution -- 10 days later	Regional Director, then Program Director, when hired.	3	Meeting with the Department to collaborate, and subsequent staff assignments and program schedules accomplished
Develop policies and procedures manual to fit the contract requirements and to meet the needs of the Department.	Date of contract execution -- 45 days later	Regional Director and Implementation Team	5	Policy and Procedure Manual updated for approval by DORS

TRANSITION TEAM COORDINATION WITH THE CRIMINAL JUSTICE SYSTEM

Our ability to coordinate with the Department and CCC, WERDCC and NECC during implementation and throughout the contract term is described in the above implementation plan and throughout the proposal. Indeed, it is our ability to collaborate with funding agencies that has largely contributed to our success over the past thirty-plus years. Gateway has already begun this collaboration process. We have identified various resources for recruiting and training staff (Missouri colleges and newspapers),

Our Transition Team will work hard to establish procedures and mechanisms for ongoing conversations with Department representatives and institutional staff. The team will serve as a liaison between Gateway staff, the Department, the self-help community and aftercare providers on an ongoing basis to ensure smooth transitions of client into and out of the our treatment program in an efficient and effective process.

CROSS-TRAINING

Gateway has developed a process for providing cross-training to Department staff. We have found over the years that our cross-training efforts have gone far to develop positive, mutually beneficial relationships between our staff and Department representatives and contribute to quality treatment services in corrections arenas.

Typically, the Department training includes classroom instruction and/or "train-the-trainer" efforts for Department staff. The training will be fashioned to support the Department's efforts in educating its staff as to the nature and characteristics of addiction and recovery, with a focus on assisting Department staff to understand that substance abusers change and recover, and with particular emphasis on enhancing a "team effort" approach.

A mutually convenient schedule will be arranged with the Department, and the training sessions will be provided according to the following curriculum.

Module 1: Introduction and Training Goals
Module 2: Why Provide Drug Treatment in a Correctional Setting?
Module 3: Benefits of Drug Treatment in a Correctional Setting
Module 4: The Cultures of Treatment and Corrections
Module 5: Clarifying Systems and Roles
Module 6: Partnership between Treatment and Corrections

Gateway will provide cross-training for corrections staff or any other Department representatives as requested by the Department. Gateway will attempt to provide cross-training on an ongoing basis and at various times of the year, to accommodate the training needs of newly hired corrections personnel as needed. All Department training experiences will be evaluated on a regular basis, and Gateway will solicit feedback from Department staff. The evaluations and feedback will be utilized to adapt training efforts to better meet Department needs, including the need to expand training for certain topics or to provide education in additional areas.

Gateway will also provide program-related training sessions with Institution and Parole staff, and community based treatment personnel on an as-needed basis and as approved by the Department. The training will focus on discussion of in-prison services, Gateway's role, and the community treatment referral process. We look forward to this opportunity to educate all persons concerned with respect to how to best understand and meet the treatment, referral and continuing care needs of the clients.

Gateway will establish a cross training schedule in cooperation with the Department and according to the Department's scheduling needs.

Gateway Missouri-Vandalia Identifying and Addressing High Risk Criminal Thinking

2012

04/19/2012

Purpose of this report?

Since 2009, Gateway Foundation has been administering a set of forms developed by Texas Christian University (TCU) within their contracted treatment programs in Missouri, including the in-prison therapeutic community at Vandalia. These forms are administered to clients at treatment intake and at the end of each treatment phase, including discharge.

Adapted from TCU assessments of community-based treatment for use in criminal justice settings, these forms provide counselors and administrators with a means of efficiently collecting and monitoring self-reported offender data. The 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 by Gateway staff into a standard text file and then transferred to an MS Excel spreadsheet for processing. This approach allows for flexibility in administering selected assessments, and provides the means for scoring and reporting on collected data.

This report is specifically designed to assess Gateway Foundation's ability to identify and treat clients at Vandalia who are "high risk" on criminal thinking.

To identify high risk clients, Gateway uses the **TCU Criminal Thinking Scales (CTS)**, which includes 6 self-report scales designed to measure criminal thinking errors. This form is administered at intake and at the end of each treatment phase.

The specific scales are as follows:

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.

What are the characteristics of the clients at Intake?

This report is based on data collected between February 2009 and August 2010 and is restricted to 215 women who completed both intake and end of treatment assessment. For clients who were discharged and later re-admitted to a program, only data from their first treatment episode is included in this report.

Overall, the responses from these clients on the TCU CTS scales collected at treatment intake revealed that the Vandalia clients were similar on average CTS scores (i.e., "higher risk") to normative female in-prison drug treatment samples (N=936; reported on the TCU IBR website (http://ibr.tcu.edu/pubs/datacoll/CJ-CTSNormsFemales33-67.pdf).

Overall Characteristics of Clients at Intake

	Mean Score (n=936)	Norm. Data 33%	66%
Entitlement (EN)	17	16	20
Justification (JU)	21	17	23
Power Orientation (PO)	24	20	27
Cold Heartedness (CH)	19	18	22
Criminal Rationalization (CN)	31	27	33
Personal Irresponsibility (PI)	21	17	22

Who are the "High Risk" clients?

Ultimately, while it is useful to know that the women in the program are similar to those in other in-prison treatment programs, not all women fall within the normative range on the CTS scores and treatment optimally would be modified to address the variation in risk levels. As with any program, there are some clients who are lower risk than average and there are clients who are higher risk than average.

Based on the self-reported CTS scores provided at treatment intake by the sample of Vandalia clients, 39% scored **low risk** on the Entitlement scale, 32% on the Justification scale, 34% on the Power Orientation scale, 51% on the Cold Heartedness scale, 30% on the Criminal Rationalization scale, and 29% on the Personal Irresponsibility scale. These results suggest that providing an intensive curriculum to address thinking errors might not be needed for (or would have a minimal impact on) approximately 1/3 of the clients. Conversely, as indicated in the figure below, 47% scored **high risk** on the Entitlement scale, 37% on the Justification scale, 34% on the Power Orientation scale, 27% on the Cold Heartedness scale, 40% on the Criminal Rationalization scale, and 33% on the Personal Irresponsibility scale. These women represent the greatest risk to reoffending and being resistant to change. These are the women that are in most need of an intensive curriculum that focus on helping them make attitude and thinking changes that can result in positive life changes, making healthier choices, and eventually a more fulfilling, meaningful future (e.g., focus of many TCU brief interventions and the *Pathway for Change* curriculum).

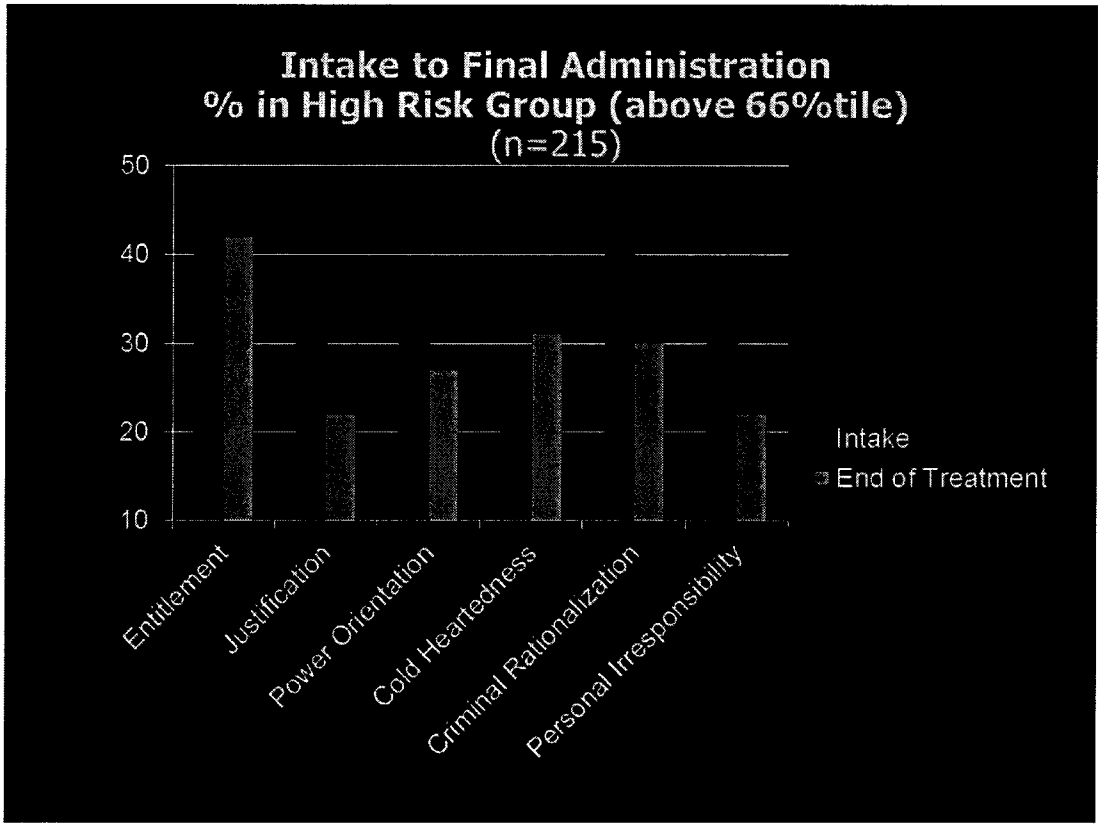
Overall Characteristics of Clients at Intake-High Risk

	Vandalia Above 66%tile
Entitlement (EN)-High Risk	47
Justification (JU)-High Risk	37
Power Orientation (PO)-High Risk	34
Cold Heartedness (CH)-High Risk	27
Criminal Rationalization (CN)-High Risk	40
Personal Irresponsibility (PI)-High Risk	33

By using the TCU CTS instrument that is being administered currently at the program, staff are able to identify these high risk clients and triage them into appropriate programming.

What is the impact of treatment on "High Risk" clients?

The program clearly is having a positive impact on these high risk clients. As seen in the figure below, there are substantial drops in the percentage of clients who score in the high risk categories at the end of treatment when compared to the percent who scored in the high risk categories at intake. The one exception to the positive improvements is with the Cold Heartedness scale, which had a slight increase from 27% to 32% who fell within the high risk category. Given that Cold Heartedness is more of a "trait-like" characteristic rather than a "state-like" characteristic, a change on this dimension over time is typically not seen during a treatment program. Achieving meaningful change on this measure is likely to take much longer than what the program is able to provide.



The percent of clients who fell in the high risk categories did, however, drop substantially on the other 5 CTS scales. For example, while 40% of the sample scored in the high risk category at intake on the Criminal Rationalization scale, only 30% scored in the high risk

category at the end of treatment. Likewise, those scoring in the high risk category on Personal Irresponsibility dropped from 33% to 22%.

These results suggest that the program is indeed having a positive impact among this high risk group in addressing criminal attitudes and thinking. The results also show, however, that there remains room for improvement and that additional targeted programming provided to those who score high on the criminal thinking scales at intake potentially could result in even better during treatment outcomes. For example, although there was a 10% drop from intake to end of treatment in those who scored in the high Criminal Rationalization category, there still were 30% of the clients who fell in the high risk category.

Summary

The clients admitted to the Gateway Vandalia treatment program are fairly comparable to women entering other in-prison treatment programs. However, based on the TCU forms that are being administered at the program, it is clear that there is wide variation in risk-level among these clients as measured by the TCU CTS. For example, almost half (47%) of the women scored in the high risk range on the Entitlement scale at treatment intake. On a positive note, the Gateway Foundation program is able to identify these high risk clients by using the TCU forms, and the program is having a positive impact in reducing the percentage of women who fall within the high risk categories by the time they leave the program.

Clinically, the program might be able to have an even greater impact if more intensive services were provided to this group of high risk women. However, it is important to note that providing additional intensive treatment services to those in the lower or middle risk groups will likely have little if any additional positive impact.

CLINICAL FILE CHECKLIST

SECTION 1- DONE WITHIN 24 HOURS

- ADMISSION DEMOGRAPHICS
- CONSENT TO TREATMENT
- HANDBOOK AGREEMENT
- CRIMINAL JUSTICE SYSTEM REFERRAL
- CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORD
- CLIENT GRIEVANCE PROCEDURE
- INSTITUTIONAL TREATMENT CENTER CONTRACT

SECTION 2-(COMPLETED FIRST 10 DAYS)

- ISAP
- TCU EVALUATIONS
- INITIAL DIAGNOSTIC ADDENDEM
- MENTAL HEALTH REFERRAL (IF MADE)
- HEALTH STATUS AND HISTORY SELF REPORT
- URICA

SECTION 3

- TREATMENT PLAN REVIEWS
- MASTER TREATMENT PLAN
- CLIENT TRACKING FORM
- PRIVELEDGE LEVEL TRACKING FORM

SECTION 4

- CASE STAFFING NOTES
- PROGRESS NOTES
- INTAKE NOTE

SECTION 5

- ANY CONTRACTS, CDV'S, LAY-INS, COURT REPORTS, MEDICAL IOC'S
- HANDBBOK COMPLETION FORM
- ORIENTATION TEST
- LIVING IN BALANCEPRE/POST TEST

SECTION 6

- COPY OF CERIFICATE
- DISCHARGE SUMMARY
- RELAPSE PREVENTION PLAN
- OUTPATIENT/CORRECTIONS DISCHARGE PLAN

Gateway Foundation Connections

ADMISSION DEMOGRAPHICS

Client Name:	DOC #:	Admit Date: / /
Referred By: Board or Court Birth Date:	Age: Program	Counselor:

Client's Home Address:		
Street:	City:	
Telephone Number: ( )	State:	Zip Code:

Marital Status		Race: _____
1 - Never Married	4-Divorced	Previous Occupation: _____
2 - Married	5- Separated	Education: _____
3 - Widowed	6- Remarried	

Number of Children	Ages:	Where they Reside?

Substance Abuse History (Mark all that apply) Drug of Choice: _____	Age of First Use	Date of Last Use	Method 0 - No Drug Used 1- Oral 2- Smoking 3- Inhalation 4- Intramuscular 5- Intravenous	Frequency 1 to 2 times per week 3 to 6 times per week Daily
☐ Alcohol				
☐ Opiates				
☐ Heroin/Morphine				
☐ PCP				
☐ Methamphetamine				
☐ Crack/Cocaine				
☐ Marijuana				
☐ Methadone				
☐ LSD				
☐ Other Amphetamines				
☐ Benzodiazepines				

What were you convicted of?	What is your sentence/ Charge?
Any previous treatments?	How Many? Where?
How many DUI's?	

Revision Date 7/20/11

Gateway Foundation | Corrections

CONSENT TO TREATMENT

I, _____, hereby consent to my admission to the GFI Services program at WERDCC.

I attest that sufficient information and explanation concerning the nature and purpose of the Gateway program, its procedures and treatment methods and possible alternative methods of treatment have been given to make an informed judgment about admission. I authorize GFI Services through its staff, to determine the form of treatment necessary and to carry out the treatment program.

I hereby also acknowledge that I understand while I am participating in the treatment program, I remain subject to the rules, regulations, policies, and conduct sanctions of this institution and the Missouri Department of Corrections.

It is also understood that while I participate in treatment, regular, periodic progress reports will be forwarded to the Missouri Department of Corrections or its designee.

_____ _____

Client Signature Date

_____ _____

Counselor Signature Date

Revised 7/1/11

Gateway

Handbook Agreement

I, _____, have been given a copy of Vandalia's Therapeutic Community Handbook. I have been given a copy of my Client Rights and the list of Cardinal Rules. I understand it will be my responsibility to read this manual and abide by the philosophy and rules outlined. I also understand that I must abide by the Missouri Department of Corrections Offender Handbook, that I also have received a copy of. I also understand that I must abide by Housing Unit 1 Rules which are posted on each of the wings on Housing Unit 1. I understand that the handbook is the property of Gateway and will be returned two weeks before leaving. Damage to the handbook or failure to return the handbook may result in consequences, and possible CPV.

Signature _____ DOC # _____ Date _____

Staff _____ Date _____

Received Handbook # _____

Returned Handbook # _____ yes or no

Signature _____ DOC # _____ Date _____

Staff _____ Date _____

3/10/11

Gateway Foundation Corrections

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 confidentiality information was made by the Client.

_____ _____

Date Signature of Offender

_____ _____

Date Signature of Staff & Credentials

Gateway Foundation Corrections

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.

_____ Date _____

Client Signature

_____ Date _____

Staff Signature

Gateway

CLIENT GRIEVANCE PROCEDURE

1. Your concerns or questions may be directed verbally or in writing to any staff member, but you are encouraged to contact staff in the following order:

   A. Your Counselor
   B. Your Counselor's Supervisor

2. If you feel your concern has not been adequately addressed, you may contact your DOC caseworker for an IRR. At this time, through consultation with the FUM and Program Director it will be decided if this is a Gateway issue or DOC issue. If it is considered to be a Gateway issue then it is given to the Program Director at this time and Gateway's procedure is followed. If it is a DOC matter then it follows the IRR process.

3. If your concern cannot be resolved at the Center level, the Regional Director will assist you in communicating with the appropriate Gateway executive level persons.

4. Your concern may be communicated either verbally or in writing. If you need assistance in writing your complaint, a staff member will assist you.

5. A staff member will provide you with pens, paper, envelopes, stamps, and telephone access, as needed.

6. If your concern can be resolved in the Center, it will be resolved within seven (7) days, if at all possible. You will be informed of other time frames for resolution, if it becomes necessary.

7. Issues that may not be grieved are:

   a. State or Federal Court decisions, laws and/or regulations
   b. Parole decisions
   c. Time-served credit disputes
   d. Matters for which other appeal mechanisms exist
   e. Any matter beyond the control of the Agency to correct.

8. Gateway staff will complete IRR process and communicate to DOC staff the outcome.

By my signature below, I understand my rights as stated above.

_____ _____
CLIENT'S SIGNATURE **DATE**

_____ _____
COUNSELOR'S SIGNATURE **DATE**

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 Corrections

INITIAL CLINICAL ASSESSMENT: DIAGNOSTIC ADDENDUM

Client Name:	
Client ID/DOC ID:	

Assessor Name:	
Assessor Signature / Date:	
Supervisor Signature/ Date:	

MENTAL HEALTH SCREEN

The purpose of this section is to identify feelings and behaviors that you may have experienced in the past few weeks that are **NOT RELATED TO** using or withdrawing from alcohol or other drugs.

E. GENERAL MENTAL HEALTH:	FEELINGS AND BEHAVIOR
E1. Please check which of the following, if any, you have felt when you have **not** been high/intoxicated or in withdrawal:	☐ Feeling depressed from most of the day, nearly every day ☐ Feeling hopeless about the future and helpless to do anything about it ☐ Feeling a loss of interest or pleasure in all or nearly all of your activities for most of the day ☐ N/A
E2. Please check which of the following, if any, you have felt when you **not** been high/intoxicated or in withdrawal:	☐ Feelling a marked decrease in the need to sleep ☐ Being more talkative than usual and feeling a pressure to keep talking ☐ Feeling that your thoughts are "racing," that is, coming too quickly for you to keep up ☐ Being constantly distracted and unable to concentrate ☐ Being "hyper," or "speeded up" ☐ N/A
E3. Please check which of the following, if any, you have felt when you have **not** been high/intoxicated or in withdrawal	☐ Hearing a voice when no one else is around ☐ Feeling that someone else is reading your mind or "playing with" your thoughts ☐ Seeing things that others say are not there ☐ N/A
E4. Please check which of the following, if any, you have felt when you have **not** been high-intoxicated or in withdrawal	☐ Having "panic attack" signs, not related to using or withdrawing or any other medical condition, e.g. sweating, pounding heart, trembling, difficulty breathing ☐ Having recurring dreams or thoughts as if you are reliving a disturbing event from the past ☐ Being unable to stop yourself from constant and excessive worrying ☐ Feeling restless, "on edge," and unable to calm yourself down ☐ N/A
E5. Please check which of the following, if any, you have felt when you have **not** been high/intoxicated or in withdrawal	☐ Frequently being unable to remember simple things, e.g. forgetting about pots on stove, or where you put things ☐ Having difficulty in finding the words to explain your thoughts ☐ Forgetting the names of common household items ☐ Having difficulty understanding what people tell you ☐ N/A
E6. Please describe any other emotional or behavior problems you had when **not** high/intoxicated or in withdrawal:	

Revised 8/19/11

RISK PROFILE: Client Risk Level is: ☐ EMERGENT ☐ URGENT ☐ POSSIBLE ☐ ROUTINE

EMERGENT RISK Requires referral for MI Services	☐At IMMINENT RISK to hurt himself/herself or someone else ☐Symptoms of psychosis (hallucinations, delusions, thought disorder, impaired reality testing, etc.) which are not under psychiatric care; appears to be at risk of harm to self/others ☐ Appears very confused, disoriented, has difficulty comprehending/ understanding; appears to be at significant risk for harm to self/others without structured hospital 24 hr. environment.
URGENT RISK Requires consultation with supervisor	☐Symptoms of severe mood disorder which are not currently managed (e.g. severe symptoms of depression, bipolar disorder). ☐Anorexia with a weight loss of greater than 25% of body weight. ☐Symptoms of severe Anxiety Disorder which are not being managed, and significantly impair client's ability to function. ☐Has intractable chronic physical pain which is not currently being managed.
POSSIBLE RISK Requires consultation with supervisor	☐Symptoms and behavior are suggestive of possible psychiatric disorder. ☐ Hospitalization at the Inpatient Level in the year previous to incarceration or in prison health center for significant MI episode. ☐ Family has a history of suicide or attempts. ☐ Any traumatic events occurred in the past 6 months (i.e. abuse, death of loved one).
ROUTINE RISK	☐ Current presentation does not meet criteria for emergent, urgent or possible risk.

Risk level is defined as follows:

Emergent: At least one item checked in "Emergent Risk", regardless of items in other levels.
Urgent: NO items checked in "Emergent Risk"; at least one item checked in "Urgent Risk" regardless of items in other categories.
Possible: At least one item checked in "Possible Risk."
Routine: No items check in "Emergent, Urgent or Possible Risk levels."

Are you seeing the Psyche Department? ☐ Yes ☐ No

Are you taking any psychotropic medications? ☐ Yes ☐ No

If YES what kind? _____

_____

Have you had prior diagnosis by a Licensed Professional? ☐ Yes ☐ No

IF YES, What was it? _____

_____

I. SUBSTANCE DEPENDENCE DETERMINATION (NOTE: if Dependence Diagnosis is not met, then move to Abuse Table Below)
(Diagnose **Dependence** if 3 or more of the following criteria occur at any time in the same 12 month period; otherwise see **Abuse**)

Substance	1. Tolerance: (either) a) a need for markedly increased amounts of the substance to achieve desire effect b) markedly diminished effect with continued use of the same amount of the substance	2. Withdrawal:(either) a) the characteristic withdrawal syndrome for the substance b) the same or closely related substance is taken to relieve or avoid withdrawal Sx	3. Taken often in larger amounts or over a longer period than was intended	4. Persistent desire or unsuccessful efforts to cut down or control substance use.	5. A great deal of time is spent in activities to obtain the substance or to recover from its effects.	6. Important social, occupational or recreation activities are given up because of substance abuse	7. The substance use is continued despite knowledge of having persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. continuing to use cocaine despite recognition of cocaine induced depression.)
Polysubstance							

NOTE: Diagnose **POLYSUBSTANCE DEPENDENCE** only if the same 12 month period: a) the person was repeatedly using at least 3 groups of substances (not including caffeine or nicotine); b) NO SINGLE substance predominated, c) Dependence criteria were met for the substances AS A GROUP, but not for any specific substance.

II. SUBSTANCE ABUSE DETERMINATION (Diagnose **ABUSE** if criteria for dependence are not met, and if 1 or more of the following are met in a 12 month period.)

Substance	1. Failure to fulfill major role obligations at: W-work S-school H-home (e.g. poor work performance, SA related absences, suspensions, or expulsions from school; neglect of children or household	2. Recurrent substance abuse in situations which it is physically hazardous (e.g. driving an automobile, or operating a machine when impaired by substance abuse)	3. Recurrent substance-related legal problems (e.g. arrest for SA related disorderly conduct)	4. Continued SA despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequence of intoxication, physical fights).

SUICIDE/HOMICIDE RISK ASSESSMENT

A. ASSESSMENT OF IMMINENT RISK:

Ask the client if he/she is thinking of hurting him/herself or someone else.

☐ Client is at imminent risk: 1) reports thoughts of self/other harm, 2) has plan, 3) means to carryout plan, 4) access to the means, 5) full intent to harm self or other.

☐ Client is not at imminent risk: None, or not all of the five characteristics of imminent risk are present.

B. ASSESSMENT OF NON-IMMINENT RISK

Ask the client is he/she **EITHER** made one or more suicide attempts during his/her lifetime OR had one or more than one episode of suicidal ideation in the past year. If "YES" ask the following questions, put an "X" in the box with the response most like the client's. If "moderate" or "high" risk is checked for #1, that automatically determines the risk level, otherwise the column worth the most checks is the risk level. If **"NO"**, risk level is "None".

QUESTIONS	LOW RISK	MODERATE RISK	HIGH RISK
1. Are you having thoughts of hurting yourself or someone else now?	None or Ideation only; no specific means/access	Ideation with plan, but no specific means/access	Ideation with plan, and specific means, but no access
2. Have you ever thought of killing yourself or actually making an attempt?	None or ideation only	Has made one attempt, with mild to moderate lethality	Has made multiple attempts, with high lethality
3. Have you had any losses in your family or among your friends?	None	Within 30 days	Within a week
4. Do you have a lot of friends or people you can talk to or count on?	Yes	Very few	None-very socially isolated
5. Do you do things that are impulsive and without thinking and/or do you have trouble controlling strong feelings like anger?	None or Rarely	Sometimes	A lot
6. Do you feel depressed and/or anxious a lot?	No	Sometimes	A lot
7. Do you have chronic and serious medical problems?	Few or no problems	Some acute problems/ or chronic problems, being medically managed	Severe chronic illness, or acute problem not currently managed or perceived significant loss of health
8. Have you been treated for an emotional or psychiatric problem? Was it helpful?	None; or good response to prior treatment	Some prior to treatment, marginal response	Prior treatment but not effective; or non-compliant
9. Substance Abuse?	None to some use	Frequent to excessive use	Chronic abuse/dependence
10. Have any of your friends or family ever attempted suicide?	None	Attempts only	At least one suicide

Gateway Foundation Corrections

HEALTH STATUS AND HISTORY SELF REPORT

Client Name:	Date:

General	___No problems ___Fatigue ___Chills ___Sweats ___Fainting ___Seizures ___Dizziness
Eyes	___No problems ___Pain ___Blurred vision ___Watery or itchy eyes ___Other Vision problems ___Wear glasses or contact lenses
Ears	___No problems ___Hearing loss ___Discharge ___Pain ___Wear hearing aid
Nose/Sinuses	___No problems ___Pain ___Congestion ___Previous Injury ___Chronic sinus
Dental Care	___Brush teeth regularly(how often: ____) ___Floss regularly ___Regular Dental visits: Date of last visit: _____
Mouth	___No problems ___Bleeding Gums ___Tooth Pain ___Mouth Pain ___Sore throat
Breathing	___No problems ___Pain ___Wheezing ___Cough ___Shortness of breath ___Asthma
Blood Pressure	___No problems ___High blood pressure ___Low blood pressure
Stomach and Internal Organs	___No problems ___Constipation ___Diarrhea ___Vomitting ___Hernia ___Irregular bowel activity ___Hemorrhoids ___Bleeding
Hands, Arms, Legs and Back	___No problems ___Joint pain ___Stiffness ___Gout ___Arthritis ___Swelling ___Limited movement ___Back pain ___Muscle aches
Balance, Wallking, etc.	___No problems ___Clumsy movement ___Balance difficult ___Muscle weakness ___Paralysis ___Shaking ___History of falls
Urinary	___No problems ___Increased frequency ___incontinence ___History of urinary tract infections ___Burning or pain when urinating
Sleep	___No problems ___Difficulty in falling asleep ___Early awakening ___Sleep more than 8 hours per day ___Sleep less than 8 hours per day
Vaccinations	___Complete ___Incomplete ___Unknown or not sure
Sexual Practice	___Sexually active ___Multiple sex partners ___Unprotected sex ___History of STD

Please indicate the date of your last physical exam:
Please indicate any illness in the past 6 months:

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Please check any of the following WOMEN's Health Issues:

Pregnancies	Number of Pregnancies: Number of Live Births Number of Miscarriages
Vaginal Discharge	___None ___Discharge from vagina ___Unusual discharge from vagina
Breast	___None ___Discharge ___Pain ___Tenderness ___Lumps
Menstruation	___None ___Irregular periods (>28 days) ___Irregular periods (<28 days) ___Irregular periods (varies) ___Heavy flow ___History of PMS
Occur with Menstruation	___None ___Cramping ___Weight gain ___Weight Loss ___Bloating ___Craving for foods, sweets, etc
Occur before Menstruation	___Nervous tension ___Irritability ___Weigh gain ___Fluid build up ___Headache ___Sore breasts
Test and/or Follow ups	___None ___Pap smears (indicate ___Normal or ___Abnormal) ___Mammogram (indicate ___Normal or ___Abnormal) ___Regular checkups with gynecologist/obstetrician (last visit: _____)
General	___None ___Early Menopause ___Periods of infertility ___Current treatment for STD

Please indicate any allergies and/or sensitivities to medication (prescribed and over the counter), food, animal or other personal/household products.

ALLERGIES/ SENSITIVITIES AND THEIR SYMPTOMS

Please check if you have/had any of the following major medical problems:

___Heart disease	___Stroke	___Blood disease(include sickle cell)
___Epilepsy/Seizure Disorder	___Head injury	___Liver Disease(Cirrhosis, hepatitis)
___Kidney Disease	___Tuberculosis	___Cancer
___Disabilities (Physical)	___Asthma, COPD	___Skin Disease
___Diabetes	___Back injury	___TB
___Sexually Trans. Disease	___Wounds that do not heal	___Headaches

Other major medical problems:
Please describe briefly those items checked or listed above:

Please list any currenty medications you are taking, the dosage;frequency, and prescribing physician:

MEDICATION	DOSAGE/FREQUENCY	PRESCRIBING PHYSICIAN/PHONE #

If you have primary care physician, please list his/her name and phone below (OMIT IN CORRECTIONS)

NAME	ADDRESS	PHONE

Please indicate if you have been hospitalized for a medical issue in the last 5 years:

REASON FOR HOSPITALIZATION	DATE/ PLACE

Please indicate any childhood development problems or illness:

Please answer the following questions about your personal nutrition:

Are you more than 20 lbs. Overweight?	___Yes ___No
How do you perceive your weight?	___Definitely Underweight ___Slightly Underweight ___Average or normal ___ Slightly Overweight ___Definitely Overweight
Often eat less than 2 times per day?	___Yes ___No
Difficulty in chewing or swallowing food?	___Yes ___No
Have your lost or gained 30 lbs or more in the past 6 month?	___No ___Gained 30 lbs or more ___Lost 30 lbs or more

Please indicate any other health issues or comments about anything that you checked above:

Please indicate below any health issues you would like to address or change in the future:

This statement if to confirm that I do not have symptoms consistent with pulmonary tuberculosis, such as night sweats, unexplained fever, chronic cough lasting longer than 3 weeks, unexpected wight loss or coughing up blood. If I develop any of these symptoms, I agree to seek immediate medical attention

_____

Client Signature ~ Date

The following section is for the counselor to fill out. Please leave it blank.

Counselor comments:

_____

Of Signature ~ Date

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UNIVERSITY OF RHODE ISLAND CHANGE ASSESSMENT (URICA)

NAME: _____

ID#: _____

DATE: _____

ASSIGNED COUNSELOR: _____

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all statements that refer to your "problem," answer in terms of what you write on the "PROBLEM" line below. In these questions, the word "here" refers to this program.

PROBLEM: _____

There are FIVE possible responses to each of the items in the questionnaire:

1 – Strongly Disagree
2 – Disagree
3 – Undecided
4 – Agree
5 – Strongly Agree

Circle the number that best describes how much you agree or disagree with each statement

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
1. As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
2. I think I might be ready for some self-improvement.	1	2	3	4	5
3. I am doing something about the problems that had been bothering me.	1	2	3	4	5
4. It might be worthwhile to work on my problem.	1	2	3	4	5
5. I'm not the problem one. It doesn't make much sense for me to consider changing.	1	2	3	4	5
6. It worries me that I might slip back on a problem I have already changed, so I am looking for help.	1	2	3	4	5
7. I am finally doing some work on my problem.	1	2	3	4	5
8. I've been thinking that I might want to change something about myself.	1	2	3	4	5
9. I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
11. Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
12. I'm hoping that I will be able to understand myself better.	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5
14. I am really working hard to change.	1	2	3	4	5
15. I have a problem, and I really think I should work on it.	1	2	3	4	5
16. I'm not following through with what I had already changed as well as I had hoped, and I want to prevent a relapse of the problem.	1	2	3	4	5
17. Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5
19. I wish I had more ideas on how to solve my problem.	1	2	3	4	5
20. I have started working on my problem, but I would like help.	1	2	3	4	5
21. Maybe someone or something will be able to help me.	1	2	3	4	5
22. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the problem, but I don't really think I am.	1	2	3	4	5
24. I hope that someone will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing, I'm actually doing something about it.	1	2	3	4	5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm struggling to prevent myself from having a relapse of my problem.	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5
29. I have worries, but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
30. I am actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults than try to change them.	1	2	3	4	5
32. After all I have done to try to change my problem, every now and again it comes back to haunt me.	1	2	3	4	5

CLIENT TRACKING FORM

CLIENT NAME: _____
(Last) (MI) (First)

INMATE #: _____

____/____/____ EXPECTED DATE OF DISCHARGE FROM GATEWAY

____/____/____ ADMIT DATE: GATEWAY FOUNDATION

Long Term 365 days ___ Long Term 6 months (OUT) ___

Short Term 120 days ___ Short Term 84 days ___

NOTE: The following will be used to enter the dates of the initial treatment level (orientation) and all levels of transition (intensive and transition)

ORIENTATION LEVEL I ____/____/____

INTENSIVE LEVEL II ____/____/____

TRANSITION LEVEL III ____/____/____

____/____/____ DATE OF DISCHARGE _____
COUNSELOR SIGNATURE AND DATE

_____ SUCCESSFUL DISCHARGE _____ MEDICAL DISCHARGE

_____ TERMINATION FROM GATEWAY _____ OTHER

_____ ADMINISTRATIVE DISCHARGE

_____ VOLUNTARY

COMMENTS:

_____

_____

_____

NAME _____ DATE: _____ DATE OF ENTRY: _____

PRIVILEGE / PHASE

TO MOVE FROM PRIVILEGE 1 TO PRIVILEGE 2, CLIENTS **MUST** DO THE FOLLOWING:

Actively and consistently using all house tools.
Demonstrate adjustment into the therapeutic community environment by following house rules and engaging in community involvement.
Attending a minimum of 30 grouping hours a week.

TO MOVE FROM PRIVILEGE 2 TO PRIVILEGE 3, CLIENTS **MUST** DO THE FOLLOWING:

Demonstrate initiative by requesting treatment work.
Complete a minimum of 30 hours of direct services weekly, including chemical dependency, life skills education, group and individual counseling.
Participate actively in education and work activities.
Complete all assignments in a timely manner and process.
Demonstrate understanding of the techniques of cognitive self-change, including thinking reports, journals, and cognitive interventions.
Demonstrate knowledge of the disease concept, its signs, symptoms, and progress using groups and individual counseling.
Demonstrate increasing initiative and ability to accept positions of greater responsibility within the community, including serving as a big sister.
Demonstrate knowledge of the connection between substance use and criminal behavior.
Identify the thinking errors associated with criminal behaviors
Attend weekly 12 – step or other self-help groups.
Initiation of continuing care/aftercare plans.
Initiation of relapse prevention plans.
Alternative action plan for self-defeating behaviors.
Maintaining structure by appropriate and consistent use of all house tools.
Complete Phase III interview questions with staff.

STAFF SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

PROGRESS NOTE

NAME			DOC#
DATE	TIME From/To	Tx #	INTAKE NOTE:
			Client was 1 of _____ involved in the intake process. She signed the
			following forms: Consent to Treatment, Handbook Agreement, Criminal
			Justice System Referral, Confidentiality of Alcohol and Drug Abuse
			Patient Reocords, ClientGrievance Procedure, and the Institutional
			Treatment Center Contract.

Revised 8/19/2011

BEHAVIORAL & TREATMENT CONTRACT WING_____

COUNSELOR_____

_____DOC#_____ Will abide by the following rules and sanctions as a result of

_____

1) Client will demonstrate appropriate behavior at all times.
2) Client will participate in groups and follow the daily schedule of a Gateway activities(see below For directions)
3) Client will complete assignments in a timely manner and actively participate in her own recovery without focusing on other issues
4) client will follow all rules of Gateway and DOC
5) Client will be placed in Phase I (no make-up and no perfume) and paperwork forwarded to DOC

If said client is unable or chooses not to follow through with the above contract or be involved in Any way with any inappropriate activities or behaviors, disciplinary action up to or including Unsuccessful discharge from program may occur.

The following are directions of this contract

Loss of privileges and will also include:

No TV/radio/walkman
No microwaves
Loss of job status w/exception of DOC porter
Spare parts between groups
Attend orientation class (testing per counselor)
Loss of house tools w/ exception of encounter slips
No games/cards
Silence ban except for coordinator on duty
No eating canteen
Members only table
Blue jumpsuit
All meals mandatory
No phone except for legal matter through DOC caseworker
Client must be at table by 6:15 a.m and may relate off at 9:00 p.m
Clients are allowed one 30 minute or two (2)-15 minute breaks for hygiene purposes (ex. Shower)

The following are added personal directions to this contract

_____

_____

_____

_____

A COMMITTEE CONSISTING OF REPRESENTATIVES FROM THE TREATMENT COMMINITY, STAFF, DOC, AND SUPERVISOR'S APPROVAL IS NECESSARY PRIOR TO THE INITIATION OF THIS CONTRACT. REVIEW WITH COMMITTEE FROM TERMINATION OF CONTRACT PER STAFF DIRECTION.

_____ _____
Client Signature Date Staff Signature Date

Start Date_____ Review Date

_____ _____
Supervisor Signature Date Extend Until_____

ALL REVIEWS WILL BE HELD WITHIN A MAXIMUM OF 7 DAYS

THERAPUETIC BUST

WING _____
COUNSELOR _____

_____ DOC# _____ will abide by the following rules and sanctions as a result of

_____

_____

1) Client will demonstrate appropriate behavior at all times.
2) Client will participate in groups and follow the daily schedule of Gateway activities. (see below for directions.)
3) Client will complete assignments in a timely manner and actively participate in her recovery without focusing on other issues.
4) Client will follow all rules of Gateway and D.O.C.

The following are directions to this contract

Loss of privileges and will also include:

No TV/radio/walkman
No microwave use
Silence ban except for coordinator on duty
No games/cards
One phone call per day

Additional directions to this contract:

Spare parts worked between groups
Attend orientation groups (testing per counselor)
Loss of job function-return to service crew as member
Other assignments as designed by staff-
(to include time and place to be completed)
No house status
Members only table
Loss of house tools except encounter slips

Must be at table at 6:15 a.m., 7:45 a.m. Sat/Sun and relate off at PMD
Clients are allowed one 30 minute or two (2) 15 minute hygiene breaks (shower)

The following are added personal directions to this contract: _____

_____

_____

_____

A COMMITTEE CONSISTING OF REPRESENTATIVES FROM THE TREATMENT COMMUNITY, STAFF, DOC, AND SUPERVISOR'S APPROVAL IS NECESSARY PRIOR TO THE INITIATION OF THIS CONTRACT PER STAFF DIRECTION.

_____ Client Signature Date

_____ Staff Signature Date

_____ Supervisor Signature Date

Start Date _____
Review Date _____ Extend Date _____

ALL REVIEWS WILL BE HELD WITHIN A MAXIMUM OF 14 DAYS

MEMBERS ONLY TABLE

Wing_____
Counselor_____

_____,D.O.C. #_____

Will abide by the following rules and sanctions as a result of:

_____

1) Must be at the table five (5) minutes before each group.
2) Must be at the table for all study time.
3) Must be at the table for all free time.
4) Will keep the same job function.
5) Must be on silence ban while on the table only, (can talk when related off table.)
6) Must be at table by 6:15 a.m. weekdays; 7:45 a.m. weekends and relate off after PMD.
7) Clients are allowed one 30-minute shower break per day, (can use two(2)-15 minute breaks.)
8) No spare parts between groups.
9) Clients are allowed to smoke.
10) Use of microwave before 6:15 a.m., at dinner time, and after PMD only.
11) Can have water only at table.
12) Line up for meals and smoke breaks in the front section of the lower level line.

_____
Client signature Date

_____
Staff Signature Date

_____
Supervisor Signature Date

Revised 4/20/10

Gateway Corrections Foundation

Handbook Completion

I, _____ DOC# _____

Have: ____ Read and understand information in Vandalia Therapeutic Community Handbook.

____ Read and understand my Client Right's

____ Read and understand the Cardinal Rules

____ Read and understand MRP/TAP Treatment Plan Orientation

Signature _____ Date _____

Staff _____ Date _____

7/19/11

Name:_____ Wing:_____

DOC#:_____ Counselor:_____

Date:_____ Score:_____

Short Term Phase 1 Test

1. This program was designed with what in mind?

2. How can you set a solid foundation for life long recovery?

3. What page are the right living concepts on? How many are there? What are they?

4. What is the primary goal of our community?

5. According to the program description, the program creates what?

6. How do all family members take part in the community?

7. What are the house tools? Describe each one and how they are used.

8. To move from phase I to phase II how many criterion are there?

9. What does SOD stand for and what is the job duties of this person?

10. As a phase I member, what position in structure are you allowed to hold?

11. As a privilege level I member when must you be in the dayroom?

12. How many cardinal rules are there in the community? What are they?

13. What is the proper procedure to introduce yourself?

14. According to the handbook, what is feedback?

15. What is a BC, why is it given?

16. What is a PRC and what are the recommendations that can be passed through PRC?

17. How may an individual be referred to an encounter?

18. What are the components of an encounter?

19. After the TPR panel provides you information, your appropriate response is

what?

20. Who is the primary agent of change?

21. What are the expectations of a Big Sister?

22. What meeting has the specific objective to motivate, alter negative social images, and strengthen awareness of the program as family and community?

23. Why are Wrap-Up meetings held?

24. List your responsibilities outlined in the program handbook.

Name:_____ Wing:_____

DOC#:_____ Counselor:_____

Date:_____ Score:_____

Long Term Phase 1 Test

Section I-How well do you know your TC Handbook?

1. This program was designed with what in mind?

2. Recovery is not just abstinence, it involves what?

3. How can you set a solid foundation for life long recovery?

4. What are the requirements for recovery according to the handbook?

5. What page are the right living concepts on? How many are there? What are they?

6. What are the four principles of the Vandalia Therapeutic Community?

7. Each client has the responsibility and expectation to be what?

8. The Therapeutic Community is based on what?

9. What is the primary goal of our community?

10. What is the core theme of the Therapeutic Community?

11. According to the program description, the program creates what?

12. How are changes achieved in the program?

13. How do all family members take part in the community?

14. What does "no free lunch" mean according to the handbook?

15. What are the house tools? Describe each one and how they are used.

16. What are the major vehicles for change?

17. To move from phase I to phase II how many criterion are there?

18. Can you level up with any incomplete Learning Experiences or incomplete work/community service hours?

19. Ultimately, who decides who is in structure positions?

20. What is the best way for you to advance with in your housing unit structure?

21. What does SOD stand for and what is the job duties of this person?

22. What does COD stand for and what are the job duties of this person?

23. As a phase I member, what position in structure are you allowed to hold?

24. How many departments make up the basic TC structure?

25. As a privilege level I member when must you be in the dayroom?

26. How many canteen items are you allowed per level?

27. How many cardinal rules are there in the community? What are they?

28. How many community expectations are there? What are they?

29. What is the proper procedure to introduce yourself?

30. How many meeting rules are there listed in the handbook?

31. According to the handbook, what is feedback?

32. What does PROP's stand for?

33. What is a BC, why is it given?

34. What is an OMT and what are the reasons you may be referred to OMT?

35. What is a PRC and what are the recommendations that can be passed through PRC?

36. What are specific reasons to request an encounter?

37. How may an individual be referred to an encounter?

38. Can you be encountered for the same issue that you may have been TPR'd for?

39. What are the components of an encounter?

40. You should use a written pull-up only when?

41. After the TPR panel provides you information, your appropriate response is what?

42. How long do you have to appeal a written pull-up or the consequences resulting from a pull up?

44. Who is the primary agent of change?

45. If you need to discuss a concern with your counselor how would you contact him or her?

46. What are the expectations of a Big Sister?

47. What are the expectations of a Little Sister?

48. What meeting has the specific objective to motivate, alter negative social images, and strengthen awareness of the program as family and community?

49. What is the purpose of a general meeting?

50. Why are Wrap-Up meetings held?

51. As a phase I member of the community what type of "rights" are you afforded.

52. List your responsibilities outlined in the program handbook.

Section II-How well do you know your community?

1. How do you contact medical if you need to see the doctor?

2. If you are on Loss of Privilege, do you still have visiting privileges?

3. How can you appropriately contact your Case Worker?

4. How do you meet with probation and parole?

5. If you were placed on loss of privilege, how would you obtain your privileges back?

6. Are you permitted to go into the smoking area while going to canteen?

7. As a phase I member of the community, are you permitted to address structure or phase III members for negative behaviors

8. As a level D member can you make a phone call on housing unit phones?

9. Are you permitted to cut hair in the bathroom or in your room?

10. How do you obtain additional phone calls, if you have already used the allotted amount for your privilege level?

11. How do you contact Mental Health?

12. What do you do if you are feeling suicidal?

13. When may you wear personal clothes out of Housing Unit 1?

14. What are you allowed to use Creative Energy Supplies for?

15. Give 4 examples of Out of Bounds.

16. When do you go straight to DOC?

17. Can you smoke on a lay in?

18. Who do you report CDV'S to?

19. Can you receive mail on a lay in?

20. What must you participate in on a personal day?

Living in Balance Pre Test - Post Test Answer Sheet

(Please circle one)

Name _____

My current status is: Probation or Parole

DOC ID _____

Date _____

Today as a participant in Living in Balance, you will be taking a test which reflects your current understanding of substance abuse issues. You have in front of you both a test booklet and an answer sheet. *Do not* mark on the test booklet but place your answers on this answer sheet as directed. All questions and answer choices will be read out loud and repeated to allow ample time to answer. If you need extra time please raise your hand but hold all questions until the end.

Please print your name, DOC ID# and today's date on the lines provided above.

1	(a)	(b)	(c)	(d)		
2	(a)	(b)	(c)	(d)		
3	(a)	(b)				
4	(a)	(b)	(c)	(d)		
5	(a)	(b)	(c)	(d)		
6	(a)	(b)	(c)	(d)		
7	(a)	(b)				
8	(a)	(b)				
9	(a)	(b)	(c)	(d)		
10	(a)	(b)	(c)	(d)		
11	(a)	(b)	(c)	(d)		
12	(a)	(b)				
13	(a)	(b)	(c)	(d)		
14	(a)	(b)	(c)	(d)		
15	(a)	(b)				
16	(a)	(b)	(c)	(d)		
17	(a)	(b)				
18	(a)	(b)				
19	(a)	(b)	(c)	(d)		
20	(a)	(b)	(c)	(d)		
21	(a)	(b)				
22	(a)	(b)	(c)	(d)		
23	(a)	(b)	(c)	(d)		
24	(a)	(b)	(c)	(d)		
25	(a)	(b)	(c)	(d)		
26	(a)	(b)	(c)	(d)		
27	(a)	(b)	(c)	(d)		
28	(a)	(b)	(c)	(d)		
29	(a)	(b)				
30	(a)	(b)	(c)	(d)	(e)	(f)
31	(a)	(b)				
32	(a)	(b)	(c)	(d)		
33	(a)	(b)				
34	(a)	(b)	(c)	(d)		
35	(a)	(b)	(c)	(d)		
36	(a)	(b)				
37	(a)	(b)	(c)	(d)		
38	(a)	(b)	(c)	(d)		
39	(a)	(b)	(c)	(d)		
40	(a)	(b)	(c)	(d)		

Gateway Foundation
W.E.R.D.C.C.
RELAPSE PREVENTION PLAN

Client Name: _____ ID: _____

Admission Date: ___/___/___ Projected Discharge Date: _____

Counselor: _____

1. Five non-using friends who will support me in my recovery are:

Name	Relationship

2. Five self-defeating behaviors that interfere with my recovery:

_____

_____

_____

_____

_____

3. How I will deal with each self-defeating behavior.

A. _____

_____

_____

_____

B.

C.

D.

E.

4. My 5 most dangerous triggers and high risk situations:

5. My plans to deal with the triggers and high risk situations:

A.

B.

C.

D.

E. _____

_____

_____

_____

6. My internal warning signs:

_____

_____

_____

_____

7. How I will respond to my internal warning signs:

A. _____

_____

_____

_____

B. _____

_____

_____

_____

C. _____

_____

_____

_____

D. _____

_____

_____

_____

8. Five stressors in my life:

_____

_____

_____

_____

_____

9. How I will manage these stressors:

A. _____

_____

_____

_____

B. _____

_____

_____

_____

C. _____

_____

_____

_____

D. _____

_____

_____

_____

E. _____

_____

_____

_____

10. 5 people who will support my recovery and how they will help:

Name | How each will help

A. _____

_____

_____

_____

B. _____

_____

_____

_____

C. _____

_____

_____

_____

D. _____

_____

_____

_____

E. _____

_____

_____

_____

_____ _____

Client Signature Date

_____ _____

Counselor Signature Date

GFI-W.E.R.D.C.C. Relapse Prevention Plan

Client Name_____ Program_____

Gateway Foundation

Outpatient & Corrections Client Discharge Plan

Directions to Client: Preparing for your discharge from this Gateway program is very important. Answering the questions on this form will help you understand and be ready for discharge. Please:

- Answer each question during ***Discharge Group*** or on your own.
- Review your answers with your counselor.
- Clarify any questions about discharge with your counselor.
- When all your discharge information is correct, sign and date in the space provided.
- Take a copy of this form with you at discharge.

1. My discharge goals are:

a)_____

_____

_____

b)_____

_____

_____

c)_____

_____

_____

2. I will be discharged to the following substance abuse treatment (Check the box):

☐Gateway Program_____

☐Other, Agency Name/Address_____

☐ None, completed treatment

3. I will attend the following Support Groups (Example: 12 Step, Church Group, Rational Recovery):

NAME of SUPPORT GROUP	ADDRESS	DATE/TIME GROUP MEETS
1.		
2.		
3.		
4.		

C G:/dischargeout83199/klp

Client Name _____ Program _____

4. After Discharge, I will be: Living at _____ With (name of person (s)) _____

Relationship: _____
Address: _____ City _____ State _____ Zip _____
Phone # _____

5. After discharge, I will (Check box/you can check more than one).

- ☐ Return to work
- ☐ Go to school
- ☐ Work on GED
- ☐ Get Job Training
- ☐ Get a Job
- ☐ Other _____

6. I have to report to : (Check who applies to you) ☐Parole Officer ☐Probation Officer ☐Case Worker ☐Legal Agent

Date: _____ Time: _____ Name: _____

Phone # _____

7. I will be discharged on (include date & time): _____

Client Signature/Date: _____

Counselor Signature/Date: _____

ITC OFFENDER EXIT EVALUATION

Facility/Program _____

Your evaluation of our program is important. Our goal is to provide quality services to you. Please complete the following and return to your caseworker/counselor. Your name is not required and all responses will remain confidential.

Please complete the following information (circle your response):

GENDER: Male Female

AGE: 20 and under 21-30 31-40 41-50 51-60 Over 60

RACE/ETHNICITY: Native American African American Caucasian Hispanic Asian American Other

PREVIOUS TREATMENT ATTEMPTS (Inpatient/Outpatient/ITC): 0 1-2 3-4 4+

EDUCATIONAL LEVEL: Less than 8th grade 8th - 12th grade High School Diploma or GED

Some College 2 year Degree 4 year Degree Post-Graduate

Please rate each of the following (circle your choices):

	EXTREMELY HELPFUL	HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	NOT APPLICABLE
ORIENTATION	1	2	3	4	0
HANDOUTS	1	2	3	4	0
BOOKS	1	2	3	4	0
HOMEWORK	1	2	3	4	0
VIDEOS	1	2	3	4	0
LECTURES	1	2	3	4	0
PATHWAY TO CHANGE	1	2	3	4	0
GED/LIFESKILLS	1	2	3	4	0
SMALL GROUP THERAPY	1	2	3	4	0
INDIVIDUAL COUNSELING	1	2	3	4	0
COUNSELOR ASSISTANCE	1	2	3	4	0
SELF HELP GROUPS	1	2	3	4	0
OFFENDER FACILITATORS	1	2	3	4	0
RELAPSE PREVENTION	1	2	3	4	0
RE-ENTRY PREPARATION	1	2	3	4	0

(Continued on the back of the page)

Please rate the following (circle your choices):

	EXCELLENT	GOOD	FAIR	POOR	NOT APPLICABLE
DAILY SCHEDULE	1	2	3	4	0
ACCOMODATIONS	1	2	3	4	0
DISCIPLINARY PROCESS	1	2	3	4	0
STUDY ATMOSPHERE	1	2	3	4	0
STAFF PROFESSIONALISM	1	2	3	4	0
FOOD SERVICE	1	2	3	4	0
RECREATION	1	2	3	4	0
MEDICAL	1	2	3	4	0
MENTAL HEALTH SERVICES	1	2	3	4	0
VISITING	1	2	3	4	0

Please answer the following questions completely and honestly:

Please list three (3) things about the program that were the most beneficial to you.

Please list three (3) things about the program that were the least beneficial to you.

How could we improve the program?

Quality Assurance Unit _____ Month/Yr _____

CLIENT SATISFACTION QUESTIONNAIRE

The information obtained from this questionnaire is used to evaluate the quality and delivery of our services to you. Our goal is to provide the most effective service possible in a professional and caring manner. Your confidentiality is assured and your feedback is held in the highest regard. Please check the number that most accurately reflects your beliefs/experience. Thank you for your cooperation.

1 = Not Adequate 2 = Adequate 3 = Good 4 = Excellent

Rate your first contact with this agency on the following:		1 Not Adequate	2 Adequate	3 Good	4 Excellent
1	Courtesy of the Gateway staff				
2	The explanation of this program				
Rate the staff on the following:		1 Not Adequate	2 Adequate	3 Good	4 Excellent
3	As a whole, do you think the Gateway staff treated you with respect and concern?				
4	The way the Gateway staff worked together as a team				
Rate each aspect of the treatment program:		1 Not Adequate	2 Adequate	3 Good	4 Excellent
5	Education Groups				
6	Counseling Groups				
7	Individual counseling				
Rate the treatment process on the following:		1 Not Adequate	2 Adequate	3 Good	4 Excellent
8	Your opportunity to participate in developing your treatment plans				
9	Do you think the Gateway program will help you in maintaining a successful recovery?				
10	My overall satisfaction with the quality of the Gateway services I received was				

Comments: 1) What did you like best? _____

2) What did you like least? _____

3) What would you change? _____

ITC PRE/POST TEST

Name & Number_____

Multiple choice

_____ 1. Who is responsible for you being in treatment?
- a. Probation/Parole Officer
- b. Judge
- c. Me
- d. My family

_____ 2. Recovery becomes stronger when:
- a. Criminal tactics are not used
- b. Honesty is practiced
- c. Closed thinking is not used
- d. All of the above

_____ 3. If I experience a desire to use, a good thing to do is:
- a. Call my sponsor
- b. Call my girlfriend/boyfriend
- c. Keep to myself
- d. Call my old friends

_____ 4. What does H.A.L.T. stand for?
- a. Hungry, Angry, Lonely, Tense
- b. Happy, Attentive, Lively, Terrific
- c. Hungry, Angry, Lonely, Tired
- d. None of the above

_____ 5. Which of the following are early warning signs of alcohol/drug addiction?
- a. Hanging out with people who drink or use
- b. Thinking about and planning next use
- c. Arrests related to drugs or alcohol
- d. All of the above

_____ 6. Which of the following does not define alcohol/drug addiction?
- a. Chronic
- b. Fatal
- c. Can be cured
- d. Progressive

_____ 7. Anger is:
- a. An unpleasant feeling against an assumed wrong or injury
- b. An uncontrollable rage
- c. A feeling that people don't like you
- d. An excuse for violence

_____ 8. Which is a healthy way to deal with anger?
   a. Passive
   b. Aggressive
   c. Passive-Aggressive
   d. Assertive

_____ 9. When I leave treatment, I should continue to:
   a. All of the below
   b. Attend aftercare for substance abuse
   c. Attend self-help meetings
   d. Meet with my Probation/Parole Officer

_____ 10. Something that creates a craving is a:
   a. Relapse
   b. Routine
   c. Trigger
   d. None of the above

_____ 11. Which of the following is characteristic of adult children of alcoholics:
   a. They lie when it would be just as easy to tell the truth
   b. They do not take themselves too seriously
   c. They feel they are the same as other people
   d. They are fun-loving

_____ 12. Which of the following is NOT likely to reduce stress.
   a. Regular exercise
   b. Meditation
   c. Making several significant life changes at the same time
   d. Eating a healthy diet and getting enough sleep

_____ 13. Relapse risk factors can include:
   a. Feeling that treatment is helping
   b. Having a social group that does not use drugs and alcohol
   c. Difficulty trusting others
   d. All of the above

_____ 14. Which is a FALSE of anger:
   a. It is normal
   b. It can be helpful
   c. It can lead to health problems
   d. It cannot be managed

_____ 15. Which of the following is true about men battering women:
   a. Battered women usually deserve to be hit
   b. Men who batter women are afraid of being abandoned and alone
   c. Men who batter women are violent in all of their relationships
   d. Religious beliefs will prevent battering

_____ 16. A healthy relapse prevention program:
- a. Is relatively easy after you complete treatment
- b. Is not really necessary if you are committed to sobriety
- c. Must be worked on every single day
- d. Involves only the person who wants to quit using

_____ 17. Co-dependency is:
- a. Being almost entirely focused on meeting the emotional and physical needs of other people
- b. A healthy way to help those who love and need you
- c. Behaving in such a way that other people respect your independence
- d. Learning about self and meeting your personal and emotional needs

_____ 18. Which of the following is NOT a stimulant:
- a. Amphetamine
- b. Cocaine
- c. Heroin
- d. Nicotine

_____ 19. Use of LSD does NOT result in:
- a. Flashbacks
- b. Increased intelligence
- c. A psychotic episode
- d. Severe anxiety reactions

_____ 20. A moral inventory is:
- a. Collecting all alcohol, drugs and drug paraphernalia in our homes and getting rid of it
- b. A searching and fearless effort to identify and evaluate our liabilities
- c. Evaluating other people and their negative behaviors
- d. None of the above

_____ 21. If you want to change your residence, you should:
- a. Move and give your probation/parole officer your new address during your next office visit
- b. Do nothing as long as you continue to report as directed
- c. Obtain prior permission before making a change in residence
- d. Notify your probation/parole officer within 48 hours of moving

_____ 22. Which of the following is true?
- a. Offenders who are supervised by electronic monitoring pay a weekly fee.
- b. Offenders residing in a Community Release Center or Residential Treatment Facility pay a weekly fee.
- c. Offenders under supervision pay a monthly fee, unless eligible to waive the fee.
- d. All of the above.

TRUE OR FALSE

_____ 23. T or F My crime only hurts me and my family.

_____ 24. T or F Not using drugs/alcohol and recovery are one and the same.

_____ 25. T or F Alcohol and drug abuse is a family problem and all family members are effected.

_____ 26. T or F Anger is an emotion, not a behavior.

_____ 27. T or F An enabler is a person who rescues us from the consequences of our addiction.

_____ 28. T or F Anger is a completely normal emotion that can be positively expressed.

_____ 29. T or F Other people can control how you feel.

_____ 30. T or F What we think or tell ourselves about an event or situation makes us angry, not the event or situation itself.

_____ 31. T or F It is important to be honest about your addiction and criminal history at a job interview.

_____ 32. T or F If you are strong it is possible to remain clean and sober without a support system.

_____ 33. T or F If you stop drinking/using, all health problems related to substance abuse will go away.

_____ 34. T or F Making excuses, blaming and justification are not thinking errors.

_____ 35. T or F When I think I am more important than others I am using grandiose thinking.

_____ 36. T or F A person on an SIS probation still has his or her voting rights.

MENTAL HEALTH ASSESSMENT

Case Name: _____ Case Number: _____

Date: _____ Age: _____ Marital Status: _____

Children: _____

1.) Client's initial explanation of the problem(s), its duration and precipitant:

2.) Mental Status Screen

	Normal Limits (Within)	(Outside)	Describe (required if outside normal limit)
A) General Appearance (dress, grooming, facial expressions...)			
B) Psychomotor Activity (overactive, motor retardation, tremors, ticks..)			
C) Affect/Mood (anxious, elevated, flat, depressed, labile...)			
D) Thought Content (hallucinations, delusions, ideations, phobias, somatic complaint, obsessive ideas...)			
E) Thought Processes (blocking, indecision, flight of ideas, fragmented,...)			
F) Oriented (time, place, person...)			
G) Evidence of mental retardation	Yes	No	
H) Personality Organization (judgment, memory, self-concept, insight...)			

3) Risk Assessment:	No evidence of risk	Client denies evidence of risk	Evidence of risk or potential risk	Family History
Suicide Explain:	____	____	____	____
Violence/Physical Abuse Explain:	____	____	____	____
Sexual Abuse Explain:	____	____	____	____

4) Mental Status Summary:

5) Describe previous psychiatric/counseling history. Include medication taken (relevant reports requested):

---

6) PHYSICAL HEALTH SCREENING	YES	NO
A. Is the client aware of the presence of any medical condition/problem?	____	____
B. Is there a possible relationship between physical and mental health issues?	____	____

7) APPROPIATENESS OF AGENCY SERVICES FOR CLIENT

Is the client appropriate for agency services? yes___ no___ If NO, please explain and identify referral resource: _____

8) Are any of the following additional evaluations recommended?
(If YES, please note referral, date of referral, or if referral was declined)

	YES	NO
A. Alcohol/Drug Assessment:	____	____
B. Psychiatric Evaluation/Mental Status Exam:	____	____
C. Psychological Assessment/Testing:	____	____

9) Childhood/Family/Marital History Pertinent to Problem:

10) Who else is involved in the problem (e.g. other family members, agencies, or individual)?

11) Who will be involved in treatment?

---

12) Stages of Change:

Substance Abuse/Chemical Dependency-

Criminality and or Personality Disorders-

Axis 1 Mental Health Disorders-

Developmental Model of Recovery:

Substance Abuse/Chemical Dependency-

Criminality and or Personality Disorders-

Axis 1 Mental Health Disorders-

13) Therapist preliminary assessment and symptoms supporting diagnosis:

Diagnosis

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

PLAN:

Clinician's Signature Date

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 that 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 serous 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.**

Missouri Department of Corrections

WERDCC
VANDALIA, MISSOURI

Long and Short-Term Drug Treatment

GATEWAY FOUNDATION THERAPEUTIC COMMUNITY

Gateway Foundation SM | Corrections

Reducing Recidivism...Rebuilding Lives

Program Handbook

Mission

To provide comprehensive services for offenders that reduces recidivism and helps them to successfully reintegrate into society as productive citizens.

Book No._____

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This Handbook describes how the Gateway Foundation Therapeutic Community works at WERDCC and what you will need to do to complete treatment successfully.

Why Are We Here?

We are here because there is no refuge, finally, from ourselves. Until a person confronts herself in the eyes and hearts of others, she is running. Until she suffers them to share her secrets, she has no safety from them. Afraid to be known, she can know neither herself, nor any other; she will be alone.

Where else but in our common ground can we find such a mirror? Here, at last, a person can appear clearly to herself, not as the giant of her dreams, nor the dwarf of her fears, but as a woman, part of a whole, with a share in its purpose. In this ground, we can each take root and grow. Not alone anymore as in death, but alive to ourselves and to others.

The Meaning of the Gateway Philosophy

We are here because there is no refuge, finally, from ourselves.

We are running from ourselves and we have nowhere to hide anymore. Our main "hiding place"—in our drugs and/or alcohol—is not working anymore. We are open and can hide no more.

Until a person confronts herself in the eyes and hearts of others, she is running.

We must be willing to stop trying to hide—to face ourselves as others see us.

Until she suffers them to share her secrets, she has no safety from them.

A secret is a danger to us—we can be hurt if others find out. But, if we share our secrets, they can no longer hurt us; they are no longer a danger to be used against us.

Afraid to be known, she can know neither herself, nor any other; she will be alone.

If we can't be open and honest with others, they cannot know us, and we will not know our real selves. We will be alone with no one to turn to for help.

Where else but in our common ground can we find such a mirror?

We are all the same. I am no better than you, and you are no better than me. We are here in the TC, and I can see myself in you and you can see yourself in me.

Here, at last, a person can appear clearly to herself, not as the giant of her dreams, nor the dwarf of her fears, but as a woman, part of a whole, with a share in its purpose.

The giant is the person we thought we were in our addiction. The dwarf is us in withdrawal. The woman is the real us—clean and sober. To find this woman, we must be a part of this Therapeutic Community—invest in it with our caring, for ourselves and each other.

In this ground, we can each take root and grow. Not alone anymore as in death, but alive to ourselves and to others.

We can invest and grow as men, as our Therapeutic Community will grow. As part of this growing TC, we become alive and honest to ourselves and to others.

A LETTER FROM THE STAFF

Welcome to Vandalia Gateway Foundation – "Reducing Recidivism...Rebuilding Lives"

This program was designed with both you and your recovery in mind. The goal is to assist you in imagining yourself living an alcohol, drug, and crime free lifestyle. We will assist you in treating your "whole person," for example, socially, psychologically, spiritually, etc. This will help you achieve a healthy lifestyle in recovery. However, you get out of the program what you put in; the harder you work and more you share the more personal growth and lifestyle changes will occur. You are expected to be an involved member of the Vandalia Gateway Treatment Program.

We dare you to be different, especially different from the past. A true measure of an individual's life is the courage and determination to make difficult, but positive, change. This program serves as the beginning for self-help involvement that will continue with follow-up treatment in the community. If you are able to achieve and maintain an alcohol and drug free life and are willing to invest effort in complying with social norms; then your chances of returning to prison are greatly reduced and your future as an active and productive member of society and in your family is highly likely. The philosophy of this program is that *recovery is possible – it is a process*. Recovery is not just abstinence, but it involves learning to live comfortably and enjoyably as a productive and responsible member of society. It involves healing your person as a whole, through learning to work, living a structured life, maintaining a clean self and environment, developing personal relationships, strengthening family ties, practicing positive leisure activities, and developing spiritually; all without the need for, or use of, mood-altering chemicals.

Learning through experience, failing and succeeding, all while experiencing rewards and consequences, is important in achieving lasting change. Those who do recover are only able to do so by asking and accepting genuine help from other recovering individuals, which can be overwhelming in the beginning. Hold on for the journey that awaits you because if you are able to be honest with yourself and others, to learn to appropriately express your feelings, to be willing to give and receive feedback, to dedicate yourself to an alcohol and drug free lifestyle, and to help those who are suffering (being your sister's keeper) with similar problems, then you will be setting a solid foundation for your life long recovery. Respected by yourself, your family, and your community, you will no longer be a part of the problem, but part of the solution.

Change comes as a result of action. It is important that you become an active participant in the program. Every participant, regardless of the circumstances, is considered to be a person of worth and value. Recovery, and all its benefits, is possible for anyone at any time, with no greater requirement than a desire and willingness to change. We welcome you to our "family" and hope that your stay at Vandalia is filled with limitless possibilities of reaching your goals of a sober, crime-free life.

Welcome to your "**gateway**" to change.

Concepts of the Therapeutic Community (TC)

The concept of the TC is actually very simple. Each client represents an "agent of change" with vital input and participation, having assigned responsibilities within the TC, while staff offers guidance, role modeling, and act as rational authority within the community. The TC is powerful and relies on each client taking an active role in each other's recovery, through observation of behavior, job performance, offering insight and feedback into the observed behaviors, giving and getting support, all while holding others accountable. When this is done out of true care and concern, then an open, honest, and caring environment is created and recovering together can take place. Each client has the responsibility and expectation to be their brother's keeper and role model positive behaviors.

Like any healthy town, city, or society, life in Vandalia's Therapeutic Community is based on a social contract which includes rules, social norms, privileges, consequences, a common philosophy, and a shared belief system. Four principles support a client's successful membership in the Vandalia Therapeutic Community:

- Discipline and self-restraint
- Responsibility for your past mistakes and current choices
- Realistic changes in your habitual thoughts, attitudes, and actions
- Helping others learn to act with responsibility ("I am my sister's keeper")

The Therapeutic Community is a powerful and effective treatment model that is based on seeing, doing, hearing, and speaking. While most programs are focused on lecturing the client into sobriety, this is about doing. A Therapeutic Community is a Positive Peer Culture Treatment Environment. The primary goal is to foster personal growth and positive change within a "SAFE" treatment environment provided by Vandalia Therapeutic Community.

Program Description

Vandalia Treatment Center is a modified Therapeutic Community with a total population of 240 female offenders. The facility is made up of both Short Term and Long Term Modified Therapeutic Community Substance Abuse Treatment Services. Eligible offenders participating in advanced levels of treatment may be involved in CNA classes within the facility, while continuing recovery. The Vandalia Therapeutic Community is a way for you, as an offender, to create a positive culture among your peers so that significant positive changes can be made in your lifestyle. To achieve these changes, you will learn how to use positive peer encouragement as well as caring confrontation. You and your community members will learn how to ask for help and how to offer sincere help to others. The core theme of the Therapeutic Community is "I am my sister's keeper."

The participants in this program are like you--adult female criminal justice offenders sentenced to Treatment ordered by the court system or stipulated by the parole board. You and your peers often experience difficulty managing feelings and emotions. Participation in the daily programming and groups gives each participant the tools and the opportunity to practice appropriate and positive ways to manage these feelings.

The program creates a positive peer culture and facilitates overall lifestyle changes wherein you remain drug free and interact in society without further criminal activity, take responsibility for your ongoing recovery, and contribute to your community. These changes are achieved through positive peer pressure, caring confrontation in groups/meetings, and integration of the self-help approach. The self-help concept is weaved throughout the daily program. Basic 12 step education and support meetings are held at the facility. Peer Support Groups, which are all facilitated by your peers, are a critical part of treatment also.

Negative behavior will be addressed, through a variety of therapeutic tools ranging from simple verbal corrections to more structured confrontations intended to help you recognize and correct self-destructive behaviors. These "Learning Experiences" are designed to help you and your peers change the specific behavior and make better choices. This is done through verbal "pull-ups," encounter groups, therapeutic peer review's (TPR's), program and structure status, role modeling, and daily social interaction. Every offender will experience Cognitive Restructuring, or Cognitive Self Change, which directly confronts both criminal and addictive behaviors and creates individual change. You learn that what goes on in your mind controls what you do in life and that by controlling your thoughts you can control and change your behaviors. By completing Thinking Reports you learn to develop strategies to stop, think, and behave differently by learning to identify the feelings, attitudes, beliefs, and behavior patterns that get you in trouble. If you embrace this change, you can "trust the process" laid in front of you, gain a new way of life, hope, positive support, and a new way of thinking. This becomes true freedom and sobriety.

Within the structure of the TC, there is "no free lunch." Each client will earn what she receives, thus embracing the concept "You get out what you put in." Each client will be held accountable through receiving graduated interventions, acquiring responsibility, gaining recognition, and receiving privileges, all determined by each client's actions, level of honesty, various observations, and the overall quality of effort. The TC promotes the development of strong and positive peer relationships and support groups. Daily structured, ritualistic meetings, groups, and activities are scheduled to promote trust, unity, sharing, and caring amongst each other.

The TC promotes the concepts of "Right Living," which serve as a successful life map that promotes positive and healthy living, free from the guilt and shame or agony and pain, which entangled you in your addiction. Therefore, the beliefs of the TC are a formula for "Right Living." The following "Right Living Concepts" are essential to recovery, personal growth, and healthy living:

1. Focus on the "here and now".
2. Truth, honesty, and integrity.
3. Respect for self and others.
4. Acceptance of personal responsibility for your own destiny.
5. Acceptance of social responsibility (being your sioster's keeper and having responsible concern).
6. A moral code concerning right and wrong behavior.
7. Trust of self and others.
8. Dependability and responsibility.
9. Good work ethic.
10. Economic self reliance.
11. Goal setting and follow through.

All clients, or "family members", take part in the community through holding program structure jobs, as well as holding other family members accountable for their behaviors and supporting each other in their recovery efforts. Program structure jobs within the community are arranged in a chain of command, filtering down like a pyramid. Elders, Coordinators, and Department Heads, are the highest level positions. These positions form the line of communication between staff and the rest of the community. They reinforce TC tools and structure.

There are three phases of treatment. The sequence from beginning to end is: orientation, intensive phase, and relapse prevention and re-try. Throughout all phases, clients are given work assignment/job functions (as previously mentioned), which are assigned within the structure according to seniority, individual progress, and productivity. Phases are determined by time in the program.

Therapeutic Community Tools

While living and working in the Therapeutic Community you will learn to utilize a variety of tools to resolve disagreements, promote the health of yourself and the community, and to pursue socially acceptable resolutions to problems and issues you may face. These tools empower you to manage your feelings and interact with your community in a new way. You will see that you can deal with frustrations and fears in life without resorting to the use of alcohol, drugs, or physical aggression. The most important TC tools include both actions and responses. They include:

1. Push-Up – used to acknowledge a specific positive behavior of the community member. The proper response is "Thank you." This tool is written or given verbally.
2. Verbal Pull-Up – given verbally to make the community member aware of negative behavior. The proper response is, "Thank you, I'll get right on top of that," and then stop the behavior.
3. Written Pull-ups – used after a family member is already confronted verbally and continues to show the same behavior (failure to self correct) or when the behavior is considered particularly serious. The tool is written on a slip which must be completed accurately and submitted properly.
4. Therapeutic Peer Review (TPR) – used when a Written Pull-up is uncontested or found to be valid. The family member appears before a Therapeutic Peer Review Panel to receive a Therapeutic Peer Review (TPR) which may include a "Talking To"; a Learning Experience (LE) essay, and/or community service, a Thinking Report, loss of privileges, loss of status, or possible referral to the Department of Corrections disciplinary process.

A tool which allows two or more individuals to sit down and work out interpersonal conflicts before they lead to resentments and possible self-defeating actions is the:

5. Relating Table – used to solve interpersonal conflicts between two or more family members. Participants will sit down with an impartial facilitator, or Mediator, and "relate" the problems they are having with the other person(s). Each participant is allowed to share her "side" of the conflict and process the feelings that are associated with it. The goal of the Relating Table is to find a mutually agreed upon solution so that everyone can live together peacefully and maintain a positive environment for recovery.

Another TC tool which allows you to deal with feelings and emotions associated with another person's behavior is the:

6. Encounter – used to help a family member become aware of how her behavior affects others and their feelings, and to also bring awareness to the community as a whole. An Encounter is made for a negative behavior or attitude which may or may not be an actual rule infraction. The tool is written on a slip, which must be completed accurately and submitted properly.

These House tools, along with job functions and community dynamics, are the major vehicles for change within the Therapeutic Community. CARDINAL RULE violations should be immediately reported to staff. These will be described later in this handbook.

Treatment Phases

The Modified Therapeutic Community Program phases are time driven. Short Term Treatment is either 84 day, or 120 day treatment. Long Term Treatment is 6 month (OUT), or 365 day treatment.

Phase I – Orientation:
Short Term: minimum 1 week; OUT/ Long Term: minimum of 3 weeks

- Clients are instructed how to properly fill out and drop Written Pull-up/Push-up and Encounter slips. TC terminology, Gateway guidelines, TC rules, and a variety of other topics are covered. The client is 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 to allow you to adjust to the therapeutic community and to focus on the life changes you plan to make.

Phase II – Intensive Treatment:
Short Term: minimum 8 weeks; OUT: minimum 12 weeks; Long Term: minimum 37 weeks

- Individualized needs identified in Phase I and documented in the Master Treatment Plan are addressed through education, group process, 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 you learn to utilize your tools for responsible living.

Phase III –Relapse Prevention and Re-Entry:
Short Term: approx. 3 weeks; OUT: approx. 8weeks; Long Term: approx. 12 weeks

- 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 for long term clients. 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, education goals, a home plan, and aftercare provider information. Other tasks in preparation for leaving are also completed. During Phase III you are expected to be proficient in structuring your own time in a responsible way. The full extent of available privileges are allowed during this phase.

As newly assigned to the TC, you are not prepared to be a full fledged member of the community. A week long intensive orientation program followed by a minimum of a three week orientation phase is used to prepare you for your role in the therapeutic community. In addition to class attendance, you are required to attend and participate in wing activities such as Morning and Community Meetings, Evening Wrap-Up, and Encounters. As a Phase I participant, you will be expected to dedicate yourself to self-improvement by addressing peer behaviors and demonstrating responsibility to the community through daily work. During this Phase all activities are highly structured and privileges are minimal.

PRIVILEGE LEVEL PHASE UP CRITERIA

Your advancement through each privilege level 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. You have expected objectives to meet in each phase of treatment. Upon completion of the objectives, you must clearly demonstrate that you have achieved all of the objectives by using the "Phase-Up Recommendation" form. This form is reviewed by staff. You will be evaluated in terms of participation, attitude, behavior, and responsibility. A satisfactory recommendation is required for phase-up. If you fail to phase up, you will be provided with clearly defined objectives to complete prior to resubmission. The Clinical Supervisor serves as the final authority in all phase-ups.

Level I

To move from Level I to Level II you must do the following:

1. Spend a minimum of 1 week ST, 3 weeks OUT and Long Term..
2. Accurately recite the Gateway philosophy in front of peers and/or staff
3. Achieve all objectives listed in TAP treatment plan for this phase, including successful completion of class assignments, and successful participation in TC activities.
4. Show that you know how to use core TC Tools with responsible care and concern by completing and submitting each of the following in collaboration with your Big Sister:
    - Verbal/Written push-ups
    - Verbal/Written and pull-ups
    - Encounter slips
5. Successfully complete an Orientation Phase Test.
6. Complete Big Sister Checklist.
7. Complete Life Script.

Level II

To move from Level II to Level III you 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. Document attendance of 2 self help meetings meeting per week.
3. Meet identified target dates on treatment plans and complete workbooks and journals as assigned.
4. Complete all written curriculum assignments.
5. Complete all learning experiences.
6. Demonstrate active participation in all identified TC activities.
7. Write a life story (autobiography) that includes alcohol and drug use and describing how it has affected your life.

7. Not be on a Behavior Contract at the time of phase up.
8. Meet with the Phase-Up Committee and pass a written Phase-Up Test.
9. Complete the "Phase- up Recommendations" form.
10. Demonstrate a positive work ethic in all areas of treatment (work assignment, school, program, and living with others).

Long Term Clients:
A Comprehensive Case Evaluation summarizing your treatment progress and achievement of your treatment goals will be prepared by your Primary Counselor approximately two months before your anticipated program completion date (at approximately ten months into the program absent any time extensions). This Case Evaluation will be sent to the Institutional Probation/Parole Office for use in preparing a report to the judge or parole board.

To qualify for a successful Case Evaluation, you must do the following:

1. 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.
2. Display positive role model behavior and comply with staff directives and follow program and institutional rules.
3. "Give back" to new clients by teaching them the rules and tools of the TC.
4. Complete the Relapse Prevention Plan and the Continuing Care Plan for use in developing the Case Evaluation.
5. Document attendance of 2 self help meetings per week.
6. Complete all educational classes and Gateway/Change Companies interactive journal Re-Entry workbook.
7. Demonstrate an understanding of the connection between substance use and criminal behavior in your life.
8. Demonstrate the ability to utilize relapse prevention skills and coping strategies, and respond appropriately to situations by using learned techniques, including cognitive self change techniques.
9. Demonstrate the ability to accept and fulfill positions of responsibility within the community.
10. Demonstrate a positive work ethic in all areas of treatment (work assignment, school, program, living with others)

To qualify for a satisfactory program completion, you must:
11. Complete twelve months in the program with a successful case evaluation
12. 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; "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 or Program Review Committee and have a supplemental report forwarded to the court or parole board for reconsideration of release.

REQUESTING PHASE ADVANCEMENT

You must demonstrate progress within all treatment Phases in order to complete Vandalia Therapeutic Community successfully. Once you have completed the requirements for each Level, you may apply to move to the next Level. You will submit a Request for Phase-Up form to your assigned counselor along with a completed Phase-up Recommendation sheet.

When you request a Phase-Up, your treatment team will review your application. You will be

informed of the decision on your request for Phase-Up. In some cases, your request may be denied. In that case, you will be told what specific behaviors, skills and attitudes you need to work on. If your request for Phase-up has been denied, you must wait a minimum of one week before re-applying for a Phase-Up.

Structure in the Therapeutic Community

HOW THIS STRUCTURE WORKS

You are given work assignments/job functions within the structure hierarchy according to seniority, individual progress, personal skills and productivity. You will have opportunity to apply for positions within the TC structure. Staff has final decision-making authority regarding role/job assignments. The best way for you to advance within your wing structure is to follow the rules, properly use the TC Tools, be a positive role model, help others, and take responsibility for your own choices.

Note: Positions are assigned by staff to enhance leadership skills, teamwork, personal recovery, and accountability within the Therapeutic Community. Ultimately, decisions rest with staff serving as "rational authority" for the community – no offender "controls" another offender or "takes" another community member's program.

Staff and Orientation Facilitators will review this structure in detail with you during Orientation. They will provide job descriptions to persons assigned to these roles.

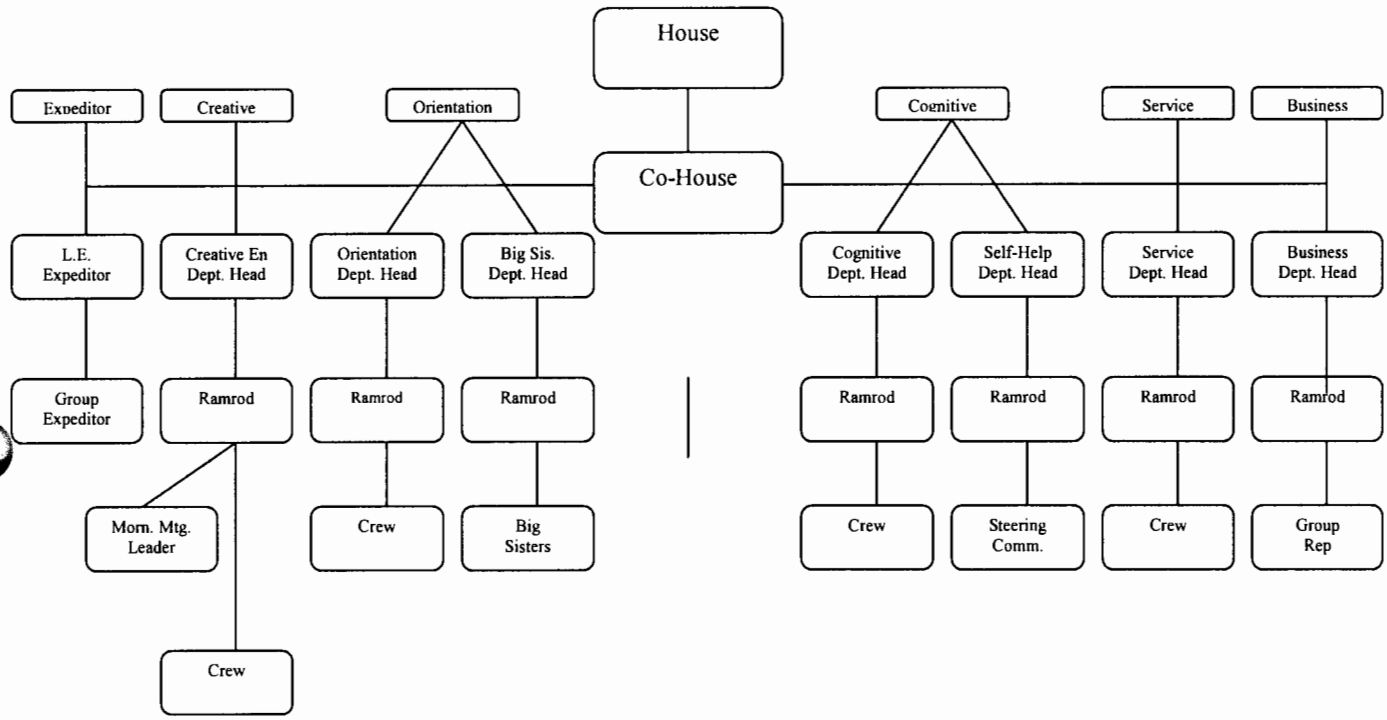
STATUS AND ROLE IN THE TC STRUCTURE

Each Wing will have a Wing Structure. When you enter Vandalia Therapeutic Community, you have limited privileges status and you will become a member of the Wing Service Crew. After passing the Orientation Test, you will be expected to apply for another crew position within the Wing.. If you wish to remain on the Service Crew, an application must be submitted. You will be placed on the crew of your choice if a position on that crew is available. Otherwise, you will be asked to submit an application for a crew position that is available. After initial service on a crew, you may apply for a position on another crew or for a more advanced position such as L.E. Expeditor, Morning Meeting Leader, Steering Committee, Big Sister, Ramrod or Department Head. When qualified, you may apply for senior structure positions such as Coordinator, Wing Strength, Chief Expeditor, etc.

LINE OF COMMUNICATIONS

The Structure charts on page 14 shows the Structure of the Vandalia Therapeutic Community and the Line of Communication (LOC) of the Structure positions. Everyone is expected to follow LOC when communicating with others within the Structure on TC business. Members who attempt to circumvent LOC should be addressed and redirected to the proper structure member.

Vandalia Wing Structure



JOB DESCRIPTIONS

Wing Strength
The Wing Strength has overall responsibility for the efficient and effective functioning of his wing. He reports directly to the House Coordinator. This position requires a high degree of leadership and management skill, along with the ability to set standards of excellence and motivate fellow wing residents to excel. He chairs the TPR panel and conducts the investigation of TPR's as needed. The Wing Strength must reside in the wing for which he is responsible.

Assistant Wing Strength The Assistant Wing Strength assists the Wing Strength as required/directed in the efficient management of his wing. He assumes the role and responsibility of Wing Strength in his absence. He chairs the TPR panel as needed. The Assistant Wing Strength must reside in the wing for which he is responsible.

Department Coordinator
The Department Coordinator has overall responsibility for the efficient and effective functioning of his assigned department. He must have held a position of Ramrod or above. This position requires a high degree of leadership and management skill, along with the ability to set standards of excellence and motivate crew members to excel. He reports directly to the House Coordinator.

Department Head
The Department Head reports to the Department Coordinator and to the Wing Strength. There is a Department Head for each Department in each wing. He is responsible for the daily operations of the department in his wing and ensures all responsibilities of the department are met. He makes and keeps schedules, and assigns crews specific, defined tasks to meet the needs of the community.

Department Ramrod
The Department Ramrod reports to his Department Head. He runs his assigned crew to accomplish the department's tasks to meet the needs of the community.

LE Expeditor
The LE Expeditor assists the Shingle Expeditor in ensuring that Learning Experiences that have been assigned to the clients are completed and that work experiences are completed with integrity.

Crew Member
The Crew Member reports to his Department Ramrod. He follows the directions of the Ramrod in the accomplishment of assigned tasks to meet the needs of the community.

JOB CHANGE PROCEDURE

Offenders who have been in their present TC Structure job for 45 days (or more), have achieved Phase II status or higher, and remain "in good standing" may apply for a job change by completing a Therapeutic Community Job Application. Job changes are subject to qualification and position availability. Applicants will be interviewed by structure or staff depending upon position sought. You may not leave a Structure position without obtaining a new position.

DEPARTMENTS

There are seven departments, including the Wing Strengths, that make up the basic TC structure.

These departments are organized to accomplish the work of the family and support each individual's progress through each phase of treatment. Six departments are headed up by a Department Coordinator, the seventh by the Wing Strength. Two departments have sub-divisions that are each headed by a Department Head.

Coordinator Level:		Department Head Level:
Business	Expeditors (Shingle)	Big Sister (Orientation)
Cognitive	Orientation	Self-Help (Cognitive)
Creative Energy	Service	
Wing Strength		

BUSINESS OFFICE

The Business Office maintains the inventory of all required forms and ensures that all forms are clear copies, organized, and available for staff and community use. The B.O. ensures that treatment folders are prepared with current forms for new R&O intakes. It provides the Office Manager with a list of forms that need to be duplicated It makes copies of all required program forms such as sign-in sheets, TPR Sanction sheets, self-help meeting sheets, etc., and maintains the group and class logs.

STAFF-ON-DUTY (SOD)

The counselors serving as SOD are responsible for overseeing Therapeutic Community activities on a particular day. They will check each Wing's Pull-up/Encounter box, oversee the processing of Push-up/Pull-up/Encounter slips, monitor sanctions assigned for Learning Experiences, and process first appeals of assigned TPRs. In addition, they monitor the Business Office and Structure activities, collect and distribute Structure applications, provide crisis intervention, and meet with Elders/Coordinators to relay information to all staff as appropriate.

CLIENT ON DUTY (COD)
The client serving as COD will assist the SOD and will conduct operation of the "YES/NO" table at Therapeutic Peer Reviews.

Privileges

PRIVILEGES IN THE VANDALIA THERAPEUTIC COMMUNITY

As in our society, you have opportunity at Vandalia to earn certain benefits (privileges) as you progress through the treatment phases and accept more responsibility in the program. If you have problems with your behavior or attitude, you may lose your assigned privileges while you work on the problem. Additionally, you may be required to "recycle" through earlier phases which would result in both a loss of privilege and the repetition of earlier phase work.

PRIVILEGE CATEGORIES

Level I Privileges (Yellow)
Given to all offenders upon entering the community.

Level II Privileges (Green)
Awarded when you successfully Phase up to privilege level !!.

Level III Privileges (Blue)
Awarded when you successfully complete Phase II and transition to Phase III.

Level D Privileges Disciplinary Level (Red)
If you are given this level as a result of a Behavior Contract, or a DOC room restriction consequence. This level could also be given as a LE after many repeated negative behaviors, after a T/B, after a OMT/PERC hearing.

LIST OF PRIVILEGES

Each offender's privilege level can be easily identified by colored dots attached to their state ID's. Offenders may not modify these dots. These dots represent the "level" of privileges you have earned in the Therapeutic Community. The alteration, selling or loaning of a dot may result in a loss of privileges, referral to Program Review Committee, and possible recycling through earlier phases. Any offender without a dot will be treated as a client on Level D until the matter can be resolved.

The following two pages list the allowable items you are allowed to have on each level and the privileges you are able to receive.

GATEWAY: Approved Items

Disciplinary	1	2	3
Basic Hygienes	5 canteen items	15 canteen/personal items, not to include clothing items	40 canteen/personal items, include clothing items
No personal/canteen items (wedding ring only- no stone)	Basic Hygiene's (wedding ring only- no stone)	Basic Hygiene's (wedding ring only- no stone)	Basic Hygiene's (wedding ring only- no stone
Legal Items	Legal Items	Legal Items	Legal Items
	Bowl w-lid	Bowl w-lid	Bowl w-lid
	utensil set	utensil set	utensil set
	picture coupon(s)	picture coupon(s)	picture coupon(s) fundraiser tickets(buy and use)

Basic Hygienes		**Legal Items:**	**OTHER**
May possess 1 of each item		mail	drinking cup w-lid
shampoo (OR combo)	hygiene bag (1)	envelopes	s.i. towels (4)
Comb OR Brush OR Pick	Dishsoap	stamps	washcloth (1) - S.I.
deodorant	eye drops	address book	S.I. pads and tampons
toothpaste	contact lens case	writing paper	alarm clock
soap/soapdish	Renu contact cleaner	pencils/pens	photo album
laundry bag	Carmax	red carry file	Photographs (per policy)
toothbrush w-cap	Tylenol	copy card	9 watt bulb
denture adhesive	Vitamins	6 items Reading Material	AA & AAA & 9-volt batteries
denture cleaner	nail clippers	(Bible, books, magazines, newspapers, dictionary) per policy	fan

1. You are allowed to purchase and HAVE IN YOUR POSSESSION one (1) of each of the basic hygiene's and legal materials from Canteen each week while on Levels D or 1.

2. Levels 2 & 3 may purchase additional items as allowed in their level.
3. Additional items will each count as 1 canteen item.

Updated 6/15/11

Privilege Levels: Gateway Treatment Program

Level D (Red)

Must be in the dayroom by
6:15 am (includes Therapeutic Busts)
No Smoking
Phone calls only to lawyer with proof the call is necessary
No Canteen
Basic Hygiene's only
No music/TV
All 3 meals at chow
No personal items-this includes clothes, jewelry (except wedding ring w/o stone), etc.
No "extra" activities (PAT, CNA, Celebrate Recovery,
Story Link etc.)
All free time/study time in dayroom
No Recreation
Must send laundry out
Must sit where staff directs during groups
Can have legal items
Must apply to move to next level
May attend aerobics
Behavior Contracts drop to this level

Level 1 (Yellow)

Must be in the dayroom by 6:15 am M-F/ 7:45 am S/S
No smoking
One phone call a day no more than 15 minutes (if you don't get an answer that counts as your phone call)
5 canteen items (item per item)
Basic hygiene's
Lunch daily/ dinner on
scheduled rec days
No personal items (clothes etc.)
No "extra" activities (CNA, Celebrate Recovery etc.)
Can participate in PAT/Story Link (after passing the orientation test)
Free time/study time in dayroom
Must send laundry out
No music/walkman
Can have legal items
No Recreation/ may attend aerobics
Cannot come to dayroom after 9:30 pm count unless
it is job function

Therapeutic Busts drop to level 1.

Level 2 (Green)

5 Smokes a day
15 canteen items (item per item)
2 phone calls up to 15 minutes (if you don't get an answer that still counts as your phone call)
Can do own laundry
Can wear make up (does count as canteen item)
Can attend "extra" activities (PAT, CNA, Celebrate Recovery etc)
5 personal items beyond state issued items
Must go to lunch daily
Can watch TV/listen to music/have walkman
Can be in dayroom after count until 11:00 pm
Can apply for a personal day
Can go to barber shop
Can go to Recreation/aerobics
"Perk Box"

Level 3 (Blue)

All smoke breaks
Can make their own schedule of groups they will attend for the week-must get 20 hours/must be submitted by Friday for approval
Travel for AA/NA
40 canteen items
1 phone call up to 30 minutes and 1 phone call up to 15 minutes a day (if they don't answer that still counts as your phone call)
All meals optional
Can dress down on free time
Can lay down/sleep during free time
15 personal items
Can check out TV/CD player
Study/free time in room
Can apply for personal day
Can have drinks during social interaction
Can be in dayroom till lights out after count
*May buy and use fundraiser tickets

"Perk Box" for Level II

- 1 hour of free time
- Sit out crew tighten-up
- Dress down between 5-7 pm free time
- Stay up till lights out
- Control of T.V. for 1 hour
- All smoke breaks for one day

- Don't have to sit for smoke breaks for one week
- Sleep in one morning
- Relate out of 1 group
- Travel for programming for 1 day
- Choose position on their crew for 1 day
- Meditation walk
- Garden in back

Rules and Community Norms

CARDINAL RULE INFRACTIONS

Cardinal Rules are essential in providing a treatment environment that has a shared sense of safety so that you can work on your own recovery. Therefore, we will maintain zero tolerance for violation of Cardinal Rules. Any Cardinal Rule violation may result in referral to the Program Review Committee and may result in a program extension, termination, or other consequences. The following Cardinal Rules are in accord with State and local WERDCC policy:

1. Minor assault (as defined in Conduct Rule 10).
2. Violation of DOC Conduct Rules 1 – 9.
3. Possession/use of an intoxicating substance (Conduct Rule 11).
4. Making threats (Conduct Rule 12).
5. Engaging in sexual misconduct (as defined in Conduct Rule 15).
6. Theft or stealing (Conduct Rule 22).
7. Fighting (Conduct Rule 25).
8. Written/verbal acts of discrimination involving race/creed/or gender (Conduct Rule 41).
9. Vandalism (Conduct Rule 31).
10. Gambling (Conduct Rule 28).
11. Confidentiality is a must
12. No Physical Contact
13. No Gang Representation
14. No Contraband

ABSOLUTE COMMUNITY EXPECTATIONS– A FAILURE TO COMPLY WITH THESE EXPECTATIONS MAY RESULT IN SUBSTANTIAL THERAPEUTIC INTERVENTION OR INSTITUTIONAL DISCIPLINARY ACTION AND MAY IMPACT YOUR SUCCESSFUL PROGRAM COMPLETION.

- You will show respect for the Therapeutic Community and Tools.
- You will show respect toward staff.
- You will not make unsubstantiated verbal accusations.
- You will comply with all Institutional WERDCC/DOC rules.
- You will not sexually act-out by touching yourself or others in sensitive areas, touching others in a lewd or sexual manner, or making sexually charged gestures or comments.
- You will not use racially or ethnically charged comments, jokes, or name-calling.
- You will not make threatening comments to others; nor will you use intimidation tactics
- You will comply with all medical and/or mental health directives/restrictions.
- You will avoid horseplay / physical contact with others.
- You will not address staff by their 1st name.

- You will not possess items not allowed under DOC/TC guidelines.
- You will comply with all Learning Experiences, Behavior Contracts and staff directives.
- You will not refuse treatment interventions or walk out of any treatment activity.
- You will not skip groups or scheduled activities.
- You will not Borrow, Lend or Trade items or services (BLT).
- You will use your Line of Communication (LOC).

SOCIAL NORMS- A FAILURE TO COMPLY WITH SOCIAL NORMS WILL BE ADDRESSED AND MAY RESULT IN ACTIONS THAT COULD IMPACT YOUR SUCCESSFUL PROGRAM COMPLETION.

- You will use your TC Rules and Tools in the manner intended.
- You will comply with Phase level privilege limitations and Loss of Privileges.
- You will be in compliance with the Dress Code as required by your phase level and at all treatment functions.
- You will fulfill your responsibilities in performing your job duties.
- You will not abuse your Structure or DOC job position.
- You will not disrespect other family members or engage in character assassination.
- You will not manipulate or attempt to manipulate others
- You will not attempt to "staff-split" to obtain what you want.
- You will not condone negative, self-defeating behavior of your peers
- You will be on time to all required activities and appointments.
- You will follow meeting structure and all meeting rules.
- You will not talk while in line or when entering treatment activities.
- You will address peers using "Ms." and their last names in all public meetings and areas. (Dorm rooms, self-help meetings, and private conversations excluded.)
- You will keep your living area neat and clean and in compliance with TC and Housing Unit rules.
- You will be honest and not lie or lie by omission.
- You will encourage open sharing of personal issues by maintaining small group confidentiality.
- You will display personal integrity by owning obvious behavior and not making false statements.
- You will clean-up behind yourself in all areas of the facility (no littering)
- You will acknowledge all Push-ups, Pull-ups, and time-outs in an appropriate manner.
- You will not violate confidentiality.
- You will not posses nuisance contraband.
- You will not participate in "cliquing off" or "rat-packing" against others.
- You will not participate in bad rapping or spreading negativity.
- You will not glorify drug/alcohol use or criminal lifestyle. No "war stories".
- You will not participate in negative contracts.
- You will raise your hand to speak unless otherwise authorized.
- When recognized you will always stand and introduce yourself: "Good morning/afternoon/evening,
  family. My name is Ms. _____." After an introduction, the family should respond in unison: "Good morning/afternoon/evening, Ms. _____."
- You will attend all self-help meetings required by your phase.

The goal of Gateway Foundation's WERDCCCorrectional Center Therapeutic Community treatment program is to assist you in recognizing and changing thinking patterns and anti-social behaviors that have led to problems in your family and community through peer recognition and support. Therefore, you will be

addressed and held accountable for any behavior that is inconsistent with the principles of "Right Living" or interfere with the good order of the community.

MEETING RULES

The following group rules provide a safe environment to allow a level of trust, permitting members to share their feelings and experiences. To obtain the most benefit from group, your participation is encouraged and expected. If you have an issue to bring before the group, raise your hand and wait to be called on. Feedback is holding up a mirror for others to see themselves; it is not judgment or direction. Listen to what is said as feedback without interruption.

1. All Cardinal, Community, Treatment and Work Assignment rules and Community Values apply.
2. What is said in process and encounter group stays in group, except that staff may communicate with other members of the treatment team.
3. Make eye contact when speaking to other group members.
4. No sub-grouping or blurting out.
5. Do not raise your hand to speak while another offender is speaking or has the floor.
6. Pay attention. Keep focused on what is going on in group. No daydreaming.
7. Show respect, consideration, compassion and courtesy—no shaming or blaming.
8. Sit in a PROPs (People Respecting Other People) posture. Counselors may allow "relaxed PROPs" at their discretion.
9. No sleeping or sitting with eyes closed.
10. No hands in pockets or pants.
11. Group is facilitated by a staff member or person designated by the counselor. The facilitator's directions are to be followed.

DOC / INSTITUTIONAL RULES

All offenders have been issued a Missouri Department of Corrections *OFFENDER RULEBOOK* which provides guidelines for standard DOC rules. A current copy of OCC's *Institutional Rules* is posted in each Housing Unit rotunda. A violation of these rules may result in a Conduct Violation (CDV) as well as treatment program consequences.

HOUSING UNIT RULES

Housing Unit rules are posted on each wing of Housing Unit.

Therapeutic Interventions

If you break a rule or participate in behavior that is detrimental to you or the community while at Vandalia, the community will help you correct that behavior through a system of interventions that match the severity of the behavior. A Pull-up will be written for any behavior listed above or for behavior not listed, if it violates the good order of the community. Infringements that might constitute a Cardinal Rule Violation will be forwarded to DOC staff for investigation and the behavior will be addressed through the Encounter process. Infringements that are not clear as to their severity will be reviewed by the SOD to determine the level of intervention before proceeding through the TPR process.

TPR CONSEQUENCES FOR INFRINGEMENTS

Consequences for infringements will follow a graduated intervention format that increases as the number of infringements increases. All graduated interventions will be based on the prior 30-day infringement record of the offender. Assigned consequences (sanctions) will be reviewed and approved by a Coordinator, then submitted to the SOD for final approval. The SOD may modify the sanctions or add interventions such as recreation restrictions, glue contracts, Silent (or No-Talk) contracts, Relating Tables or other restrictions as deemed appropriate.

Note: Behaviors that are referred to the counselor for additional intervention may initiate an OMT referral, PRC referral, Behavioral Contract, or Recycle.

GRADUATED INTERVENTION LIST

- 1st Infringement an apology and an announcement during Wrap-up
- 2nd An apology, an announcement, and a commitment to the family
- 3rd An apology, an announcement, commitment to the family, and 1 hour of Community Service
- 4th An apology, an announcement, commitment to the family, 2 hours Community Service, and an AOC/Thinking Report
- 5th An apology, an announcement, commitment to the family, 1 assigned Learning Experience, 3 hours Community Service, an AOC/Thinking Report, and referral to the SOD for Loss of Privileges
- 6th An apology, an announcement, commitment to the family, 1 Learning Experience, 4 hours Community Service, an AOC/Thinking Report, and referral to the SOD for Loss of Privileges
- 7th An apology, an announcement, commitment to the family, 2 Learning Experiences, 5 hours Community Service, an AOC/Thinking Report, and referral to the SOD for Loss of Privileges
- 8th An apology, an announcement, commitment to the family, 2 Learning Experiences, 6 hours Community Service, an AOC/Thinking Report, and referral to the SOD for Loss of Privileges
- 9th An apology, an announcement, commitment to the family, 2 Learning Experiences, 7 hours Community Service, an AOC/Thinking Report, and referral to the SOD for Loss of Privileges
- 10th An apology, an announcement, commitment to the family, 3 Learning Experiences, 8 hours Community Service, an AOC/Thinking Report, referral to the SOD for Loss of Privileges, and referral to the Primary Counselor for staffing/intervention
- 11th An apology, an announcement, commitment to the family, 3 Learning Experiences, 8 hours Community Service, an AOC/Thinking Report, referral to the SOD for Loss of Privileges, and referral to the Primary Counselor for staffing/intervention
- 12th An apology, an announcement, commitment to the family, 3 Learning Experiences, 9 hours Community Service, an AOC/Thinking Report, referral to the SOD for Loss of Privileges, and referral to the Primary Counselor for staffing/intervention
- 13th An apology, an announcement, commitment to the family, 4 Learning Experiences, 9 hours Community Service, an AOC/Thinking Report, referral to the SOD for Loss of Privileges, and referral to the Primary Counselor for staffing/intervention

- 14th An apology, an announcement, commitment to the family, 4 Learning Experiences, 10 hours Community Service, an AOC/Thinking Report, referral to the SOD for Loss of Privileges, and referral to the Primary Counselor for staffing/intervention
- 15th An apology, an announcement, commitment to the family, 5 Learning Experiences, 10 hours Community Service, an AOC/Thinking Report, referral to the SOD for Loss of Privileges, and referral to the Primary Counselor for staffing/intervention

All consequences are cumulative – new consequences are added to those already earned. In the event that community service hours exceed 40 hours due to accumulation, the SOD will communicate this to your Primary Counselor for further consideration.

CONDUCT VIOLATIONS AND INFORMAL SANCTIONS

Conduct Violations, graduated interventions, and program tools, including verbal and written pull-ups, are important tools to help you pay attention to behaviors or attitudes that get in the way of your long-term needs and goals. We strongly encourage you to admit your full responsibility for the behavior – taking personal responsibility for your choices is at the core of your recovery. You must report receipt of a Conduct Violation to your Primary Counselor via written LOC within three days of receipt

Conduct Violations and Informal Sanctions are Department of Corrections behavioral interventions. These will be announced during Wrap-up meeting, to encourage the community to support your being open, honest and non-defensive about your mistakes.

THERAPUETIC BUST (TB)

A

BEHAVIOR CONTRACT (BC)

A written Behavior Contract (BC) will identify changes you need to make in your behavior/attitude and the things you are expected to do to achieve those changes. You will receive a copy of the BC, and a copy will be placed in your treatment file.

A BC is given to help you stay focused on improving a specific behavior/attitude that may be a risk to your successful program completion at Vandalia. A contract may also be developed to assist you in dealing with special needs or circumstances you may encounter. Failure to sign it or accomplish the goals of a BC will require further action by your assigned counselor, including continuation of the BC, referral to the Offender Management Team or Program Review Committee, or temporary recycle to a previous phase.

STAFFING

A staffing is a meeting of your Primary Counselor and other treatment staff to discuss issues in your program which if left unaddressed may threaten your successful completion. . Some staffings may include Department of Corrections staff depending on the nature of the issues. You may or may not be invited to attend the staffing. The staff involved in a staffing will

seek to identify any available interventions which may assist you in correcting your behavior before referral for administrative interventions becomes necessary. The results of staffing may include a variety of interventions up to and including a recycle. The primary goal of the staffing is to help you re-direct your behaviors and attitudes. A failure to respond to staffing interventions is likely to result in referral to the Offender Management Team (OMT) or the Program Review Committee (PRC).

Administrative Intervention Procedures

PROCEDURES FOR AN OFFENDER WHOSE PROGRAM IS AT RISK

OFFENDER MANAGEMENT TEAM (OMT)

The OMT functions as an inter-disciplinary staffing to identify specific ways you need to improve if you are to complete the program successfully. A referral to OMT indicates that you have a serious problem with your behavior/attitude that you need to address and that you have not responded to previous therapeutic interventions. A referral to OMT may also be the result of serious misbehavior.

The Offender Management Team will instruct you to work on the problem behavior/attitude in accordance with institutional policies (IS 19-1.5 Therapeutic Interventions).

If you do not accomplish the directives given by the OMT, you may be referred to the Program Review Committee.

Note: There are other reasons you may be referred to OMT (technical, administrative, mental health or medical) which are not behavior related.

PROGRAM REVIEW COMMITTEE (PRC)

The staff in the PRC functions as a team that decides whether you can remain in the WERDCC Therapeutic Community without placing others or the program at risk. PRC staff may include a Unit Manager, the Clinical Director, the non-referring Clinical Supervisor, assigned counselor, classifications caseworker, custody officer, an institutional parole officer, and mental health/medical staff (if needed).

A referral to PRC occurs as a final step in the community and staff's efforts to help you – when you have chosen not to respond to the community's customs, rituals, procedures, staff directives or treatment goals to modify problem behaviors/attitudes.

A referral to PRC is very serious – it means that in spite of efforts by our community and staff, you continue to make choices that violate the rules and values of our community, to the point that you risk being terminated from the program.

The Program Review Committee may recommend:

- No action.
- Program continuation
- Program phase/level reduction
- A Behavior Contract
- Referral to an Offender Management Team for further therapeutic interventions.

- Program extension
- Administrative transfer
- Negative termination
- Transitional Disciplinary Transfer

If the PRC removes you from the program, your assigned counselor will document in your Discharge Summary the reasons for your removal.

Note: There are other reasons you may be referred to PRC (technical, administrative, mental health or medical) which are not behavior related.

Tools of the WERDCC/Gateway Therapeutic Community

ENCOUNTER GROUP

Encounter Groups are the hallmark feature of the Therapeutic Community 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 a necessity 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 for all individuals to learn and grow. Encounter Group sessions are attended by Clinical staff that 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. It is 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. However, they are opportunities for clients to express current feelings about interpersonal situations, in order 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.

Specific reasons for taking a client to Encounters or "dropping a slip:"

- To express strong feelings (resentment, rage, frustration, affection, confusion, etc.) toward another member.
- To express responsible concern related to the behaviors of attitudes of another member.

- To resolve conflict or conflicted feelings and negotiate an improved relationship with another member.

The following guidelines and format for Encounter Groups will be observed.

Request for Encounter

To request an Encounter or "drop a slip," fill out an Encounter Slip thoroughly and place it in the appropriate request box, located in your housing unit. If your request is not filled out correctly, it may be ruled invalid or you may be called to the SOD office to clarify the request. Requests for Encounters must be turned in within 24 hours of the observed behavior. Requests that do not meet this condition may be ruled invalid. Individuals may be referred to an Encounter Group through a request by a staff member or as the result of a written Pull-up that was turned into an Encounter Request by the SOD.

Encounter Group Format

Components of an Encounter Group:

The Confrontation Phase – The person writing the Encounter Slip and the rest of the individuals in the Encounter Circle relate feelings, observations, expressions, reactions, and facts that led to the Encounter. The goal is to teach an individual to hear, acknowledge, and accept her behaviors and attitudes. Members share how the behavior the individual displayed impacted them personally and how they felt. This phase is over when the individual demonstrates that she has heard and understands the information presented. Once the individual has heard and understood the information, a "minimal outcome" has been achieved even if she is unable or unwilling to make a commitment to change.

Conversation Phase – All group members focus on the behavior that was brought to the Encounter. Unrelated problems or issues should be avoided. The person being encountered has an opportunity to account for the information she received, which may or may not include admitting to the behaviors addressed. The goal of the Conversation Phase is for the person being encountered to gain, an "understanding" of what was presented by the group. Additionally, the group will give feedback that is focused on the impact of her pattern of behavior on them, the community, her outside family, and her future if the behavior continues.

Closure Phase – This phase is guided by the Encounter Masters to ensure proper resolution. The person being encountered will be encouraged to make a verbal commitment (optimal outcome) to work on changing her self-defeating attitudes and behaviors by outlining specific, attainable steps she will take to achieve the change. She will receive suggestions and ideas from other members of the Encounter Group if she has difficulty making a commitment.

Socialization Phase (Also known as "Patch-up.") - This is an informal phase and can take place back in the Housing Unit. The purpose of this phase is to further discuss solutions and process feelings about the Encounter. Care should be taken not to engage in "Red Crossing," which can lessen the impact of the Encounter.

Encounter Group Arrangement:

- The Encounter room is arranged with 12 chairs in a circle (in the middle of the room). There are four chairs that are reserved - two for the Encounter Masters, who will sit opposite each other in the circle and two for the person doing the encountering and the person being encountered, who will sit opposite each other as well. These four chairs are placed in the circle like the four major points on a compass. Other chairs are arranged to form the Encounter Circle. The arrangement is known as "fishbowl" encounters and allows for the entire wing to watch and participate.
- The remaining 8 chairs of the Encounter Circle are filled by other community members that have care and concern about the behavior of the person being encountered that is being addressed. They may relate similar situations where the addressed behavior has been displayed to help the individual hear and

understand the information presented to her.

- Wing members that are not participating in the Encounter Circle sit outside the circle as observers, but do not participate in the actual encounter. This arrangement allows everyone to benefit from the Encounter Group process.
- Encounter Masters may direct seating arrangements or choose individuals to come into the Circle to participate. Staff may also assist in this matter and may choose to use a "teaching moment" to add clarity and direction to the process. Staff acts as a guide for the overall Encounter Process.

Please note: Processing an issue in Encounter Group is independent of other actions that may be related to the issue. For instance, an individual may receive Learning Experiences from a TPR Panel for a negative behavior, but still be required to deal with the feelings of his peers in the Encounter Group.

Encounter Group Norms

In addition to all rules in effect at the Ozark Correctional Center, participants in an Encounter Group will observe the following norms:

- Stay seated in your chair if you are participating in an encounter.
- The chair is to remain on all four legs – no leaning on back legs.
- The Encounter Master and/or staff may call "Halt." Everyone sits quietly in their chairs and waits for instructions from the Encounter Master and/or staff.
- You will participate in the encounter if you are in the Inner Circle. If you are in the outer group, you must "tap-in" to the inner circle to participate.
- You may even need to encounter your best friend (take risks) – no rescuing or rat-packing.

Persons who gain the most benefit in receiving an Encounter:

- Will not take anything too personally or hear others' comments as a personal attack
- Will not "run their story" (try to 'build a case" to "prove" they were right)
- Will know it is OK to be emotional
- Will be honest
- Will treat each group as if it were their last

Procedure for an Encounter Group

1. The L.E. Expeditor opens the Encounter Group session and proceeds by reading the Encounter Group Norms.
2. The L.E. Expeditor then turns over the Encounter session over to the Encounter Masters. The two Encounter Masters proceed to the Inner Circle, introduce themselves, and takes their seats. Next, they call the individual who wrote the Encounter Ticket and the individual for whom the Encounter Ticket was written to the Inner Circle, have them introduce themselves, and be seated. An Encounter Master reads the Encounter Ticket. The person doing the encountering opens the Encounter by reciting the dialogue.
3. The Encounter Masters will facilitate the process by directing the inner circle, urging individuals to remain silent and attentive except for the person doing the encountering.
4. After the individual who initiated the Encounter completes his confrontation, an Encounter Master invites members of the outer group to "tap-in" and describe their observations, feelings were evoked, and how they were impacted by the subject's behavior.
5. After several members have given their observations, the Encounter Masters will ask the person being encountered to relate what she heard and to describe her feelings. This process will continue until the she demonstrates that she has heard and understood the information presented. After she shares his final thoughts and feelings, the Encounter Masters will proceed to the Conversation Phase, followed by the Closure Phase (if there is an optimal outcome).

6. Once the Conversation Phase is completed and the Closure Phase entered, an Encounter Master will ask the subject of the Encounter to make a specific and attainable commitment to change and to state the actions she will take to achieve the change. If she has difficulty making a commitment, then the Encounter Masters elicit suggestions from the members of the Inner Circle and ask her which suggestion(s) she will commit to in order to change.

VERBAL PULL-UP

A Verbal Pull-up is a tool used to bring to a peer's attention (raise her awareness) that her actions are a violation of a rule or a community norm and should be discontinued. The Verbal Pull-up should be the tool of choice to assist each other in correcting day-to-day self-defeating behaviors. The proper way to deliver a Verbal Pull-up is to state, "Mam, I'm pulling you up for (state the behavior)." The proper response to a Verbal Pull-up is to state, "Thank you. I'll get right on top of that." then cease the behavior.

WRITTEN PULL-UP

You may submit a Written Pull-up when someone has *repeatedly* broken a rule or community's norms (or violated a more serious norm on one occasion).

Use the Written Pull-up *only* when you believe that it is the best way of addressing the person's behavior. (Do not use it as your *first* response to a person's problem behavior unless it is a major infringement).

Before you submit a Written Pull-up for one of your community brothers, always ask yourself the following questions:

- Is this the best use of my TC tools?
- Have I addressed this particular behavior with a verbal pull-up or a request for Encounter?
- Am I truly doing this with responsible concern? Do I really want her to learn accountability and avoid future problems or are my motives less noble?
- Am I writing this because of what I observed, or just because of what I feel or heard second-hand from someone else?
- If I am acting on feelings alone, maybe I should be requesting an Encounter rather than writing a pull-up. If I am acting on what someone else said, I should give responsibility to that person to address the behavior.

If it is discovered that you wrote a pull-up on another community member for the wrong reasons, you may receive consequences based on your actions.

Guidelines for Using and Processing a Written Pull-up

- To submit a Written Pull-up, fill out the Written Pull-up form completely by entering the identifying information requested and describing the behavior observed. If others witnessed the behavior, you may list up to 3 names that will confirm that the behavior occurred.
- Place the completed Pull-up form in the Pull-up box located on the wing.. Written Pull-ups must be placed in the Pull-up Box within 24 hours of the observed behavior. Pull-ups that do not meet this condition or are not completed properly may be ruled invalid.
- Pull-ups will be collected from the Pull-up boxes daily. Structure members will record the Pull-up in the Pull-up Logs.

- Offenders who have been written a Pull-up will receive a movement pass to appear at the SOD Office for processing following the guidelines below.
- If the Pull-up is determined to be valid, the offender will be directed to the Therapeutic Peer Review Panel to receive a TPR and

Therapeutic Peer Review Format

Offenders who receive a Written Pull-up will be asked to report to TPR Group

Procedure

1. Upon arrival at the TPR GROUP, you will be asked to sit quietly in a designated area until you are called up to the "Yes/No" table.
2. When called to approach the "Yes/No" table, you will knock on the desk as if it were a door. You will be asked, *"What do you want?"* You will respond by stating, *"Recovery."* You will then be told, *"We can help you find recovery."* The pull-up will be read to you and you will be asked if you admit or deny the actions stated on the pull-up. If you admit to the behavior, you will be directed to the proper TPR Panel. If you deny the behavior, you will be asked to provide the name of up to 3 witnesses to the alleged behavior and an investigation will ensue.
3. When you appear before the TPR Panel, you will wait for permission to approach. There should be no talking while waiting.
4. After approaching, stand facing the panel with your arms at your sides. *Do not speak*! Maintain eye contact with panel members as they talk to you.
5. You will not offer an explanation or a defense of your actions.
6. Be prepared! The information/thoughts shared with you by the panel members may be challenging. *Listen, reflect and strive for self-awareness.*
7. When the confrontation is over state, *"Thank you for your responsible concern."* You will be asked to wait to receive your Sanction sheet. Upon receipt, you may return to your assigned activity or follow the panel's specific directions.
8. If you have denied responsibility for the actions stated on the pull-up and requested an investigation, the investigation will be conducted by your wing structure. Following the investigation, you will be called back to the SOD office. If the investigation determines that the pull-up is valid, you will proceed as outlined above. You may also receive an additional learning experience.

How to Appeal a Written Pull-up

If you feel that a Written Pull-up is based on invalid information or if you feel the consequences are inappropriate, follow these steps:

1. Consider the Written Pull-up to be "valid" at the time that it is received.
2. Within 24 hours of receiving the Written Pull-up, complete a Written Pull-up Appeal Request and *attach the copy of the Pull-up* . Place the appeal in the Pull-up box in your Housing Unit. Make sure to indicate if it is a first or second appeal.
3. The SOD will facilitate an inquiry to determine if the Written Pull-up is valid. The SOD will grant or deny the appeal request. If granted, the Pull-up and any sanctions received will be vacated.
4. During the appeal process, continue working on the assigned sanctions/learning experiences with the intent to complete them by the specified deadline.
5. If you have appealed the Written Pull-up but it is determined to be valid by the SOD, you may receive additional LE's that will help you learn to be aware of and modify your problem behavior or attitude.

6. If the Written Pull-up is determined to be invalid, the person who wrote the Pull-up may receive consequences such as a Written Pull-up or learning experiences if it is determined that she used her tools dishonestly or in a vindictive manner.
7. If you appeal a Written Pull-up and it is determined to be valid by the SOD, you may appeal that decision to the Clinical Supervisor by completing a second appeal request form. Make sure to indicate that it is a second appeal. Attach the Pull-up and the first appeal form completed by the SOD denying your appeal. Place this appeal in the Pull-up box located in your housing unit. The SOD will collect and forward your appeal to the Clinical Supervisor. The Clinical Supervisor's decision will be final.
8. All staff Pull-ups are considered valid but may be appealed.

COMMUNICATION WITH STAFF

Two issues which are consistent with both criminal behavior and addictive behavior are a strong sense of entitlement and a need for immediate gratification (I want what I want when I want it). While Drug Treatment Staff are here to assist you in your journey to recovery and change, certain protocols must be followed to access counseling staff and Drug Treatment Program supervisors. Observance of the Line of Communication (LOC) helps you to seek help in a structured, self-disciplined, and organized fashion.

In the Therapeutic Community the community itself is the agent of change. Your sisters in the community are your primary source for advice and information and should be the first persons you turn to for both. If your questions or needs cannot be answered by your peers, your Structure members are also available to you.

If the Community Structure is unable to resolve your concerns, you may request an LOC form from structure. You will utilize this form to request a meeting with your counselor. The form should be completed and submitted to your Wing Coordinator who will then forward it to your Counselor. Apart from basic polite exchanges, you should never break LOC by approaching your counselor or attempting to engage them in conversation without having completed the LOC form and being contacted for a meeting.

You may access any member of the Gateway staff; however, the proper line of communication requires you first discuss any issues with your counselor. If they cannot satisfactorily assist you, you may then complete an LOC to meet with the Clinical Supervisor, stating on the LOC that you have already spoken with your counselor. Likewise, if the Clinical Supervisor is unable to assist you, you may complete an LOC to speak with the Program Director.

The proper process for contacting your assigned Department of Corrections staff may be different. You may speak directly with your Caseworker to find out what the proper process is in your Housing Unit.

BIG SISTER / LITTLE SISTER PROGRAM

The Big Sister/Little Sister program is a process to assist the newest members of our community and those who may be struggling with adapting to the community in settling into TC life. Most residents find their first 2 or 3 weeks here to be very stressful. The Big Sister's purpose is to ease that stress as much as he can. Being a Big Sister is a privilege and a big responsibility. What sponsors are to the 12 Step programs, Big Sister are to TCs. Being a Big Sister is about "Giving it Away to Keep It." If you want recovery, you have to give away the gold. There is an old saying. "If you want to learn something, teach it." What you teach, you learn. Reach out!

The Big Sister teaches his Little Sister the TC Tools and how to use them. If you have any questions, see a senior structure member for additional help. Big Sisters are expected to talk to Little Sisters when they get upset, and help them decide what they should do. Although the Big Sister's formal job only lasts 14 days, many women find they make lasting friendships for the remainder of treatment.

A Big Sister's responsibility is to be open minded, fair, and concerned about his Little Sister. Your Little Sister should know that she can come to you anytime, and that you will discuss problems she is having. Stress to her the rules and tools of the program. With your help, she will get a jump-start on recovery. The Big Sister job is a BIG JOB and you will feel stressed at times. This job will require that you work a program of "do and say." You will be her first role model here. What you do and say is very important. Be for her what you would want in a Big Sister yourself.

Procedure

- The Orientation Department Head will assign each new resident a Big Sister the day they arrive. She will try to match up personalities and needs as much as possible.
- Big Sisters should complete the Big Sister Checklist within days. Upon completion of the checklist, it will be turned in to the Orientation Department Head.
- If a Big Sisters discharged, it is the Sister's responsibility to notify the Orientation Department Head in order to assign a new Big Sister.
- Notify the Orientation Department of any major conflicts between Big Sister and Little Sister.
- The Orientation Department will monitor and maintain the Big Sister / Little Sister Tracking Sheet.
- Counselors may also assign a Big Sister to individuals who, though they have been in the program for a while, continue to struggle with adapting to life in the community. In this case the Counselor will give direction as to how the Big Sister relationship is to be monitored.

Expectations of the Big Sister:

1. Comply with all rules.
2. Be a positive role model.
3. Participate in all treatment activities.
4. Communicate well with Little Sister and Orientation Department (or Counselor).
5. To help Little Sister in every way to meet the program expectations.
6. Confront all negative behaviors by the Little Sister.
7. Complete Big Sister Checklist within 0 days.
8. If Little Sister is called to a TPR or taken to encounters, the Big Sister will accompany her (if applicable).
9. The Big Brother will ensure that the Little Brother completes all LE's.

Expectations of Little Sister:

1. Have a general respect for the program.
2. Be sincere and serious in your approach to treatment.
3. Talk about your feelings and your background.
4. Ask questions so you can increase your understanding of the program as well as decrease feelings of frustration and confusion.
5. Listen attentively to show interest and participate in all groups, classes, and treatment services.
6. Memorize the Gateway Philosophy and start applying its principles.
7. Be willing to accept constructive criticism.
8. Realize that everyone who goes through treatment will get consequences in the form of TPRs, Pull-ups, and LEs, including you. This is no tragedy. You can live and learn from it.
9. Respond appropriately to Pull-ups.

10. Treat all officers and staff with respect.
11. Use groups to deal with frustration and anger so you don't react in the community.
12. Do your assigned job duty with a sense of motivation.
13. Be responsible to take care of your clean up duties as assigned.
14. Use good hygiene.
15. Abide by all Gateway and WERDCC Correctional Center standards.
16. Apply yourself to your treatment plan.
17. Make it your responsibility to get the treatment that you came for.

Meeting Formats / Descriptions

Therapeutic Community meetings include Morning Meetings, Wrap-up Meetings, Community Meetings, General Meetings, and Classes/Seminars.

MORNING MEETINGS

Morning meetings convene every day following breakfast. The meeting is brief (30-40 minutes) and is conducted by residents. 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. The meeting starts with everyone seated, with the exception of the Wing Morning Meeting Leader, who serves as the Master of Ceremony and opens the proceedings with a loud "Good morning family." The house gives an ensemble response.

Elements of a typical Morning Meeting

Note: All elements of the Morning Meeting must be approved prior to the meeting (usually the day before) including all skits, songs, poems, readings, word of the day, costumes and props by the Creative Energy Coordinator of the Housing Unit in conjunction with the Creative Energy Departments Head of the Wing.

- The Gateway Philosophy begins the Morning Meeting. It is recited by a resident leading the audience. It is to be read or recited with feeling. Recitation of the Philosophy in the Morning Meeting is viewed as a bonding mechanism, 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."), written and 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 drawn from any source (e.g., "resurrection"). 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 briefly detailed report generally drawn from newspapers or T.V. 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 – Group songs or songs by presenting residents. The audience is free to join in singing with rhythmic handclapping or finger-snapping.

- Skits and Productions - Also includes 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 MEETINGS

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. This function must be conducted efficiently, as a considerable amount of information must be disseminated on all activities relevant to the residents, particularly assignment to encounters, job changes, and plans for the following day. The basic purpose of the meeting is to communicate any issues and concerns, while ending the day on a positive note. The meeting starts with everyone seated, with the exception of the resident wing Elder, who opens the meeting with "Good evening family," to which the wing responds together.

The basic business agenda in a customary sequence:

- Recite the Gateway Philosophy
- Introduce new residents
- Announcement of CDVs, Behavior Contracts, TPRs and LEs Apologies/Announcements)
- Group Push-ups / Pull-ups
- Announcement of up-coming Encounters
- Announcement of Structure job changes
- Announcement of Phase changes
- Announce food service menu for following day
- Residents may not direct a push-up or pull-up to another individual resident in the Wrap-up

meeting, although they are permitted to deliver *group push-up/pull-ups*. These can be directed to subgroups of other residents or the entire wing.

This format does not vary without the approval of the staff facilitator of the Wrap-up.

COMMUNITY MEETINGS

The Wing Strength will give his weekly report which summarizes the condition of the Wing, the number of Encounters, TPR, CDVs, Behavior Contracts, phase-ups and de-phases for the week. The Assistant Strength can assist in preparing and presenting this report. The Family Member of the Week will be announced and asked to share something about himself, his treatment progress, and his recovery. Assigned seminars from LEs and BCs will be processed. Additional seminars as teaching moments on a specific topic can be presented. Positive Affirmations can be read. Time should be 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 addressing attitudes, behaviors and issues

that are a threat to the community. One 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 would be 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 covering materials such as specific life skills, anger management, decision making, HIV, and Chemical Dependency Education. Classes/Seminars are designed to broaden the horizons of each community member, and the Gateway Foundation Curriculum offers a whole variety of potential topics. When residents assist the community by co-facilitating classes/seminars, they have the opportunity to review the curriculum to prepare themselves for this challenging opportunity to be both a teacher and a student.

Note: The use of *Cognitive Self Change/Cognitive Restructuring* is an additional component used to give each resident the opportunity to help re-structure the thought processes that led them to the position that they are in today. This group examines their personal Criminal Thinking Errors, and assists each resident with changing their thought processes towards more pro-social thinking.

Seminars

The seminar attempts to train attention, listening, and speaking skills. Seminars are usually conducted by clients and present the teachings of recovery and right living, which balances the member's experiential learning in the Therapeutic Community (TC). There are a wide variety of seminars within the TC, such as; concepts, pro and con, role induction, grab bag, guest speaker, and tell your story. There are three main goals of utilizing seminars:

- Intellectual stimulation
- Personal Involvement
- Social Integration

Tutorials

The most utilized tutorial in a Therapeutic Community (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 maximize 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 draw a specific opinion or conclusion, teaching open-mindedness. The two other types or 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 anti-social 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 will benefit from this process because the wing family knows where each member is in regards to his program and recovery and be able to learn from each other.

Thinking Errors

1. Closed Thinking
- Not receptive to viewpoints of others.
- Neither self-critical nor accepting of criticism by others.
- No disclosure.
- Lies by omission and commission.

2. Victim Stance
- Views self as a victim.
- Blames others (family, past, social conditions, etc.).
- Sees responsibilities for problems as being caused by others and circumstances.

3. Views Self As A Good Person
- Focuses only on positive attributes; fails to acknowledge destructive behaviors.
- Builds self up at others' expense.
- Uses religion to think of self as good person, while still breaking the law or violating rights of others.
- Sees self as taking good care of family by committing crime.

4. Lack of Empathy For Others
- Fails to consider others' feelings or pain.
- Little or no empathy unless it is to con / manipulate another.

5. Lack Of Effort
- Unwilling to do anything found boring or disagreeable.
- "I can't, meaning "I won't".
- Engages in self-pity and looks for excuses.
- Assumes his perception is right and acts on it, rather than taking the time to find out if it's right before acting.

6. Lack Of Interest In Responsible Performance
- Responsible living is seen as unexciting and unsatisfying.
- Always looking for the short-cut.
- No sense of obligation to others / society.
- "Forgets" a lot.
- Believes work is for suckers; "those in the know skim off the top".

7. Unrealistic Expectations
- Decides things will be a certain way, then expects them to be and gets angry if things don't turn out as expected.
- Perfectionist expectations of others or self.
- "Super-optimism"–convinces self he can't or won't get caught or in trouble.

8. Lack Of Time Perspective
- Doesn't consider future except to accomplish something illicit or in creating fantasies of success.
- How things are now "is" forever–if things are good, they'll stay that way from now on.
- Thinks "I have to make up for lost time" rather than accepting that getting re-established will take time.
- Thinks "I'm not working at McDonald's for the rest of my life," when faced with the need for getting any kind of a job to start out.

9. Fear Of Fear
- Has irrational fears, but refuses to admit them.
- Profound fear of "Put Downs".
- Fails to realize constructive aspects.

10. Power Thrusting
- Unreasonable need to be in control.
- When feeling "Put Down" or out of control, impulsively seeks to regain control with no thought of consequences.
- Uses manipulation, deceit, anger, and threats as ways of feeling powerful.
- "If people mess with me, I'm going to get them–I don't care about the consequences."

11. Uniqueness
- "Different" and "Special"–better than others (sense of entitlement).
- Grandiose–thinks of self as superior in spite of lack of accomplishment.
- Believes should start at top–the rules do no apply.

12. Ownership Attitude
- Perceives things & people as objects to possess, control, or manipulate.
- No concept of the rights of others.

13. Zero State
- Any experience that doesn't match with image of self as "hip, slick, and cool" proves one to be a nobody or a complete failure.

14. False Pride
- Refusal to back down on even little points.
- Insists everyone sees things his way.
- Even when proven wrong, clings to initial position.

15. Refusal To Be Dependent
- Sees self as weak for needing help.
- "I can handle anything on my own."
- "I just wish everyone would stay out of my business and leave me alone."

16. Criminal Addictive Excitement
- Focuses energy toward creating excitement and fun.
- Seeks recognition and esteem through reckless or irresponsible activity.
- Easily persuaded to join in illegal or risky behavior.
- Abandons anything found boring, tedious, or difficult; the addict offender is a "sprinter," not a long-distance runner.

17. Relapse Thinking
- Fantasizes about involvement in substance abuse, deviant sexuality, and/or criminality with no negative consequences.
- Tells self "This will be my last time. I'll just do it once."
- "I'll straighten things out later. Right now, I'm just going to (get high, come up, etc.)"

18. Anger As Control
- A form of power thrusting.
- Responding with anger in an attempt to get one's way.
- Use of anger to preserve one's self-image.

19. Sex As Power
- Uses sex to manipulate others and get what is wanted.
- Other s have no right to say "no".
- It's okay to get it any way possible.
- Enjoys hurting people with whom being sexual.
- Use of seduction, degradation, and/or sexual activity as a form of power thrusting.

20. Concrete Thinking
- Sees each instance of past behavior as unique, rather than seeing larger pattern; "They wouldn't have caught me if it wasn't for that snitch".
- Thinks that because he gains insight into a problem, it equals change; "now that I know that, I just won't do it anymore".
- Thinks religious conversion will make change automatic without having to make an effort.

Examples of Core Beliefs

Core Belief	Schema
I am helpless.	I have no control over my life.
I am powerless.	
I am out of control.	
I am weak.	
I am vulnerable.	
I am needy.	
I am trapped.	
I am inadequate.	
I am ineffective.	
I am incomplete.	
I am a failure.	
I am disrespected.	
I am defective (do not measure up).	
I am not good enough (low achievement).	
I am unloved.	I am not loved.
I am unlikable.	
I am undesirable.	
I am unattractive.	
I am unwanted.	
I am uncared for.	
I am bad.	
I am unworthy.	
I am different.	
I am different.	
I am defective (so others will not love me).	
I am not good enough (to be loved).	
I am bound to be rejected.	
I am bound to be abandoned.	
I am bound to be alone.	

Rights and Responsibilities

YOUR RIGHTS

All individuals have the same legal rights and responsibilities as any other citizen unless otherwise limited by law or Department of Corrections policy. Offenders participating in the WERDCC Correctional Center Therapeutic Community have the following rights:

1) The right to receive legal mail and to correspond by sealed mail with Private Attorney and to have assistance staff in making confidential contact with Legal Counsel, upon Counsel Request.
2) The right to a safe, secure, clean environment with the least physical means necessary to secure order and control. The right to protection from themselves and others.
3) The right to a clean, orderly environment, adequate toilet and bathing facilities, adequate lighting, ventilation, and heating.
4) The right to wholesome, nutritionally well-balanced adequate meals.
5) The right to limited medical and dental care provided by Department appointed services.
6) The right to recreational opportunities, including outdoor exercise as weather permits.
7) The right to have humane care, be treated with respect and dignity, and not to be subjected to discrimination based on race, religion, nationality, sex, political belief, or sexual preference.
8) The right to be free of verbal and physical abuse.
9) The right to grieve and have grievance procedures explained, when it is felt that offender rights have been violated.
10) The right to have a Transitional Accountability Plan - Treatment (TAP-Treatment) explained and to have prompt evaluation, care and treatment.
11) The right to have visits with clergy at normal visiting times.
12) The right to have records kept confidential in accordance with State and Federal Law.
13) The right to see your own treatment records.
14) The right to use the telephone and receive visitors, subject to the policies of the Department of Corrections and WERDCCCorrectional Center.

The above list of rights is a summary – a detailed list is available in DOC Policies and Procedures. Rights are subject to the need to maintain institutional order and security.

YOUR RESPONSIBILITIES

As a community member and participant within the WERDCC Therapeutic Community, you have the following responsibilities:

1) You are responsible for the choices you make.
2) You are responsible to participate fully in all activities.
3) You are responsible to follow all Institutional Rules and the DOC handbook.
4) You are expected to demonstrate respect for the life, liberty and property of every person in the WERDCC Therapeutic Community.
5) You are responsible to read and follow all of the aspects of the Gateway Foundation Therapeutic Community Program at WERDCC Handbook.

TC TERMINOLOGY

Announcement: 1) Making your the community aware of information and events. 2) A public admission of a rule violation, attitude problem or character defect.

Apology/Amends: A statement of sincere regret when you have caused trouble, offense or hurt to another member of the community. An apology also asks for pardon for offending or causing trouble for someone.

Awareness: Special information given to a community member, a group or the Therapeutic Community as a whole to heighten awareness to a problem area or misbehavior.

Act as If - To practice the form of something in order to gain the substance. It is usually uncomfortable. You gain the substance of a quality by practicing it. This is a precursor to "Become as if."

Acting Out – Occurs when someone feels the need to seek and attract attention, usually by acting silly, childish or other inappropriate behavior.

Assuming – The taking of something without asking first. Can include speaking without permission, leaving group early, etc.

Bad Rapping – Belittling someone who is not present in the conversation.

Band-Aiding – Taking sides with an individual who is being confronted by another individual.

Band Wagon – To go along with someone even though you disagree, but won't say so.

Being Aware – Knowing what is going on around you at all times. Synonymous with the concept, "To be aware is to be alive."

Belly – One's emotions; one is often said "to have a belly" when they are in control of their emotions.

Belly Flip – A reaction to what another person says or does, caused by sensitivity to a particular issue.

Blind Faith – Trusting that the process will work, even though you do not know the end result.

Blurting Out – When an individual speaks out or expresses himself in group/meeting without first being acknowledged by the facilitator.

Cardinal Rules - Laws of the community, an infraction of which may warrant expulsion from the Community.

Care and Concern – Demonstration of interest in the well being of a peer (Brother). Can be expressed in a variety of interactions based on the following: "The reason I'm bringing this to your attention is because I care about you and don't want to see you mess up your life".
(a) Verbal Pull-Ups – Message: "Get aware of where you are and what you are doing".
(b) Written Pull-ups– Message: "Get aware of what you're doing and how others feel about it".
(c) Group Encounters – Message: "We see this behavior. Here's how it impacts us and your life".
(d) Staff Redirection – Message: "All behavior has consequences – you get arrested, lose jobs, family, friends and freedom".

Carom Shot – A remark meant for one person but directed at another or at a group of people.

Closed Channel – Being secretive, closed minded and self-righteous.

Coming Off Sideways - An indirect comment. Trying to be clever or witty. Same as coming out your neck.

Community Absolute Expectations- Define the relationship between individual residents and staff while bringing to the community's attention behaviors to be corrected. These target the behaviors that the TC is dedicated to changing.

Concept – A way of life, an idea or philosophy.

Coordinator – Responsible for coordinating the operation of a Department or Housing Unit within the Community Structure. Directs the activities of the Department Heads within his dept.

Cop-out – Evasion or avoidance of the unpleasant or of something one ought to do; an excuse made in order to run away from an obligation, either psychologically or physically.

Cop-to – Admit or confess to something.

Counseling Team – A revolving team of counselors assigned to oversee operations of the community structure.

Cover Your Back – Make sure that if you have something that has to be taken care of and you cannot finish it, that you make someone aware and/or tell someone to take care of it for you.

Crew Member – The entry level position in the Community Structure. Follows the Direction of the Ram Rod in the department to which he is assigned.

Curve – An indirect way of getting what you want.

Deal With It – To handle a problem by working it out on your own.

Department Head – Responsible for overseeing the activities of the Ram Rods within his department. Supervises day to day operations and follows the direction of the Coordinator over the department.

Dialogue – When someone is confronted with an incident and justifies the behavior. Talking back after being pulled up or given a directive.

Dropping Slips – A written request to confront someone who has created feelings in you using the Encounter Group Process.

Elder - Senior residents who act as teachers/role models. Responsible for the well being of the entire community, provide guidance to younger members and are able to fill in wherever needed.

Encounter Groups - Group in which residents make each other aware of their negative behaviors or feelings their behaviors have caused. A group in which peers encounter other peers about negative attitudes, values or behaviors for the purpose of challenging these.

Encounter Slip - A form used for the purpose of taking a peer to family encounters to confront a negative behavior.

Expeditor - Responsible for assuring that the rules of the community is adhered to. The Expeditor is the "eyes and ears" of the community.

Experiential Living- Periods of time when no structured treatment activity is occurring and phase level privileges can be enjoyed.

Family Meeting - A meeting in which the entire family is present for the purpose of making the family aware of a situation that pertains to the entire family.

Feedback - Positive information given to a resident concerning his behavior in a specific situation.

"Negative Feedback" occurs when the information is vindictive, personalized or of a similar nature.

Feedback and Dialogue - Talking back to someone after having been given a pull-up or direction.

Fear of Fear - Fear of "Put Down", fear of injury or death, having irrational fears but refusing to admit them.

Feelings - Emotions.

Flagging – When you are not concentrating on your job or on what you are doing.

Flip It - Occurs when a resident is being confronted for inappropriate behavior and tries to make it look like the person confronting him is the one who really is at fault. Also known as "Turn It Around".

Following Up - After giving instructions to do something, checking to make sure that the task has been done.

Get on Top of It - To stop one from committing habitual faults or mistakes. To stop others from doing the same. This expression is also used when a person wishes to tell another to take care of something they may have left unattended.

Getting It Together – The process of fully integrating in both a group or individual process.

Glue Contract – Special assignment used to achieve a targeted behavior or attitudinal outcome wherein peers are assigned to "stick" together to improve or highlight various behaviors.

Guilt - Feelings of remorse for behaviors and actions.

Gut Level - A serious, open and honest conversation.

Hang Tough – To stay with it no matter what and not give up.

Happy Medium - Being well balanced from within. Not going from one extreme to another. Reaching a point of contentment.

Hiding In The Woodwork – Not getting involved; trying to avoid being "a part of" through minimal participation in the community.

Hiding Out - When an individual uses work or other avenues of escape for an excuse rather than participating or getting involved in program activities. One who is out of touch.

Image - A façade or shield used to keep other people from seeing us as we actually are.

It All Comes Out In The Wash – Synonymous with "What you do in the dark always comes out in the light." This is used to express knowing that there are unaddressed negative behaviors and that the process will eventually reveal them.

Jacket - A reputation for displaying undesirable behavior.

Jailing – Giving the impression of "doing time;" holding on to your negative patterns (street codes).

Jelly Belly – To be extremely sensitive; generally someone who can not handle ridicule or criticism.

Kick Back - To relax and do whatever one would like to do such as TV, games, etc.

LE - Learning Experience. Consequences resulting from inappropriate or negative behavior. Can include loss of status, job position or privileges, writing essays and/or extra duties. It is designed to help the peer reflect on his behavior and learn from it.

Lip Service - Any unwarranted comment in response to a direction from another resident, a coordinator, or a staff member.
LOC – Line of Communication: The required process for communicating with Drug Treatment Program Staff.

LOP – Loss of Privilege; a reduced privilege level resulting as a consequence of inappropriate behavior

Morning Meeting - Time used for generating good feelings and setting a positive tone for the day in the facility. Includes songs, jokes, readings, etc.

Negative Contracting - Conspiring with others to circumvent rules. Allowing others to break rules or exhibit negative behavior. To allow your brother to drown by saying nothing and not using house tools.

No Magic Pill – There is no easy solution or cure to addiction. Hard work and dedication in treatment leads to recovery.

Off The Wall – Phrase used to describe behavior that is highly agitated, irrational, or both.

OMT – Offender Management Team

On Ban - Being prohibited to talk to or have anything to do with a person or persons until you have earned that right.

Peer Support - A group of residents who meet for the purpose of providing support to each other.

Peers - A group of residents who have similar need areas, working toward a common goal, effecting positive behavior change through a family structure.

Personalizing - Taking anything someone says in general as a personal remark.

Phase Group - Groups attended based upon the Phase the client is in. For example Phase I residents attend Orientation, Phase II residents attend C.D. Ed., and Phase III residents attend Phase III Relapse Prevention classes.

Playing Games - Influencing someone in a dishonest manner for the purpose of personal gain; a selfish need to demonstrate one's mastery over another individual; a clever game of manipulation.

Playing it Safe - When one is always on his guard and attempts to make no mistakes or errors in the program, never stirring up any feelings and avoiding confrontation.

Positive - A value, attitude or behavior that is constructive and goal oriented.

Power Thrust - Displaying a need for power, control and dominance.

PRC- Program Review Committee

Projection - To tell someone about themselves and at the same time see it in yourself (the mirror image).

Pull-Up (Verbal) - To make someone aware of their negative behavior. Proper response to a "Pull-Up" is to say "Thank You", then to cease the behavior.

Punching Holes - Finding fault and complaining about the program. Complaining and finding fault in people instead of accepting people and "things" the way they are. Usually when a person is looking for an excuse to leave the program, they will begin to punch holes.

Push-Up - Acknowledgment of positive attitude or behavior.

Pushing Buttons - To deliberately provoke or attack a person in a sensitive area to make him react

and release his hostility on you.

Ram Rod - The position in the community structure between crewmember and Department Head. Is responsible for carrying out the instructions of the Department Head and directing crewmembers.

Rat Pack - Two or more persons verbally attack an individual or group.

Rat Packing - When a group of individuals get together and become hostile to a certain individual within the group.

Reacting - An inappropriate response to a confrontation.

Red Crossing - Taking sides with an individual who is being confronted by another individual. Giving the person being confronted an excuse for his behavior.

Relapse Prevention - A group that forms to help identify relapse triggers and give support and recommendations of how to resolve their problems to prevent relapse.

Selling Wolf Tickets - Communicating threatening consequences to an individual.

Sense of Entitlement - Feeling above others.

Setting Yourself Up - When one is on the verge of reacting or leaving the program. Usually happens when one is beginning to feel guilt or has been holding back on talking about what is really bothering him.

Shining - Showing off in order to gain something in a manipulative way, e.g., doing your thing only in front of staff in order to gain recognition.

Shooting a Curve - Asking for something or going to someone without first using proper protocol.

Shot Down - Whenever a person loses both his status and job position.

Silent Contract – Assigned to clients as a result of behaviors or interventions so as to decrease chaotic and distracting communications and allow the client to quietly reflect for a period of time. Clients are allowed to speak with staff while on a silent contract or if an emergency or crisis event occurs. Silent contracts will not exceed 24 hours.

Staffing - A staffing is a meeting of your counselor with other treatment staff to discuss issues in your program which if left unaddressed may threaten your successful completion. Some staffings may include Department of Corrections staff depending on the nature of the issues.

Static Group - When residents of the same counselor get together to vent problems and support each other by giving solutions.

Stuffing Feelings - Not venting your feelings and keeping them locked inside. This can be very detrimental because you can explode if you do not vent in groups or use the people around you to dump on.

Sub-Grouping - When individuals are involved in a separate conversation while a group or meeting is in session.

Super Optimism - When a possibility or an assumption is an accomplished fact; an idea is a reality. If someone tells you "maybe", you regard it as a promise. Anything the offender decides to do is as good as done.

Taking a Trip – Evading a question; talking about anything and anyone instead of responding to the topics.

TC Tools- Verbal or written instruments to correct behavior or distribute information. Each individual receives benefit from the use of these.

Therapeutic Cop-out – Term applied to clients who juse involvement in the problems of others to avoid dealing with their own.

Tight House – Temporary suspension of ordinary and routine therapeutic activities of treatment activities by Gateway.

TPR - Therapeutic Peer Review. A house tool used to address a negative behavior.

Take Your Mask Off - (Pull Your Covers) To show one's real self. To let people see you and know you as you really are.

Therapeutic Community - A residential, drug free situation where individuals join together to bring about a change.

Therapeutic Monster - A person who talks nothing but TC 24 hours a day. A person who is addicted to therapy.

Throwing a Bone - Dropping hints instead of talking about what is really bothering you, not coming straight to the point.

Treatment Team - The group of people, including the offender, who make decisions about substance abuse treatment. Team members may include counseling, security, medical, parole, probation or other staff.

Victim Stance - Viewing self as a victim and blaming others.

Wallowing - When a person takes delight in self-pity; feeling sorry for one's self.

Written Pull-Up - Used to request a TPR when verbal pull-ups have not affected a peer's negative behavior and/or when the behavior is viewed as serious.

Zero State - A feeling of absolute worthlessness, helplessness and futility.

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 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)

Client Health and Social Risk Forms:

- **Physical and Mental Health Status Screen**
  (TCU HLTHForm)
- **Mental Trauma and PTSD Screen**
  (TCU TRMAForm)

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 Desireability* –distortion of self-presentation for the purpose of socially desireable 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

Client ID# | ZIP code

During the last 12 months (before being locked up, if applicable) -	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?		
2. Did you try to cut down on your drug use but were unable to do it?		
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?		
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?		
4b. Did you get so high or sick from drugs that it caused an accident or put you or others in danger?		
5. Did you spend less time at work, school, or with friends so that you could use drugs?		
6a. Did your drug use cause emotional or psychological problems?		
6b. Did your drug use cause problems with family, friends, work, or police?		
6c. Did your drug use cause physical health or medical problems?		
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?		
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?		
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?		

Today's Date Month Day Year | Facility ID#

10. Which drug caused the most serious problem? [CHOOSE ONE]

- None
- Alcohol
- Marijuana/Hashish
- Hallucinogens/LSD/PCP/Psychedelics/Mushrooms
- Inhalants
- Crack/Freebase
- Heroin and Cocaine (mixed together as Speedball)
- Cocaine (by itself)
- Heroin (by itself)
- Street Methadone (non-prescription)
- Other Opiates/Opium/Morphine/Demerol
- Methamphetamines
- Amphetamines (other uppers)
- Tranquilizers/Barbiturates/Sedatives (downers)

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					
11b. Marijuana/Hashish					
11c. Hallucinogens/LSD/PCP Psychedelics/Mushrooms					
11d. Inhalants					
11e. Crack/Freebase					
11f. Heroin and Cocaine (mixed together as Speedball)					
11g. Cocaine (by itself)					
11h. Heroin (by itself)					
11i. Street Methadone (non-prescription)					
11j. Other Opiates/Opium/Morphine/Demerol					
11k. Methamphetamines					
11l. Amphetamines (other uppers)					
11m. Tranquilizers/Barbiturates/Sedatives (downers)					
11n. Other (specify) _____					

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 18-24 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)?		
17. sexual offenses or assaults?		
18. property offenses (burglary, theft, fraud)?		
19. drug offenses (manufacturing, trafficking)?		
20. parole or probation violations?		
21. public-order offenses (weapons, vandalism)?		
22. other offenses?		

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 Salience 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.					
2. You need to be in treatment now.					
3. You have family members who want you to be in treatment.					
4. This treatment gives you a chance to solve your drug problems.					
5. Your drug use is a problem for you.					
6. This kind of treatment program is not helpful to you.					
7. You need help with your emotional troubles.					
8. Your drug use is more trouble than it's worth.					
9. You are concerned about legal problems.					
10. Your drug use is causing problems with the law.					
11. Your drug use is causing problems in thinking or doing your work					
12. It is urgent that you find help immediately for your drug use.					
13. You will give up your friends and hangouts to solve your drug problems.					
14. You feel a lot of pressure to be in treatment.					
15. You need individual counseling sessions.					
16. Your drug use is causing problems with your family or friends.					
17. You expect to be sent to jail or prison if you are not in treatment.					
18. This treatment program gives you hope for recovery.					
19. You need educational or vocational training services.					
20. Your drug use is causing problems in finding or keeping a job.					
21. You want to be in drug treatment.					
22. Your life has gone out of control.					
23. You need group counseling sessions					
24. Your drug use is causing problems with your health.					
25. You are ready to leave this treatment program.					
26. You are tired of the problems caused by drugs.					
27. You are at this treatment program only because it is required.					
28. Your drug use is making your life become worse and worse.					
29. You have serious drug-related health problems.					
30. You want to get your life straightened out.					
31. You need medical care and services.					
32. Several people close to you have serious drug problems.					
33. Your drug use is going to cause your death if you do not quit soon.					
34. You have legal problems that require you to be in treatment.					
35. You are not ready for this kind of treatment program.					
36. Please fill in the "Uncertain" box as your response for this question.					

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TCU PSYFORM

Please indicate how much you AGREE or DISAGREE with each statement.	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. You have trouble sleeping.					
2. You have much to be proud of.					
3. You consider how your actions will affect others.					
4. You plan ahead.					
5. You feel interested in life.					
6. You feel like a failure.					
7. You have trouble concentrating or remembering things.					
8. You feel afraid of certain things, like elevators, crowds, or going out alone.					
9. You feel anxious or nervous.					
10. You wish you had more respect for yourself.					
11. You are likely to feel the need to use drugs in the next few months.					
12. You feel sad or depressed.					
13. You think about probable results of your actions.					
14. You feel extra tired or run down.					
15. You have trouble sitting still for long.					
16. You think about what causes your current problems.					
17. You are likely to drink alcohol in the next few months.					
18. You think of several different ways to solve a problem.					
19. You feel you are basically no good.					
20. You worry or brood a lot.					
21. You have trouble making decisions.					
22. You feel hopeless about the future.					
23. You make good decisions.					
24. You are likely to relapse in the next few months.					
25. In general, you are satisfied with yourself.					
26. You make decisions without thinking about consequences.					
27. Please fill in the "Disagree" box as your response for this question.					
28. You feel tense or keyed up.					
29. You feel you are unimportant to others.					
30. You feel tightness or tension in your muscles.					
31. You are likely to have problems in quitting drug use.					
32. You feel lonely.					
33. You analyze problems by looking at all the choices.					

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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.					
2. You have never deliberately said something that hurt someone's feelings.					
3. You only do things that feel safe.					
4. You are sometimes irritated by people who ask favors of you.					
5. You have close family members who want to help you stay away from drugs.					
6. You have good friends who do not use drugs.					
7. When you do not know something, you do not at all mind admitting it.					
8. You have carried weapons, like knives or guns.					
9. You have people close to you who can always be trusted.					
10. You feel a lot of anger inside you.					
11. You sometimes try to get even rather than forgive and forget.					
12. You have a hot temper.					
13. You like others to feel afraid of you.					
14. You are always willing to admit it when you make a mistake.					
15. You feel mistreated by other people.					
16. You avoid anything dangerous.					
17. You have people close to you who understand your situation and problems.					
18. You are very careful and cautious.					
19. There have been occasions when you took advantage of someone.					
20. You work in situations where drug use is common.					
21. You have people close to you who expect you to make positive changes in your life.					
22. You can remember "playing sick" to get out of something.					
23. No matter who you are talking to, you are always a good listener.					
24. You get mad at other people easily.					
25. You have people close to you who help you develop confidence in yourself.					
26. You like to do things that are strange or exciting.					
27. You have felt like rebelling against people in authority even when they were right.					
28. You have urges to fight or hurt others.					
29. Please fill in the "Agree" box as your response for this question.					
30. You like to take chances.					
31. You have people close to you who respect you and your efforts.					
32. Occasionally, you gave up doing something because you thought too little of your ability.					
33. You like the "fast" life.					
34. You like friends who are wild.					
35. You sometimes feel resentful when you do not get your way.					
36. Your temper gets you into fights or other trouble.					

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TCU ENGFORM

Please indicate how much you AGREE or DISAGREE with each statement	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. You trust your counselor.					
2. Time schedules for counseling sessions at this program are convenient for you.					
3. It's always easy to follow or understand what your counselor is trying to tell you.					
4. This program expects you to learn responsibility and self-discipline.					
5. Your counselor is easy to talk to.					
6. You are willing to talk about your feelings during counseling.					
7. This program is organized and run well.					
8. You are motivated and encouraged by your counselor.					
9. You have made progress with your drug/alcohol problems.					
10. You are satisfied with this program.					
11. You have learned to analyze and plan ways to solve your problems.					
12. You have made progress toward your treatment program goals.					
13. You always attend the counseling sessions scheduled for you.					
14. Your counselor recognizes the progress you make in treatment.					
15. Your counselor is well organized and prepared for each counseling session.					
16. Your counselor is sensitive to your situation and problems.					
17. Your treatment plan has reasonable objectives.					
18. Your counselor views your problems and situations realistically.					
19. Other clients at this program care about you and your problems.					
20. You have stopped or greatly reduced your drug use while in this program.					
21. Your counselor helps you develop confidence in yourself.					
22. You always participate actively in your counseling sessions.					
23. You have made progress in understanding your feelings and behavior.					
24. Other clients at this program are helpful to you.					
25. You have improved your relations with other people because of this treatment.					
26. The staff here are efficient at doing their job.					
27. You are similar to (or like) other clients of this program.					
28. You have made progress with your emotional or psychological issues.					
29. Your counselor respects you and your opinions.					
30. You have developed positive trusting friendships while in this program.					
31. You give honest feedback during counseling.					
32. You can depend on your counselor's understanding.					
33. There is a sense of family (or community) in this program.					
34. You can get plenty of personal counseling at this program.					
35. This program location is convenient for you.					
36. You are following your counselor's guidance.					

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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					
2. You are locked-up because you had a run of bad luck.					
3. The real reason you are locked-up is because of your race.					
4. When people tell you what to do, you become aggressive.					
5. Anything can be fixed in court if you have the right connections.					
6. Seeing someone cry makes you sad.					
7. You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?"					
8. Bankers, lawyers, and politicians get away with breaking the law every day.					
9. You have paid your dues in life and are justified in taking what you want.					
10. When not in control of a situation, you feel the need to exert power over others.					
11. When being asked about the motives for engaging in crime, you point out how hard your life has been					
12. You are sometimes so moved by an experience that you feel emotions you cannot describe.					
13. You argue with others over relatively trivial matters.					
14. If someone disrespects you then you have to straighten them out, even if you have to get physical					
15. You like to be in control					
16. You find yourself blaming the victims of some of your crimes.					
17. You feel people are important to you					
18. This country's justice system was designed to treat everyone equally.					
19. Police do worse things than do the "criminals" they lock up					
20. You think you have to pay back people who mess with you.					
21. Nothing you do here is going to make a difference in the way you are treated.					
22. You feel you are above the law.					
23. It is okay to commit crime in order to pay for the things you need.					
24. Society owes you a better life.					
25. Breaking the law is no big deal as long as you do not physically harm someone.					
26. You find yourself blaming society and external circumstances for the problems in your life.					
27. You worry when a friend is having problems.					
28. The only way to protect yourself is to be ready to fight.					
29. You are not to blame for everything you have done					
30. It is unfair that you are locked-up when bankers, lawyers, and politicians get away with their crimes.					
31. Laws are just a way to keep poor people down					
32. Your good behavior should allow you to be irresponsible sometimes.					
33. It is okay to commit crime in order to live the life you deserve.					
34. Prosecutors often tell witnesses to lie in court					
35. You justify the crimes you commit by telling yourself that if you had not done it, someone else would have					
36. You may be a criminal, but your environment made you that way					

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TCU HLTHFORM

1. How many TIMES IN THE PAST YEAR have you gone to a hospital or clinic or seen a doctor or nurse for health problems?

None | 1 time | 2-3 times | 4-10 times | Over 10 times

During the PAST YEAR, how often have you had any of these problems or types of diseases -	None of the time	A little of the time	Some of the time	Most of the time	All of the time
2. stomach problems or ulcers?					
3. bone/joint problems?					
4. kidney infection or problems?					
5. bladder infection or problems?					
6. liver or gall bladder problems?					
7. intestinal or bowel problems?					
8. heart disease or problems?					
9. sexually-transmitted disease (STD)?					
10. skin disease or skin problems?					
11. other medical or physical problems?					

*During the PAST 30 DAYS, how often did you feel -	None of the time	A little of the time	Some of the time	Most of the time	All of the time
12. tired out for no good reason?					
13. nervous?					
14. so nervous that nothing could calm you down?					
15. hopeless?					
16. restless or fidgety?					
17. so restless that you could not sit still?					
18. depressed?					
19. so depressed that nothing could cheer you up?					
20. that everything was an effort?					
21. worthless?					

*From: Kessler, Barker, Colpe et al. (2003). Archives of General Psychiatry, 60(2), 184-189.

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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	Moder-ately	Quite a bit	Extre-mely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?					
2. Repeated, disturbing dreams of a stressful experience?					
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?					
4. Feeling very upset when something reminded you of a stressful experience?					
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when reminded of a stressful experience?					
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?					
7. Avoiding activities or situations because they reminded you of a stressful experience?					
8. Trouble remembering important parts of a stressful experience?					
9. Loss of interest in activities that you used to enjoy?					
10. Feeling distant or cut off from other people?					
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?					
12. Feeling as if your future will somehow be cut short?					
13. Trouble falling or staying asleep?					
14. Feeling irritable or having angry outbursts?					
15. Having difficulty concentrating?					
16. Being "super-alert" or watchful or on guard?					
17. Feeling jumpy or easily startled?					

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From Weathers, Litz, Huska, Keane (1994). National Center for PTSD, Boston, MA

Gateway Foundation | Corrections

Introduction to

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

Minority and Women Business Enterprise

Participation Commitment

For

Missouri Department of Corrections

IFB No. SDA411-061

INTRODUCTION TO GATEWAY FOUNDATION, INC. D/B/A GFI SERVICES MBE/WBE PARTICIPATION COMMITMENT FOR MISSOURI DOC IFB # SDA411-061

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 SDA411-061 for substance abuse assessment and long-term treatment services at Northeast Correctional Center (NECC), Women's Eastern Reception Diagnostic Correctional Center (WERDCC), and Chillicothe Correctional Center (CCC), all 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 93% 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. We carried out a review of all possible opportunities and we were able to identify one area where Gateway could utilize an MBE or WBE vendor. 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 are in the process of 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. We expect to have the conversion in place by June 30, 2012.

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	.95 %	Office supplies, paper, computer supplies
2. Guy Brown Products, LLC	%	
3.	%	
4. **Guy Brown is certified MBE/WBE business	%	
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):

X MBE X WBE ___ Organization for the Blind ___ Sheltered Workshop ___ SDVE

Name of Organization: Guy Brown 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 #: 615-777-1500
City: Brentwood
Fax #: 615-777-1501
State/Zip: TN 37027
Certification # See Attached
(or attach copy of certification)
SDVE's Website Address: www.guybrown.com
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 products, promotional merchandise, furniture and reengineered printer supplies as well as provider of managed print services.

Authorized Signature:

Tera Vaughan
Authorized Signature of Participating Organization
(MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

4/3/12
Date
(No earlier than the RFP issuance date)

TENNESSEE**MINORITY**
SUPPLIERDEVELOPMENT
COUNCIL

Tennessee Minority Supplier Development Council

THIS CERTIFIES THAT

Guy Brown Management, LLC dba Guy Brown

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc.® (NMSDC®) and as adopted by the Tennessee Minority Supplier Development Council

****NAICS Code(s): 424120 ; 541890 ; 423420 ; 423430 ; 532420**

****Description of their product/services as defined by the North American Industry Classification System (NAICS)**

11/04/2011	TN000697
Issued Date	*Certificate Number*
11/04/2012	Cheri Henderson
Expiration Date	*President,*

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at http://www.nmsdc.org.

NMSDC®

An affiliate of the National Minority Supplier Development Council, Inc.® (NMSDC®)

WBENC | Women's Business Enterprise National Council

hereby grants

National Women's Business Enterprise Certification

to

Guy Brown Management, LLC
dba
Guy Brown Products

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's Business Enterprise Council – South, a WBENC Regional Partner Organization.

Expiration Date: 06/30/2012
WBENC National Certificate Number: 2005118484

Blanca E. Robinson

Authorized by Blanca E. Robinson, President,
Women's Business Enterprise Council – South

WBEC SOUTH

NAICS Codes: 424120, 541890, 423420, 423430, 532420

UNSPSC Codes: 44000000, 44103103, 56101700, 80141605, 80161800

Astra | Center for Women & Enterprise | Greater Women's Business Council | ORVWBC Ohio River Valley Women's Business Council | Women's Business Council | Women's Business Development Center | WBEA | WBEC | WBEC | Women's Business Enterprise Council West

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, Inc d/b/a GFI Services (Business Entity Name) **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)

Authorized Business Entity Representative's Signature

Gateway Foundation, INc. d/b/a GFI Services
Business Entity Name

April 24, 2012
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 d/b/a GFI Services (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 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.)

Martha Yount
Authorized Representative's Signature

Martha Yount
Printed Name

Vice President, Human Resources
Title

April 24, 2012
Date

martha.yount@gatewayfoundation.org
E-Mail Address

386492
E-Verify Company ID Number

Subscribed and sworn to before me this 24 (DAY) of April 2012 (MONTH, YEAR). I am commissioned as a notary public within the County of Cook (NAME OF COUNTY), State of Illinois (NAME OF STATE), and my commission expires on 9-16-14 (DATE).

Gale Spencer
Signature of Notary

April 24, 2012
Date

"OFFICIAL SEAL"
Gale Spencer
Notary Public, State of Illinois
My Commission Expires 9/16/2014

EXHIBIT I (continued)

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's name and the MOU signature page completed and signed by the bidder and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency** or **Public University*** to Which Previous E-Verify Documentation Submitted: _____

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: _____

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: _____ (if known)

Authorized Business Entity Representative's Name (Please Print)	*Authorized Business Entity Representative's Signature*
Business Entity Name	Date
E-Mail Address	E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer	Date

E-Verify

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

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 2 site(s)

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

Name: JACKIE DUSING
Telephone Number: (312) 663 - 1130 ext. 2265 Fax Number:
E-mail Address: jxdusing@gatewayfoundation.org

Name: MARTHA YOUNT
Telephone Number: (312) 663 - 1130 ext. 2348 Fax Number:
E-mail Address: Martha.Yount@gatewayfoundation.org

Name: KRISTIN OWENS
Telephone Number: (312) 663 - 1130 ext. 2230 Fax Number:
E-mail Address: klowens@gatewayfoundation.org