



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN August 12, 2016 TO:

Beth Lambert, Procurement Officer II

Beth.Lambert@doc.mo.gov

(573) 526-6494 (Phone)

(573) 522-1562 (Fax)

FMU/PURCHASING SECTION

P.O. BOX 236

JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
July 15, 2016	Gateway Foundation, Inc. 55 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment #003 SDA411063	Assessment & Substance Abuse Treatment Services Program for Western Reception Diagnostic Correctional Center

CONTRACT #SDA411063 IS HEREBY AMENDED AS FOLLOWS:

Due to the Governor's budget withholdings, the Missouri Department of Corrections desires to decrease the per day per offender firm fixed price to the original contract amount of \$8.94 per Exhibit A, Pricing Page, on page 37 of the above referenced contract for the period of July 1, 2016 through June 30, 2017.

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

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

\*\*\*\*\*

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: Gateway Foundation, Inc.

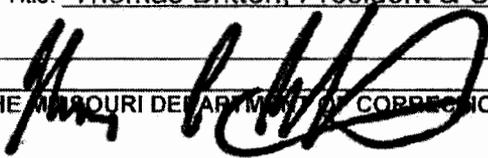
Mailing Address: 55 Jackson, Suite 1500

City, State Zip: Chicago, IL 60604

Telephone: 312-663-1130

E-Mail Address: tbritton@gatewayfoundation.org

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

Authorized Signature:  Date: 07/15/16

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

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



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

**RETURN AMENDMENT NO LATER THAN June 17, 2016 TO:**

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

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
May 17, 2016	Gateway Foundation, Inc. 55 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment #002 SDA411063	Assessment & Substance Abuse Treatment Services Program for Western Reception Diagnostic Correctional Center

**CONTRACT #SDA411063 IS HEREBY AMENDED AS FOLLOWS:**

Based on new budget information, the Missouri Department of Corrections desires to increase the per day per offender firm fixed price to the first renewal period amount of \$9.39 per Exhibit A, Pricing Page, on page 37 of the above referenced contract for the period of July 1, 2016 through June 30, 2017.

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

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

\*\*\*\*\*

**IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized Signer's Printed Name and Title: \_\_\_\_\_

Authorized Signature:  Date: 5/19/16

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

  
Matt Sturm, Director - Division of Offender Rehabilitation Services Date: 6-1-16



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

**RETURN AMENDMENT NO LATER THAN January 13, 2016 TO:**

Beth Lambert, Procurement Officer II  
Beth.Lambert@doc.mo.gov  
(573) 528-6494 (Phone)  
(573) 522-1562 (Fax)  
FMU/PURCHASING SECTION  
P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
December 9, 2015	Gateway Foundation, Inc. 55 E. Jackson Blvd., Ste. 1500 Chicago, IL 60604	Amendment #001 SDA411063	Assessment & Substance Abuse Treatment Services Program for Western Reception Diagnostic Correctional Center

**CONTRACT #SDA411063 IS HEREBY AMENDED AS FOLLOWS:**

Pursuant to paragraph 3.2.1 on page 25, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2016 through June 30, 2017.

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

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

**IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.**

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

Mailing Address: 55 East Jackson Blvd., Suite 1500

City, State Zip: Chicago, IL 60604

Telephone: 312-663-1130

E-Mail Address: tbritton@gatewayfoundation.org

Authorized Signer's Printed Name and Title: Dr. Thomas P. Britton

Authorized Signature:  Date: December 11, 2015

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

Matt Sturm, Director - Division of Offender Rehabilitation Services

12-29-15  
Date

# INVITATION FOR BID



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

Buyer of Record:  
John Hall, CPPB  
Procurement Officer II  
Telephone: (573) 526-6494  
[John.Hall@doc.mo.gov](mailto:John.Hall@doc.mo.gov)

# IFB SDA411063 AMENDMENT 1

Assessment and Substance Abuse Treatment  
Services

FOR

Department of Corrections  
Western Reception Diagnostic Correctional Center

Contract Period: Date of Award through Two  
Years

Date of Issue: April 22, 2014

Page 1 of 64

Bids Must Be Received No Later Than:

2:00 p.m., April 30, 2014

Bids must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

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

Company Name: Gateway Foundation, Inc., dba, GFI Services, Inc.  
Mailing Address: 55 East Jackson Blvd., Suite 1500  
City, State, Zip: Chicago, IL 60604  
Telephone: 312-663-1130 Fax: 312-663-0504  
Federal EIN #: 36-2670036 State Vendor #: 0640646  
Email: Michael.Darcy@gatewayfoundation.org

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

Authorized Signature: Michael J. Darcy Bid Date: 04/22/14

## NOTICE OF AWARD:

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

Contract No. **SDA411063**  
**Accepted in its entirety.**

[Signature]  
Matt Sturm, Director, Division of Offender Rehabilitative Services Date 6-3-14

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

Tuesday, April 22, 2014

John Hall, CPPB  
Procurement Officer II  
Purchasing Section  
Fiscal Management Unit  
Missouri Department of Corrections  
2729 Plaza Drive  
P.O. Box 236  
Jefferson City, Missouri 65102

**RE: Submission of Amendment #1 to IFB #SDA411063  
Assessment and Substance Abuse Treatment Services at WRDCC**

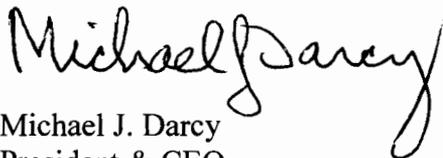
Mr. Hall:

I am writing to provide you with the attached signature page from Amendment #1. After an exhaustive review of the changes in this amendment, Gateway has determined that no changes are required to our original submission. Therefore, we are simply returning the attestation / signature page for the Amendment.

We have prepared and attached an original, and four (4) copies, per your conversation earlier today with Mr. Gregg Dockins, Vice President, Corrections Division.

Please let Mr. Dockins know if you require anything further to complete our bid for this contract.

Sincerely,



Michael J. Darcy  
President & CEO  
Gateway Foundation, Inc.

MJD/gd

Encl.: Original Amendment #1 Signature Page, IFB SDA411063, plus 4 copies.

Monday, April 21, 2014

John Hall, CPPB  
Procurement Officer II  
Purchasing Section  
Fiscal Management Unit  
Missouri Department of Corrections  
2729 Plaza Drive  
P.O. Box 236  
Jefferson City, Missouri 65102

**RE: Proposal in Response to IFB #SDA411063  
Assessment and Substance Abuse Treatment Services at WRDCC**

Mr. Hall:

Thank you very much for inviting the Gateway Foundation to submit our proposal to continue providing Assessment and Substance Abuse Treatment Services for the Department of Corrections at Western Reception Diagnostic and Correctional Center (WRDCC) in St. Joseph, Missouri.

As you may know, for over 45 years, Gateway Foundation, Inc., a Chicago, Illinois-based not-for-profit corporation, doing business in Missouri as “GFI Services, Inc.,” has been a trusted leader in providing substance abuse treatment in correctional and community-based settings. As referenced within our proposal, **outcome studies have proven that the services delivered by Gateway are effective, efficient, and produce the desired outcome of a marked reduction in recidivism.** Our efforts have saved the states in which we operate millions of dollars through our programs, and we look forward to the opportunity to continue our service to the Missouri Department of Corrections at WRDCC.

#### **Why Select Gateway to Continue as the Provider of this Program?**

- As the incumbent provider, we have successfully provided assessment and treatment services at WRDCC since 2011. **Gateway is an experienced provider of correctional substance abuse treatment services—with nearly 45 years of experience in corrections-based treatment.**
- Gateway's mission is to provide substance abuse treatment and re-entry services, and therefore **our focus is not distracted by any other business.**
- As a not-for-profit corporation, **Gateway is driven by our mission, not by the need to meet stockholders' profit expectations.**

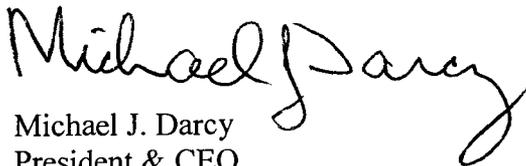
- Gateway has strong relationships with research institutions (e.g., Institute of Behavioral Research at TCU) which over the past decade have resulted in the development of our existing model, which uses **evidence-based practices to adapt TC and cognitive treatment** according to individual needs.
- Gateway is **financially very solid** (as of 12/09, our Dun and Bradstreet rating is 5A2—one of the best) and has the financial, management and clinical resources needed to effect the desired service delivery model(s).
- By awarding this contract to Gateway, the Department can continue with its unparalleled continuity of care across its vendor-operated treatment programs. This will also allow Gateway to maintain the WRDCC programs in its assessment, data collection, and process evaluation protocols, which will enable the Department to continue receiving aggregated evaluation reports for all of its Gateway-operated programs.

Gateway Foundation has prepared a comprehensive proposal in response to the services solicited for WRDCC. We believe that our emphasis on evidence-based programming and adaptive treatment within the TC methodology and our history of service to the Department at this location make us the perfect selection for this contract. In addition, continuing with Gateway will assure the Department of absolutely no interruption of services at WRDCC.

In order to expedite the negotiation process, if you have any questions regarding our submission, please direct them to Mr. Gregg Dockins, Vice President, Corrections Division, at (815) 579-2701, or via email at: [gdockins@gatewayfoundation.org](mailto:gdockins@gatewayfoundation.org).

We look forward to discussing our proposal with you, and to the possibility of continuing our service to the Department at the WRDCC program in the years to come.

Sincerely,



Michael J. Darcy  
President & CEO  
Gateway Foundation, Inc.

MJD/gd



**GATEWAY FOUNDATION, INC.  
Proposal in Response to  
IFB SDA 411063**

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<b>Appendix:</b>	<b>Additional Exhibits – Including Exhibit D &amp; F Documents</b>

**SECTION 4.1**

**COVER PAGE & AMENDMENTS**

**CONTENTS:**

**\*Contract Cover Page, Signed by President/CEO\***

**\*NO AMENDMENTS ISSUED\***

# INVITATION FOR BID



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

Buyer of Record:  
John Hall, CPPB  
Procurement Officer II  
Telephone: (573) 526-6494  
[John.Hall@doc.mo.gov](mailto:John.Hall@doc.mo.gov)

# IFB SDA411063

Assessment and Substance Abuse Treatment  
Services

FOR

Department of Corrections  
Western Reception Diagnostic Correctional Center

Contract Period: Date of Award through Two  
Years

Date of Issue: March 28, 2014

Page 1 of 61

**Bids Must Be Received No Later Than:**

**2:00 p.m., April 23, 2014**

Bids must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

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

Company Name: Gateway Foundation, Inc., dba, GFI Services, Inc.  
Mailing Address: 55 E. Jackson Blvd., Suite 1500  
City, State, Zip: Chicago, Illinois 60604  
Telephone: 312-663-1130 Fax: 312-663-0504  
Federal EIN #: 36-2670036 State Vendor #: 0640646  
Email: Michael.Darcy@gatewayfoundation.org

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

Authorized Signature: Michael J. Darcy Bid Date: April 21, 2014

## NOTICE OF AWARD:

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

Contract No. \_\_\_\_\_

\_\_\_\_\_  
Matt Sturm, Director, Division of Offender Rehabilitative Services

\_\_\_\_\_  
Date

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

**SECTION 4.5**

**COST**

**CONTENTS:**

**\*4.5 Cost\***

**\*Exhibit A, Pricing Page\***

## 4.5 COST (p. 31 of 61)

### 4.5.1 Firm, Fixed Pricing

Gateway Foundation has prepared firm, fixed pricing for the initial contract period and each subsequent renewal period. The Exhibit A form is provided on the following page.

### 4.5.2 Pricing Warranty

Gateway Foundation warrants that the price quoted does not exceed our current fees charged to the general public for equal or similar services available in the community.

### 4.5.3 No Other Costs

Gateway Foundation attests that no costs associated with any other contracts have been included in the quoted pricing.

### 4.5.4 Fair Pricing

Gateway Foundation attests that the pricing quoted is fair, and is not tainted by collusion, conspiracy or connivance, nor any other unlawful activity on the part of Gateway or any of its agents, representatives, owners, employees or parties of interest.

### 4.5.5 Objective Evaluation of Cost

Gateway Foundation understands and agrees with the methodology utilized for the evaluation of cost under this contract.

### 4.5.6 Usage

Gateway Foundation understands that the Department does not guarantee that the evaluation of cost is a reflection of the actual usage of the program.

## Exhibit A, Pricing Page

Gateway has prepared its pricing based on a per diem rate for residential services, as described in the IFB. This is an all-inclusive price for all assessment and treatment services to be provided through this contract. Exhibit A is provided on the following page.

For calculation purposes, note that pricing is quoted based on 100% occupancy for:

- 275 Short-Term and Intermediate beds for 300 billable days (M-S, less holidays); and,
- 50 Partial Day Treatment beds for 248 billable days (M-F, less holidays).

This results in a total number of billable per diem units of 94,900, which were divided into the annual budget to determine the per diem price we have quoted. Subsequent years of the contract are bid at 2.5% increases to the per diem rate in order to support salary and fringe benefit cost increases.

Gateway understands that the Department will not expend more than \$850,000 per year on this contract, as indicated in Section 1.3.7 of the IFB, unless such time as additional funds are appropriated for this contract in future years.

**EXHIBIT A, Pricing Page**

**Assessment and Substance Abuse Treatment Services** - The bidder shall provide a firm, fixed price for the original contract period and a maximum price for each potential renewal period for providing services in accordance with the provisions and requirements specified herein. **All costs associated with providing the Assessment and Substance Abuse Treatment Services shall be included in the stated prices.**

Line #	Description	Original Contract Period Year 1 <i>Firm, fixed price</i>	Original Contract Period Year 2 <i>Firm, fixed price</i>	First Renewal Period <i>Maximum Price</i>	Second Renewal Period <i>Maximum Price</i>	Third Renewal Period <i>Maximum Price</i>
001	Assessment and Substance Abuse Treatment Services	\$ <u>8.94</u> per day, per offender	\$ <u>9.16</u> per day, per offender	\$ <u>9.39</u> per day, per offender	\$ <u>9.63</u> per day, per offender	\$ <u>9.87</u> per day, per offender

**Employee Bidding/Conflict of Interest:**

Bidders who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the bidder or any owner of the bidder's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information.

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:

N/A

If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:

N/A

Percentage of ownership interest in bidder's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:

N/A %

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

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

Authorized Signature: Michael J. Darcy Printed Name: Michael J. Darcy, President/CEO

Date: April 18, 2014 Email: Michael.Darcy@gatewayfoundation.org

## **SECTION 4.6**

### **BIDDER'S EXPERIENCE AND RELIABILITY**

#### **CONTENTS:**

##### **\*4.6.1: Prior Experience of Bidder\***

**\*Organization Capabilities, Goals, and Purposes\***

**\*Gateway Foundation History\***

**\*Current Gateway Correctional Treatment Programs\***

**\*Notable Past Performance and Outcomes\***

**\*Documentation of Reduction in Recidivism Rates of  
Past Program Participants\***

**\*Experience Treating Criminal Justice Populations\***

**\*Similar Services for Other Institutions\***

**\*Former Gateway Correctional Treatment Programs\***

**\*Gateway Community-Based Treatment Programs\***

**\*Why Gateway Best Suited for Selection\***

**\*Internal Assessment & Process Evaluation Protocol\***

**\*EXHIBIT B Forms\***

## 4.6 BIDDER'S EXPERIENCE AND RELIABILITY (p. 31 of 61)

### 4.6.1 ORGANIZATIONAL EXPERIENCE AND RELIABILITY EXHIBIT B (P. 31 OF 61)

**At the end of this section, please find evidence of Gateway's organizational experience and reliability as documented by Exhibits B.**

### **ORGANIZATION CAPABILITIES, GOALS, AND PURPOSES**

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

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

Gateway is governed by a diverse 18-member Board of Directors whose responsibility it is to further the stated mission of the agency, set policies and establish a vision for the agency, and monitor agency performance. Board members are recruited predominantly on the basis of professional expertise.

Gateway's Mission Statement summarizes our primary business as well as our commitment to excellent services for those in need:

*Gateway provides effective and efficient treatment to reduce the abuse of alcohol and other drugs, as well as the frequently co-occurring mental health problems in those we serve. We are a non-profit organization that devotes all of our capabilities to successful treatment outcomes benefiting those we serve, including those with or without resources, their families and their communities.*

### **SUCCESSFUL EXPERIENCE PROVIDING SIMILAR SERVICES**

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

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

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

- **Corrections Division:** Consists of 25 institutional treatment programs in three (3) states (Texas, Missouri, and New Jersey) and an outpatient program in Missouri.
- **Community Services Division:** Consists of 6 residential rehabilitation sites in two states (Illinois, Delaware) and six outpatient programs in Illinois.

## **GATEWAY FOUNDATION HISTORY**

Gateway Foundation has understood and addressed the connection between criminal activity and substance abuse since it began providing services in 1968. On June 28, 1968, the name Gateway Houses Foundation was officially entered with the Cook County Recorder's Office. It was changed to Gateway Foundation in 1983 to better reflect the expanded array of services offered.

Over the past 40 years, Gateway Foundation, Inc. has become one of the largest and most trusted providers of substance abuse and co-occurring treatment services in the United States. Gateway is a private, not-for-profit organization incorporated in the State of Illinois. Throughout our four decades of service, our mission has been, and continues to be, the provision of substance abuse and co-occurring disorders treatment programs that are therapeutically effective and cost efficient. Gateway specifically targets under-served populations in the areas served, including the indigent and the incarcerated, both adult and adolescent.

Gateway began its history of service with the opening of Crieger Ellis Houses in Chicago in 1968, operating in a traditional therapeutic community model. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s. The first was the Lake Villa Treatment Center, followed by the Springfield facility in 1972 and Kedzie House in 1974. These successful programs are still in operation. In addition, the Belleville Outpatient program opened in 1982, the Caseyville residential center in southern Illinois opened in 1988, and Lake Villa Adolescent program was dedicated in 1984.

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

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

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

Center was re-opened in 2004 as a National Model Correctional Therapeutic Community, and Gateway operated the fully-dedicated 1,100 bed facility from 2004 through 2006<sup>1</sup>. **Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period evidenced outstanding success in reducing recidivism for those served.**

In the early 1990s, Gateway began providing services for the Texas Department of Criminal Justice, through the vision of then-Governor Ann Richards. As a result of her in-prison substance abuse treatment initiative, Gateway was selected to provide treatment services in the State of Texas in 1992. Gateway Foundation—Texas is a wholly-owned subsidiary of the Gateway Foundation, Inc., and was incorporated in 1992. Texas is home to the Gateway Corrections Division Headquarters (Houston, Texas), as 40% of our current corrections capacity is located in Texas. **As of Fiscal Year 2013, Gateway Foundation operates all of the contracted SAFPF and IPTC programs in TDCJ institutions, totaling 4,741 treatment beds.** Gateway has provided life-changing treatment for over 20,000 Texas offenders in the past 3 years.

In 1993, Gateway furthered its expansion in the community by building the 120-bed Chicago Westside Residential Center, followed by the opening in 1994 of Gateway's Free and Clean outpatient program for parolees in St. Louis, Missouri. In 1995, a new outpatient program for Spanish-speaking clients was implemented on Chicago's Northwest Side. Community-based expansion included Gateway's 2004 contract to manage Delaware's largest publicly-funded residential treatment center (80 beds) in Delaware City, Delaware.

Gateway continued its expansion into corrections-based treatment through establishing programs in Arizona, Missouri, Indiana, Virginia and New Jersey. Although the Arizona and Indiana projects were de-funded after the first contract period due to political and budgetary considerations. In **New Jersey**, Gateway is the sole provider of in-prison substance abuse treatment services for the NJDOC. There are seven programs housed in institutions across the state. Gateway provides services to over 2,000 inmates per year in New Jersey. **Several of those programs began in October of 2002, and have been in operation for over a decade.** Gateway recently submitted a proposal to expand services for offenders of the NJDOC.

### **Gateway's History in Missouri**

The Gateway Foundation, Inc., now doing business in Missouri as "GFI Services, Inc.," began serving Missouri offenders in September 1994. It was in that year that Gateway began operating its first Corrections Division program, the St. Louis Free and Clean. Operating in Missouri under the dba GFI Services, Gateway quickly expanded across the state, and in 1996, opened the Kansas City Free and Clean program. Two years later, in July 1998, Gateway was awarded its first in-custody treatment contract with the Missouri Department of Corrections (MDOC), the women's Therapeutic Community program at the Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC) in Vandalia, MO. Having successfully won each rebid contract since, Gateway continues to operate that program today.

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<sup>1</sup> Gateway voluntarily relinquished the contract to another provider.

In 2007, Gateway submitted its first successful bid to MODOC for the in-custody treatment contract at the Maryville Treatment Center (MTC), in Maryville, MO. After a successful integration of our program design with the program operated by the state at that same location, Gateway soon expanded its base of operations throughout the state. In 2008, Gateway replaced the incumbent contractor at the 650-bed Ozark Correctional Center (OCC) in Fordland, MO, and in the following year won the contract at the Western Reception, Diagnostic and Correctional Center (WRDCC) in St. Joseph, MO. Additionally, in 2008, Gateway's successful rebid of the WERDCC contract included a contract for the first Special Needs/Co-occurring Disorders program in the state, a 24-bed male unit at Northeastern Correctional Center (NECC), in Bowling Green, MO. In the past few years, Gateway has successfully won rebid contracts at MTC, OCC, and WERDCC/NECC, the latter of which included an expansion of the Special Needs/Co-occurring program to 62 beds. In October 2012, Gateway was also awarded the contract for Assessment Services at the Eastern Reception, Diagnostic and Correctional Center (ERDCC), in Bonne Terre, MO, making Gateway the sole contract provider of substance abuse assessment services for MODOC.

**As of Fiscal Year 2013, Gateway Foundation operates all but one of the contracted in-custody treatment programs in Missouri institutions, which together total over 2,000 treatment beds.** Gateway has provided life-changing treatment for nearly 21,000 Missouri offenders in the past 3 years. Our commitment is to provide Missouri offenders with effective, evidence-based treatment services that *reduce recidivism, and rebuild lives!*

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

In addition to the inmates we serve, many of the clients Gateway serves in our community-based programs are involved in the criminal justice system. For example, current contracts include funding from the United States District Courts to provide random urinalyses and a range of community-based treatment and education services for federal probationers and parolees in Illinois and Missouri.

Gateway remains the largest non-profit correctional treatment provider in the nation, currently operating nearly 9,000 beds each day, in 24 programs throughout Missouri, New Jersey and Texas. **Gateway is a recognized leader in the field of correctional substance abuse treatment, serving over 20,000 criminal justice clients per year.** Gateway Foundation, Inc. has over 1,800 employees and an annual business volume of approximately \$80 million in revenue per fiscal year. Along with providing substance abuse treatment services to individuals while they are incarcerated, Gateway assists individuals in gaining access to a full spectrum of services upon their release. Most individuals require continuing treatment (residential and/or outpatient), linkages with self-help groups and social service agencies, or assistance in finding appropriate housing. Gateway maintains links with other providers to insure that individuals can find appropriate services in the areas to which they are moving, and our treatment programs

emphasize the development of life skills that enhance individuals' abilities to maintain sober, crime-free lives.

**As a large, national not-for-profit corporation, Gateway Foundation has a wealth of management and administrative resources it is able to commit to this project.** The organization has extensive experience in the administration of contracts, grants and awards for substance abuse program services within correctional settings including state and county correctional institutions, community or transitional correctional facilities, and secured criminal justice facilities operated 24-hours per day, 7-days per week. Gateway has been administering programs and contracts in the state of Texas for over 20 years, in the state of Missouri for 19 years, and in the state of New Jersey for nearly 11 years. **Gateway has never had a contract terminated because of program or administrative deficiencies or the lack of administrative controls.**

A listing of our current substance abuse treatment programs in correctional settings is included on the following pages.

**MISSOURI  
 IN-CUSTODY TREATMENT**

<b>MISSOURI PROGRAMS</b>				
<b>PROGRAM NAME AND ADDRESS</b>	<b>SERVICES PROVIDED</b>	<b>SETTING</b>	<b>START DATES</b>	<b>BED CAPACITY</b>
<b>In-Custody—Prisoners</b>				
<b>Chillicothe Correctional Center</b> 3151 Litton Road Chillicothe, MO 64601 TEL: 660-646-4032	Substance Abuse Treatment	State Correctional Institution	07/12 To Present	256 Female
<b>Women's Eastern Reception, Diagnostic Correctional Ctr.</b> P.O. BOX 300 1101 E. HWY 54 Vandalia, MO 63382 TEL: 573-594-6686	Substance Abuse Treatment; Special Needs	State Correctional Institution	07/98 to Present	240 Female
<b>Northeastern Correctional Center</b> (Gateway Address c/o WERDCC @ Vandalia)	Substance Abuse Modified TC; Special Needs	State Correctional Institution	07/08 To Present	62 Male
<b>Maryville Treatment Center</b> 30227 US Hwy 136 Maryville, Mo. 64468 TEL: 660-582-6542	Substance Abuse Modified TC	State Correctional Institution	12/07 to present	525 Male (300 contract)
<b>Ozark Correctional Center</b> 929 Honor Camp Lane Fordland, Mo. 65652 TEL: 417-767-4491	Substance Abuse Modified TC	State Correctional Institution	07/08 To Present	650 Male
<b>Western Reception, Diagnostic &amp; Correctional Ctr.</b> 3401 Faraon St. Joseph, MO 64506 TEL: 816-387-2158	Substance Abuse Modified TC; Partial Day Treatment; Assessment Svcs.	State Correctional Institution	07/10 To Present	325 Male

<b>TOTAL MO IN-CUSTODY</b>	<b>2,058 Beds</b>
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**OUTPATIENT CARE**

<b>MISSOURI OUTPATIENT CARE PROGRAMS</b>				
<b>PROGRAM NAME AND ADDRESS</b>	<b>SERVICES PROVIDED</b>	<b>SETTING</b>	<b>START DATES</b>	<b>BED CAPACITY</b>
<b>St. Louis Outpatient Program</b> 1430 Olive Street, Suite 300 St. Louis, MO TEL: 314-421-6188	Basic & Intensive Outpatient Treatment	Federal/State Outpatient	3/94 to present	1000+ co-ed outpatient

<b>TOTAL MO OUTPATIENT</b>	<b>1,000</b>
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**NEW JERSEY  
 IN-CUSTODY TREATMENT**

<b>NEW JERSEY IN-CUSTODY TREATMENT PROGRAMS</b>				
<b>PROGRAM NAME AND ADDRESS</b>	<b>SERVICES PROVIDED</b>	<b>SETTING</b>	<b>START DATES</b>	<b>BED CAPACITY</b>
<b>In-Custody—Prisoners</b>				
<b>Edna Mahan</b> P.O. Box 4004 Clinton, NJ TEL: (908) 735-2070	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	60 Female
<b>Garden State Correctional Facility</b> P.O. Box 11401 Yardville, NJ TEL: (609) 324-7759	Substance Abuse Modified TC	State Correctional Institution	10/02 To present	352 Male
<b>Mountainview Youth Correctional Facility</b> P.O. Box 944 Annandale, NJ TEL: (908) 638-4614	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	132 Male
<b>Mountainview Youth Corr. Facility II (FMU)</b> P.O. Box 944 Annandale, NJ TEL: (908) #-TBD	Substance Abuse Modified TC	State Correctional Institution	8/05 to present	96 Male
<b>Northern State Prison</b> 168 Frontage Road Newark, NJ TEL: (973) 589-1147	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	272 Male
<b>South Woods State Prison</b> 215 Burlington Road South Bridgeton, NJ TEL: (856) 459-8445	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	124 Male
<b>Southern State Prison</b> P.O. Box 150 Delmont, NJ TEL: (856) 785-2247	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	320 Male
<b>TOTAL NJ IN-CUSTODY</b>				<b>1,356 Beds</b>

**TEXAS**  
**IN-CUSTODY TREATMENT**

<b>TEXAS IN-CUSTODY TREATMENT PROGRAMS</b>				
<b>PROGRAM NAME AND ADDRESS</b>	<b>SERVICES PROVIDED</b>	<b>SETTING</b>	<b>START DATES</b>	<b>BED CAPACITY</b>
<b>In-Custody—Probation Participants</b>				
<b>Estelle SAFFP**</b> 262 FM 3478 Huntsville, TX	Substance Abuse Modified TC; Special Needs	State Correctional Institution	1/94 to present	212 Male
<b>Hackberry SAFFP*</b> 1401 State School Road Gatesville, TX	Substance Abuse Modified TC; Special Needs	State Correctional Institution	9/96 to present	288 Female
<b>Jester I SAFFP*</b> 1 Jester Road Richmond, TX	Substance Abuse Modified TC; Special Needs	State Correctional Institution	10/92 to present	323 Male
<b>Glossbrenner SAFFP*</b> 5100 S. FM 1329 San Diego, TX 78384	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	612 Male
<b>Halbert SAFFP*</b> 800 Ellen Halbert Dr. Burnet, TX 78611	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	612 Female
<b>Sayle SAFFP*</b> 4176 FM 1800 Breckenridge, TX 76424	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	632 Male
<b>Henley SAFFP*/IPTC^</b> 7581 Highway 321 Dayton, TX 77535	Substance Abuse Modified TC; Special Needs	State Correctional Institution	09/12 to Present	320 Females
<b>In-Custody—Prisoners</b>				
<b>Havins IPTC^</b> 500 FM 45 East, Brownwood, Texas 76804	Substance Abuse Modified TC	State Correctional Institution	10/29/07 to present	576 Male
<b>Ney IPTC^</b> 114 Private Road 4303 Hondo, Texas 78861	Substance Abuse Modified TC	State Correctional Institution	10/29/07 to present	296 Male
<b>Kyle IPTC^</b> 23001 IH 35 Kyle, TX 78640	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	520 Male
<b>In-Custody—Parole Participants</b>				
<b>South Texas ISF^^</b> 1511 Preston Houston, TX 77002	Substance Abuse Modified TC	State Correctional Institution	4/06 to present	350 Male
<b>TOTAL TEXAS IN-CUSTODY</b>				<b>4,741 Beds</b>

\* SAFFP = Substance Abuse Felony Punishment Facility; \*\*NCCHC 2002 National Program of the Year\*\*  
^ IPTC = In-Prison Therapeutic Community; ^^ ISF = Intermediate Sanction Facility

**As a result of our extensive history of correctional service delivery over the past 43 years in State prisons and other secure settings and our ability to successfully integrate “adaptive” treatment services within a variety of correctional systems that result in reductions to recidivism, Gateway is the perfect provider to deliver the assessment and treatment services requested through this solicitation.**

### **NOTABLE PAST PERFORMANCE AND OUTCOMES**

Gateway continues to operate as a valued partner with the Department and is committed to providing effective services with proven outcomes. It is our firm belief that the Department will continue to reap benefits from contracting with Gateway over less expensive providers, as the long-term outcomes produced by Gateway are significantly better than those of our competitors, and Gateway has the evaluation infrastructure to support that claim via our lengthy and continuing relationship with Dr. Kevin Knight of Texas Christian University. Dr. Knight has agreed to provide results from data collected from the Client Engagement Form that will give a picture of program effectiveness.

### **DOCUMENTATION OF REDUCTION IN RECIDIVISM RATES OF PAST PROGRAM PARTICIPANTS**

Gateway has a long history of providing effective programming that reduces recidivism. Through participation in several extensive research projects over the years, we have demonstrated our ability to provide foundational treatment services that improve our clients' chances of not returning to prison. We continue to participate regularly in outcome research and process evaluation initiatives to improve our own programs and to contribute to knowledge about substance abuse and substance abuse treatment. Our research participation in the past has included the studies described in the following sections.

**SHERIDAN CORRECTIONAL CENTER RE-OPENED, JANUARY, 2004**

**GATEWAY'S SHERIDAN, ILLINOIS PROJECT (GATEWAY CONTRACT DATES, 1/04 - 10/06)**

In 2003, through a competitive process, Gateway Foundation, Inc., a Chicago-based provider of substance abuse treatment, was selected by the Illinois Department of Corrections to deliver Therapeutic Community (TC) substance abuse treatment services at the newly re-opened Sheridan, Illinois Correctional Center. The prison has been a national model for serving drug-involved offenders that now houses 950 inmates, all in TC treatment. The treatment population was planned to increase to 1300, making it one of the largest substance abuse treatment programs in the nation.

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

Gateway's Sheridan program was a collaborative partnership that includes the Illinois Department of Corrections, both institutional and parole staff; Gateway Foundation as the onsite treatment provider; other statewide treatment providers; Safer Foundation, provided onsite job readiness services and reentry employment services; TASC, provided pre- and post-release services; Texas Christian University (TCU), assisting with evaluation design and result interpretation; and other community service providers and stakeholders.

The Sheridan program offered offenders the opportunity to address the connection between their criminal activity and substance use and become productive, law abiding members of the community upon release and to significantly decrease their recidivism rates relative to other individuals leaving Illinois prisons.

The reopened Sheridan Correctional Center included comprehensive substance abuse assessment and treatment (program elements remained the same), clinical reentry management linking institutional to community services, extensive community involvement with pre- and post-release reentry strategies and services; employment readiness, training, placement and retention services; faith-based services; family reunification assistance; and other support services.

From its reopening in 2004, Sheridan admitted more than 2,500 offenders through 2006 (when Gateway's contract ended). Seven hundred (700) of these offenders were admitted between January and March, 2004, when the first inmates were accepted into the program. Fewer than 367 offenders were removed from the program due to rule violations or failure/refusal to participate in treatment. Through April 2006, 1166 inmates were released, having completed their treatment and sentences at Sheridan.

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

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

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

- Those removed from program for rule violations/failure to participate are different than those who remain. Removals are younger, less likely to be eligible for Earned Good Conduct Credit, and are more likely to be marijuana abusers.
- The removal rate at Sheridan is better than at most prison-based TCs.
- The components of effective treatment programs (participation, rapport, etc.) are evident from participant surveys.
- The treatment dosage is appropriate.
- Components of effective employment readiness and an employment skill identification program are in place.
- The recidivism rate is lower and the employment rate higher than similar prison releasees and these rates are likely to improve even more over time.

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

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

## **PARTICIPATION IN TEXAS STUDY OF IN-PRISON TREATMENT OUTCOMES**

Of particular note is an outcome study conducted by the Criminal Justice Policy Council in Texas, reported in the Biennial Report to the 78<sup>th</sup> Texas Legislature, January 2003. The study consisted of 7,869 offenders who entered an in-prison substance abuse TC program known as a Substance Abuse Felony Punishment Facility (SAFPF). Eighty percent (80%) of these offenders were Gateway program graduates. **The forty-four percent (44%) who completed in-prison treatment, transitional community-based residential treatment, and outpatient treatment had a recidivism rate of 5%, a decrease from 7% recidivism from the study published in 2001.** Additionally, the recidivism rate for non-completers of the program was 30% – 32%, well below the national average of 51%. The study demonstrated that use of the Texas concept of in-prison treatment combined with community-based residential treatment and outpatient treatment resulted in lower recidivism rates and estimated savings of \$60.5 million to the State of Texas.

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## **EXPERIENCE TREATING CRIMINAL JUSTICE POPULATIONS**

**The services required by this contract are highly consistent with Gateway's history of providing residential treatment services for the criminal justice system, and in particular, the new treatment model requested via this solicitation.**

### **GATEWAY'S EXPERTISE WITH COGNITIVE INTERVENTION MODEL**

Although Gateway is perhaps best known for our Modified Therapeutic Community (TC) treatment model, our experience with this population and our expertise in working with offenders is well-known and appreciated throughout the Departments of Corrections in the states in which we provide treatment services.

Through Gateway's commitment to innovative service delivery, we developed this first iteration of the Cognitive Intervention Program based on the knowledge and expertise acquired from over 45 years of working with offender populations. Our understanding of offenders and the impact of criminal lifestyles enabled us to develop a comprehensive intervention program to meet the needs of this unique population.

Gateway's expertise with the Therapeutic Community (TC) model and our work developing a model that specifically addresses and confronts the special issues that a drug-addicted, criminal population experiences. In fact, Gateway is the only provider truly equipped to provide MODOC with the expertise necessary to implement an effective program design.

### **GATEWAY'S EXPERTISE WITH THE THERAPEUTIC COMMUNITY (TC) MODEL**

Gateway is committed to providing clients with meaningful, therapeutic, interpersonal interactions, whether they take place in session with staff or within the therapeutic community client milieu during so called "off hours." We have modified the traditional TC model according to the premise that therapeutic social interactions are an essential component of treatment. Gateway staff helps clients take active roles in their own treatment and to participate in developing a mature and effective therapeutic community environment. Change occurs and clients achieve recovery from substance abuse as they are exposed to healthy therapeutic community dynamics, participate in conflict resolution groups, perform TC job functions and learn to use the tools necessary to remain clean and sober while in custody and later upon release into the free world. We believe therapeutic community works best if it is separate from the general population and where inmates are expected to participate 24/7/365.

This approach is described by internationally recognized expert in substance abuse and TC research, Dr. George De Leon in his book *The Therapeutic Community, Theory, Model, and Method*, Springer Publishing Company, 2000. There, Dr. De Leon outlines the specific objective of TCs as treating substance abuse disorders:

“their larger purpose is to transform lifestyles and personal identities. Toward this purpose the TC uses community as a method to help individuals *change themselves*. Its structure (social organization), its people (staff and residents), and its daily regimen of activities (groups, meetings, work, recreation) are designed to facilitate healing, learning, and change in the individual. Communities that are TCs exist to serve the individual.” (p. 85)

Dr. De Leon is a consultant to Gateway and has personally conducted numerous trainings at Gateway prison programs and is available to provide his expertise to Gateway. In 1999, The Executive Office of the President, Office of National Drug Control Policy (ONDCP) published a report entitled "Therapeutic Communities in Correctional Settings, The Prison Based TC Standards Development Project." This important work resulted from field-testing conducted by Therapeutic Communities of America, with ONDCP support, and sets forth a comprehensive set of operating standards for prison-based TCs. These standards were based in large part on Dr. De Leon's theoretical writings on the TC treatment model and method. These TC model standards have long ago been adopted by Gateway and implemented at our prison-based TC programs, described as follows. Our Mountainview (New Jersey) men's program participated in the final field trials of the new ACA standards.

Gateway currently operates modified therapeutic community substance abuse treatment programs in six (6) Missouri prisons; eleven (11) Texas prisons; and seven (7) New Jersey prisons. In addition, we have received permission to implement the TC model in our two (2) female prisons in Missouri. We have demonstrated that we have adequate financial resources, insurance, licenses, and credentials to offer high quality treatment to the criminal justice system in Texas. We look forward to offering these advantages to the MODOC

### **SIMILAR SERVICES FOR OTHER INSTITUTIONS**

The following tables present a comprehensive listing of contracts of similar size and scope that demonstrate Gateway's ability to successfully complete the services required by the IFB. The programs included in the table are correctional Therapeutic Community programs that mirror the requirements for the TC program at WRDCC. The programs are grouped by funding agency and include names and telephone numbers of individuals for the contracting agency and beginning and ending dates for each contract.

<p>Texas Department of Criminal Justice          Madeline Ortiz, Division Director          Rehabilitation Programs Division          861-B IH-45 North          Suite #134          Huntsville, Texas 77320          (936) 437-2180</p>	<p><b>Ellen Halbert Substance Abuse Felony Punishment Facility (SAFPF)</b>          9/1/1997 – 8/31/2009          612-bed women’s substance abuse modified TC</p> <p><b>Glossbrenner SAFP</b>          9/1/04- 8/31/09          612-bed men’s substance abuse modified TC</p> <p><b>Henley</b>          9/1/99 – 8/31/03 (funding ended)          504-bed women’s substance abuse modified TC</p> <p><b>Kyle IPTC</b>          9/1/04 – 8/31/09          520-bed men’s substance abuse modified TC; special needs unit</p> <p><b>Walker Sayle SAFP</b>          9/1/97 – 8/31/09          632-bed men’s substance abuse modified TC</p> <p><b>Havins IPTC</b>          9/1/99 – 8/31/03 (funding ended)          10/29/07 to present          576-bed men’s substance abuse modified TC</p> <p><b>Ney IPTC</b>          9/1/99 – 4/23/03 (funding ended)          10/29/07 to present          296-bed men’s substance abuse modified TC</p>
<p>Esmor Correctional Services Inc.          Ms. Lauren Kroger          One Park Place          621 Northwest 53rd Street, Ste 700          Boca Raton, FL 33487          (561) 999-7330</p>	<p><b>CSC Esmor</b>          2/1/97 – 8/31/2001          120 men’s substance abuse</p>

<p>Southwestern Correctional, LLC Mr. Tim Kurpiewski, CFO 26228 Ranch Road 12 Dripping Springs TX 78620 512-858-7202 Burnet County Jail Bruce Armstrong, Warden 900 County Lane Burnett, TX 78611 254-290-4299</p>	<p><b>Southwestern Correctional Burnet County Jail</b> 6/1/09 to 08/31/11 120-bed men's, 96-bed women's substance abuse modified TC (SAFPF) 144-bed men's, 96-bed women's ISF</p>
<p>Illinois Department of Corrections Ms. Dona Howell, Coordinator Addiction Recovery Management IDOC State Regional Office Building 2309 W. Main Ste. 128 Marion, IL 62959 (618) 993-6692</p>	<p><b>Dwight Correctional Center CJIA Dual Diagnosed</b> 1/1/03 – 9/30/2006 26-bed female dual diagnosis modified TC <b>Dwight Correctional Center</b> 7/1/98 -9/30/06 120-bed female substance abuse modified TC <b>Graham Correctional Center</b> 7/1/98 – 9/30/06 90-bed substance abuse modified TC <b>Graham Correctional Center CJIA</b> 8/1/00 – 9/30/06 80-bed substance abuse modified TC <b>Jacksonville Correctional Center</b> 8/1/97 -9/30/06 80-bed substance abuse modified TC <b>Kankakee Correctional Center CJIA</b> 8/1/01- 9/30/06 40-bed substance abuse modified TC <b>Kankakee Correctional Center</b> 7/1/98 -9/30/06 60-bed substance abuse modified TC <b>Lincoln Correctional Center</b> 8/1/97 – 9/30/06 40-bed substance abuse modified TC <b>Lincoln Correctional Center CJIA Program</b> 3/1/02 – 5/19/06 94-bed substance abuse modified TC</p>

<p>Illinois Department of Corrections  Ms. Dona Howell, Coordinator  Addiction Recovery Management  IDOC State Regional Office  Building 2309 W. Main Ste. 128  Marion, IL 62959  (618) 993-6692</p>	<p><b>Logan Correctional Center</b>  7/1/98 – 9/30/06  50-bed substance abuse modified TC</p> <p><b>Sheridan Correctional Center 1</b>  7/1/98 – 8/16/02  220-bed substance abuse modified TC</p> <p><b>Sheridan Correctional Center 2</b>  10/16/03 – 10/31/06  1100-bed substance abuse modified TC</p> <p><b>Taylorville Correctional Center</b>  8/1/97 – 9/30/06  120-bed substance abuse modified TC</p> <p><b>Valley View Youth Center</b>  8/1/00 – 5/15/02  53-bed adolescent substance abuse modified TC</p> <p><b>Valley View Youth Center CJIA</b>  8/1/00 – 4/30/02  43-bed adolescent substance abuse modified TC</p> <p><b>Vandalia Correctional Center</b>  7/1/98 – 9/30/06  80-bed substance abuse modified TC</p> <p><b>Westside ATC</b>  10/1/02 – 10/31/06  50-bed substance abuse modified TC</p>
<p>Cook County Sheriff  Dept. of Community Services  Ms. Alexis Herrera, Chief  Financial Officer  69 W. Washington St.  Suite 1410  Chicago, IL 60602  (312) 603-0069</p>	<p><b>Cook County Jail Substance Abuse Treatment Program</b>  12/1/98 – 7/31/2000  273-bed male substance abuse modified therapeutic community</p> <p><b>Women’s Furlough Program</b>  12/1/99 – 11/30/03  100-bed female substance abuse modified therapeutic community</p> <p><b>Day Reporting Center &amp; Pre Release Center</b>  10/12/99 – 11/9/02 (Day Reporting only)  7/1/09 – 2/8/14  Day Reporting Center – 250-slot day treatment substance abuse program  Pre-Release Center - 450 bed male substance abuse modified therapeutic community pre-release center.</p>

<p>Florida Orange County Dept. of Corrections          Mr. Timothy P. Ryan, Chief of Corrections          3723 Vision Blvd          P.O. Box 4970          Orlando, FL 32802          (407) 836-3564</p>	<p><b>Orange County Jail</b>          10/1/03 – 8/31/04          280-male modified TC</p>
<p>Indiana Dept. of Corrections          Ms. Dianne Williams, Director of Substance Abuse          IGCS, 302 W. Washington St.          Room E329          Indianapolis, IN 46204          (317) 232- 5756</p> <p>Ms. Leann Brummit          Federal Grants Manager          IGCS, 203 W. Washington St.          Room E335          Indianapolis, IN 46204          (317) 232-5720</p>	<p><b>Westville</b>          11/15/01 – 11/14/05          194-bed male modified TC</p> <p><b>Newcastle</b>          11/1/02 – 10/31/05          180-bed male modified TC</p>
<p>Kansas City Department of Corrections          Mr. Roger Werholtz, Secretary of Corrections          900 SW Jackson          4<sup>th</sup> FL., Landon State Office Building          Topeka, KS 66612          (785) 296-3317</p>	<p><b>Lansing</b>          7/1/98 - 7/31/00          120-bed male modified TC</p>
<p>Commonwealth of Virginia          Dept. of Juvenile Justice          Ms. Annette Kelly, Substance Abuse Supervisor          700 E. Franklin St., Suite 400          Richmond, VA 23218          (804) 371-0700</p>	<p><b>Barrett Juvenile Correctional Center</b>          4/19/97 – 6/30/05          150-bed adolescent modified TC</p>

**GATEWAY COMMUNITY-BASED PROGRAMS**

In addition to providing substance abuse treatment services to incarcerated individuals, Gateway assists individuals in gaining access to a full spectrum of services upon their release through our community-based programs. These programs are open to all individuals in need of substance abuse treatment, including individuals who are or have been involved with the criminal justice system. In FY 13, Gateway's community-based programs provided treatment to 14,634 clients.

Current contracts include funding from the United States District Courts for federal probationers and parolees in Illinois and Missouri. Gateway is a key partner in Illinois' Re-entry efforts for offenders returning to their communities following stays in prison programs such as the Sheridan Correctional Center and the Southwestern Illinois Correctional Center.

The majority of clients in the Chicago-area programs have had contact with the criminal justice system. Our programs emphasize self-responsibility and accountability while reinforcing the relationship between substance abuse and criminal activity. Utilizing elements of Cognitive Restructuring help clients recognize thinking errors leading to negative actions. We recognize the need for close communication with probation office/drug court coordinators and routinely provide status updates (written and verbal) to assist with case management.

For over 15 years, Gateway has partnered with local drug courts such as the Kane County Drug Court, DeKalb County Drug Court, DuPage County Drug Court, and the Will County Drug Court to provide both residential and outpatient substance abuse services to court-ordered men and women. Gateway has also long partnered with TASC and DOC to provide treatment to parolees and is experienced in providing individualized treatment and case management.

Gateway's Chicago West and Aurora facilities offer treatment for co-occurring substance abuse and psychiatric disorders by integrating all treatment services within the same facility to ensure that both disorders are addressed simultaneously. Chicago West's L-STAR (Life Skills, Treatment and Recovery) program provides Level III residential substance abuse services to mentally ill substance abusing (MISA) clients who have an Axis I mental health disorder.

The treatment process begins with an assessment of clients' individual needs and situations. Clients are placed in levels of care based on an assessment of ASAM dimensions, and clinical staff engage each client "where he or she is" in terms of readiness to change. Treatment is provided by a multidisciplinary staff of mental health professionals and certified addiction professionals. All Gateway community-based sites provide intensive and multi-faceted treatment that incorporates gender-responsive curricula and evidence-based practices into their programming.

Gateway's Community Division programs are licensed by the Illinois Department of Human Services Division of Substance Abuse and Alcoholism (DASA) and accredited by the Joint Commission.

## **WHY GATEWAY IS BEST SUITED TO BE SELECTED**

Gateway Foundation has provided substance abuse treatment services for 43 years and is best suited to be selected to provide the required services for numerous reasons, including our ability to provide “added value,” i.e., at no extra cost to the Department. These are identified below.

### **EXCELLENT RECORD OF CONTRACT RENEWALS AND CONTRACT AWARDS**

Gateway’s record of receiving contract renewals or extensions when the contract allows States to award them is 100%. Since beginning with five (5) Therapeutic Communities in Texas, Gateway is the most experienced provider in Texas, currently operating eleven institutional programs totaling over 4700 beds. Gateway has been the sole provider of in-prison services for the New Jersey Department of Corrections for nearly a decade. Gateway’s programs in Missouri include the largest corrections-based program in the state and total all of the vendor-operated programs. When Gateway begins a contract relationship, it is committed to providing long-term stability for the Department.

### **ABILITY TO ADAPT TREATMENT ACCORDING TO IDENTIFIED NEEDS**

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

### **ABILITY TO MANAGE LARGE PROGRAMS IN CORRECTIONAL INSTITUTIONS**

As previously described, Gateway has years of experience providing treatment services in correctional institutions for large programs of up to 950 static capacities. For example, Gateway operates four therapeutic community treatment programs in correctional facilities in Texas, each of which have 520- to 632-bed capacities. The outcomes of these large programs have been outstanding! (See the Texas Criminal Justice Policy Council and Sheridan studies later in this section. Gateway also operates a 650-bed program in Missouri.

### **DATA COLLECTION/MONITORING SYSTEMS IN PLACE**

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

### REASONABLE, STABLE GROWTH OVER TIME AND FINANCIAL STABILITY

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

### GATEWAY'S EXPERIENCE WITH CORRECTIONAL INSTITUTION PROTOCOL

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

#### *Respect for Institutional Scheduling*

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

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

#### *Respect for Institutional Security Issues*

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

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

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

***Seamless Integration into Institutional Activities and Lines of Communication***

Gateway has found that a team approach with representatives of the institution is essential to service delivery and improves treatment efficacy with this population. This is an essential tenet of the therapeutic milieu to ensure an “integrated” treatment environment. Gateway staff will continue to work closely with department representatives and with correctional counselors, case workers, and probation and parole officers to determine clients’ needs and to develop a treatment plan and social service linkages that address those needs. Counselors will work closely with Department staff to develop effective sanctions and treatment strategies. Gateway will provide extensive opportunities for interaction and discussion of client progress (or lack thereof). Meetings or conferences with Probation and Parole officers may include clients and significant others, if appropriate.

With respect to coordinated efforts, Gateway will develop and maintain an excellent relationship with the administration and staff at the treatment site. Gateway will communicate and interact with MODOC staff in a variety of ways and at all levels.

**RESEARCH SUPPORT FOR SUCCESS OF GATEWAY PROGRAMS**

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

**ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY**

**EVALUATION OF IDOC SHERIDAN TC**

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

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

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

*--Sheridan participants experienced a 44% lower re-incarceration rate (7% vs. 17%) at 6 months post-release than the comparison group.*

*--The re-arrest rates for Sheridan participants who spent nine months at Sheridan compared to the comparison group participants were 63% lower.*

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

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

*--The removal rate at Sheridan is better than at most prison-based TCs.*

*--The components of effective treatment programs (participation, rapport, etc.) are evident from participant surveys.*

*--The treatment dosage is appropriate.*

*--Components of effective employment readiness and an employment skill identification program are in place.*

*--The recidivism rate is lower and the employment rate higher than similar prison releasees and these rates are likely to improve even more over time.*

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

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

### COOK COUNTY JAIL OUTCOME STUDY

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

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

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

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

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

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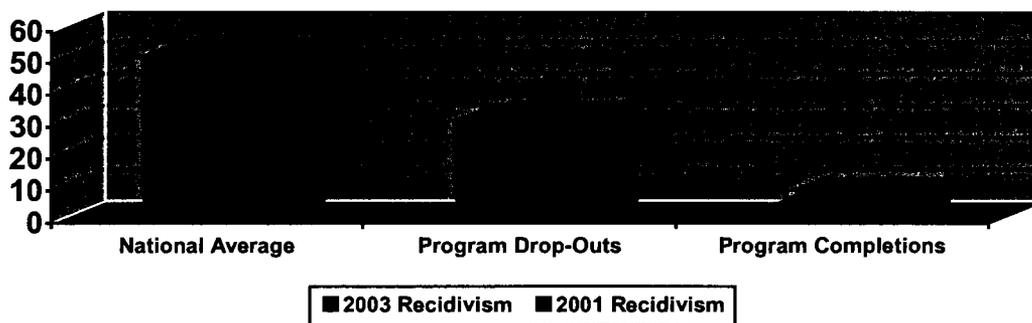
**TEXAS CRIMINAL JUSTICE POLICY COUNCIL / EVALUATION OF THE TDCJ  
TREATMENT INITIATIVE**

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

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

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

**Treatment Initiative Dramatically Reduces Recidivism Rates**



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

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

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

**ADDITIONAL PAST RESEARCH**

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

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

## INTERNAL ASSESSMENT & PROCESS EVALUATION PROTOCOL

### GATEWAY PROVIDES INDIVIDUALIZED CARE WITHIN THE TC FRAMEWORK

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

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

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

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

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

## EXHIBIT B

On the following pages, please find evidence of Gateway's organizational experience and reliability as documented by Exhibits B for the following references:

- **Texas Department of Criminal Justice**
  - Covers 13 separate contracts in Texas, totaling 4,741 beds under contract
- **New Jersey Department of Corrections**
  - Covers statewide contract that includes 7 programs totaling 1,356 beds under contract; and general population services in 13 institutions statewide
- **Missouri Department of Corrections**
  - Ozark Correctional Center
  - Maryville Treatment Center
  - Women's Eastern Reception, Diagnostic, and Correctional Center
  - Chillicothe Correctional Center

**EXHIBIT B**

**CURRENT/PRIOR EXPERIENCE VERIFICATION**

The bidder should copy and complete this form documenting the bidder and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the bidder is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Bidder Name or Subcontractor Name:</b> <u>Gateway Foundation, Inc.</u>	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name and Address of Reference Company:	Texas Department of Criminal Justice Client Services & Governmental Contracts/Contracts and Procurement Division 2 Financial Plaza, Suite 525 Huntsville, TX 77340
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Mary Vickery, CTPM Contract Specialist III 936-437-7130 325-223-0310 Fax Email: Mary.Vickery@tdcj.state.tx.us
Dates of Service:	Various contracts from 1992 to Present
If contract has terminated, specify reason:	Over the past 22 years, Gateway has held contracts at nearly every prison with contracted treatment services. At present, Gateway has 13 separated contracted programs with TDCJ.
Annual Dollar Value of Services	The current (FY14) total annual amount of Gateway's 13 contracts with TDCJ is approximately \$13 Million/year.
Description of Prior Services Performed	<p>Gateway currently provides in-custody treatment services at 13 institutions throughout the state of Texas. This includes 6 Substance Abuse Felony Punishment Facilities (SAFPF), 4 In-Prison Therapeutic Communities (IPTC) and 1 Intermediate Sanction Facility (ISF). These programs range from 212 beds at a Special Needs unit, to a 632 bed male program. These include 3 female programs and 8 male programs. The total capacity of our current contracts is 4,741 beds.</p> <p>In addition to the current contracts, in the past Gateway has also contracted with TDCJ to provide Transitional Treatment Center services (residential, community-based transition/reentry treatment) and Outpatient Continued Care for offenders released from in-custody treatment programs.</p>

**EXHIBIT B****CURRENT/PRIOR EXPERIENCE VERIFICATION**

The bidder should copy and complete this form documenting the bidder and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the bidder is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Bidder Name or Subcontractor Name:</b> <u>Gateway Foundation, Inc.</u>	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name and Address of Reference Company:	New Jersey Department of Corrections P.O. Box 863 Whittlesey Road Trenton, NJ 08625
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Herbert A. Kaldany, D.O. Statewide Director of Psychiatry Asst Dir. Office of Addictions Services NJ Department of Corrections 609-292-4036 x 5203 Email: Herbert.Kaldany@doc.state.nj.us
Dates of Service:	October 2002 to Present
If contract has terminated, specify reason:	N/A-- Active Contract
Annual Dollar Value of Services	Current Contract: Approximately \$6 Million/Year
Description of Prior Services Performed	In-custody treatment services (therapeutic community model) for male and female inmates at seven institutions (1,356 beds total), with a 9-12 month length of stay; and, general population programming at 13 institutions, which includes weekly groups using the "Living In Balance" EBP, 12-Step Education classes, and support group monitoring/coordination.  NOTE: Please note that this Exhibit B Form is provided as documentation of the current/past contracted services; however, as discussed during the pre-bid conference on April 10th, 2014, the New Jersey Department of Corrections has a policy against providing any references for contract vendors. As a result, it is possible that Dr. Kaldany will not be able to answer any specific questions regarding our performance under this contract.

**EXHIBIT B**

**CURRENT/PRIOR EXPERIENCE VERIFICATION**

The bidder should copy and complete this form documenting the bidder and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the bidder is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Bidder Name or Subcontractor Name:</b> Gateway Foundation, Inc.	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name and Address of Reference Company:	Ozark Correctional Center 929 Honor Camp Lane Fordland, MO 65652
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Brian O'Connell, Warden - Ozark Correctional Center 417-767-4491 brian.oconnell@doc.mo.gov
Dates of Service:	Multiple contracts, 2008 to Present
If contract has terminated, specify reason:	N/A--Active Contract
Annual Dollar Value of Services	\$1,482,000/year
Description of Prior Services Performed	Gateway provides an in-custody substance abuse treatment program for the entire male population at the OCC institution, using a modified therapeutic community methodology. This contract provides long-term treatment (12 months to 2 years) services via Gateway's adaptive treatment model at this 650-bed fully dedicated treatment institution.

**EXHIBIT B**

**CURRENT/PRIOR EXPERIENCE VERIFICATION**

The bidder should copy and complete this form documenting the bidder and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the bidder is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Bidder Name or Subcontractor Name:</b> Gateway Foundation, Inc.	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name and Address of Reference Company:	Maryville Treatment Center 30227 US Highway 136 Maryville, MO 64468
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Sonny Collins, Warden - Maryville Treatment Center 660-582-6542 sonny.collins@doc.mo.gov
Dates of Service:	Multiple contracts, 2008 to Present
If contract has terminated, specify reason:	N/A--Active Contract
Annual Dollar Value of Services	\$824,000/year
Description of Prior Services Performed	Gateway provides an in-custody substance abuse treatment program for the entire male population at the MTC institution, using a modified therapeutic community methodology. This contract provides intermediate (6 months) and long-term treatment (12 months to 2 years) services via a blended treatment model (with DORS staff) at this 525-bed fully dedicated treatment institution. Gateway contracts for 300 of the 525 beds, but is responsible for guiding the treatment services for the entire institution.

**EXHIBIT B****CURRENT/PRIOR EXPERIENCE VERIFICATION**

The bidder should copy and complete this form documenting the bidder and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the bidder is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Bidder Name or Subcontractor Name:</b> <u>Gateway Foundation, Inc.</u>	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name and Address of Reference Company:	Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC) 1101 East Highway 54 Vandalia, MO 63382
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Angela Mesmer, Warden - WERDCC 573-594-6686 angela.mesmer@doc.mo.gov and, Bill Morgan, Functional Unit Manager of Housing Unit One - WERDCC 573-594-6686 william.morgan@doc.mo.gov
Dates of Service:	Multiple contracts; 1998 to Present
If contract has terminated, specify reason:	N/A - Active Contract
Annual Dollar Value of Services	\$2,087,495 - Maximum annual amount for WERDCC and Chillicothe Correctional Center, combined contract
Description of Prior Services Performed	In-custody treatment services for females, using a cognitive-behavioral treatment model, as a modification upon our therapeutic community methodology. This contract also includes treatment programs for special needs female clients who have co-occurring substance abuse and mental health disorders. This contract has a static capacity of 240 beds, and serves offenders with varying lengths of stay based upon sentencing and treatment mandates.  In addition, the contract includes the provision of assessment services for female offenders at WERDCC.

**EXHIBIT B**

**CURRENT/PRIOR EXPERIENCE VERIFICATION**

The bidder should copy and complete this form documenting the bidder and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the bidder is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Bidder Name or Subcontractor Name:</b> <u>Gateway Foundation, Inc.</u>	
<b>Reference Information (Current/Prior Services Performed For):</b>	
Name and Address of Reference Company:	Chillicothe Correctional Center (CCC) 3151 Litton Road Chillicothe, MO 64601
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Steve Larkins, Warden - CCC 660-646-4032 steve.larkins@doc.mo.gov
Dates of Service:	2012 to Present
If contract has terminated, specify reason:	N/A - Active Contract
Annual Dollar Value of Services	\$2,087,495 - Maximum annual amount for Chillicothe Correctional Center and Women's Eastern Reception, Diagnostic and Correctional Center, combined
Description of Prior Services Performed	In-custody treatment services for females, using a cognitive-behavioral treatment model, as a modification upon our therapeutic community methodology. This contract has a static capacity of 256 beds, and serves offenders with varying lengths of stay based upon sentencing and treatment mandates.  In addition, the contract includes the provision of assessment services for female offenders at CCC.

**SECTION 4.7**

**EXPERTISE OF BIDDER'S PERSONNEL**

**CONTENTS:**

**\*Management Personnel Supporting the WRDCC Program\***

**\*Corrections Management Personnel Assigned to WRDCC\***

**\*Proposed Project Staffing for WRDCC\***

**\*Administrative Services Support\***

**\*Staff Recruitment, Retention, and Professional Enhancement\***

**\*Program Transition\***

**\*Exhibit C, Personnel Expertise Summary\***

#### **4.7 EXPERTISE OF BIDDER'S PERSONNEL (p. 31 of 61)**

To ensure that the Department receives the highest quality services at the WRDCC, Gateway will provide excellent guidance and support of the program at all levels: from its Executive Management Team, the Corrections Management Team personnel, and the program-level personnel. At the end of this section, please find Exhibits C for the personnel who will directly perform the requirements of the IFB, including their current licensure or certification and qualifications.

## MANAGEMENT PERSONNEL SUPPORTING THE WRDCC PROGRAM

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

### ***MICHAEL DARCY***

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

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

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

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

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

### ***GEORGE VARGAS***

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

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

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

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

***MARTHA YOUNT***

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

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

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

***DAN MOLITOR***

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

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

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

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

***GREGG DOCKINS***

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

Prior to becoming Vice President, Mr. Dockins was Director of Corrections Initiatives with responsibilities including the solicitation and procurement of contract business for the Corrections Division and various other development and marketing assignments. He represented the Corrections Division for Gateway Foundation during contractual negotiations and legislative contacts and was responsible for assisting the operational management staff of the Division with program start-ups.

Prior to that assignment, Mr. Dockins was Gateway's Program Director at the 950-bed Sheridan Correctional Center Therapeutic Community (Illinois Department of Corrections). His responsibilities included administrative and clinical oversight functions for the DASA-licensed Therapeutic Community. Mr. Dockins has been the Director/Program Manager for a variety of mental health and chemical dependency programs since 1991 and has nearly 20 years of experience in substance abuse treatment. His current specialty lies in the Therapeutic Community treatment methodology.

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

## CORRECTIONS MANAGEMENT PERSONNEL ASSIGNED TO WRDCC

### ***REBECCA H. DOUGLAS***

**Rebecca Douglas, Regional Director, Corrections Division**, has oversight of the St. Louis Missouri Free and Clean program; Maryville (MO) Treatment Center; Western Reception and Diagnostic Correctional Center, St. Joseph, MO, Chillicothe Correctional Center, Chillicothe, MO, and Ozark Correctional Center (MO). Ms. Douglas also is responsible for oversight of all compliance requirements for the Corrections Division. These requirements include ensuring facility adherence to licensing, certification, accreditation, and contractual regulations and standards.

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

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

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

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

## PROPOSED PROJECT STAFFING FOR WRDCC

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

### STAFFING PATTERN

Program Director	.15	.15	.35	.35	1.0
Administrative Assistant	.15	.15	.35	.35	1.0
Clinical Supervisors	0.5	0.5	1.0	1.0	3.0
Assessment Counselor II	1.0	0.0	0.0	0.0	1.0
Counselor I/II	0.0	1.0	6.0	6.0	13.0
<b>TOTAL</b>	<b>1.8</b>	<b>1.8</b>	<b>7.7</b>	<b>7.7</b>	<b>19.0</b>

The **Program Director** will oversee all administrative, management, and clinical operations of the substance abuse treatment programs at WRDCC. S/he will work closely with the Department and will manage all aspects of the treatment program.

The **Administrative Assistant** will provide administrative support for the program. S/he will develop billing and record-keeping procedure in cooperation with program staff and in compliance with state regulations. The Administrative Assistant will be responsible for data entry and report preparation. S/he must be proficient in office operations and program policy. Responsibilities will include reviewing incoming and outgoing correspondence; screening telephone calls for the program director; serving as staff timekeeper; preparing and distributing staff meeting minutes; and providing other reports for the treatment program operation. The Administrative Assistant will maintain restricted administrative files relative to the treatment program management.

The **Clinical Supervisors** will manage the day-to-day operations of the proposed program services, including the clinical approach. These positions will be responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and other Department or other state agency personnel. The Clinical Supervisors will coordinate meetings among program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need. They will review client records and treatment plans to ensure appropriate service provision and consistent documentation of services provided. The Clinical Supervisors may provide services as a backup for staff absences or vacancies. We will assign one Clinical Supervisor to manage the Assessment services and the Partial Day Treatment program in Housing Unit 11 at WRDCC. We propose that this Clinical Supervisor will become the Mental Health liaison for both the Partial Day Program and the Therapeutic Community Program. As such, this supervisor will also be responsible for facilitating mental health groups, represent Gateway in all activities related to the institution's Mental Health Department, and act as the liaison to this department. The other Clinical Supervisors will be assigned to the Short-Term and Intermediate Treatment programs in Housing Unit 1 at WRDCC.

**Counselor IIs (certified) and Counselor Is (non-certified)** assume primary responsibility for engaging the client in treatment and providing treatment services. They assess clients' treatment needs; develop treatment plans (in conjunction with the clients and Department personnel); provide individual and group counseling; provide group education; and meet with other clinical and Department staff to review client progress and develop strategies for engaging clients who are treatment-resistant. Counselors will work with the case workers and may work with clients' families, when feasible, and with clients' parole agents to help create support networks for offenders returning to the community. They will assist clients in identifying and developing community resources for continued treatment in the community after release. All counselors will have the necessary qualifications and experience to provide substance abuse counseling services to adult male incarcerated offenders.

**The Counselor II** assigned to Assessment duties will be responsible for administrating and scoring the ASI and ICA-SA. This position will write and submit within one (1) day of completion, the assessment summary reports to appropriate DOC personnel.

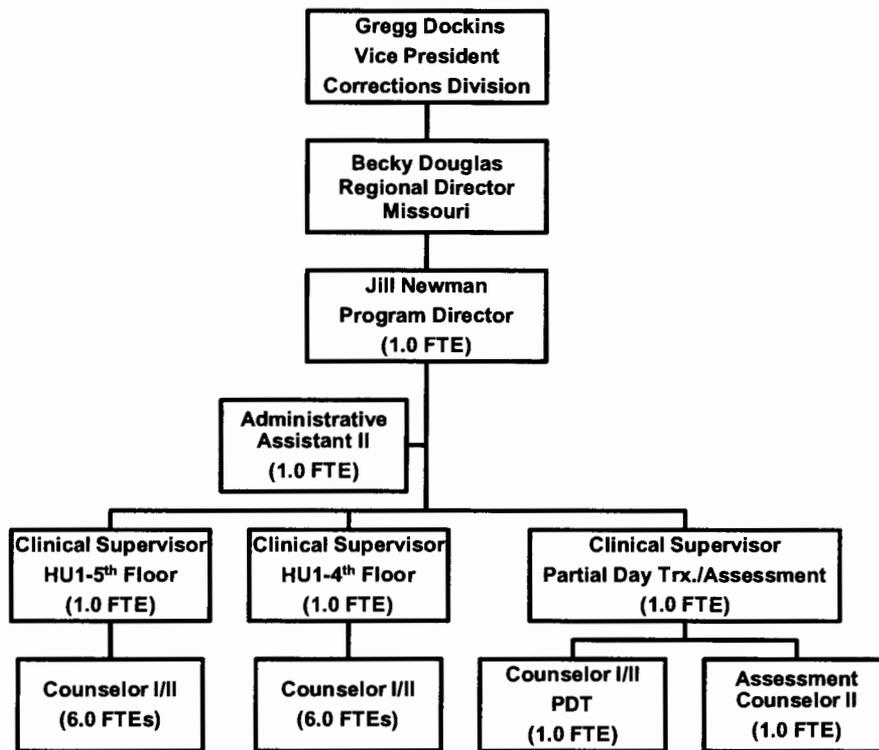
The Clinical Supervisor over Assessment will provide additional support (i.e., onsite in Diagnostic approximately two days per week, or as necessary) and back-up for the full-time Assessment Counselor, thereby ensuring sufficient staff for the required number of assessments.

**ORGANIZATIONAL CHART**

Gateway proposes the following organizational structure for these services:



**Proposed Organizational Chart  
Missouri DOC—WRDCC**



Proposed: 07/01/2014

## **ADMINISTRATIVE SERVICES SUPPORT**

Brief synopses of each of the core elements of Gateway's administrative experience and management functions are provided below. The following are descriptions of other Gateway personnel/departments who support the functions of the treatment program at WRDCC and all Gateway programs.

### **Human Resources**

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

The HR Corrections' team is overseen by a Manager, an HR Associate, and an Employee Service Representative. This team is responsible for benefits and workers compensation administration, unemployment compensation, employment, performance management, and complying with applicable federal, state and local employment laws.

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

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

### **Fiscal Oversight/Management**

- **Receipt and Disbursement of Funds**
  - Payments are primarily received through a lockbox. Payments are posted according to date of deposit from the bank to the payer's account balance.
  - Weekly check run to process vendor invoices/requisitions, etc., based on appropriate approval by various staff, is the basis of disbursed funds.
  - Signature authorizations are periodically updated and retained on file for reference.
  - Checks are generated weekly based on approved invoices, requisitions, purchase orders, etc. Checks for more than \$5000 require two signatures. A check register is generated for each check run, is reviewed and kept on file.
- **Purchasing**
  - Solicitation and bids for services are carried out for purchases \$5000 and up—primarily capital equipment or improvements. Requisitions, purchase order preparation, and receiving functions are carried out using an automated accounting system.

- Goods are received, inspected and checked off against packing list and original request or purchase order. The packing list is signed and any discrepancies are noted. Some purchases are carried out through the use of procurement cards. Authorized users and authorized purchases using the procurement cards are administered through the corporate office. Purchasers using the procurement cards are required to account, document and secure approvals for their purchases. Approval authority is assigned to managers and those with budget responsibilities.
  
- **Payroll**
  - The payroll period is bi-weekly and is automated.
  - The payroll records include time sheets, payroll register and employee individual earning records, tax returns and wage assignments.
  - Payroll Automation includes approval of time sheets, signature on payroll checks and payroll taxes and generation of W-2s.
  
- **Internal Controls**

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

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

### **Information Systems**

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

### **Accounting**

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

Financial Statements are generated every month by 15<sup>th</sup> of the following month. The financial statements generated every month include individual cost center Income/Expense reports, consolidated Income/Expense reports for a group of cost centers and Lines of Businesses, Consolidated Income/Expense report for the organization and Consolidated Statement of Financial position and Investment reports. These reports are reviewed by the Program Managers,

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Area Directors, Accounting & Finance staff, Budget Department staff and Executive Management.

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

**Budgeting**

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

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

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

**Contract/Grant Administration Experience**

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

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

## **STAFF RECRUITMENT, RETENTION, AND PROFESSIONAL ENHANCEMENT**

Gateway works hard at maintaining viable recruitment, retention, and professional enhancement activities. We are familiar with the areas in which the programs are located, and we have anticipated the challenges we may encounter with staff recruitment and hiring. We have constructed a detailed staffing plan, including a description of our recruitment and selection process and a time line for acquisition of all staff positions. There are several graduated steps that must be taken for effective staff recruitment.

### **PLAN FOR STAFF RECRUITMENT AND STAFF RETENTION**

Our **staff recruitment process** draws individuals who have education and/or experience with the services provided by Gateway, and we require all staff members to receive appropriate training. Gateway recruits, hires, and works to retain qualified, competent, credentialed staff members, who have experience with corrections-based programs. The Human Resources department identifies appropriately qualified candidates and participates in a careful screening and selection process.

We pay competitive salaries, which improves staff morale and in turn, improves direct services to participants. The competence and experience of our staff enables us to provide a more intensive level of direct services. Thus, our staffing pattern is cost-efficient: high levels of competence and intensive direct service activity allow Gateway to provide more service with the same or fewer staff than other providers with less experience. These staff recruitment and retention principles also allow Gateway to provide services of highest quality.

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

Applications for open positions may come from internal or external applicants. Internal applicants must complete an Internal Application for Job Posting and forward to the Human Resources (HR) department for evaluation. Only those candidates approved by Human Resources may be interviewed. HR will forward all approved applications to the hiring manager. Managers will screen applicants' external resumes for experience, education, and certification requirements. If an applicant is a former Gateway employee, managers must contact Human Resources to determine if the candidate is eligible for rehire.

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

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

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

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

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

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

The background investigation mentioned above is required as a condition of employment to work for Gateway; results will be forwarded to the Department. Gateway understands that the Department may veto the application of a prospective employee based on the results of the background investigation.

Gateway's policy permits hiring ex-offenders, i.e., persons with prior felony or misdemeanor convictions, if the following conditions are met. The ex-offender must:

- have a minimum of five years from release from confinement for the most recent offense;
- be sober or drug-free for the past five years;
- remain abstinent during employment;
- be licensed or otherwise meet requirements to be a counselor intern;
- meet requirements of the job description of the position applied for;
- have been an active participant as a volunteer or an employee of a recognized substance abuse program; and/or
- meet all requirements to be eligible to be placed on annual reporting (if on parole).

All applicants will have a background check performed through the National Crime Information Center. Any applicant with a prior conviction will have his or her record reviewed by the State to determine eligibility in the program. Former clients of the Gateway program may be considered for employment with Gateway Foundation if the above conditions are met.

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Gateway works hard at developing a viable recruitment, retention, and professional enhancement plan. We are familiar with the areas in which the programs are located, and we have anticipated the challenges we may encounter with staff recruitment and hiring. We have constructed a detailed staffing plan, including a description of our recruitment and selection process and a time line for acquisition of all staff positions. There are several graduated steps that must be taken for effective staff recruitment.

Gateway's staff recruitment efforts are driven by our treatment philosophy and begin during the pre-proposal stage. In planning our proposals, our Human Resources (HR) Department conducts a "salary survey" of the salary ranges for substance abuse professionals in Illinois. We then consider the possible difficulties with recruitment and hiring of staff for programming at the sites (corrections environments, evening work hours, etc.) and carefully determine salary ranges for the various staff positions proposed, taking this difficulty into account. We believe that the resulting salaries reflected in our budget for this proposal will allow us to hire and retain qualified staff and will be cost effective in the long term.

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

#### **Methods of Advertising Job Opportunities**

We utilize both internal and external advertising and recruiting strategies. Internal strategies include website and newspaper job postings, personnel file review, word-of-mouth, and our employee referral program. External sources include advertising, employment agencies, career programs at colleges, professional organizations, and prompt follow-up of unsolicited inquiries. Gateway understands the importance of maintaining a pool of candidates from which to select, ensuring we can choose candidates who meet our high standards. **We encourage our managers to utilize a program of "continuous recruiting," wherein they are always actively seeking potential candidates, so that when openings occur, they are able to quickly fill the positions with candidates who already have been pre-screened for qualifications.**

We utilize both internal and external recruiting processes. Internal sources include website and newspaper job postings, personnel file review, word-of-mouth, and our employee referral bonus program. External sources include advertising, employment agencies, career programs at colleges, professional organizations, and prompt follow-up of unsolicited inquiries.

Gateway understands the importance of maintaining a pool of candidates from which to select, ensuring we can choose candidates who meet our high standards. We encourage our managers to utilize a program of "continuous recruiting," wherein they are always actively seeking potential candidates, so that when openings occur, they are able to quickly fill the positions with candidates who already have been pre-screened for qualifications.

***Newspaper/College/Organizational Advertisements***

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

**Websites:**

Careerbuilder.com  
Monster.com  
Recoverytoday.net  
Stjoejobs.net

**Newspapers:**

St. Joseph News Press - [www.stjoenews-press.com](http://www.stjoenews-press.com)  
Nodaway New Leader, Maryville - [www.nodawaynews.com](http://www.nodawaynews.com)  
Maryville Daily Forum - [www.maryvilledailyforum.com](http://www.maryvilledailyforum.com)  
Mound City News – [www.moundcitynews.com](http://www.moundcitynews.com)  
Kansas City Star - [www.kansascity.com](http://www.kansascity.com)

**Colleges and Universities:**

Northwest Missouri State University  
800 University Drive  
Maryville, MO 64468  
Phone: (800) 633-1175  
Undergraduate and Graduate degrees in Psychology and Counseling

Missouri Western State College  
4525 Downs Drive  
St. Joseph, MO 64507  
Phone: (816) 271-4200  
Undergraduate degrees only

University of Missouri-Kansas City  
Kansas City, MO 64110  
Phone: (816) 235-1000  
Undergraduate and Graduate degrees

Rockhurst University  
1100 Rockhurst Road  
Kansas City, MO 64110  
Phone: (816) 501-4000  
Primarily Undergraduate

Avila University  
11901 Wornall Road  
Kansas City, MO 64145-1698  
Phone: (816) 942-8400  
Primarily Undergraduate

Our Human Resources Department quickly performs follow-up contacts with unsolicited inquiries and frequently obtains lists of certified counselors in the area for mailing advertisements of job openings. Gateway has obtained a mailing list of Missouri's certified substance abuse counselors, which we intend to use once we receive notice of an award.

### ***Internet Job Postings***

Our comprehensive advertisement strategy includes the use of internet job postings on mainstream and industry-specific websites, with postings emphasizing the benefits of working with a program with national focus. This has been an increasing source of referrals for us. We plan to advertise open positions on the following web sites:

- [www.careerbuilder.com](http://www.careerbuilder.com)
- [www.monster.com](http://www.monster.com)

### **Oversight to Improve Quality of Services**

Gateway will provide clinical supervision of counselors as appropriate to ensure counselor credibility. Gateway's supervisors strictly adhere to the principles presented in the *Participant Manual: Clinical Supervision I, Building Chemical Dependency Counselor Skills*, published by the Addiction Technology Transfer Center Network.

Additionally, Gateway's supervisors utilize SAMHSA's TAP 21-A, "Competencies for Substance Abuse Treatment Clinical Supervisors" as a framework for counselor supervision.

The following sections describe the many ways Gateway provides clinical supervision of counselors and evaluates service delivery.

Supervisory measures include the following:

- Ongoing and regular clinical supervision of counselors, weekly for non-certified counselors or counselors with identified performance improvement needs.
- Monthly staff meetings involving the entire staff conducted by the Program Director/ Supervisors;
- Supervisor meetings with individual counselors and during team meetings/clinical staffing weekly to discuss client progress;
- Problem-solving sessions to discuss and resolve issues pertaining to clients with behavioral or attitudinal concerns, and other clinical issues;
- Consistent supervisory monitoring and direct observation of staff by sitting in on didactic and therapy groups and on individual counseling sessions;

- Annual written performance evaluations conducted by Program Director/Supervisors to identify strengths and areas for growth, as well as means by which staff members can improve their performance;
- Ongoing clinical record review for all staff providing direct client services;
- Periodic in-service/cross training addressing topics identified through supervision, record review and feedback from outside entities;
- Quarterly review of each staff person's professional staff development plan, outlining specific learning areas and interventions to address these.

Supervisors will assure the implementation and fidelity of SAMHSA-supported evidence-based practices and best practices by counselors whom they supervise by the following means:

- Integration of key service functions of assessment, treatment planning and engagement of the consumer and family: All treatment planning is driven by the assessment and addresses issues which the assessment reveals. Treatment goals are established with input from the client and with client permission, family members as well.
- Continuation of assessment, treatment planning, and engagement through the continuum of decreasing levels of treatment: Clinical staff employ the principles of Motivational Interviewing to enhance treatment success. Treatment goals are modified on an ongoing basis to address changes in a client's circumstances. To facilitate a client's engagement in treatment, the counselor plays a key role in modifying the treatment design.
- Appropriate resolution of ethical dilemmas: All clinical staff participate in ethics training at least annually. With several levels of on-site and organizational supervision and management, Gateway is able to expeditiously resolve ethical issues before they become a potential problem. Gateway also provides a "Corporate Compliance" officer in our Central office for consultation regarding ethical issues or concerns about the organization.

### *Striving for cultural competence*

Every level of the organization participates in striving toward cultural competence. The following principles serve as the foundation for our efforts to achieve cultural competence.

- **Gateway acknowledges and respects culture as a predominant force in shaping behavior and values.** Culture shapes attitudes and behaviors about oneself and others. Thus, culture becomes the starting point for program design and intervention strategies.
- **Gateway believes diversity within cultures is as important as diversity between cultures.** Race and ethnicity are often the dominant elements of culture, but people often belong to one or more subgroups that affect the way they think, feel, and behave. Continuing and enhanced awareness of diversity within cultures shape our treatment plans and interventions, and help ensure that we are providing culturally appropriate services.

- **Gateway believes that cultural differences affect service delivery.** Purposeful and vigilant self-assessment is necessary to respond appropriately to the dynamics that result from cultural differences, especially since interactions that stem from cultural differences (among clients, among staff, and between staff and clients) strongly influence the therapeutic process.
- **Our commitment to hiring culturally appropriate staff and recruiting culturally appropriate individuals for boards and advisory committees is ongoing.** However, hiring clinicians who reflect the racial/ethnic composition of the client population does not, by itself, ensure cultural sensitivity or competence; training and ongoing self-assessment are needed, and incorporated into practice and enhances our chances for effective cultural interactions and, ultimately, successful treatment.
- **Gateway recognizes that cultural norms may serve as barriers to treatment and recovery.** Patterns of socioeconomic oppression, access to health and human services, perceived stigma, victimization, willingness to acknowledge substance abuse-related problems, and ability to openly engage the treatment and rehabilitation process all vary greatly across cultures (Brown, 1992; Ruiz, et. al, 1992; Westermeyer, 1992).
- **Cultural competence of the treatment program staff, and the specific program interventions, together have a significant effect on client retention and treatment outcomes.** Individuals who are chemically dependent are likely to experience addiction and recovery differently depending on their cultural background, and they may understand addiction or the disease model differently. Cultural diversity in the treatment setting impacts on treatment efficacy in many ways. Clients may find that they:
  - identify with different sources of strength or patterns of support,
  - utilize different models of healthy families, extended families, or healthy intimate relationships, or
  - are received differently by individuals with different cultural backgrounds and beliefs.

While Gateway clinicians strive for continual awareness of and sensitivity toward various cultural influences, we also understand that members of ethnic and cultural groups each have unique and individualized needs. Our treatment programs address, incorporate and respect differences, and provide clients with a wide range of options and models, while still teaching core values that are part of recovery.

At all levels of the organization, we focus on the following:

- awareness, acceptance, and respect for cultural differences;
- awareness of personal cultural values;
- understanding the dynamics of difference and its impact on service delivery; and
- organizational development.

To help accomplish these intentions, **training on cultural diversity, sensitivity and competency** is provided regularly.

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- **Clinical staff** is trained to develop and enhance practical skills to fit clients' cultural contexts.
- **Managers, directors, and administrators** focus on understanding ways to provide cross-cultural supervision.
- **Board members** identify ways to be a conduit for real community issues and concerns, however the community is defined.

**Commitment to Staff Cultural Diversity**

Gateway is committed to a culturally diverse staff, and we take strong steps to recruit, hire, employ and retain staff from various backgrounds and ethnic groups. Our Human Resources Department takes care to post available positions with local agencies which cater to various ethnic groups, such as the Urban League or various offices of the Department of Employment Security, as well as historically Black colleges, to ensure that notice of vacant positions reaches qualified clinicians from a variety of ethnic groups, and to increase our opportunities for hiring staff members with diverse backgrounds and experiences. We routinely advertise for positions in newspapers and other periodicals that cater to culturally and ethnically diverse populations.

Additionally, Gateway Foundation employs clinical and administrative personnel who are ethnically and culturally representative of those we serve in treatment. This includes employing ex-offenders who are in long-term recovery from alcohol and other drug addiction and who have achieved various levels of credentialing from the Missouri Department of Mental Health.

Gateway has developed Affirmative Action Programs (AAP) for each region in the United States in which we provide services. Each AAP is structured and calculated as required by the Office of Federal Contract Compliance Programs (OFCCP), and conforms to all guidelines and requirements both in letter and spirit. The data in the following table are evidence of the success of our diversity initiatives in hiring. The numbers represent how employees represented themselves by category (1,186 total employees).

**Male**

Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total	Percentage
27	211	160	2	3	0	6	4	413	35%

**Female**

Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total	Percentage
61	476	207	3	10	1	6	9	773	65%

The following tables present the demographic compositions of our clinical staff in the Corrections Division by position.

**Males**

Positions	Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total
Clinical Supervisor	1	11	4	0	1	0	0	0	17
Counselor Supervisor	1	4	2	0	0	0	0	0	7
Counselor III	0	3	1	0	0	0	0	0	4
Counselor II	0	3	1	0	0	0	0	0	49
Counselor I	10	36	15	0	0	0	2	0	63

**Females**

Positions	Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total
Clinical Supervisor	1	16	8	0	1	0	0	0	26
Counselor Supervisor	2	10	2	0	0	0	0	0	14
Counselor III	0	5	1	1	0	0	0	0	7
Counselor II	8	59	20	0	1	1	0	0	89
Counselor I	19	99	41	0	1	0	0	1	161

**STAFF RETENTION**

Gateway believes that continuing efforts to retain high quality staff are particularly important and that minimally qualified staff and high staff turnover will adversely affect the quality of the treatment program. Therefore, we will hire staff for the program with attention to their ability to adopt an interdisciplinary approach to treatment and to provide services to each inmate according to his/her unique needs.

Gateway typically participates in progressive and creative agendas in cooperation with the Department to achieve our mutual goals in this regard and has gone so far as to incorporate staff retention as a goal in our Corporate Strategic Plan.

Pursuant to Gateway's Corporate Strategic Plan, managers review employee retention data monthly. Programs experiencing low retention are provided with additional guidance and support from Gateway management and HR. This support can include on-site visits by members of the management team, or employee focus groups conducted by Human Resources in an effort

to identify common problem areas, and develop a plan to address them in conjunction with the local management team.

Gateway also conducts exit interviews to solicit feedback from employees, which is reported to managers and the Board of Directors, and corrective actions are taken if necessary, based on this feedback.

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

- identifying and providing training to our staff in areas where they may lack experience, particularly relating to issues specific to working with offenders. These issues include staff and offender boundaries, holding offenders accountable for their behavior, and finding ways to develop a closer working relationship with the Department.
- conducting regular staff meetings with Department representatives to continue to develop and maintain an open line of communication with the Department.
- providing State Director, Clinical and Counselor Supervisors with Interview and Selection training designed to assist in selecting the most qualified candidates.
- ensuring that training with a focus on the core functions required for certification is scheduled.
- developing a relationship with local universities to develop student internships as a way of recruiting future staff members.
- participating in DOC sponsored job fairs.

#### **FRINGE BENEFITS**

Gateway offers the following fringe benefits to employees, some of which are optional at the choice of the employees. A detailed list of these benefits, describing what employees receive, when they are eligible to receive them, and the cost (if any) is included in the appendix.

- Health insurance
- Dental insurance
- Flexible Spending Accounts
- Commuter Reimbursement Accounts
- Life insurance
- Long-term disability insurance
- Accidental death and dismemberment insurance
- Defined contribution plan
- Tax deferred annuity
- Tuition reimbursement

- On-line learning tool
- Employee assistance program
- Professional liability insurance
- Workers' Compensation
- Credit Union
- Paid time off
- Catastrophic absence time off
- Holidays

#### **VACATION AND LEAVE POLICY**

Gateway offers Paid Time Off (PTO) that may be taken as vacation or "sick" time. Employees begin to earn PTO immediately after hiring. Employees with less than five years of service may earn 18 days of PTO per year. Employees with five to ten years of service may earn 23 days per year, and employees with more than ten years of service may earn 28 days per year.

In addition to paid time off, employees may apply for Family Medical Leave, Personal Leave, and Military Leave.

#### **Financial Incentives**

Gateway offers the following financial incentives to retain good employees.

- **Equity adjustments** are salary increases granted to maintain fair compensation between employees in similar jobs with similar qualifications. Equity adjustments may be used to compensate an employee for additional credentials or education received when a promotion is not possible. .
- **Merit increases** are salary increases designed to reward employees who achieve or exceed performance expectations.
- **One-time bonuses** may be granted to compensate employees for additional efforts or work performed outside of their normal duties.
- **Salary incentives** for certification is a promotion from Counselor I to Counselor II and an increase in pay

#### **POLICY ON PAY RAISES/PROMOTIONS**

Gateway has a Salary Administration policy (HR 303) that provides compensation guidelines to attract and retain qualified people. The policy discusses Gateway's position on the following issues:

- Salary grades
- Salary ranges
- Salary changes
- Change in status
- Demotions

- Equity adjustments
- Merit increases
- One-time bonuses
- Promotional increases
- Transfers

#### **RETIREMENT PLAN**

Gateway offers employees the opportunity to participate in a Tax Deferred Annuity retirement savings plan. Employees may set aside pre-taxed payroll deductions to invest in savings options of their choice.

#### **PROFESSIONAL DEVELOPMENT**

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

#### **STAFF CERTIFICATION POLICY**

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

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

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

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

## **PROGRAM TRANSITION**

As the incumbent treatment provider for the facilities identified in the solicitation, **Gateway already has well qualified, highly competent staff and a viable infrastructure already in place to deliver the required services on July 1, 2014.** As previously noted, Gateway currently employs qualified clinical staff in all of its Missouri units, as well as in other correctional-based facilities where Gateway provides treatment services. In addition, our management team is competent, with years of experience. **Re-awarding this contract to Gateway would ensure the continuation of the experience and amount of expertise they bring to the new contract and ensure a seamless entrance into the new contract.**

## **EXHIBIT C**

As required, Exhibits C are included on the following page, which describes the experience and expertise of the incumbent staff at WRDCC. Retaining this contract will ensure that program services will continue without lapse. Current staff members are trained and are able to maintain their current caseloads and schedules, thus ensuring consistency and continuity for the clients.

**EXHIBIT C PERSONNEL EXPERTISE SUMMARY**

Personnel		Background and Expertise of Personnel and Planned Duties
1	<p>Jill Newman, MS (Name) Program Director (Title) Program Director (Proposed Role/Function)</p>	MS Psychology, RSAP, CCJP, CCDP; MSAPCB Certified Supervisor; Expertise in TC model since 1997; Oversees all administrative, management, and clinical operations of the substance abuse treatment programs at WRDCC. She will work closely with the Department and will manage all aspects of the treatment program.
2	<p>Jannet Reynolds, BS (Name) Clinical Supervisor (Title) Clinical Supervisor (Proposed Role/Function)</p>	BS Criminal Justice, CCJP, CRADC; MSAPCB Certified Supervisor; Experience in community-based and corrections programs. Will manage day-to-day operations of the proposed program services, including the clinical approach: coordinate meetings among program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need; review client records and treatment plans; may provide services as a backup for staff absences or vacancies. Oversee Short Term TC program.
3	<p>Lisa Cronk, MS (Name) Clinical Supervisor (Title) Clinical Supervisor (Proposed Role/Function)</p>	MS, Social Work, CRADC; MSAPCB Certified Supervisor; Experience in social services since 1990 with youth services and DORS; outpatient and hospice care modalities. Will manage day-to-day operations of the proposed program services, including the clinical approach; coordinate meetings among program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need; review client records and treatment plans; may provide services as a backup for staff absences or vacancies; liaison with Mental Health; facilitates Mental Health groups; oversee Partial Day Program & Assessment Services.
4	<p>Vacant (Name) Clinical Supervisor (Title) Clinical Supervisor (Proposed Role/Function)</p>	Provide supervision in the Long-Term program; may carry a limited counselor and client caseload and be available for providing "back-up" as necessary; responsible for oversight and monitoring of all clinical files and assigned quality assurance activities
5	<p>Shawna O'Brien (Name) Assessment Counselor (Title) Assessment Counselor (Proposed Role/Function)</p>	CCJP: Currently pursuing BS; experience as Corrections officer since 1999 and treatment programs 2008; responsible for administrating and scoring the ASI and ICA-SA; will write and submit within one (1) day of completion the assessment summary reports to appropriate DOC personnel.
6	<p>Amy Watson, BS (Name) Counselor II (Title) Counselor II (Proposed Role/Function)</p>	BS Psychology/Sociology; CADCI CCJP; MSAPCB Certified Supervisor; law enforcement experience; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress & develops strategies for client engagement with clinical/department staff; works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.

**EXHIBIT C PERSONNEL EXPERTISE SUMMARY**

Personnel		Background and Expertise of Personnel and Planned Duties	
7	Michelle Adcock, BS (Name) Counselor I (Title) Counselor I (Proposed Role/Function)	BS Science; RASAC I; currently enrolled in Master's program for Counseling: internships with adolescents and group home for mental health and substance abuse; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff; works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.	
	8		RASAC II; experience as Juvenile CO; counselor duties began 2011; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff; works with case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.
	9		
10	CRADC; experience in substance abuse outpatient treatment; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff; works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.		
11		BS Science; RASAC II; experience with developmentally delayed children; juvenile justice clients; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff; works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.	

**EXHIBIT C PERSONNEL EXPERTISE SUMMARY**

Personnel		Background and Expertise of Personnel and Planned Duties
12	Jamie Manson, BS (Name) Counselor I (Title) Counselor I (Proposed Role/Function)	BS, Arts/Human Services; RASAC I; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff: works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.
13	Michael Rowley, BS (Name) Counselor I (Title) Counselor I (Proposed Role/Function)	BS Science; RASAC II; Correctional Officer 2011-2014: assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff: works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.
14	Reba Theas, BS (Name) Counselor I (Title) Counselor I (Proposed Role/Function)	BS Psychology; RASAC II; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develop strategies for client engagement with clinical/department staff: works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.
15	Michelle Brinkman, BS (Name) Counselor I (Title) Counselor I (Proposed Role/Function)	BS Interdisciplinary Studies; RASAC I; 12 years mental health experience in residential care for adolescents and adults; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develop strategies for client engagement with clinical/department staff: works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.
16	Rebecca Wingfield, MS (Name) Counselor II (Title) Counselor II (Proposed Role/Function)	MS Education; CRADC; PDP; experience in behavioral health/mental health since 1992; institutional treatment since 2006; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develop strategies for client engagement with clinical/department staff: works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans.

**EXHIBIT C PERSONNEL EXPERTISE SUMMARY**

<b>Personnel</b>		<b>Background and Expertise of Personnel and Planned Duties</b>
17	Jeffrey McGinnis, MS (Name) Counselor I	MS Counseling; RASAC II; 20 years experience with mental health, developmentally disabled, learning disabled in outpatient and residential setting; assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develops treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff; works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans
	(Title) Counselor I	
	(Proposed Role/Function)	
18	Vacant (Name) Counselor I/II	Assumes primary responsibility for engaging clients in treatment and providing treatment services; assesses clients' treatment needs; develop treatment plans (in conjunction with the clients and Department personnel); provides individual and group counseling; provides group education; reviews client progress and develops strategies for client engagement with clinical/department staff; works with the case workers and clients' families, when feasible, and with clients' parole agents to help create aftercare plans
	(Title) Counselor I/II	
	(Proposed Role/Function)	
19	Leslie Schenecker (Name) Administrative Asst. I	Develops billing and record-keeping procedures; responsible for data entry and report preparation; proficient in office operations and program policy; reviews incoming and outgoing correspondence; screens telephone calls for the program director; staff timekeeper; prepares and distributes staff meeting minutes; provides other reports as required; maintains restricted administrative files relative to the treatment program management.
	(Title) Administrative Asst. I	
	(Proposed Role/Function)	

**SECTION 4.8**  
**PROPOSED METHOD OF PERFORMANCE**

**CONTENTS:**

- \*PART TWO SCOPE OF WORK \***
- \*2.1 General Contractual Requirements \***
- \*2.2 General Operational Requirements\***
- \*2.3 Specific Service Requirements \***
- \*2.4 Assessment Requirements\***
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  - \*4.8.4 Organizational Chart\***
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## **4.8 PROPOSED METHOD OF PERFORMANCE (p. 32 of 61)**

### **PART TWO: SCOPE OF WORK (p. 5 of 61)**

Per the IFB requirements, the following sections present Gateway's distinctive plan for performing the services specified in the IFB, including solutions to problems and plans of proposed action as well as how we will consistently comply with Department standards.

#### **2.1 GENERAL CONTRACTUAL REQUIREMENTS (p. 5 of 61)**

##### **2.1.1 SUBSTANCE ABUSE TREATMENT SERVICES AT THE WESTERN RECEPTION AND DIAGNOSTIC CORRECTIONAL CENTER (WRDCC) (p. 5 of 61)**

Gateway Foundation, Inc. is pleased to respond to the Missouri Department of Corrections' (hereafter referred to as the Department) Invitation for Bid (IFB) #SDA411063 to provide on-site assessment and evidence-based substance abuse treatment services at the Western Reception Diagnostic Correctional Center (WRDCC) to offenders referred by the Department and designated as eligible to receive services substance abuse services. We understand that WRDCC is an adult male facility with a total population of 1980, consisting of offenders with custody levels of one (1) through five (5).

The Substance Abuse Treatment Center currently consists of 275 beds and a Partial Day Treatment Program with 50 beds, although the Partial Day Program is not a bed-based service and the program is located in a general population housing unit; approximately 1800 assessment services per year are to be provided.

As the incumbent provider of these services, **Gateway will begin the contract with sufficient staff** to provide services under this contract. In the event that Gateway must fill a position, we fully expect to comply with the Department's expectation that the program will be fully staffed and operational by January 2, 2015 or within six (6) months from the effective date of the contract, whichever is sooner. A brief synopsis follows to describe methods that Gateway utilizes to seek, select, and retain staff.

#### **HIRING AND RETAINING STAFF**

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

Once applicants' eligibility and interest are established, managers follow established guidelines for conducting a successful interview. After the team interview has been completed, managers

select a candidate and begin the processes to examine the background, reference checks and drug screens for submission to the Area Treatment Coordinator and the Assistant Director, Division of Rehabilitation Services, Substance Abuse Services. Gateway's program for retaining staff is discussed more thoroughly in Section 4.7 Expertise of Personnel.

Although Gateway understands that the Department makes no guarantee as to the minimum or maximum number of units that will be required, we have prepared this bid based on providing the following services:

- **Assessment** services for offenders at WRDCC who have been stipulated by the Board of Probation and Parole or are court ordered for institutional substance abuse treatment.
- **Short-Term (84-120 days) Substance Abuse Treatment Program** for offenders sentenced pursuant to section 559.036 RSMo, Post-Conviction Drug Treatment for offenders sentenced pursuant to section 217.785 RSMo, and probation and parole violators referred for substance abuse treatment by the Board of Probation and Parole.
- **Intermediate Treatment Program (6 months) Program** for offenders referred by the Board of Probation and Parole for substance abuse treatment.
- **Partial Day Treatment (10 weeks)** for offenders referred by the department for substance abuse treatment services.

#### **2.1.2 PERFORMANCE TO DEPARTMENT'S SATISFACTION (p. 5 of 61)**

Gateway understands and agrees that all services shall be performed to the sole satisfaction of the Department as the final judge of the quality of performance under the contract, and that any dispute arising from conflicts with departmental policy and appropriate clinical practice for assessments and treatment shall be resolved by the Assistant Director, Division of Rehabilitation Services, Substance Abuse Services.

We further agree to:

- establish appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility;
- jointly develop and maintain a standardized operating procedure governing the provision of assessment services, consistent with the Department's Standard Operating Procedures. We agree to submit standard operating procedures for approval within 90 days post notification of award and prior to implementation of these procedures; and
- identify a contact person responsible for coordinating all aspects of the contract with the Division of Offender Rehabilitation Services (DORS), and the Division of Adult Institutions.

**2.1.3 – 2.14 NUMBER OF ASSESSMENTS (p. 5 of 61)**

Gateway is confident that we are fully capable of providing all services as indicated and described in the IFB and in our response. Gateway understands that it is the Department's goal to maximize the number of substance abuse assessments completed to ensure appropriate program placement. We further understand and agree that the Department makes no specific guarantee as to the minimum or maximum number of assessments required or program participants, although the Department has estimated a need for 1800 assessments per year. We have prepared this proposal with this estimate as a guideline.

**2.1.5 MODIFICATION TO CURRICULA/PROGRAM STRUCTURE (p. 5 of 61)**

Gateway understands that the Department has the right to request modifications to curricula and to the proposed program structure. In addition, we understand that post implementation and revisions/additions to program structure and/or curricula must have the approval of the Department prior to implementation.

**2.1.6 FUNDING (p. 5 of 61)**

Gateway understands and agrees that we will be expected to provide additional services at the firm, fixed price as provided on the pricing page of this IFB, regardless of additional funding that may be obtained by the Department.

## **2.2 GENERAL OPERATIONAL REQUIREMENTS (p. 6 of 61)**

### **2.2.1 DEPARTMENT AS SOLE SOURCE OF REFERRAL (p. 6 of 61)**

Gateway understands that the sole source of referral for all program participants will be the department and that all referrals made by the department will be accepted. The department alone retains, without exception, the right to terminate a participant to maintain program integrity, continuity of treatment, and/or a safe and secure environment.

### **2.2.2 SERVICES FOR PERSONS OF ALL FAITHS AND NO FAITH (p. 6 of 61)**

As required by the IFB, Gateway's programs will be accessible to persons of all faiths and to persons of no faith who are atheist, agnostic, or undecided. The programs shall include presentation of reasonable alternatives wherever the programs incorporate ideations of "God or a higher power." No offender will be terminated as a result of failure to participate in treatment activities or assignments associated with the above ideations.

**Twelve-Step Programs.** Gateway has long recognized the value of twelve-step programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) as avenues of support for achieving and/or maintaining abstinence. The twelve steps involve accepting one's addiction, relying on the support of a Higher Power, becoming self-aware, and coming to terms with one's history. Consistent with our treatment programs, twelve-step programs promote sobriety/abstinence and personal responsibility. Therefore, they complement our cognitive restructuring efforts, which specifically encourage pro-social behaviors and attitudes and self-efficacy.

Offenders use twelve-step materials such as AA's *Big Book*, NA's *Basic Text*, and other materials that describe the steps in detail. Gateway will provide volunteer coordination, recovery literature libraries, and time and space for open meetings, study groups and sponsorship sessions. Gateway staff will work closely with the state agency to offer in-house AA/NA meetings several times per week and will include them in the program schedule as approved.

We recognize that some offenders cannot relate to or object to programming that promotes the concept of a Higher Power. Therefore, participation in twelve-step meetings is not mandatory but will be strongly encouraged.

**Secular Organizations for Sobriety.** Offenders who prefer a secular self-help group may participate in Secular Organizations for Sobriety (SOS) meetings instead of or in addition to AA or NA. Secular Organizations for Sobriety is a secular alternative to the twelve-step recovery program. It is an individual-centered cognitive approach to support individuals' sustained recovery and utilizes secular humanism principles. Gateway will provide literature and instruction on SOS recovery philosophies and SOS self-help.

## Peer Support Groups

Gateway staff members will provide instruction and available literature regarding Peer Support Groups. Peer-support groups are conducted during the treatment process and are similar to other self-help groups, but also promote and reinforce the rules and tools of the therapeutic community and related treatment principles. While self-help groups tend to provide an arena to allow individuals to express themselves and be heard, peer-support groups tend to challenge and encourage more interaction. That is, in peer support groups, clients are not only listened to; they are frequently and actively responded to and confronted when necessary. Currently, Peer Support Groups are held each evening Monday-Saturday, but Gateway will adjust these meetings according to the preferences and needs of the Department.

### 2.2.3 PROGRAM IMPLEMENTATION (p. 6 of 61)

Gateway understands that services should begin on July 1, 2014 and that if for any reason, this cannot occur through no fault of our own, Gateway will submit a written request for extension with explanation for the request, to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Service. Please note that Gateway has *never* missed an expected start-up date for any program in our 40 plus years of operations, and as the incumbent treatment provider, with a re-award of the contract to Gateway, service provision will be seamless and with no lapse in services, including the "learning curve" period of time that another vendor would require.

### 2.2.4 MATERIAL, LABOR, EQUIPMENT, AND SUPPLIES (p. 6 of 61)

Unless otherwise specified, Gateway will furnish all material, labor, equipment, and supplies necessary to perform the services required. Gateway will comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders to the extent that these may be applicable and further agrees to insert the foregoing provision in all subcontracts awarded.

### 2.2.5 COSTS FOR PROVIDING SERVICES (p. 6 of 61)

Gateway will assume all costs for providing services, except as otherwise specified herein.

- a. Gateway understands that the Department will not provide private telephone lines, fax lines, or fax equipment. Due to administrative systems in place, however, Gateway will require a private fax line and a private phone line for connecting to our time clock. Gateway obtained permission from the Department at the initiation of the current contract for each of these and we are requesting that WRDCC continue to allow Gateway to use these lines as installed for administrative purposes. We understand that approval or rejection of this request is at the sole discretion of the Department, and we respectfully request approval. We understand that these lines become the property of the Department when the contract is completed.

- b. The Department will assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishings (i.e. desks, chairs, furniture), and utilities except as listed in 2.2.4 a. In addition, Gateway has prepared its proposal under the assumption that clinical staff will be allowed to continue to use DOC-owned computers for clinical work under this contract as under the current contractual provision of services
- c. The Department will provide Gateway with classrooms and offices for service implementation on the 4<sup>th</sup> and 5<sup>th</sup> floors of the treatment housing unit to include counselor offices, day rooms, process group rooms, conference room, orientation room, and a flexible-use room as currently used.
- d. The Department will provide and make available all labor, equipment, supplies, and other materials as may be necessary for the upkeep and sanitation of the Department facility.

#### **2.2.6 ACCESS TO DEPARTMENT'S DATABASE AND GATEWAY COMPUTERS (p. 6 of 61)**

Gateway understands that access to the Department's database is provided by the Department only on a need-to-know basis and that approval for access will be obtained through the Warden and will be limited to Gateway staff members who have been approved by the Assistant Client Services Manager, Office of Administration, Information Technology Services Division (ITSD). The Department will provide a limited number of computers to Gateway for on-site services. Gateway will indicate the number of computers needed and the proposed use of each computer. The actual quantity of computers provided will be subject to the Department's approval based upon availability, proposed usage, and proposed location of the computer. For off-site locations, Gateway will be responsible for providing computer hardware, line charges and/or installation costs.

Gateway is requesting permission to maintain the current inventory of five computers and printers at WRDCC for administrative and management purposes, as well as, the local server installed on the Department's network for the administration of the Drug Evaluation Network System (DENS) software used to complete the drug and alcohol assessments. We propose to provide PCs for the Director, Clinical/Counselor Supervisors, Administrative Assistant, and the full-time counselor assigned to Assessment Services, including the DENS assessment. As the Department can provide clinical hardware and software, Gateway will not provide computer equipment for clinical personnel.

Approval for Gateway computers and internet access must be received in advance through the designated WRDCC Warden or Deputy Warden, the Assistant Director, Division of Rehabilitation Services, Substance Abuse Services, and the Assistant Client Services Manager (ITSD). We understand that the Department may request us to provide toners for the DOC furnished computers and printers. Gateway will provide copy paper and treatment file materials for program use.

**2.2.7 WRITTEN COMMUNICATIONS (p. 7 of 61)**

Gateway agrees that the department will have the right, at any time, to review and approve all written communications and materials developed and used by Gateway to communicate with offenders. Gateway will coordinate all communication materials, assessment-based treatment recommendations, formats, and referral forms and materials with the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and Gateway's Program Director.

We will not use the name, logo or other identifying marks of the State of Missouri or the Department on any materials produced or issued, without the prior written approval of the Department.

**2.2.8 SERVICE DAYS (p. 7 of 61)**

Gateway will provide program services six days per week (Monday through Saturday) for the Short-Term and Intermediate Treatment Program Services; Partial Day Program treatment will be provided five days per week, Monday through Friday, except State holidays; and assessment services will be provided on a schedule that ensures compliance with treatment planning deadlines. If Gateway elects other holiday(s), we will seek advanced approval from the Substance Abuse Services Manager. We understand that we will not be reimbursed for services for the approved additional holiday(s). We will provide evening services if required by the Institution. Gateway will provide indirect clinical services (e.g., support groups, etc.) during evening hours as required by the institution.

The sample schedules are provided in Section 4.8.7 and include one for the Partial Day Treatment program; schedules for the Short-Term and Intermediate Treatment Phases I & II programming; and schedules for the Short-Term and Intermediate Treatment Phase III programming.

## 2.3 SPECIFIC SERVICE REQUIREMENTS (p. 8 of 61)

### 2.3.1-2.3.2 PLAN FOR SYSTEM INTEGRATION (p. 8 of 61)

Without exception, in all of our correctional treatment programs we have found that a team approach with representatives of the Department is essential to service delivery and improves treatment efficacy with this population. During the current contract, we have demonstrated that this approach is an essential tenet of the therapeutic milieu to ensure an “integrated” treatment environment. We will continue our collaboration with the Department to refine our successful system of collaboration and seamless integration into the WRDCC structure. We will meet with the Warden and the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services within ten (10) days of contract award to discuss suggestions/recommendations for refining the current processes, including attendance at the weekly Warden’s Department meeting; participation in the Housing unit meetings with custody and with DORS staff; and with any other relevant departments to discuss the individual needs of the client. *As the incumbent treatment provider, Gateway can ensure that the current meeting schedule will continue, additional required meetings will be scheduled, and there will be no lapse in services or client care.*

Gateway’s plan to integrate the Department of Corrections into the treatment process is comprehensive and effective and based on our successes in the current contract. We believe that Gateway and the Department must work closely together as a team for the treatment experience to succeed and that the best in-prison treatment occurs when the institution as a whole is the “community,” not just the “treatment program” (i.e., time in group). As approved by the Department, Gateway will work with the WRDCC staff to integrate the treatment paradigm into daily operation of the unit/facility. Accordingly, various aspects of our plan to integrate our program with the Department’s program can be seen throughout this proposal, and this integration is one of our highest priorities.

#### Gateway’s Team Approach to Service Delivery

We have found that a team approach with representatives of the Department is essential to service delivery and improves treatment efficacy with this population. At the WRDCC TC and the Partial Day Program, this is an essential tenet of the therapeutic milieu to ensure an “integrated” treatment environment. Gateway staff will continue to work closely with all Department representatives and with correctional counselors, case workers, and probation and parole officers to determine clients’ needs and to develop a treatment plan and social service linkages that address those needs.

Counselors work closely with Department staff to develop effective sanctions and treatment strategies. We provide extensive opportunities for interaction and discussion of client progress (or lack thereof). Meetings or conferences with case workers, probation and parole officers may include clients and significant others, if appropriate.

With respect to coordinated efforts, Gateway has developed and maintains an excellent relationship with the administration and staff at the treatment site. We communicate and interact with DOC staff in a variety of ways and at all levels. The methods of integration with the Department are described as follows, and Gateway is committed to continuing and improving on these procedures based on the Department's needs and recommendations.

Daily communication takes place between Gateway staff members and Department staff onsite. Gateway clinicians communicate with Department staff whenever there is an issue with a client, such as behavior management or treatment progress.

Gateway holds weekly clinical staff meetings that are attended by Gateway and Department staff. During this meeting, client progress is reviewed for the appropriateness of phase changes, discharges, and behavior issues. Everyone provides input into the decisions on clients.

Our general approach to treatment planning involves a comprehensive team effort with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates the intention of each department to make meaningful contributions to treatment services and is yet another example of our means of open communication and collaboration between Gateway and the Department's various domains.

Gathering information from all aspects of the facility staff and departments 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 clients' progress; 3) **assignment and performance** as a positive role model within the TC and PDP; 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; 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 clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

Both program staff and corrections officers take part in the review committee process when evaluating client applicants for jobs within the job hierarchy. Gateway staff members encourage corrections officers to participate in as many therapeutic activities as they are able. This results in greater knowledge of many officers about the treatment process and the treatment continuum.

Input from corrections officers may be entered in a client's treatment record by the clinical staff. As clients prepare for release, counselors confer with other treatment staff, probation or parole

officials, and appropriate Department officials to insure the most appropriate placement and effective case management for the clients' transitional needs. This collaboration ensures continued attention to clients' needs during the transition from treatment to aftercare placement.

Gateway's clinicians and Department representatives on site meet routinely 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.

An important aspect of our integration with the Department's program will involve the program schedule. Gateway has developed effective schedules for a variety of programs, and we are well-versed in collaborating with corrections agencies in developing schedules that meet the needs of the Department and of the clients. **In corrections environments, Gateway is aware of various security issues and other agency concerns, such as the need for scheduled and/or random "counts" and the importance of providing for control of inmate movement with respect to the program schedule.** We will therefore adapt our schedule to accommodate the Department's schedule in this regard and address the need for escorts during client movement, supervision of client visitation, recreation, and other activities as we **work closely with Facility representatives in designing program schedules.** The treatment schedule will prioritize service of individual treatment needs. All activities are scheduled according to institutional restrictions, and phase-specific schedules are subject to adjustment based on our collaboration with the department.

In all of Gateway's treatment programs in correctional facilities, our philosophy has been and continues to be based on the following philosophy: First and foremost, "We are a guest in your home." Gateway strives to maintain a positive, cooperative relationship with the corrections agencies we serve. We proceed with care to respect each agency's laws, rules, regulations and procedures. We further adapt to the specific protocols (scheduling, security, etc.) required by each institution. In turn, we hope to foster a sense of mutual respect and camaraderie that we believe translates into the highest quality of service for the agency and for each individual client. Therefore, Gateway structures each of its correctional programs according to the requirements of the host agency.

In addition to the strategies previously mentioned, Gateway currently participates in the **Oversight Committee** that oversees the treatment program at WRDC and meets every month. The Program Director provides program-specific information that is discussed with the Warden/designee, the Area Treatment Coordinator, and representatives from the Board of Probation and Parole, Medical Department, Mental Health Department, Security, and Education Department.

The Oversight Committee meets to identify, discuss and resolve problems or issues pertaining to the relevant treatment program. 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 very useful for the joint management of the WRDCC program.

### **2.3.3 CONSISTENT WORK WEEK AND TRAINED STAFF (p. 8 of 61)**

Gateway understands that service needs must be covered consistently during the work week. Our staffing pattern assures that this occurs and that trained back-up staff are available as needed to administer services and assessments according to the timelines required by the IFB and contract. Our proposed staffing plan that ensures that service needs will be covered consistently during the work week is presented in a later section of this proposal (see **Section 4.7 Expertise of Personnel**).

### **2.3.4 EMERGENCY/CRISIS COUNSELING (p. 8 of 61)**

Gateway has recognized through our experience with treating offenders, both incarcerated offenders and those in community settings, that many substance-abusing offenders present with various problems. This program's crisis response system is implemented throughout the treatment day, providing in-person crisis response when an emergency occurs. Gateway has assigned its Clinical Supervisor(s) as the crisis "counselor(s)" for the institution to contact when seeking assistance to intervene in such crises/emergencies during the treatment day.

Gateway staff works collaboratively with Department mental health staff to suggest psychiatric interventions that may address both acute and longer-term mental health problems for offenders. The emergency/crisis counseling plan is currently in place and available to the Department.

### **2.3.5 GENDER-RESPONSIVE AND EVIDENCE-BASED TREATMENT (p. 8 of 61)**

Gateway incorporates both motivational enhancement and cognitive-behavioral therapeutic concepts that are both gender-responsive and evidenced-based throughout its programming to address recovery from substance abuse, criminality, assessed mental health disorders, and other special needs necessitating adaptation of standard interventions. A thorough description of our evidence based treatment modalities is found in **Section 2.5 Treatment Service Requirements**.

Our adaptations of programming for offenders with special needs are discussed in **Section 4.8 Proposed Method of Performance**. Our specific means of incorporation into other aspects of programming are explained in detail in the programmatic descriptions found in a later section of this proposal.

Specifically, we will provide these services to:

- Short Term Treatment Program offenders
- Intermediate Treatment Program offenders
- Partial Day Treatment Program offenders
- Assessment services to offenders at WRDCC stipulated for substance abuse treatment services.

**2.3.6 PATHWAY TO CHANGE (p. 8 of 61)**

Gateway agrees to continue to provide the Department-approved *Pathway to Change* cognitive skills curriculum to address factors that lead to criminal behavior, anger management techniques, responsible decision-making, examination of values and attitudes, successful relationships, and thinking errors and will provide a minimum of six (6) sessions in the short-term substance abuse program and a minimum of twelve (12) sessions in the six- to twelve-month substance abuse program. We understand that all counselors must attend the Pathway to Change Facilitator Training, as well as the eight- (8-) hour annual follow-up training.

## 2.4 ASSESSMENT REQUIREMENTS (p. 9 of 61)

### 2.4.1 ASSESSMENT INSTRUMENTS (p. 9 of 61)

The **Addiction Severity Index (ASI)** and the **Initial Classification Analysis – Substance Abuse (ICA-SA)**,) will be utilized. In addition, after this initial assessment, offenders participate in the TCU assessment protocol that provides data related to clients' readiness to change.

The assessment instruments and interview are completed by a certified, registered, or appropriately licensed Substance Abuse Professional as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse, Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

When possible, assessments will be 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, Gateway will ask the Department to provide interpreters for the hearing impaired or those with specific language needs will be provided, as well as support for the visually impaired, as needs dictate.

A description of the required assessment instruments follows.

#### **Criminal Justice--Addiction Severity Index**

Gateway will use the **Criminal Justice Addiction Severity Index (CJ-ASI)** and the **Initial Standardized Assessment Protocol (ISAP)** 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
- driver's license number, county of residence and county of arrest

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.

Gateway worked with a prominent research group to develop a computerized version of the ASI that assists us in collecting client information and providing written reports in an efficient manner. The computerized version allows Gateway to quickly formulate and document individualized treatment plans based on information obtained from the ASI. It is important to note that use of a computerized version does not detract from the counselor-client interview process and produces goals and objectives for treatment plans that are unique and individualized according to each client's treatment needs. Through this process, Gateway ensures that treatment plans are comprehensive and address all of the information obtained during the assessment process.

**Gateway requests that the Department continues to allow Gateway to use the DENS software version of the ASI currently utilized by Gateway staff. Gateway's computerized ASI assessment tool offers "added value" over other assessment instruments.**

Use of 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.

Because Gateway Foundation has already invested in the development of this software, this is one way in which Gateway has minimized the cost of treatment to the state; awarding this contract to Gateway again will ensure continued cost savings to the Department. There are no license fees associated with our use of this software, even if loaded onto department-owned computers. Gateway is proposing to continue use of this system, with the understanding that Gateway will retain ownership of the licenses (they are nontransferable), while the state owns the data produced.

The **Initial Classification Analysis-Substance Abuse (ICA-SA)** is an assessment instrument that aids in the appropriate placement of offenders into differing levels of need for substance abuse treatment. Gateway assessment staff uses the Initial Classification Analysis-Substance Abuse (ICA-SA), an assessment instrument developed by the Outcomes Assessment Workgroup comprised of state and private substance abuse treatment providers. The purpose of the (ICA-SA) is to aid in the appropriate placement of incarcerated individuals into differing levels of need for substance abuse treatment ranging from "long-term, intensive, inpatient treatment" to "no services required." Gateway's qualified professional counselors are easily able to incorporate the (ICA-SA) into the assessment procedure.

### Supplemental Assessments

The assessment package that Gateway currently uses and proposes to provide via this contract includes assessment of offenders' psychological, social, familial, and environmental needs as well as the **criminal thinking patterns** that lead to recidivism of criminal behavior. Gateway will administer a battery of standardized assessments developed by the Texas Christian University (TCU) Institute of Behavioral Research (IBR), which will include the **TCU Client Evaluation of Self in Treatment (CEST) and the Criminal Thinking Scales, Treatment Needs and Motivation, Psychological Functioning, Social Functioning, and Treatment Engagement Forms.**

Gateway also proposes to administer the **TCU Health Form** to screen offenders for co-occurring mental health needs that may prohibit their full participation in the programming. To identify "highest risk" offenders for our most intensive services, we propose to use the TCU assessments to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking. Results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development; the results include offender ratings of counselors, therapeutic groups, and the program in general that provides Gateway with additional measures of program fidelity and adherence.

When possible, assessment will be 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 will be provided, as well as support for the visually impaired.

#### 2.4.2 ASSESSMENTS FOR OFFENDERS WITH SPECIAL NEEDS (p. 9 of 61)

Gateway understands that during the intake/classification process, entering offenders receive screening and assessment by the Department's Mental Health providers. In addition, Gateway will administer the **TCU Health Form** to screen offenders for co-occurring mental health needs that may prohibit their participation in the Therapeutic Community programming and the **TCU Trauma Form**, which is a version of the PTSD Civilian Checklist to assess for trauma related risks/needs. Based on these assessments, Gateway has devised a process specifically to establish methods for referrals for more intensive psychiatric services, the need to reassess at a designated time and/or the need to address particular diagnoses during the treatment episode. As Gateway's Assessment Services will be co-located in the diagnostic center with other departments and/or vendors at WRDCC, Gateway staff will ensure that the appropriate referrals are provided (i.e., referring cases to Mental Health Management, Inc. for psychological and/or psychiatric screening as needed). In addition, Gateway proposes that one of its Clinical Supervisors will act as the mental health liaison to assure that possible co-occurring issues will be addressed and monitored throughout the client's treatment.

**2.4.3 RELEASES (p. 9 of 61)**

Gateway will ensure that all appropriate releases are signed for requesting previous treatment and assessment records, if needed.

**2.4.4 ASSESSMENT SUMMARY (p. 9 of 61)**

Gateway ensures that the narrative summary of the assessment complies with the Certification Standards for Alcohol & Drug Abuse Programs, 9 CSR 10-7.010, Core Rules for Psychiatric and Substance Abuse Programs, specifically 9CSR 10-7.030 Service Delivery Process & Documentation (C) (2), Assessment and Individualized Treatment Plan. The DENS instrument meets each of the components described in these standards.

## **2.5 TREATMENT SERVICE REQUIREMENTS (p. 9 of 61)**

### **2.5.1 SHORT-TERM TREATMENT PROGRAM AND INTERMEDIATE TREATMENT PROGRAM REQUIREMENTS (p. 9 of 61)**

#### **USE OF EVIDENCE-BASED PRACTICES, STAGE OF CHANGE APPROACH, COGNITIVE RESTRUCTURING, AND STAGES OF INTERVENTION PROCESS**

##### **EVIDENCE-BASED PRACTICES**

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).

SAMHSA 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.

<i>Community Enhancement</i>	
Morning Meeting	Increases motivation for the day's activities and creates a positive family atmosphere.
Concept Seminars	Review the concept of the day.
General Interest Seminars	Provide information in areas of general interest (e.g., current events).
Program-Related Seminars	Address issues of particular relevance (e.g., homelessness, HIV prevention, and psychotropic medication).
Orientation Seminars	Orient new members and introduce all new activities.
Evening Meetings	Review house business for the day, outline plans for the next day, and monitor the emotional tone of the house.
General Meetings	Provide public review of critical events.

<i>Therapeutic/Educative</i>	
Individual Counseling	Incorporates both traditional mental health and unique WRDCC 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 discussion 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.

**ADDITIONAL EVIDENCE-BASED PRACTICES TO BE USED**

***MOTIVATIONAL INTERVIEWING***

Because motivation is an integral part of programming in Gateway TCs, offenders must be actively engaged from intake to release. Gateway utilizes Motivational Interviewing (MI) techniques at WRDCC as a primary strategy to engage and encourage offenders' participation in treatment and to remain actively involved through their transition to community continuing care.

The following sections discuss how we will implement Motivational Interviewing techniques in the WRDCC program.

***1) Express empathy: Empathetic communication is employed from the very beginning of treatment and continues throughout the entire process.***

Empathy and quality of the therapeutic alliance are fundamental to achieving favorable client outcomes. Gateway offers a model that embraces these qualities, and MI is essential to our model, philosophy, and approach. Expressing empathy is a thread that runs throughout the treatment course with Gateway. It is essential at the onset to engage the client in a therapeutic process, and it remains essential in ongoing exploration during all stages of the treatment process. Through the empathic approach, clients' natural ambivalence is accepted as "normal," and his/her struggles and feelings of being "stuck" are appreciated.

The empathic approach yields multiple therapeutic benefits: It communicates acceptance of the client as a person; it releases clients from a need to defend themselves against external criticisms or threats to self-esteem or self-agency; it conveys caring and support for clients' well-being; it communicates that clients have the inner resources to make and act on decisions; and with the enhanced client-empowerment, there is an implicitly communicated strength in the area of client-responsibility. Gateway's use of the Motivational Interviewing principle of expressing empathy helps to engage clients and facilitates client self-exploration throughout treatment. It sets a therapeutic undertone of acceptance, encouragement, and self-efficacy; and it promotes a non-judgmental, healthy and respectful emphasis on client responsibility.

***2) Develop discrepancy: Offenders are motivated to change as a result of perceived discrepancy between present behavior and important personal goals and values.***

Few persons with substance use disorders are 100% determined to live a life of continued substance abuse and incarceration. While there are recognizable things clients like about using alcohol and other drugs ("pros"), there are also recognizable disadvantages ("cons"). Therefore, in regard to clients' attitudes toward substance use and motivation to continue the status-quo versus motivation to change, there is a natural ambivalence.

More traditional approaches have sometimes "pushed" for change, only to witness clients taking the counter-position, experienced by clinicians as client "resistance." By employing a non-confrontational, person-centered, yet directive approach (MI), Gateway clinicians help clients to explore this natural ambivalence.

It is important to note that developing discrepancy is appropriate for clients in the pre-contemplation and contemplation stages of readiness-to-change, where the client has not made a decision and commitment to change. Once a client has made a decision and commitment to change (and is thereby in a preparation, action, or maintenance stage-of-readiness), developing discrepancy is contraindicated. At that point, developing discrepancy and heightening ambivalence runs the risk of reintroducing motivational weight against change.

Gateway employs the **Stages of Change** mode, assessing clients' readiness to change upon admission to the program and throughout treatment, as treatment plans are revised. Gateway clinicians appropriately use the Motivational Interviewing principle "developing discrepancy" for clients in pre-contemplation and contemplation stages. It is notable that research indicates most clients (80%) are in pre-contemplation or contemplation stages of readiness-to-change.

The percentage seems to be even greater for populations of coerced-treatment or incarcerated individuals, especially at the onset of treatment. Once clients reach beyond the contemplation stage, developing discrepancy is discontinued, and phase two of Motivational Interviewing (involving action planning and strengthening commitment to change) takes center stage.

***3) Roll with resistance. Opposition demonstrated by participants is turned into an opportunity to explore the behavior.***

Client resistance may take the form of negating (blaming, disagreeing, excusing, minimizing, claiming impunity), arguing (challenging, discounting, hostility), interrupting, and/or ignoring. However, one cannot resist without a counter-position to oppose. This generally occurs when counselors either overtly or non-overtly confront clients, disrespect clients, or present an argument for change. Motivational Interviewing respects the natural fact that each person ultimately makes his or her own decisions.

When counselors experience "resistance" from clients ("status-quo" talk), it is a signal to do something different. Ironically, people are more willing to explore alternatives to their current courses of action when they experience acceptance by their counselors and respect for their self-determination. Throughout clients' treatment, it is essential for clinicians to respect client autonomy; to minimize the likelihood of client resistance by employing MI; to adjust course based on evidence of client resistance; and to roll with client resistance, when it does occur, toward favorable therapeutic outcomes.

***4) Support self-efficacy. The participant belief in the possibility of change is responsible for choosing and carrying out the change.***

Becoming motivated to change in a context where offenders lack confidence in their ability to succeed in making the change risks becoming an exercise in frustration and a potential assault to one's already low sense of self-worth. Clients' "resistance to motivation" may serve the function of a "psychological defense" against further damage to self-esteem.

Conversely, increased self-efficacy may lead to increased motivation for positive change. With MI, counselors support self-efficacy and promote confidence in the possibility of change and in offenders' ability to make it happen. Clients' belief that change is possible is a necessary component for change motivation, and counselors focus efforts on enhancing positive motivation through supporting client self-efficacy throughout the course of treatment.

## REALITY-BASED COGNITIVE RESTRUCTURING APPROACH TO CHEMICAL DEPENDENCY AND CRIMINALITY

Gateway has years of experience in implementing a reality-based, cognitive restructuring approach to address chemical dependency and criminality that incorporates both experiential and cognitive learning and targets an individual's values, behaviors, and attitudes. As required by the IFB, we will use the Pathway to Change curriculum. With Department approval, we propose to supplement this curriculum with Gateway's Cognitive Restructuring Program to ensure that offenders receive maximum benefits from this effective intervention.

### *Pathway to Change*

In compliance with Department policy, Gateway's modified therapeutic community schedule will incorporate *Pathway to Change* lessons into the curriculum.

Changing offenders' criminal thinking patterns is integrated into Gateway's total treatment experience through connections among related goals, objectives, and tasks. The primary goal of the program is to assist offenders to acquire the competencies required for self-correcting cognitive distortions that lead to maladaptive behaviors that, in turn, result in relapse and recidivism. The primary goal of cognitive restructuring is to prevent substance abusers in the correctional system from committing crimes. The principle objectives in meeting this goal are (a) to assist participants in reorganizing how they think about themselves and others and (b) to substantiate attainment of this goal through process, impact, and outcome data.

The Gateway approach to changing offenders' thinking patterns provides them with a straightforward protocol for systematically identifying criminogenic cognitions and effective corresponding interventions and then supports them in generalizing this clinical experience to life in the therapeutic community and ultimately, to post-release life. Gateway draws from all research-based studies and programs and proceeds in a manner that is commensurate with our long-standing reputation for effective and ethical treatment of under-served populations such as those found in the Missouri correctional system.

Gateway will implement the *Pathway to Change* cognitive skills program as part of the reentry process in the Therapeutic Community 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 cognate 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, will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

Cognitive-behavioral programs have been used in a wide variety of correctional settings (state correctional systems, local jails, community-based corrections programs, and probation and

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parole departments) and with a wide range of offenders (both adults and juveniles, and males and females). The Cognitive Self-Change module has been and is currently an important part of all of Gateway's corrections-based treatment programs since 1998.

*Pathway to Change* consists of twelve lessons. The first six lessons are the core modules and will be presented sequentially 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.

#### STAGE OF CHANGE APPROACH

The Stage of Change approach is based on the theory that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change, and they progress through the stages at their own rate. Therefore, simply telling people in the "precontemplation" stage, for example, that they must make life changes (e.g., "give up drugs or criminal activities") will not be effective and will not likely result in stable, long-term change.

According to the Stage of Change approach, there are five stages, each with a different set of issues and tasks that relate to changing behavior. The stages are as follows:

- **Precontemplation:** Not yet acknowledging that there is a problem behavior that needs to be changed
- **Contemplation:** Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
- **Preparation/Determination:** Getting ready to change
- **Action/Willpower:** Changing behavior
- **Maintenance:** Maintaining the behavior change

Because clients' motivation to change is different at each stage, different interventions are required at each stage to help people move through the stages to achieve lasting change. The characteristics of clients at each stage are summarized in the following table.

<b>Precontemplation</b>	<ul style="list-style-type: none"> <li>• No serious thinking about changing; not interested in help</li> <li>• Defensiveness about current behavior in face of pressure to change</li> <li>• Unwillingness to discuss behavior</li> <li>• Don't acknowledge selves as having problems</li> </ul>
<b>Contemplation</b>	<ul style="list-style-type: none"> <li>• More awareness of personal consequences of behavior and positive aspects of changing</li> <li>• More openness to receiving information and education</li> <li>• Ambivalence about change</li> <li>• Doubt that the long-term benefits of change outweigh short-term cost of change</li> </ul>
<b>Preparation/ Determination</b>	<ul style="list-style-type: none"> <li>• Commitment to change is made</li> <li>• Identification of strategies and resources to effect change</li> <li>• May try to skip stage and move into action without adequate research of what is needed for major lifestyle change</li> </ul>
<b>Action/Willpower</b>	<ul style="list-style-type: none"> <li>• Belief in ability and reliance on willpower</li> <li>• Active steps and variety of techniques to change behavior</li> <li>• Development of plans to deal with both personal and external pressures leading to relapse</li> <li>• Use of short-term rewards to sustain motivation</li> <li>• Openness to receiving help and seeking support from others</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>• Successful avoidance of temptations to return to old behavior</li> <li>• Reminders of progress made and advantages of change</li> <li>• Constant reformulation of rules of their lives</li> <li>• Anticipation of relapse situations and preparation of coping strategies</li> </ul>

Gateway will incorporate this approach into its program design and treatment protocols, curricula, treatment phases, and program materials. Gateway will also clearly delineate the application of the stage of change approach to the practices in the selected treatment model.

Gateway's Developmental Model of Recovery is discussed in a later section of this proposal.

#### **COGNITIVE-BEHAVIORAL APPROACH**

Research on criminal offenders has demonstrated that offenders' criminal conduct may be due to their lack of a repertoire of pro-social responses to their daily lives, which often results in aggressive acts, withdrawn behaviors, or other anti-social behaviors such as those associated with drug and alcohol abuse. For other offenders, planned and deliberate criminal acts are supported by strong antisocial attitudes and beliefs. Their way of thinking supports and justifies the serious offenses they commit. Behavior change cannot take place for these individuals until they become aware of their thinking and see a reason to change.

Gateway believes that **recovery is a result of cognitive and behavioral change**. This can only be accomplished by skilled counselors working with clients to identify specific needs and develop means of change. A prime example of this approach is cognitive restructuring.

Gateway was a pioneer in integrating the use of cognitive restructuring into corrections-based prison treatment. **The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.**

Contemporary research suggests that “superior post-release outcomes [are] secured . . . by offenders who had participated in [a] cognitive-behavioral program over those who had participated in a traditional disease-model substance abuse recovery program” (*Corrections Today*, “A Cognitive-Behavioral Approach to Substance Abuse Treatment,” October, 1998, p. 103). As detailed below, cognitive restructuring directly confronts both criminal and addictive behaviors, is profoundly conducive for producing individual change and creates self-reinforcing therapeutic milieus.

### ***General Principles***

Cognitive self-change techniques identify and address the criminal thinking that is typical of the corrections population. Participants learn these techniques according to a few general principles:

- what we do in our minds controls what we do in life
- by controlling one’s thoughts, one can control and change behaviors
- cognitive self-change techniques allow one to identify the connection between criminal behaviors and the thoughts and feelings that encourage the use of drugs and participation in criminal activity

Through cognitive intervention education, participants learn to develop strategies to stop, think, and behave differently. Staff and other participants reinforce these strategies for healthy and responsible thinking to help each participant develop alternatives to criminal thinking and behaviors.

Specifically, participants learn to:

- perfect specific techniques, including self-monitoring of thought patterns and recognizing the connections between thoughts, attitudes and behaviors
- recognize distorted thinking and
- apply the plan for change

These techniques are particularly effective because participants incorporate the therapeutic techniques into their own repertoire, question their conclusions or actions, and eventually begin 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 Journaling***

Two very potent cognitive self-change techniques involve use of **thinking reports and journaling**. 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 learn to:

- 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
- intervene in the thought process to change it.

Participants use **journaling** 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.

#### FOUR-STAGE INTERVENTION PROCESS AND FOUR-STAGE DEVELOPMENTAL MODEL

Gateway understands that WRDCC clients will comprise a diverse group of individuals and that there is no "one size fits all" model of treatment because clients enter the program at varying stages of readiness to change and require different interventions that are consistent with those stages. Therefore, we propose a multimodal curriculum that addresses the needs of offenders in various stages of recovery.

Individual and group interventions will meet clients at their level of readiness. Counseling approaches will be appropriate to clients' level of change readiness, per the following table.

#### DEVELOPMENTAL MODEL OF RECOVERY

Gateway utilizes the **Integrated Developmental Model of Recovery** based on approaches set forth by the **Center for Substance Abuse Treatment (CSAT) Technical Assistance Publication (TAP) 19, Part I** and by **Terence Gorski**, a nationally renowned expert in substance abuse treatment and relapse prevention and a colleague of Gateway in the Chicago area, set forth in his paper entitled "'Modern' Alcohol and Drug Outpatient Treatment: An Overview of the Recovery Process, Learning Where We're Going" (excerpted from the book *Passages Through Recovery*).

Gorski notes the following about the Developmental Model of Recovery (emphasis added):

"We don't recover overnight. Recovery is a developmental process during which we go through a series of stages. The term developmental means '**to grow in stages or in steps.**' It is a gradual effort to learn new and progressively more complex skills. A developmental model of recovery means that we can grow from simple abstinence to a meaningful and comfortable sobriety. We confront new problems while abstinent and try to solve them.

The developmental model of recovery is based upon the following premises:

1. Recovery is a long-term process that is not easy.
2. Recovery requires total abstinence from alcohol and other drugs, plus active efforts toward personal growth.
3. There are underlying principles that govern the recovery process.
4. The better we understand these principles, the easier it will be for us to recover.
5. Understanding alone will not promote recovery; the new understanding must be put into action.
6. The actions that are necessary to produce full recovery can be clearly and accurately described as recovery tasks.
7. It is normal and natural to periodically get stuck on the road to recovery. It is not whether you get stuck that determines success or failure, but it is how you cope with the stuck point that counts."

CSAT TAP 19 describes the Developmental Model of Recovery as follows.

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### ***TRANSITION STAGE***

The transition stage begins the first time a person experiences an alcohol or drug-related problem. As a person's addiction progresses, he or she tries a series of strategies designed to control use. This ends with recognition by the person that safe use of alcohol and/or drugs is no longer possible.

The struggle for control is a symptom of fundamental conflict over personal identity. Alcoholics and drug addicts enter this level of recovery believing they are "normal" drinkers and drug users capable of controlled use. As the progression of addiction causes more severe loss of control, they must face the fact that they are addictive users who are not capable of controlled use.

During the transition stage, chemically dependent people typically attempt to control their use or stop using. They are usually trying to prove to themselves and others that they can use safely. This never works for very long. Controlled use is especially tough for people who are participating in criminal behavior because the high level of alcohol and drug use among their peers makes their lifestyle and use seem normal.

***The major cause of inability to abstain during the transition stage is the belief that there is a way to control use.***

### ***STABILIZATION PERIOD***

During the stabilization period, chemically dependent people experience physical withdrawal and other medical problems, learn how to break the psychological conditioning causing the urge to use, stabilize the crisis that motivated them to seek treatment, and learn to identify and manage symptoms of brain dysfunction. This prepares them for the long-term processes of rehabilitation.

Traditional treatment often underestimates the need for management of these issues, focusing instead on detoxification. Clients find themselves unable to cope with the stress and pressure of the symptoms of brain dysfunction and physical cravings that follow detoxification. Many have difficulty gaining much from treatment and feel they are incapable of recovery. The lack of a supportive environment for recovery that many criminal offenders experience adds stress and undermines their attempts to stabilize these symptoms. They often use alcohol and drugs to relieve such distress. It takes between 6 weeks and 6 months for a client to learn to master these symptoms with the correct therapy.

***The major cause of inability to abstain during the stabilization period is the lack of stabilization management skills.***

### ***EARLY RECOVERY PERIOD***

Early recovery is marked by the need to establish a chemical-free lifestyle. The recovering person must learn about the addiction and recovery process. He or she must separate from friends who use and build relationships that support long-term recovery. This may be a very difficult time for criminal justice clients who have never associated with people with sobriety-based lifestyles.

They also need to learn how to develop recovery-based values, thinking, feelings, and behaviors to replace the ones formed in addiction. The thoughts, feelings, and behaviors developed by people with criminal lifestyles complicate and hinder their involvement in appropriate support programs during this period. Major intervention to teach the client these skills is necessary if he or she is to succeed. This period lasts about 1-2 years.

***The primary cause of relapse during the early recovery period is the lack of effective social and recovery skills necessary to build a sobriety-based lifestyle.***

### ***MIDDLE RECOVERY PERIOD***

Middle recovery is marked by the development of a balanced lifestyle. During this stage, recovering people learn to repair past damage done to their lives.

The recovery program is modified to allow time to reestablish relationships with family, set new vocational goals, and expand social outlets. The client moves out of the protected environment of a recovery support group to assume a more mainstream and normal lifestyle. This is a time of stress as a person begins applying basic recovery skills to real-life problems.

***The major cause of relapse during the middle recovery period is the stress of real-life problems.***

### ***LATE RECOVERY PERIOD***

During late recovery, a person makes changes in ongoing personality issues that have continued to interfere with life satisfaction. In traditional psychotherapy, this is referred to as self-actualization. It is a process of examining the values and goals that one has adopted from family, peers, and culture.

Conscious choices are then made about keeping these values or discarding them and forming new ones. In normal growth and development, this process occurs in a person's mid-twenties. Among people in recovery, it does not usually occur until 3-5 years into the recovery process, no matter when recovery begins.

For criminal offenders, this is the time when they learn to change self-defeating behaviors that may trigger a return to alcohol or drug use. These self-defeating behaviors often come from

psychological issues starting in childhood, such as childhood physical or sexual abuse, abandonment, or cultural barriers to personal growth.

*The major cause of relapse during the late recovery period is either the inability to cope with the stress of unresolved childhood issues or an evasion of the need to develop a functional personality style.*

### ***MAINTENANCE STAGE***

The maintenance stage is the life-long process of continued growth and development, coping with adult life transitions, managing routine life problems, and guarding against relapse. The physiology of addiction lasts for the rest of a person's life. Any use of alcohol or drugs will reactivate physiological, psychological, and social progression of the disease.

*The major causes of relapse during the maintenance stage are the failure to maintain a recovery program and encountering major life transitions.*

### ***STUCK POINTS IN RECOVERY***

Although some clients progress through the stages of recovery without complications, most chemically dependent people do not. They typically get stuck somewhere. A "stuck point" can occur during any period of recovery. Usually it is caused either by lack of skills or lack of confidence in one's ability to complete a recovery task. Other problems occur when they encounter a problem (physical, psychological, or social) that interferes with their ability to use recovery supports.

When recovering people encounter stuck points, they either recognize they have a problem and take action, or they lapse into the familiar coping skill of denial that a problem exists. Without specific relapse prevention skills to identify and interrupt denial, stress begins to build. Eventually, the stress will cause them to cope less and less well. This will result in relapse.

Various recovery stages described above are dealt with in the various levels of treatment described below. The following table identifies the relationship among the stages of the developmental model, the TC treatment levels, and the treatment protocols, curricula, and program materials used in delivering the program.

<p><b>Transition Stabilization</b></p>	<p><b>Level I</b></p>	<ul style="list-style-type: none"> <li>• Assessment/diagnosis</li> <li>• Treatment plan development</li> <li>• TC structure orientation</li> <li>• Treatment orientation</li> <li>• Assimilation into the TC</li> <li>• Job assignments</li> </ul>
<p><b>Early Recovery</b></p>	<p><b>Level II</b></p>	<ul style="list-style-type: none"> <li>• Cognitive restructuring/self-change techniques</li> <li>• Reality therapy</li> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Job readiness/employability assessment</li> <li>• Conflict resolution skills</li> <li>• Twelve-step programs</li> <li>• Family dynamics</li> <li>• Educational/vocational assignments</li> <li>• Relapse prevention for substance abuse and criminality</li> <li>• Continuing care planning</li> <li>• Group education</li> </ul>
<p><b>Middle Recovery Late Recovery</b></p>	<p><b>Level III</b></p>	<ul style="list-style-type: none"> <li>• Individual/group counseling</li> <li>• Family support group</li> <li>• Effects of DUI</li> <li>• Victims' rights</li> <li>• Substance abuse relapse prevention</li> <li>• Criminality relapse prevention</li> <li>• Self-help group participation</li> <li>• Aftercare planning</li> </ul>

<p><b>Maintenance</b></p>	<p><b>Post-Release Continued Care</b></p>	<ul style="list-style-type: none"> <li>• Engagement in continued care treatment</li> <li>• Self-help group participation</li> <li>• Community service (not just mandated, but out of good citizenship)</li> <li>• Employment</li> <li>• Stable living environment</li> <li>• Compliance/fulfillment of legal requirements (i.e., completing probation/parole)</li> </ul>
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## THERAPEUTIC ACTIVITIES

The therapeutic activities described throughout this proposal include homework assignments (Cognitive Self-Change curriculum), program job assignments (structure board), adjunctive activities that are therapeutic in nature (gender-responsive and evidence-based curricula), program health and wellness activities (Gateway Curriculum), and community meetings (included in all TC phases).

Gateway's primary clinical intervention includes various types of group sessions that meet six (6) days per week. Group therapeutic activities take on a variety of formats, but each addresses client's substance abuse, criminal attitudes and behaviors and special needs, when applicable. Scheduled group activities include **family meetings** (also known as **AM or PM Development groups**), **process (or static) groups** and **conflict resolution (or encounter) groups**.

**Family meetings (or AMD/PMD)**, encourage members of the community to improve and maintain communication with each other. Typically, clients fulfill Learning Experiences, share a thought for the day, deliver Push-ups or Pull-ups, introduce new clients on the unit, make announcements and participate in a group recitation of the Gateway Philosophy. These activities encourage clients to support and confront each other in a recovery-oriented manner and to otherwise help clients to assimilate into the therapeutic community.

Family meetings help to motivate the community and set the tone for the day. Family meetings may take the form of **facility-wide meetings** or **wing meetings**, involving only clients in a particular wing, depending on the presenting issues which need to be discussed.

**Process, or static, groups** are facilitated by each counselor with his or her assigned caseload. These groups are conducted according to traditional group therapy principles, and are structured to encourage each client to process his unique treatment issues as identified in his treatment plan. Process groups are smaller in size than family meetings and educational groups in general, and allow clients to establish trust and comfort with each other. This lends for greater disclosure and meaningful discussions as group members "process" their personal treatment issues.

Group sessions will be conducted according to the unique needs of the clients in attendance. Thus, group sessions for clients with special needs and/or co-occurring disorders will accommodate the treatment needs of this unique population. Specific accommodations and treatment approaches clients with special needs are detailed in pertinent sections of this proposal.

**Conflict Resolution or Encounter** groups are facilitated by staff members and typically occur with clients verbalizing their feelings about an incident or offending behavior. By doing so, the client helps to ensure that the community confronts all necessary persons. It is within the context of a conflict resolution group that clients may realize the self-destructive nature of their behavior patterns and identify ways to make needed changes. Staff will facilitate and monitor conflict resolution groups with clients who have special needs very closely, and will tailor the intervention to accommodate each client's needs and abilities.

### 2.5.2 THREE-PHASE APPROACH TO PROGRAMMING (p. 9 of 61)

Gateway will implement a three-phase Modified Therapeutic Community model of treatment. The criteria for movement between phases of the modified therapeutic community model of treatment focus on specific improvements in clients' behaviors and attitudes. Staff is experienced at both engaging clients in treatment and identifying clients who are not progressing appropriately. In a mature therapeutic community, senior clients are also adept at identifying clients who need to make additional changes in order to succeed and will confront such clients, using the tools of the therapeutic community.

Gateway's modified therapeutic community programming consists of highly structured, progressive and cohesive phases. Movement from one phase to the next occurs as clients progress in treatment and accomplish specific tasks in each phase. Tasks may include attitude or behavior changes, active participation in treatment activities and in the larger community, becoming a role model to lower-phase members, completion of assignments related to that phase, and successful passing of phase tests. Clients' accomplishment of phase requirements is closely monitored by staff to ensure that clients meet the criteria for passage of each phase and continue to move forward through the program.

Gateway's three-phase model of TC programming fits well with Dr. DeLeon's stages of change. Addiction is viewed as a disorder of the whole person. Successful treatment is based upon a social model in which the clients are provided a wide range of social and psychological interventions to address a multitude of needs. Key to the success of the TC model is the structured milieu in which the values of "Right Living" are constantly reinforced through the following strategies: immediate accountability for one's actions; confronting old, destructive behaviors and attitudes; learning and practicing new, pro-social behaviors and attitudes; and instilling personal responsibility and accountability through hard work and community participation.

The **Orientation Phase** is designed to acclimate offenders to the TC and to provide an overview of the expectations for participation and progression through the program, as well as an explanation of the TC methodology.

The **Primary Treatment Phase** is designed to challenge the offender toward personal application of the therapeutic principles presented with the program interventions.

The **Re-Entry Phase** is designed to prepare the offender for a return to the community through a focus on relapse prevention and recovery maintenance activities that revolve around the social application of the principles taught in the TC. As always is the case, Gateway will work hand-in-hand with the Department should there be a need to modify this program in length or content.

The three TC programming phases are summarized below.

<b>PHASE I</b>	<p>Short-Term Treatment: approximately 1-3 weeks</p> <p>Intermediate Treatment: approximately 3-5 weeks</p> <p>Minimum of 30 hours of therapeutic activity per offender</p>	<p>Orientation to Department rules and regulations, the treatment center, and the treatment process</p>	<ul style="list-style-type: none"> <li>• Comprehensive assessment and orientation</li> <li>• Preparation of offenders for assimilation into the therapeutic community model of treatment</li> </ul>
<b>PHASE II: INTENSIVE TREATMENT</b>	<p>Short-Term Treatment: approximately 8 weeks;</p> <p>Intermediate Treatment: approximately 16 weeks</p> <p>Minimum of 30 hours of therapeutic activities/ week</p>	<p>Primary substance abuse intervention services</p>	<ul style="list-style-type: none"> <li>• Group education</li> <li>• Individual therapy/counseling</li> <li>• Group counseling</li> <li>• Therapeutic Community meetings</li> <li>• 12-step and other support groups</li> <li>• Family education and support</li> <li>• Relapse prevention for substance abuse and criminality</li> <li>• Initial 6 modules of Pathway to Change</li> <li>• Gateway cognitive restructuring</li> <li>• Aftercare planning</li> </ul>
<b>PHASE III: RE-ENTRY</b>	<p>Short Term Treatment: approximately 3 weeks;</p> <p>Intermediate Treatment: Approximately 4-5 weeks</p> <p>Minimum of 15 hours of therapeutic activities/ week</p>	<p>Relapse prevention, aftercare planning, employability, job search information, family education and support</p>	<ul style="list-style-type: none"> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Remaining 6 modules of Pathway to Change</li> <li>• Therapeutic Community meetings</li> <li>• 12-step and other support groups</li> <li>• Family education and support</li> <li>• Relapse prevention &amp; recovery skills for substance abuse and criminality</li> <li>• Relapse prevention plan</li> </ul>

An overview of the phases is presented on the following page in summary form.

PHASE I: ORIENTATION	<ul style="list-style-type: none"> <li>• Comprehensive assessment and diagnosis of all offenders</li> <li>• Individualized treatment planning (TAP)</li> <li>• Initial discharge and community re-entry planning</li> <li>• Preparation of clients for intensive treatment</li> <li>• Develop therapeutic engagement and TC assimilation</li> <li>• Assimilate offenders through involvement in all activities, including the structure board</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of treatment readiness and needs using TCU assessments.</li> <li>• Development of Transition Accountability Plan (TAP)</li> <li>• Intro to TC structure, rules, and tools; review of orientation manual</li> <li>• Orientation group</li> <li>• Substance abuse education</li> <li>• Process of change education</li> <li>• Big Brother mentorship</li> <li>• TC job assignment</li> <li>• Cognitive Interventions</li> <li>• Intro to Self-Help/12-step groups</li> <li>• Do Life Story / Inventory</li> <li>• Introduction to school for educational needs</li> </ul>
PHASE II: PRIMARY TREATMENT	<ul style="list-style-type: none"> <li>• Full active commitment to and engagement in the treatment process</li> <li>• Challenging anti-social and self-destructive behaviors</li> <li>• Learning and practicing pro-social behaviors</li> <li>• Obtaining knowledge/skills for autonomous decision-making and self management</li> <li>• Promotion of less reliance on authorities</li> <li>• Abstinence from substance abuse and criminal behavior</li> <li>• Development of well-formed peer support groups</li> </ul>	<ul style="list-style-type: none"> <li>• TC work assignments</li> <li>• TC therapeutic groups</li> <li>• Individual and group counseling</li> <li>• Didactic/educational group sessions based on individual needs</li> <li>• Cognitive restructuring</li> <li>• Motivational interviewing techniques</li> <li>• Behavior modification</li> <li>• 12-step programming</li> <li>• Peer support groups/mentoring</li> <li>• HIV Education/Hep C/STDs</li> <li>• Job readiness/vocational programming</li> <li>• Facility-wide meetings, evening seminars, house meetings, general meetings</li> <li>• Family services</li> <li>• Recreational therapy</li> <li>• Faith-based services</li> <li>• Discharge/aftercare planning—Relapse Prevention Plan development</li> <li>• Address educational / employment needs</li> <li>• Practice social skills by use of encounter groups</li> </ul>

PHASE I	PHASE II	PHASE III
	<ul style="list-style-type: none"> <li>• Integration/enhancement of behavior and attitudinal changes gained during main treatment</li> <li>• Opportunities to practice learned skills</li> <li>• Continuing care/aftercare planning</li> <li>• Community linkages (treatment, jobs, faith-based groups, twelve-step programs, etc.)</li> <li>• Development of social skills, personal growth skills, and psychological awareness</li> <li>• Relapse prevention planning</li> <li>• Family services</li> <li>• Secured community AA/NA sponsor</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinator and/or mentor roles</li> <li>• Relapse prevention techniques</li> <li>• Relapse prevention plan development/completion</li> <li>• Discharge planning groups</li> <li>• Re-entry issues: Housing, family reunification, employment, legal issues, restitution, etc.</li> <li>• Family support groups</li> <li>• Identification of community twelve-step program</li> <li>• Rank goals for discharge in a continuum of care</li> <li>• Comply with stipulations of probation or parole</li> <li>• Work release</li> </ul>

During Phase I, offenders become familiar with the therapeutic environment and resident structure. The goals of orientation include **assessment and diagnosis** of residents' condition, including the Intake Administration of the TCU assessments; preparation for **development of a treatment plan** that includes measurable and behavioral goals, objectives, activities to be addressed in treatment; **orientation** to the TC by staff and peers; and **assimilation** of the treatment process. During Phase I, offenders receive 30 hours a week of therapeutic activity.

During Phase II, each offender will receive a minimum of thirty (30) hours per week of therapeutic activity and a minimum of one (1) hour of individual therapy per month with a qualified professional or trainee under supervision of Gateway to address problems identified in the individual treatment plan. Family Education and support is provided once per month. A continuing care/aftercare plan will be initiated during this phase and will include a relapse prevention plan.

During Phase III, each offender will receive a minimum fifteen (15) hours of therapeutic activity per week that will not conflict with his work schedule. Offenders not participating in work release will receive additional services deemed appropriate for reentry preparation. A continuing care plan and a relapse prevention plan that includes substance abuse and criminality will be completed. Offenders eligible to work in the community will be required to participate in a work release program. Additionally, Gateway will facilitate a weekly family support group meeting of at least two (2) hours in length that includes family visitors or approved visitors from non-family significant others to assist offenders with integration into the community upon release if the Department allows.

Detailed phase descriptions are included in the following sections.

## 2.5.2.a PHASE I: ORIENTATION PHASE—INFORMATION DISSEMINATION (p. 9 of 61)

### PURPOSE OF THE ORIENTATION PHASE

The purpose of the Orientation Phase of the Therapeutic Community is to acclimate offenders to the community processes implemented in the overall treatment environment. The phase itself is referred to as the “information dissemination” phase; as such, the objective of this initial phase is to provide foundational expectations for the treatment episode from the community perspective while allowing for the development of individualized plans for offenders’ participation.

Traditionally this phase is primarily didactic, in that offenders must be provided an overview of the facility regimen, the treatment process and therapeutic techniques, and the expectations for participation and progression through the program, accomplished through a variety of orientation seminars. In addition, the Orientation Phase provides the community with the opportunity to establish the environmental framework within which each individualized treatment episode is developed. This is done through comprehensive assessment and screening processes, as outlined below.

### FUNCTIONS IN THE ORIENTATION PHASE

The collective treatment functions in the Orientation Phase include two primary objectives: comprehensive assessment of offender treatment needs and communication of expectations for participation as part of the overall treatment protocol. The comprehensive assessment for each offender is a compilation of standardized instrumentation and individualized interviews that cover psycho-social functioning; alcohol/drug dependency issues; familial and social support systems; medical and psychological health; and educational, vocational, and employment needs.

These assessments collectively provide the basis for comprehensive treatment planning that directs the regimen of services delivered and opportunities provided to offenders within the treatment environment. Specifically, the assessment functions completed within the first week to ten days at the facility include the following:

- **Addiction Severity Index (ASI)**—comprehensive psychosocial assessment focusing on alcohol/drug use history and impact on major life areas. The results are used to develop alcohol/drug treatment goals and to identify risks and needs within each of the major problem areas.
- **TCU Criminal Justice—Client Evaluation of Self and Treatment (CJ-CEST)**--records offender ratings of the counselor, therapeutic groups, and the program in general. It has recently been re-organized by Dr. Knight and TCU, modifying it into four separate stand-alone sub-scales that include offender ratings of motivation, psychological functioning, social functioning, and treatment engagement.
- **TCU Criminal Thinking Scales (CTS)**--a screening tool that captures common criminal thinking errors. The CTS is a free instrument that examines entitlement, justification, power orientation, coldheartedness, criminal rationalization, and personal irresponsibility. Drug dependent individuals who score high on these scales “think like a criminal” and

pose a threat to public safety. They clearly are good candidates for our most intensive services that are specifically designed to address both drug use and criminality.

- **TCU Health Form:** Gateway will use the Texas Christian University (TCU) Health Form to screen offenders for mental health problems. This form is based on the K10 mental health screening and contains 10 items that ask offenders about symptoms of fatigue, nervousness, hopelessness, restlessness, depression, and worthlessness during the past 30 days. The form will be used to identify offenders who may need referral for additional mental health services.

The focus in Phase I is to provide offenders with an orientation to the therapeutic community while seeking to engage them in treatment readiness activities. Offenders are expected to learn the rules and tools of the community and use them correctly, attend 12-step or other self-help groups, and complete a continuum of care plan. Staff and senior clients will confront clients who are resistant to treatment and in denial about their substance abuse problems for the purpose of identifying negative and inappropriate attitudes and behaviors.

During orientation, there typically is a degree of resistance and denial. Additionally, clients often are insecure about their ability to make the necessary changes expected of them and perhaps a little frightened about confronting the issues related to their substance abuse, behavior, and thinking. Staff uses or will use proven **motivational techniques** to encourage awareness of problems and needs and to facilitate participation in treatment activities and program interventions

The **central goals** for clients in orientation include the following:

- **assessment and diagnosis** of clients' conditions;
- **assessment of clients' level of motivation and treatment readiness** to determine their propensity for engagement;
- **development of a comprehensive treatment plan** which includes measurable and behavioral goals, objectives and activities to be addressed in treatment,
- **orientation** to the therapeutic community by staff and peers; and
- **assimilation** into the treatment process.

**Orientation activities** include the following:

- Senior members of the community are assigned to new clients to assist in the adjustment process by spending time with the new member, explaining TC activities, rules and tools, and addressing concerns.
- Staff members address the orientation needs of each client, and intervene consistently and frequently on specific issues of concern which may hamper a client's ability to trust the process and acclimate to the community.
- New TC members are assigned a job function immediately and are oriented to the structure board, the list of jobs needed to have an effective TC structure.

- New members also are required to engage in all treatment activities and events and are expected to form some investment into the community and begin utilizing the rules and tools.
- Staff members conduct assessments which include evaluation of the client's strengths and weaknesses, complicating factors, risk assessment, particular problem areas, family or other intimate relationships, and vocational experiences and interests, among other issues.
- Gateway will ensure that our clinicians are trained to conduct thorough assessments using established and appropriate assessment and screening techniques. We will provide assessments and documentation within the time frame and format required by the Department.
- **Counselors and clients develop clients' treatment plans based on information obtained during the assessment period.** The treatment plan highlights specific treatment issues and provides the client with a "road map" or guide for accomplishing treatment goals, meeting treatment needs and successfully resolving treatment issues.
- Clients are provided an **Orientation Manual** that provides comprehensive information to clients on the expectations placed on them during treatment. The manual contains information on the basic methods and philosophy of the TC, orientation activities, rules (Cardinal, Major, Group, etc.), tools of the program, (means for following TC procedures), and the concepts and slogans inherent in the TC, such as cognitive self-change techniques, the twelve step program and the values of right living.
- Clients attend a regularly scheduled orientation group during their first weeks of treatment. The group focuses on teaching the information contained in the orientation manual and assisting clients to understand the basic tenets, rules and tools of the treatment program.
- During this phase, staff members focus on **engaging** the client into the treatment process and **motivating** the client in terms of his need to participate in treatment and address his individualized treatment issues.
- Clients are given a TC Mastery Test to determine whether they understand the basic concepts of the therapeutic community. Clients who do not pass the test participate in refresher courses to assist the client in his understanding of the treatment community. Gateway's TC Mastery Test is attached as an appendix.

The length of Phase I will vary according to type of program. For the Short-term substance abuse treatment, Phase I will last approximately one – three (1-3) weeks. For the Intermediate Treatment program, Phase I will last approximately three-five (3 - 5) weeks.

#### **2.5.2.b PHASE II: PRIMARY TREATMENT PHASE—PERSONAL APPLICATION (p. 10 of 61)**

##### **PURPOSE OF THE PRIMARY TREATMENT PHASE**

The purpose of the second phase of the Therapeutic Community (TC) is to promote individual change within the structure and interventions of the community/prison. This phase is traditionally referred to as the "Personal Application" phase of the program, as it is here that offenders are challenged to internalize what has been presented to them in the Orientation Phase regarding the need, and therefore opportunity, for personal change.

As stated in the Gateway philosophy, offenders must “*confront himself/herself in the eyes and hearts of others,*” thereby discovering the aspects, qualities, and characteristics of their lives that require change according to the TC principle of Right Living.” The community objective, therefore, is to provide each offender with a structured plan for addressing the needs that are identified through their comprehensive assessments and the subsequent opportunities to make those life changes via the programming and/or experiential interventions implemented within the community.

This stage involves some of the most important personal growth for clients. During this initial period of newfound abstinence, clients frequently begin to experience an entire gamut of uncomfortable feelings, low self-esteem, and haunting memories related to their drug use, criminal lifestyles, and past traumatic abuse.

For clients who exhibit resistance as they enter Phase II based on the lack of improvement in CJ-CEST and CTS scales, Gateway implements targeted Brief Interventions to further reinforce their engagement in the program.

The most common interventions at this point are the TCU Brief Intervention modules on “*Understanding and Reducing Angry Feelings*” and “*Getting Motivated to Change*,” which are described in more detail later in the section. These interventions reduce hostility toward the program and focus on engagement techniques—both of which have evidenced an impact on retention in Gateway programs.

To get through this challenging time period, it is essential that clients focus on obtaining knowledge and developing skills for autonomous decision-making and self-management with minimal reliance on authorities, and gaining insight into their lives and behaviors. To accomplish this, clients participate in group counseling settings and community activities that are geared toward allowing clients to deal with issues identified in their treatment plans by interacting in mutually supportive and constructive ways.

Treatment goals and issues include the following:

- full incorporation into the community process
- focus on abstinence and psychological growth
- understanding the nature and extent of substance use,
- identifying the connection between substance use and criminal behavior,
- learning to communicate and trust others,
- developing a working knowledge of the tools of recovery (including the successful use of self-help and peer support groups),
- full use of positive reinforcement of privilege and status level system
- develop job readiness skills, ability to improve interpersonal relationships in the workplace and resolve authority relationship problems to improve employability,
- learning to utilize cognitive self-change techniques and working through personal recovery issues such as past abuse, mental illness, relationship difficulties, remorse, grief, loss and the like.

These treatment issues are dealt with actively through clients' participation in all aspects of the TC, including didactic education, skills training, offender lifestyle conflict resolution, twelve step groups, relapse prevention education, education about family dynamics, group counseling, individual counseling and cognitive restructuring experiences. Clients also receive educational/vocational assignments and complete work assignments inherent to each inmate's assigned job responsibility.

During this phase, all offenders receive an intensive level of treatment and a minimum of 30 hours per week therapeutic activity that includes the following:

- Group counseling
- Group education
- Community meetings
- Relapse prevention for substance abuse and criminality
- Minimally, the initial six (6) modules of *Pathway to Change*
- 12-step and other support groups.
- Individual therapy/counseling as required in the revised Institutional Corrections Programs Standards as reflected by the Department of Mental Health. (per 9 CSR 30-3.160 Institutional Corrections Treatment Programs.)
- Family education and support once per month

A continuing care/aftercare plan that includes a relapse prevention plan is initiated during this phase.

As clients progress through this phase, they gain a mastery over issues that may have devastated them in the past. This mastery enhances self-confidence and results in the client's ability to function more effectively as treatment continues. Typically, clients take on increasingly responsible jobs within the therapeutic community as they progress through treatment, further elevating the client's sense of self-worth and self-respect.

The overall structure of the community (prison) establishes a treatment milieu that transcends the substance abuse treatment groups provided by Gateway, resulting in an aggregate process by which the entire prison experience *is* treatment. The primary interventions and structured services provided to accomplish this task are outlined below.

#### **FUNCTIONS IN THE PRIMARY TREATMENT PHASE**

The treatment groups in this phase are implemented in accordance with prescribed procedures, including the following the primary TC intervention activities and/or techniques:

- **Didactic Groups**—chemical dependency and life skills education (curricula-based activities)
- **Process Groups**—predominantly known as “caseload static group,” these groups are designed to allow offenders a small group context in which to discuss, review, and challenge individual issues and needs. This therapeutic intervention technique employs a “community

as method” approach, however, as the Counselor *facilitates* the exploration of issues within the group context.

- **Encounter/Conflict Resolution Groups**—structured peer-confrontation groups designed to address negative behaviors in peers and provide a forum for appropriate identification, expression, and resolution of feelings.
- **Cognitive Restructuring Program Groups**—an experiential/didactic approach to learning how thoughts relate to behaviors, how to identify criminal thinking errors and how to develop alternative cognitive processes that impact behaviors in a positive manner
- **Behavior Management Program**—a structured, peer-driven process by which offenders are held accountable for negative behaviors and provided individual and social “learning experiences” in order to correct such behaviors
- **TC Structure**—the offender hierarchy of task responsibility inherent in the TC methodology, including the resident roles of Counselor, Department Head, Expeditors, Ramrods, and General Worker/Crew Members, integrated throughout the housing units and other departments within the prison milieu
- **Support Groups**—the offender is provided with didactic and experiential application of 12-Step Meetings (e.g., AA/NA held regularly) in preparation for their inclusion upon re-entry to the community.

The Primary Counselor assigned to each offender is responsible for managing the individual goal attainment as per the Master Treatment Plan. Each offender receives a Treatment Plan Review at the completion of each phase, with specific progress (and lack thereof) noted and addressed in terms of ongoing participation requirements and recommendations. An integrated treatment team case staffing is held bi-monthly to track each offender’s progress.

As offenders internalize the responsibilities identified through each intervention, they are able to test those changes within the social confines of the therapeutic environment as a whole. This evolves into experiential application of individual change through advancement to the Re-Entry/Re-Integration Phase of the treatment program.

Gateway’s Therapeutic Community Program will incorporate *Pathway to Change* lessons into the curriculum per department policy.

Changing offenders’ criminal thinking patterns is integrated into Gateway’s total treatment experience through connections among related goals, objectives, and tasks. The primary goal of the program is to assist offenders to acquire the competencies required for self-correcting cognitive distortions that lead to maladaptive behaviors that, in turn, result in relapse and recidivism. The primary goal of cognitive restructuring is to prevent substance abusers in the correctional system from committing crimes. The principle objectives in meeting this goal are (a) to assist participants in reorganizing how they think about themselves and others and (b) to substantiate attainment of this goal through process, impact, and outcome data.

The Gateway approach to changing offenders' thinking patterns provides them with a straightforward protocol for systematically identifying criminogenic cognitions and effective corresponding interventions and then supports them in generalizing this clinical experience to life in the therapeutic community and ultimately, to post-release life. Gateway draws from all research-based studies and programs and proceeds in a manner that is commensurate with our long-standing reputation for effective and ethical treatment of under-served populations such as those found in the Missouri correctional system.

Gateway will implement the *Pathway to Change* cognitive skills program as part of the reentry process in the Therapeutic Community to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *12 Pathways to Change* is designed to teach decision making and cognate 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.

### **Therapeutic Community Work Structure and Facility Management (System Integration)**

In accordance with the TC goal of "responsibility for self and environment" and the Department's expectations, the TC work structure is integrated within the operation of the institution. Each department throughout the prison is responsible for its internal management, with the assistance of offender labor per department protocol and directives. The unique nature of the TC is the integration of the TC principles into the work structure. TC work structure is used as one method to reach the goals of achievement and responsibility for the environment.

Although a positive "work ethic" is part of "right living," it is, unfortunately foreign to the basic value system of many offenders. To that end, the *treatment* objectives of work structure implementation include: learning the value of labor; learning to work within a team structure; learning the value of task accomplishment (achievement); and learning individual and collective responsibility for those individuals under their leadership. Job duties within a TC environment are organized according to department and function and range from the entry-level position to progressively more responsible (and rewarding) positions, in accordance with treatment level advancement. The basic job titles in a department or Housing Unit include the following:

- Crew Member—the entry-level General Worker in an assigned area;
- Ramrod—a foreman-like position that leads by example;
- Expeditors—who are responsible for monitoring clinical movement and communication on a given Housing Unit;
- Department Heads—who have departmental responsibilities for leading other team members by monitoring task completion and delineation of duties under the direction of the department staff; and,
- Coordinators—who are the most responsible members of the community and are provided with accountability over a given assigned area or department.

This hierarchy of the TC job positions is woven into the fabric of departmental operations throughout the prison. During the Orientation phase, offenders begin as Crew Members, typically assigned to Dietary. The mid-level positions are tied to performance responsibilities inherent in each department, e.g., Dietary, Housing Units (clinical treatment positions), Laundry, etc. The upper-level TC positions (Coordinators) are reserved for those who have actively applied themselves to the treatment regimen as evidenced by movement into Phase III programming or above. The work structure incorporates the TC structure, but always within the confines of regulations related to offender labor.

All offenders are given a work assignment somewhere in the facility based on their clinical, educational, vocational, and behavioral progress. In Phase II, offenders are provided opportunities for upward mobility in each department or Housing Unit as their clinical progress is manifested through correct behavior and responsible completion of assigned tasks. Opportunities to apply for more responsible and rewarding positions are integrated into the process through formal interviews for the higher-level positions (Department Heads and Coordinators). This provides further metaphorical application of the real-life skills needed for successful re-entry into the workforce upon discharge to the community on parole.

*Job Functions* are integral to the TC structure. All residents in the TC have an assigned job at all times. The structure parallels the job structure of society in general. A person begins at an "entry level" with little responsibility and little status. As one acquires more skills and develops leadership ability, they progress in the job hierarchy. Upward mobility in a free society as well as in the TC requires hard work, discipline, and good work skills.

However, within the TC, psychological growth and progress toward treatment goals are also necessary to progress in the hierarchy. TC job functions are designed to teach specific work skills and to foster mastery of broad social and psychological competencies.

Substance abusing offenders typically have poor work habits, low self-esteem, a disorganized lifestyle, a "street" image, need for immediate gratification, and rebelliousness toward authority, weak interpersonal skills, and poor impulse control. As clients move through the treatment episode, these attitudes and deficits are encountered and positive change is effected. Each level of job function within the hierarchy entails specific and increasingly complex psychological, social, occupational, and managerial tasks that must be mastered to acquire higher "status." Each also offers specific challenges that can be used as a clinical tool to help clients to master particular skills.

### JOB FUNCTIONS IN THE THERAPEUTIC COMMUNITY

- **HOUSE COORDINATOR**—Oversees and ensures that the house functions in accordance with department & TC rules. The House Coordinator along with staff, structures Encounters, Job Assignments, Learning Experience assignments, and Resident Schedules. The House Coordinator helps to create and maintain adherence to the daily schedule approved by staff.
- **COORDINATOR**—Oversees specific Departments, i.e., Service Crew, Support Team, Staff Clerks, Creative Energies, and Orientation.
- **CHIEF EXPEDITOR**—Oversees and directs the Support Team in facilitating the daily operation of the house. As a rule, the Support Team is the “eyes and ears of the house.”
- **DEPARTMENT HEAD**—Works with Coordinators over their specific departments. Department Heads act as assistants to Coordinators. They pass along information and instructions to their crew members.
- **RAMRODS**—Act as third-level tier resident managers within specific departments. Ramrods oversee all functions of crewmembers.
- **EXPEDITOR**—Primarily responsible for client movement from one function to another; make and follow up on announcements; and oversee all Learning Experiences (LE).
- **CREWMEMBER**—Responsible for carrying out/executing the various functions of their particular crews, i.e., Service Crew, Support Team, Staff Clerks, Creative Energies, and Orientation.
- **CREATIVE ENERGIES**—Schedules activities for the family; structures resident seminars and plays; makes sure that the families hall is appropriately decorated with signs, concepts, family songs, Gateway Philosophy; makes sure that the families structure board is correct and updated consistently; makes sure that the family is kept abreast of current events including support group information; and keeps up with all family members birthdays for birthday songs and celebrations.
- **SERVICE CREW**-- Responsible for the cleanliness of the house. Work on the Service Crew builds character as every new family member, regardless of age or social status, is assigned to the crew and begins functioning immediately after arriving on any particular unit. Duties of the Service Crew include sweeping, mopping, dusting, emptying of garbage receptacles, and cleaning the bathrooms on a daily basis.
- **ORIENTATION EXPEDITOR**--Responsible for keeping information on all Orientation level clients. The Orientation Clerk keeps track of how many clients are in Orientation at any given time and also records who has taken and passed the Orientation test. The Orientation clerk is also partially responsible for attending to the Orientation materials, i.e., Orientation booklets, Orientation test, Orientation logs, and copies of Orientation material

The length of Phase II varies by program. For the Short-term substance abuse treatment program, Phase II lasts approximately eight (8) weeks. For the Intermediate Treatment program, it lasts approximately sixteen (16) weeks. During this phase, all offenders receive a minimum of one (1) hour of individual therapy/ counseling per month in the Short-term and Intermediate programs. Individual therapy/counseling will consist of a structured, goal-oriented therapeutic process in which offenders interact on a face-to-face basis with a qualified professional or a supervised trainee to address problems identified in the individual treatment plan.

**2.5.2.c PHASE III: RE-ENTRY PHASE—SOCIAL APPLICATION PHASE (p. 10 of 61)**

**PURPOSE OF THE RE-ENTRY PHASE**

The purpose of the third phase of the TC treatment model is to provide offenders with an experiential process to test personal change within the social context. Commonly referred to as the “Social Application” phase, this phase offers offenders an opportunity to practice pro-social behavior and positive interaction with peers and the community, according to the individual lifestyle changes established in the first and second phases of the treatment program. The community responsibility in this phase is to provide structured interventions that require offenders to behave pro-socially within the context of the community, typically with increasing responsibility and privilege.

Relapse prevention becomes the primary focus of the phase, and a comprehensive discharge plan is developed, which includes not just the substance abuse treatment elements of continued care, but a holistic plan for maintaining responsible, pro-social, drug-free “right living” upon discharge. Although planning continuation of substance abuse treatment is a clear expectation of the phase, the equally important individual and social support elements are explored relative to the social, educational, vocational training, employment, and housing plans upon discharge.

The community is responsible for assisting offenders in the development of a plan that encompasses all such elements and the opportunity to prepare for successful transition at discharge. Staff members are primarily responsible for reinforcing positive interaction patterns and new behaviors and translating the milieu responsibilities, events, and interventions into real-life situations that will prepare them for life after discharge. .

The major focus of this phase is implementing and further developing relapse prevention plans, planning for release into the community, and making final changes to their plans. Counselors begin working with clients immediately upon clients’ entry to this phase of treatment to formulate individualized aftercare plans. The written aftercare plan includes firm referrals to community-based treatment.

Clients in this phase of the program are considered senior members of the community and typically serve as treatment role models within the community. They are expected to present themselves as role models at all times by holding their positions of responsibility without failure. A tenet of therapeutic communities (and 12-step groups) is that one must “give it away in order to keep it,” i.e., that one must contribute to the community in order to continue learning and benefiting from the community (“Each one, teach one”).

Phase III clients also take responsibility for helping newer family members by assisting the staff in leading “data sessions” with orientation classes. Although clients will have received relapse prevention education and counseling in Phase II, Phase III provides the opportunity to further develop their plans by taking into account the additional insights they gain from counseling and/or positions of responsibility within the community.

By the time clients reach this phase, they may operate as coordinators or hold other positions of responsibility. Phase III clients assist with orientation of new clients and facilitate the rules and tools education groups with staff. They are able to demonstrate an understanding of the first three steps of the twelve-step program. Typically they participate actively in counseling groups and understand specific aspects of their own substance abuse.

Phase III clients have improved appearances, show up on time, and take the treatment process seriously. They tend to share and self-disclose, speak honestly with staff and clients and have the confidence and interest to confront newer clients on inappropriate behaviors.

#### **FUNCTIONS IN THE RE-ENTRY PHASE**

The main treatment focus of the treatment services in the Re-Entry Phase of the TC is to prepare offenders for successful re-integration into the community by providing an experiential opportunity for the social application of internalized changes. During this phase, treatment has a primary focus on transition from the institution to the community including the acquisition and application of life, employability and employment skills, work release for eligible offenders, on-going recovery supports, relapse prevention for substance abuse and criminality, and pre-release planning.

The treatment services delivered by Gateway staff during this phase follow the basic TC interventions outlined earlier in this document (Phase II Treatment Services), but take on the added focus of *relapse prevention and re-entry preparation*.

Clinical assignments center on leadership and role modeling with the community, and opportunities to "give back" are provided to offenders throughout this process. The reciprocal nature of treatment in a TC teaches participants that only by sharing the journey with others is one able to maintain personal change required for long-term recovery. Therefore, offenders are required to lead process activities, direct peer-confrontation activities within the structure of the Behavior Modification program, and role model pro-social behavior throughout the prison environment.

A comprehensive relapse prevention plan is developed with the Primary Counselor, with a concerted effort made to structure the plan in a manner that includes all life domains addressed by the TC concept of "right living." Treatment groups are designed in such a manner as to provide a real-life *translation* of therapeutic concepts, to ensure that the offender receives the maximum benefit of the program. Offenders are then able to develop a comprehensive understanding of the therapeutic interventions that have molded their behavior, feelings, thoughts, and beliefs into a new lifestyle and interaction pattern. In effect, this ensures that offenders know *how* they learned "right living" and how they can apply it upon discharge to the community on parole.

The final treatment service function of Phase III is to facilitate the identification of continuing treatment needs and the formalization of a recommendation for continued care and/or placement upon discharge. The discharge staffing processes outline the specific steps involved in preparing the offender for his transition back into the community.

Emphasis on re-entry reflects the importance of this phase culminating in clients who are highly motivated to enter community-based programs upon release to increase the likelihood of successful re-entry. A continuing care plan that includes a relapse prevention plan for substance abuse and criminal behavior will be completed during this phase.

In recognition of the primary treatment objectives for this population of offenders, emphasis will be placed on relapse prevention and re-entry within the modified therapeutic community model of treatment described in more detail in previous sections. Education about recovery familiarizes clients with the processes of building and maintaining sober, crime-free lives.

### ***THE CHANGE COMPANIES INTERACTIVE JOURNALING MODULES***

Gateway will include a relapse prevention/re-entry curriculum using interactive journaling workbooks developed by The Change Companies. The two modules of the curriculum will be 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 will emphasize Stages of Change reference points and relapse triggers/warning signs.

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
- Decision-Making
- Goal-Setting
- Cognitive Issues

#### **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

The **Re-Entry Module** addresses 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
- 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 therefore cannot be freely disseminated by the Department without expressed written approval from The Change Companies, per statutory requirements.

During Phase III, Gateway agrees to provide a minimum of 15 hours of therapeutic activity per week, delivered in a manner that will not conflict with offenders' work schedule, to include the following:

- Relapse prevention for substance abuse and criminality, at least (2) two hours per week
- Individual therapy/counseling at least thirty (30) minutes per month.
- Community meetings
- 12-step and other support groups
- Remaining six (6) sessions of Pathway to Change modules

Offenders not participating in work release should receive additional services deemed appropriate for reentry preparation by Gateway in cooperation with the Department.

This phase will also include a weekly two-hour family education group meeting, to be offered to approved family visitors and significant others of offenders in treatment as allowed by the Department. Family education groups will assist family and significant others in providing constructive and appropriate recovery support to offenders, although offenders will not attend the family education groups. Scheduling of family education groups will be coordinated with the facility visiting schedule in order to support participation.

The length of Phase III will vary by program. For the Short-term substance abuse treatment, the phase will last a minimum of three (3) weeks. For the Intermediate Treatment, it will last approximately four to five (4-5) weeks.

### **2.5.3 PHASE CHANGE EXPECTATIONS AND CRITERIA FOR PARTICIPANTS (p. 11 of 61)**

Participant movement from one phase to the next is contingent upon meeting specified criteria for each phase. The criteria are presented below.

#### **To move from Phase I to Phase II, clients must do the following:**

- Demonstrate an understanding of the rules and tools of the therapeutic community and began using them to work toward recovery
- Attend scheduled orientation weekly
- Complete all assessments, including supplemental CJ-CEST, CTS and HLTHFORM
- Begin participation in cognitive self-change training
- Recite the Gateway philosophy in front of peers and staff
- Demonstrate knowledge of the course of treatment, therapeutic tools, and clients' responsibilities by passing the written orientation test and making the minimum number of announcements and pull-ups
- Become familiar with the continuum of care process via lectures and handouts
- Demonstrate assimilation into the therapeutic community environment by following house rules and engaging in community involvement
- Attend weekly self-help group
- Complete CJ-CEST and CTS instruments at end of phase in preparation for advancement

**To move from Phase II to Phase III, clients must do the following:**

- Complete a minimum of 30 hours of direct services weekly, including chemical dependency and life skills education, group and individual counseling
- Participate actively in education and work activities
- Complete assigned worksheets/workbooks
- Complete all assignments in a timely manner
- 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, via groups and individual counseling
- Demonstrate increasing ability to accept positions of greater responsibility within the community
- 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
- Complete Gateway/Change Companies interactive-journal workbook on *Relapse Prevention*
- Initiation of continuing care/aftercare plan
- Initiation of relapse prevention plan
- Complete CJ-CEST and CTS instruments at end of phase in preparation for advancement

**To complete Phase III, a client must do the following:**

- Meet with primary counselor to complete firm continuum of care plans
- Participate in 15 hours per week of direct services, including relapse prevention education, group and individual counseling and 12-step support groups
- Participate in weekly pre-release discussion group
- Complete all educational requirements
- Complete a personal relapse prevention plan
- Demonstrate the ability to be a role model to new clients by example and by teaching rules and tools to new clients
- Demonstrate progress in all treatment plan goals and objectives
- Demonstrate the ability to accept positions of the highest responsibility within the community
- Demonstrate the ability to carry out relapse prevention plans, including cognitive interventions and cognitive self-change techniques
- Demonstrate an understanding of the connection between substance use and criminal behavior in his own life
- Continue to act as a role model by setting good examples for new clients on the unit
- Weekly attendance at 12-step or other self-help groups
- Complete Gateway/Change Companies interactive-journal workbook on *Re-Entry*
- Complete final administration of CJ-CEST and CTS evaluation assessments, evidencing improvement in 90% of scales from Intake to Discharge

Using the above criteria as a foundation, final decisions regarding phase movement will be made through a “formal clinical staffing process” that includes at least one department classification and/or probation and parole staff member.

The above criteria for advancement reflect appropriate stages in the motivation to change process, treatment intervention process and developmental model of recovery process. Decisions regarding phase movement will be made through a “formal clinical staffing process” that includes at least one correctional staff member.

## 2.6 – 2.6.1 INDIVIDUAL COUNSELING (p. 11 of 61)

*Individual counseling* techniques focus on positive role modeling, personal sharing, redirecting members to the TC process and didactic approaches. Upon admission, clients are assigned by Clinical Supervisors to a primary counselor, who will provide 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 for a minimum of one (1) hour of documented contact each month during each phase, and as needed and 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 he is experiencing and the materials presented in group education and group counseling sessions.

### 2.7-2.7.1 GROUP COUNSELING (p.11 of 61)

Group counseling sessions are designed to actively involve clients in exploring their unique involvement in substance abuse and criminal activity. In contrast to group education, group counseling requires clients to examine issues in their lives that led to substance abuse and/or criminal behavior, such as traumatic events, personal loss, low self-esteem, physical or sexual abuse, gang involvement, etc. Group counseling may also provide opportunities for clients to engage in role playing new ways of interacting that will support their recovery processes.

**Process, or static, groups** are facilitated by each Counselor with his or her assigned caseload. These groups are conducted according to traditional group therapy principles, and are structured to encourage each client to process his unique treatment issues as identified in his treatment plan. Process groups are smaller in size than family meetings and educational groups in general, and allow clients to establish trust and comfort with each other. This lends for greater disclosure and meaningful discussions as group members "process" their personal treatment issues.

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.

Each offender will receive a minimum of two (2) hours of group therapy each week during Phases II and III. Group therapy sessions will average a maximum of twelve (12) offenders.

## **2.8-2.8.2 RECOVERY CENTERED EDUCATION (p. 11 of 61)**

Gateway's specialized Education Curriculum consists of lecture series designed to encompass the key areas of concern for the population at WRDCC. It is designed to be educational, therapeutic, and interactive. The following sections present an overview of the lecture series but are not all-inclusive. All curricula are submitted to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services for approval prior to implementation. Recovery Centered Groups are limited to a maximum of 40 per group. A more complete description of the curricula is included in Section 4.8.7.

- ***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 cover in our interactive journals (discussed elsewhere in this proposal).

- ***Disease Concept of Chemical Dependency***

Substance abuse education is covered on many levels. Offenders are presented with a basic overview of the major drug classifications, their effects on the mind and body, impact on society, impact on victims, chemicals and the personality, effect of addiction on driving ability, and family impact. Included in this topic are: alcohol, tobacco, cocaine, methamphetamines and amphetamines, stimulants, depressants, inhalants, cannabis, benzodiazapines, opiates, prescription medications, and other major substances often abused. These lectures are highly interactive with the offenders and solicit feedback from group members. The disease model of addiction covers the signs, symptoms, stages and progression of the disease of alcoholism and chemical dependency. Clients process the information to identify their own symptoms and stages of the disease. Specific focus is given toward understanding the holistic nature of the illness, the potential for genetic predisposition, and information regarding specific drugs of abuse.

- ***Criminal Thinking***

Gateway's cognitive restructuring component directly deals with the identification of "criminal thinking" and "thinking errors" that make up the offender lifestyle and encourage abuse of substances. Offenders confront each other on a daily basis in education groups, 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 were presented in a previous 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 the client can rely on something other than themselves. Spirituality is developed and refined as clients develop care and concern about themselves and, importantly for this population, for others, as both they themselves 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. Opportunities learn and to practice the skill of identifying emotions and expressing them appropriately.

• ***Orientation to 12-Step Programs & Self-Help Programs***

An introduction and overview of 12-step programs and secular self-help 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.

• ***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***

Research has demonstrated that parenting skills education programs for incarcerated parents impacts recidivism rates by providing inmates with knowledge and effective parenting skills that can result in positive behavior change. Because of offenders' separation from children, often long before arriving to prison, and because of extended drug usage or criminal activity, parenting is an important topic. Topics include "normal" child development, family roles, the impact of drug use on children, overcoming the impact of violence with children, understanding children's

upset feelings, appropriate discipline techniques, moral development of children, and special needs of children from chaotic homes.

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. In addition, Gateway proposes to use the *InsideOut Dads* curriculum to further allow offenders who are fathers to develop understanding related to developing relationships with their children. The focus of parenting skills training is to assist clients to develop appropriate skills and methods to be better parents.

• ***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, 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 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***

Gateway understands that men have a range of personal and social background influences that impair moral reasoning and choices, which may cause low self-esteem, poor or absent male role models, distorted thinking, impaired judgment, and skewed moral values. Frequently, offenders have grown up in or been exposed to social relations who have a positive outlook on crime and criminal orientation. Gateway's cognitive, life skills, and relapse prevention curricula, as well as the Department-mandated *Pathway to Change* curriculum, address each of these elements, allowing clients to identify and explore these influences and their origin. The nature of the Therapeutic Community model itself is designed to provide an environment in which clients can safely explore these elements, confront them, and develop positive, pro-social behaviors, thereby taking personal responsibility for his choices rather than using youthful experiences to excuse their criminal lifestyles. The curricula mentioned and description of Gateway's TC is described more fully in various parts of this proposal. Gateway also currently uses the *Men's Work* program.

• ***Review of Effective Recovery Models***

Clients will be introduced to the variety of recovery models in use both within and out of the institutional environment. Clients will hear about empirical evidence of the effectiveness of the Therapeutic Community Model with the criminal justice population. Emphasis will be on models that might address specific needs post discharge into the community. According to NIDA, evidenced based approaches include: pharmacotherapies, such as treatment for opioid addictions, alcohol and tobacco addictions; behavioral therapies, such as cognitive-behavioral, contingency management/motivational incentives; community reinforcement approach; vouchers, motivational enhancement therapy; the matrix Model; and family behavior therapy. (National Institute on Drug Abuse (3<sup>rd</sup> ed.). (2012). *Principles of Drug Addiction Treatment: A Research-based Guide*. NIH Publication #12-4188.

Retrieved: <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment>.

• ***Medication Assisted Treatment Intervention Using Vivitrol***

Offenders will receive information regarding MAT as part of their Life Skills groups. Opioid addiction and alcohol dependence are widely accepted as chronic brain diseases that are frequently characterized by relapse. Vivitrol is the only once-monthly, non-addictive, FDA-approved medication for the treatment of alcohol dependence and the prevention of relapse to opioid dependence following detoxification. Vivitrol is not a substitute for opioid maintenance and is not a controlled substance that requires special licensing to provide.

The efficacy of Vivitrol is supported by research. Its efficacy in the treatment of alcohol dependence was evaluated in a 6-month, randomized, double-blind, multicenter trial of outpatients dependent on alcohol (CSAT, 2007) in which psychosocial support in addition to medication was provided to all patients. Patients treated with Vivitrol in conjunction with psychosocial support had a greater reduction in the number of heavy drinking days than those treated with placebo.

• ***Driving Under the Influence***

Gateway will provide a component addressing the effects of driving under the influence of alcohol or other drugs on victims and the community at large, together with victims' rights issues to provide consistency with SATOP programming. Gateway believes that driving under the influence is a significant consequence for offenders with substance abuse histories that affects the substance abuser, the victims and victims' families. For this reason, we will include a component in our programming which addresses the effects of driving under the influence of alcohol or other drugs on victims and the community at large, and will specifically discuss:

- Legal Aspects of DUI
- Victims' Rights and Related Issues
- Victim Empathy
- The Emotional and Financial Cost of DUI on the Community
- Denial Patterns in Substance Abusers Who Drive Under the Influence

• ***Victim Impacts***

Within Gateway's larger substance abuse curriculum, two modules related to violence exposure are included. Specific emphasis is given to discussion of violence participation, interruption and prevention. Typical reasons for participation in violence are examined, and consequences of violence are identified. Alternatives to commission of violence are provided. The links between violent behavior, criminal involvement and substance use are emphasized. Referrals to further treatment for anger management and violence prevention may be made when indicated.

Victim Empathy focuses on the effects of crime on victims. Clients learn that the consequences to victims of crime go beyond the loss or event, including lasting psychological impacts such as anger, fear, and loss of self-esteem. Attention is paid to helping clients view victims as people, not objects. Clients are encouraged to process feelings of guilt or remorse for their crimes and to identify ways to make amends or restitution to their victims, if appropriate.

Victim Rights introduces clients to a variety of victims' rights and laws that protect victims. This topic will explain that victims' legal rights have been violated and that victims have the right to pursue restitution. With the Department's approval, Gateway will utilize speakers and visitors from victim's rights groups.

• ***Codependency***

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.

### SHORT-TERM PROGRAM DESIGN

Length of stay in the Short-Term program of a minimum of 84 days to approximately 120 days presents challenges to addressing criminal behaviors and substance abuse in a population that has limited time to engage and achieve understanding of the issues, as well as incorporate the new skills introduced to them. To address these issues, Gateway explored effective approaches to provide the most beneficial learning environment for these particular clients.

Gateway and DOC staff, as well as the TC Coordinators for the Intermediate program and Short-Term clients in wing strength positions who had demonstrated investment in treatment, were invited to provide input. The results of this collaboration targeted specific areas that should increase engagement, confront negative behaviors more immediately, and provide more intense mentoring from senior clients.

The Short-Term Program will maintain a cognitive-behavioral focus with a modified TC structure. In addition to the program elements described in this narrative (**Section 2.5.1**), the following enhancements are proposed for this program:

- All clients in the Short-Term Program will participate in TCU Motivated for Change curriculum to promote a more immediate engagement by the client. This will be completed prior to entering Phase II.
- Clients will receive **daily mentoring** from senior clients in the Intermediate program beginning in the Orientation Phase and then throughout their treatment episode.
- Clients will increase access to **“relating tables” and/or conflict resolution** to reinforce responsible concern, increasing learning opportunities for the brief period of time these clients are in treatment.
- Structure positions will be limited to **House and Wing Strength** led by Intermediate client structure and oversight by staff; clients will have the benefit of important elements of a TC model as well role modeling and accountability from senior clients.

We anticipate that with these enhancements, clients in the Short Term program will demonstrate higher engagement and more focus for the targeted cognitive-behavioral changes in the limited time they participate in this program. We will monitor this progress through the administration of the TCU Engagement Forms.

## **2.9 OFFENDERS WITH CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS (p. 12 of 61)**

### **2.9.1 – 2.9.2 INTEGRATION OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (p. 12 of 61)**

Gateway enjoys an effective collaboration and works closely with the Department's mental health contractor to coordinate services and programming for offenders with co-occurring substance abuse and mental health disorders and with the WRDCC Chief of Mental Health Services to avoid duplication of services.

The following are general procedures that Gateway staff applies in providing treatment services for clients who have mental illness diagnoses or symptoms. As in our current contract and relationship with mental health providers at WRDCC, we will modify our procedures as needed to provide the most effective and efficient services for these offenders.

Upon admission, all clients are questioned about any previous mental health treatment and/or diagnoses. Additionally all new clients are screened for any current symptoms of mental health problems by a Qualified Substance Abuse Counselor or Qualified Mental Health Professional. Those who express such symptoms are evaluated by the Clinical Supervisor and the treatment team and may, depending on the severity of symptoms, be placed under closer observation or given additional screening tests. The results of these interventions are provided to the Treatment Team to consider any necessary adjustments to that client's menu of services and/or treatment plan. This graduated protocol of observation, screening, review, and referral is initiated any time a client participating in the program exhibits mental health symptoms.

We understand and agree that Gateway's Program Director will work cooperatively with the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the WRDCC Warden to develop and implement necessary program modifications to best serve the needs of offenders with co-occurring disorders. The Program Director will work with the Department's ATC and mental health contractor for the same purpose.

Gateway will ensure that any adjustments or exceptions that are required to address the special needs clients will be approved by the Assistant Director DORS, the Area Treatment Coordinator, the WRDCC Warden, and the mental health provider, and incorporated into the TAP.

### **2.9.3 SUBSTANCE ABUSE AND MENTAL HEALTH TOPICS (p. 12 of 61)**

Gateway will incorporate the following topics and lectures into Phase II of its programming for these clients:

- a. Basic concepts in understanding the relationship between mental illness and substance abuse disorders
- b. Introduction to biochemical bases of mental health and substance abuse disorders
- c. Neurobiological effects of trauma and impact of trauma in co-occurring disorders
- d. Types of Co-Occurring Disorders
- 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 and stereotypes, and overcoming obstacles
- i. Role of desirable health habits and sound nutrition in recovery
- j. Psychosocial influences in men's recovery from mental illness and substance abuse
- k. Relapse management and prevention

**Substance Abuse Education**

Substance abuse education involves information specific to recovery from chemical abuse or dependency. It is important to note that offenders present a variety of substance abuse patterns. Although some offenders may not yet have developed a physical dependency on substances, their alcohol or drug use requires intervention if it has led to criminal behavior. Gateway clinicians approach each offender's substance use in an individualized fashion and tailor sessions to offenders' differences to further enhance the learning process

<b>Social Use v. Substance Abuse v. Chemical Dependency</b>	The differences in the signs, symptoms and consequences of social use, substance abuse and chemical dependence are thoroughly defined. Clients are encouraged to discuss their own substance use and determine the extent of their past use based on discussion elements
<b>The Effects of Alcohol and Drugs</b>	Clients are taught aspects of various drugs of abuse, including chemical effects, signs of intoxication, the development of tolerance, withdrawal symptoms and health consequences to drug use.
<b>Medical Consequences of Substance Use</b>	The medical consequences of substance use, both acute and chronic, are covered in detail. Staff members take the opportunity to gather medical information on participants and make appropriate referrals when indicated.
<b>Relapse Triggers and Cravings</b>	Potential relapse triggers and cravings are discussed with an emphasis on identifying positive means for coping with these situations and avoiding relapse. Clients identify their personal relapse triggers and cravings and prepare coping strategies for avoiding relapse.
<b>The Recovery Process</b>	Clients learn the essence of recovery from chemical dependence and criminality and develop awareness of the various components of the recovery process, including cognitive self-change, self-help, skills building and education.
<b>Self-Help Involvement</b>	Various roles and aspects of self-help groups are defined, including the basics of self-help philosophy, social benefits, sponsorship and the importance of consistent attendance. Self-help groups discussed include twelve-step programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA).
<b>Substance Abuse and Recovery Issues</b>	Topics covered in seminars or groups and adapted to the needs of clients in attendance include the following: Post Acute Withdrawal; Codependency and Co-Addiction; Impulse Control; Post Traumatic Stress Syndrome; Drug Refusal Skills; Gambling and Substance Abuse

### **Mental Health Education**

Gateway's Core Curriculum contains curriculum elements intended to overcome confusion, misunderstanding, and error experienced by dually diagnosed offenders. Offenders are given the opportunity to gain a clear and accurate understanding of the nature, causes, and treatment of mental health disorders, especially as they impact co-occurring substance abuse disorders.

Gateway's Core Curriculum contains the following modules.

<b>Breaking Down the Stigma of Mental Illness</b>	Clients are educated on the prevalence of mental disorders within the criminal justice/substance abusing populations. Curriculum material includes facts on anxiety disorders, panic attacks, fears and other emotional problems. These lectures are designated to help clients feel less alone and isolated. They acquire a language to discuss and share their thoughts and feelings as the treatment process attempts to engage them in responsible living. An additional outcome is the acquisition of greater understanding and tolerance of the behavior of those who have mental disorders.
<b>The Personal &amp; Social Costs of Untreated Mental Disorders</b>	Clients learn there are legitimate treatments and medications available to treat their problems instead of self-medicating with illicit substances. Clients are encouraged to value themselves and to utilize medical resources and counseling to overcome their problems.
<b>Common Co-occurring Psychiatric Disorders</b>	The emphasis is on mental disorders that are most common and most severe. These include schizophrenia, bi-polar disorders, major depression, anxiety disorders, and certain personality disorders. The objectives are to increase tolerance and understanding and to lessen common fears and anxieties that are directed toward those with mental disorders.

### **TREATMENT MODIFICATIONS FOR OFFENDERS WITH CO-OCCURRING DISORDERS**

Gateway will modify substance abuse and mental health services to offenders with co-occurring disorders to ensure that their multiple needs are met by working with the Assistant Director DORS, the WRDCC Warden, and the DORS Area Substance Abuse Treatment Coordinator and Mental Health. This may include any appropriate modifications made to the treatment model, along with justification for those modifications.

Due to the prevalence of persons who have co-occurring substance abuse and mental health disorders, SAMHSA recommends the following modifications to the TC structure, process, and interventions, as reasonable accommodations. Gateway will adapt as approved and/or relevant on a case-by-case basis.

**TC Modifications for Persons with COD**

There is increased flexibility in program activities.	Sanctions are fewer with greater opportunity for corrective learning experiences.	Orientation and instruction are emphasized in programming and planning.
Meetings and activities are shorter.		Individual counseling is provided more frequently to enable clients to absorb the TC experience.
There is greatly reduced intensity of interpersonal interaction.	Engagement and stabilization receive more time and effort.	Task assignments are individualized.
More explicit affirmation is given for achievements.		Breaks are offered frequently during work tasks.
Greater sensitivity is shown to individual differences.	Progression through the program is paced individually, according to the client's rate of learning.	Individual counseling and instruction are more immediately provided in work-related activities.
There is greater responsiveness to the special developmental needs of the individual.		Engagement is emphasized throughout treatment.

More staff guidance is given in the implementation of activities; many activities remain staff assisted for a considerable period of time.	Criteria for moving to the next phase are flexible to allow lower-functioning clients to move through the program phase system.	Activities are designed to overlap.
There is greater staff responsibility to act as role models and guides.		Activities proceed at a slower pace.
Smaller units of information are presented gradually and are fully discussed.	Live-out re-entry (continuing care) is an essential component of the treatment process.	Individual counseling is used to assist in the effective use of the community.
Greater emphasis is placed on assisting individuals.		The conflict resolution group replaces the encounter group.
Increased emphasis is placed on providing instruction, practice, and assistance.	Clients can return to earlier phases to solidify gains as necessary.	

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.

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.

The integration of substance abuse and mental health services may require modifications to the modified therapeutic community such as those previously described in this proposal. When such modifications appear necessary, Gateway will provide justification and seek state agency approval for them.

As will be seen throughout this proposal, Gateway Foundation has implemented all of these recommendations as well as all of the components of an evidence-based modified therapeutic community. We look forward to implementing this proven method of substance abuse treatment at the WRDCC.

## 2.10 PARTIAL DAY TREATMENT PROGRAM (p. 12 of 61)

Gateway's Partial Day Treatment 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 with 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 two hours of substance abuse and relapse prevention education classes per week.**

Under the current contract, Gateway has introduced elements of the Therapeutic Community into the Partial Day Treatment Program with good success. These elements include the following:

- Conflict Resolution
- Job Structure
- Learning Experiences

Gateway will administer the standardized assessments developed by the Texas Christian University (TCU) Institute of Behavioral Research (IBR), which will include the **TCU Client Evaluation of Self in Treatment (CEST) and the Criminal Thinking Scales, Treatment Needs and Motivation, Psychological Functioning, Social Functioning, and Treatment Engagement Forms.** To identify "highest risk" offenders for our most intensive services, we propose to use the TCU assessments to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking. Results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development; the results include offender ratings of counselors, therapeutic groups, and the program in general that provides Gateway with additional measures of program fidelity and adherence. Assessments are administered three (3) times during the Partial Day Treatment Program.

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 TC process and didactic approaches. Upon admission, clients are assigned by Clinical 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 he 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, counselors may present a video or a short lecture and then engage participants in a discussion of what they have seen and heard. Clients who is constantly late may receive a

learning experience that requires them 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 home with them to study.) Counselors will also connect didactic sessions with group and individual counseling sessions.

## **ADDRESSING CRIMINOGENIC RISK**

One of the key components of Gateway's programs includes the assessment of offenders' **criminal thinking patterns** when making decisions regarding treatment needs. With a primary goal of targeting the "highest risk" offenders for our most intensive set of services, we propose to use the TCU Criminal Thinking Scales (CTS), a screening tool that captures common criminal thinking errors. The CTS is a free instrument that examines entitlement, justification, power orientation, coldheartedness, criminal rationalization, and personal irresponsibility. Drug dependent individuals who score high on these scales "think like a criminal" and pose a threat to public safety. They clearly are good candidates for our most intensive services that are specifically designed to address both drug use and criminality.

### **Measuring Improvement in Criminogenic Issues (TCU – CTS instrument)**

Due to the significance and impact of criminogenic issues on offenders, Gateway has not only formalized our treatment response, but our measurement of improvement in these areas is a formal process outlined in our evaluation protocol. The TCU Criminal Thinking Scales (CTS) will be used to monitor individual progress and improvement in criminogenic issues.

Research has demonstrated the importance of addressing the thinking errors that offenders often bring with them into treatment and that place them at greater risk for relapse and recidivism and for engaging in risky sex and injection drug use behavior.

Knight et al. (2006) developed the TCU CTS, a brief (self-rating) instrument developed to assess cognitive functioning expected to be related to risky behavior (especially criminal) conduct. Scales include Entitlement (EN), Justification (JU), Personal Irresponsibility (PI), Power Orientation (PO), Cold Heartedness (CH), and Criminal Rationalization (CR). As indicated in their study, the CTS scales have good psychometric properties and can serve as a short but reliable self-reported criminal thinking assessment. They have been tested with and shown to be applicable to diverse populations of offenders, including different genders and race/ethnic groups. A Spanish version of the instrument also is available. The instrument will be administered at Intake and at the end of each treatment phase. Results will be used on the individual client level to modify treatment planning; on the aggregate level, results will reported according to the Quality Assurance and Performance Measure parameters outlined elsewhere in this proposal.

As described throughout this proposal, Gateway's programs are designed to specifically focus on criminogenic needs of the substance abuse offender. Our Cognitive Restructuring/Cognitive Self-Change component addresses criminal attitudes, behaviors and thoughts on a daily basis and with a variety of methods, and Gateway's therapeutic community model reinforces positive, pro-social behaviors while it extinguishes criminal attitudes and behaviors.

## **EDUCATIONAL GROUPS**

Education about **substance abuse and chemical dependency** familiarizes clients with the disease concept of chemical dependency. Many clients do not understand or recognize the connections between their legal and other life problems and their use of alcohol and other drugs; education about substance abuse and chemical dependency helps clients make these connections. Clients learn about denial and its effects; the behavioral and attitudinal patterns that accompany chemical dependency (e.g., manipulation, rationalization, disrupted personal relationships, limited emotional responses); and the signs, symptoms, and progression of the disease of chemical dependency. Depending on clients' needs, didactic sessions may also address the effects of particular drugs of abuse, in order to help clients better understand their behaviors and their own recovery. Throughout, counselors help clients make the connections between what they learn in didactic sessions and the dysfunctional behaviors and relationships in their own lives.

Gateway's Group Education modules address all of the topics required by the IFB, which include the following topics:

- Current information on substances of abuse
- The disease model of chemical dependency
- Orientation to 12-step programs and other substance abuse support groups
- Relationships/family issues
- Role of substance abuse in domestic violence
- Health and nutrition
- Brain chemistry and addiction
- Role of Spirituality in Recovery
- Relapse prevention for substance abuse and criminality
- Criminal thinking/Criminal lifestyle
- Smoking cessation and nicotine addiction
- Relaxation and stress management techniques
- Effects of parental substance abuse on child development
- HIV/AIDS
- Effects of substance abuse on driving ability

Group education sessions will be limited to a maximum of forty (40) offenders per session. In addition to the group education topics required by the IFB, Gateway may incorporate the following topics into the Group Education program as deemed appropriate to the specific participants in the program.

### ***Social Use v. Substance Abuse v. Substance Dependence***

The differences in signs, symptoms, and consequences of social use, substance abuse, and substance dependence are thoroughly defined. Participants are encouraged to discuss their own substance use and determine the extent of their past use based on discussion elements.

### ***Defense Mechanisms***

Participants learn about the various aspects of denial and its effects on the progression of chemical dependency and recovery. They process their own levels of denial, including current tendencies to use defense mechanisms such as manipulation, rationalization, and minimization.

### ***Self-Medication***

This topic is particularly important with respect to the dually diagnosed participants who require medication management. All participants are taught about individual need to "self-medicate" to alleviate symptoms of mental illness or to otherwise escape from uncomfortable feelings. The need to utilize alternatives, including appropriate medication management when applicable, is highlighted as an essential means to avoid relapse.

### ***Destructive Coping***

The principles of destructive coping are discussed, particularly as they pertain to drinking and drug use as destructive coping mechanisms. Participants' motivations toward destructive coping are explored and healthy alternatives are identified.

### ***Medical Consequences of Substance Use***

The medical consequences of substance use, both acute and chronic, are covered in detail. Staff members take the opportunity to gather medical information on participants and make appropriate referrals when indicated.

### ***HIV/AIDS, Hepatitis B & C and Other Infectious Diseases***

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.

### ***Relapse Triggers and Cravings***

Possible relapse triggers and cravings are discussed with an emphasis on identifying positive means for coping with these situations and avoiding relapse. Participants are encouraged to identify their personal relapse triggers and cravings and to prepare coping strategies for avoiding relapse.

### *Family Dynamics*

Common aspects of family dynamics in response to substance use are processed with participants, including codependency, enabling behavior, dysfunctional and healthy relationships, family or origin issues, and family recovery. Participants are encouraged to include family members in treatment by inviting them to individual counseling sessions, if appropriate and permitted by Department officials, and/or by encouraging family members to participate in self-help groups such as Al-Anon, the self-help support group for family members of substance abusers. Referrals for family members may be provided.

### *Nicotine Addiction/Health Risks of Tobacco Products*

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.

### *Substance Use and Recovery Issues*

Issues common to substance use and recovery are addressed according to participants' needs and may include but not be limited to the following:

- Post-acute Withdrawal
- Impulse Control
- Post-traumatic Stress Syndrome
- Eating Disorders
- Drug Refusal Skills
- Gambling and Substance Abuse
- Codependency and Co-Addiction
- History of Self-Help
- Self-Help Sponsorship
- Love Addiction
- Principles of Wellness

### *Offender Lifestyle Confrontation*

Given that this population of substance abusers has engaged in criminal behavior, Gateway's substance abuse education program includes a strong emphasis on confronting the criminal lifestyle. In that regard, specific educational efforts are directed to the following topics:

- ***Criminal Thinking Errors:*** Gateway's cognitive restructuring component directly deals directly with the identification of "criminal thinking" and "thinking errors" that support the criminal lifestyle and that encourage substance abuse. Participants process and confront each other on a daily basis in educational groups 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.

- ***Anti-Social Value System:*** Participants learn about the lack of personal responsibility, guilt, or remorse inherent in the anti-social value system and how that value system leads back to continued substance use and criminal behavior. Participants identify, practice, and experience the rewards of adopting pro-social attitudes and behaviors and discover how accepting personal responsibility is essential for continued recovery.
- ***Patterns and Cycles of Perpetration:*** Participants will be taught how the perpetration of crime occurs in patterns and cycles and will compare these patterns and cycles to their own perpetration of crime. This topic will focus on familiarizing participants with the process of crime perpetration with the goal of avoiding pitfalls that could lead to further criminal behaviors.
- ***Gang/Violence Participation:*** Specific emphasis is given to discussion on violence participation and prevention in general and specifically to gang involvement. Typical reasons for participation in gangs and violence are processed, and consequences are identified. Alternatives to participation in gangs and commission of violence are provided. The links between violent behavior, criminal involvement, and substance use are emphasized. Referrals to further treatment with respect to anger management and violence prevention are made when indicated.
- ***Violence Interruption:*** Gateway's Cognitive Restructuring and Self-Change component entails daily work with participants to decipher thinking errors and change criminal thinking. In conjunction with this process, Gateway actively intervenes with participants by encouraging self-awareness and honest disclosure of either past violent actions or violent tendencies. Cognitive Self-Change techniques encourage participants to identify and examine their thinking errors as they pertain to violence or abusive behaviors. Specific topics are addressed, including family violence, social relationship, discrimination in all forms, hate crimes, homophobia, and the relationship between alcohol and drugs and violence.
- ***Victims' Rights:*** Participants are introduced to a variety of victims' rights and laws that protect victims. This topic stresses that victims' legal rights have been violated and that victims have the right to pursue restitution. With permission from Department officials, Gateway may utilize speakers from victims' rights groups to help present this topic.
- ***Victim Empathy:*** This topic focuses on the effect of crime on victims. Participants learn that the consequences imposed on victims of crime extend beyond the actual loss or event and include lasting psychological impacts such as anger, feelings of violation, fear, and loss of self-esteem. Attention is paid to helping participants view victims as people, not as objects, and to become sensitized to the effect of their substance use on others. Participants are encouraged to process feelings of guilt or remorse for their crimes and to identify ways to make amends or restitution to their victims, if appropriate.

- **Victim Mediation:** This process entails the opportunity for victims to confront the perpetrators of crimes committed against them. Gateway has and will support programs on victim mediation. Participants will receive education on concerns and issues inherent in the victim mediation process and may be given the opportunity to participate in victim mediation activities as deemed appropriate and as requested by the Department.
- **Personal Victimization:** The very real concerns and occurrences of participants who, themselves, have been victimized in the context of family relationships are reviewed. Participants are encouraged to identify and process past victimization, which may include exploitation or abuse on many levels, including verbal, emotional, physical, or sexual. Participants also discuss how these dynamics may be played out in their current lives, particularly with respect to substance abuse and criminal behaviors.
- **Forms of Abuse:** Abuse in all of its forms--physical, emotional, verbal, or sexual--must be addressed in any substance abuse education program. Abuse dynamics are processed with participants from a victim and perpetrator perspective. Participants are encouraged to identify their feelings pertaining to this issue, particularly if the participant experienced any aspect of abuse. Participants learn to understand typical responses of victims and identify health coping skills, which may include referrals to ongoing therapy upon release. Emphasis is placed upon the relapse potential of abuse, as well as the need for ongoing treatment for this issue upon release from the correctional setting.

### ***THE CHANGE COMPANIES INTERACTIVE JOURNALING MODULES***

As previously described, Gateway will include a relapse prevention/re-entry curriculum using interactive journaling workbooks developed by The Change Companies in the Short-Term and Intermediate programs due to the extreme importance of these skills in offenders' reintegration into the community. The two modules of the curriculum will be 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 as previously identified in detail. Due to the emphasis on relapse prevention for the Partial Day Treatment program, the primary method for addressing these issues will be the use of Gateway's Relapse Prevention module. We may supplement this material with the Re-Entry module as needs require.

**Please note that these journals have been developed exclusively for the Gateway Foundation. The material is copyrighted by The Change Companies, and therefore cannot be freely disseminated by the Department without expressed written approval from The Change Companies, per statutory requirements.**

Additional descriptions of the curricula used are found in **Section 4.8.7.**

## SUPPORT FOR FAMILIES AND SIGNIFICANT OTHERS

Family members, children, and significant others are often exposed to the untenable symptoms of participants' chemical dependence and need education and recovery along with the participants. For these reasons, Gateway typically offers family education and support groups as an important aspect of the participant's recovery process.

Chemical dependency is a family disease, and families can help themselves and the participants by gaining an understanding of the disease concept as it pertains to families and relationships, particularly the effects of addiction on others. Moreover, family members learn how they may have encouraged or enable the chemical dependency to continue. Gateway staff frequently makes referrals of family members to further education or discussion in counseling and twelve-step recovery programs for family members.

Family members and those close to substance abusers are negatively affected by the substance abuse, and the negative effects can endure long after the individuals achieve sobriety. Additionally, offenders tend to participate more meaningfully in recovery when family members and friends support the recovery effort by participating in family education and recovery. To support family involvement, Gateway clinicians will provide information for families on family self-help and family recovery literature.

Gateway will work with the Department and, if given permission, will provide a formalized family group education session to which family members of offenders will be invited. For those family members who wish to attend, staff members will provide information about substance abuse recovery for family members and available support mechanisms for families and friends. The family support sessions will be scheduled according to the needs of family members and the Department.

Family Education topics may include, but not be limited to:

- Disease Concept of Addiction
- Addiction as a Family Disease
- Family Roles
- Healthy Balance in Family Relationships
- Enabling Behaviors
- Self-Help for Family Members

## TC ELEMENTS IN THE PARTIAL DAY TREATMENT PROGRAM

### *Conflict Resolution Groups*

Requiring accountability teaches respect for the community's structure. Accountability is the mechanism for measuring conformity and is the basis of pressure for change. Accountability depends on *confrontation* of negative behaviors or attitudes.

The setting for the use of this tool (confrontation) is the *Conflict Resolution Group*. This group allows clients to identify negative behaviors and provides a forum for them to deal with

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themselves and to interact with one another. Its focus is on the present—the here and now. The group heightens self-awareness and provides the opportunity (and often the impetus) to express feelings under the surface, particularly hostility and anger. This structured opportunity represents the opposite side of the restrictions against spontaneous outbursts at all other times. The purpose is to teach clients how to control feelings and manage behavior appropriately in a particular time and place.

Conflict Resolution Groups are the hallmark feature of the treatment episode and thus a significant component of the treatment model. The process of being called to account for one's behavior is what motivates change in the individual: "I will be held accountable for all I do." The group is where "I confront myself in the eyes and hearts of others." This structured attempt to resolve the conflict is an expression of compassion and responsible concern and is necessary for confronting behaviors/attitudes with honesty and self-awareness as steps toward positive change.

The effectiveness of the process is dependent upon the community's use of the tools. Clients have an opportunity to deal with issues in a direct, confrontational manner on an emotional level. This community forum allows all individuals to learn and grow. Conflict Resolution Group sessions are facilitated by clinical staff who have been trained in the Conflict Resolution Group process. All Conflict Resolution 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. Conflict Resolution Groups are a great opportunity to hear and process the information given and "if it doesn't apply, then let it fly."

Conflict Resolution Groups are emotionally based and staff-facilitated. The focus is on how clients feel based on their perceptions of the behavior of others. These groups are not an arena for clients to simply expose others to the group or to retaliate for perceived past wrongs, nor are they forums for clients to explain or defend themselves. They are opportunities for clients to express current feelings about interpersonal situations to assist others in changing negative patterns of behavior, thinking, and feeling. The primary goal of the Conflict Resolution is to resolve interpersonal problems and to heighten an individual's awareness of specific problematic behavioral patterns.

### ***Job Functions***

***Job Functions*** are integral to the TC structure, even a very modified one. All residents in the TC have an assigned job at all times. The structure parallels the job structure of society in general. A person begins at an "entry level" with little responsibility and little status. As one

acquires more skills and develops leadership ability, they progress in the job hierarchy. Upward mobility in a free society as well as in the TC requires hard work, discipline, and good work skills.

TC work structure is used as one method to reach the goals of achievement and responsibility for the environment. As a general "work ethic" is part of "right living," it is, unfortunately foreign to the basic value system of many offenders.

To that end, the *treatment* objectives of work structure implementation include the following: learning the value of labor; learning to work within a team structure; learning the value of task accomplishment (achievement); and learning individual and collective responsibility for those individuals under their leadership. Job duties within a TC environment are organized according to department and function and range from the entry-level position to progressively more responsible (and rewarding) positions, in accordance with treatment level advancement, as described above.

### ***Learning Experiences***

Learning Experiences are a structured, peer-driven process by which offenders are held accountable for negative behaviors and provided individual and social "learning experiences" in order to correct such behaviors

Staff may deliver a "learning experience" in response to a negative behavior or attitude. Learning experiences take the form of assignments that are specifically designed to focus attention on the problem and help clients change for the better. Clients may deliver a "push up," i.e., compliment when a client does well. Other reminders include the presence of *slogans, posters, and wall decorations* that serve to remind clients of the rules of the community. Senior clients in the community serve as *role models* who can show less advanced clients how to conduct themselves appropriately. Positive growth and responsible behaviors are rewarded with privileges and added responsibility in the therapeutic community.

### ***Morning Meeting***

Morning Meeting (also referred to as AM Family Meeting) sets the tone for the day. Its overall purpose is to ground clients in positive motivation for the day. Clients themselves conceive and manage the activities that occur in Morning Meetings. Activities frequently include recitation of Gateway's treatment philosophy, positive songs or skits, etc., designed to assist the entire community to begin each day on a positive note. Community problems are left for meetings and group formats later in the day.

Facilitation of Morning Meetings is considered both a privilege and a responsibility for clients. Assignment implies attainment of program goals, which fosters pride and reinforces one's role in contributing to the TC's positive milieu. For clients newer to the program, observing peers in leadership roles is challenging and motivational. **This activity is a peer-driven group and will no longer be included in the Direct Service hours required through this contract.**

***Community Meeting***

The Community Meeting category is designed to address themes that result from global issues, including those that may require group accountability. These groups address clinical issues that detail, in an emotionally neutral way, the specifics of an individual's current contracts or learning experiences, of which TC members are to be respectful. This group is also used by staff to address community-wide infractions or negative behaviors that are pervasive throughout the house. The goal of the group is for the community and its participants to reinvest in the treatment process.

***Verbal Push-ups/Pull-ups***

The primary source of instruction and support for individual change is positive peer pressure, which includes respectful confrontation and supportive feedback with the goal of changing behavior and attitudes, is highly prioritized and reinforced. Providing observations and authentic reactions to the individual is the responsibility of all members of the community.

Clients are always providing feedback during groups, meetings, and from observations. Ongoing feedback addresses behaviors, attitudes, and community expectations. Clients are expected to provide feedback through formal/informal interactions. Formal feedback takes place when staff is aware of the need for correction, such as the use of verbal correctives such as the "pull up, which confronts negative behaviors and attitudes directly and with immediacy. Additionally, staff and clients "reward" positive changes and "right living" with the "push-up." This is given throughout the day and in morning meeting.

## **2.11 TREATMENT PLAN (p. 13 of 61)**

The screening and comprehensive biopsychosocial assessment data collected during Phase I is designed to drive the development of an individualized treatment plan. The information gleaned from the array of clinical, behavioral and educational assessments is collated into an integrated service delivery plan. This information is assimilated into an individualized treatment plan. Gateway understands that until the MOCIS is implemented, the treatment plan will continue to be developed as the Transitional Accountability Plan.

Research has demonstrated that treatment outcomes improve by 40% if services are matched to the needs of participants. Therefore, clinicians ensure that treatment planning and interventions reflect goals, objectives and specific interventions utilizing both reality-based and cognitive-behavioral therapeutic concepts to address offenders' recovery from substance abuse, criminality and any additional assessed mental health disorders. Other special needs necessitating adaptations of the treatment process and treatment interventions are also be addressed in offenders' treatment plans, and establishing treatment plans with a focus on unique and individualized needs is a high priority. Information obtained during the assessment process provides the means to determine each client's unique treatment needs.

Treatment plans reflect participants' treatment needs identified during the assessment process. This treatment planning process actively involves each participant and functions to engage participants in the treatment and recovery process.

### **Gateway's Treatment Planning Process**

Our general approach to treatment planning involves a comprehensive team effort with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates the intention of each department to make meaningful contributions to treatment services and is yet another example of our means of open communication and cooperative relationship between Gateway and the Department's various domains.

Treatment team meetings are held approximately three months before transfer of clients to continuing care services. 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.

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 to establish 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 will contain the following information:

- Measurable goals and outcomes
- 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
- Program plan and any updated program plans
- Estimated discharge/completion date

### **2.11.1 INDIVIDUALIZED TREATMENT PLAN (p. 13 of 61)**

Gateway will develop an individualized treatment plan (TAP) for each offender. The plans will reflect the significant problems identified in the ASI and TCU assessment data and will be modified as needed throughout the treatment process. The plans will be reviewed and signed by a supervisor or qualified professional according to the Department policy.

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 clients move from one stage to another and are based on clients' acquired knowledge and skills 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. A 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.

***TAP/Treatment Plan reviews will include input from all treatment team members. Each offender will participate in his treatment plan review.***

Gateway's documentation efforts will focus on progress clients toward reaching their treatment plan goals and objectives, particularly with respect to implementation of Cognitive Self-Change techniques, level of functioning in the TC milieu, understanding and utilization of self-help principles, reality therapy, and competency with respect to completing the tasks required for movement through the various stages of the treatment program.

TAP/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; clients missing a session without proper notice; and similar information from available sources. 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 look forward to developing a joint clinical staffing plan with the Department.

***Compliance with Additional Requirements (b, c, d, e)***

Gateway agrees to comply with the following requirements regarding TAP/Treatment Plan reviews:

- Gateway will complete TAP/Treatment Plan Review for each offender at a frequency specified in department policy.
- Gateway will invite the WRDCC Warden and a designated probation and parole officer to all treatment team meetings.
- Gateway will include input from all treatment team members, including the client.
- Gateway will ensure that all assigned treatment team members sign the TAP/Treatment Plan reviews.

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.

Each counselor is assigned to a Supervisor who meets individually with counselors one time per month and as needed to provide clinical supervision. 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 the client's clinical file.

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.

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. All participants of the Treatment Team Meetings and/or Case Staffings sign the Treatment Plan Review, including the client.

#### **2.11.2 TREATMENT AND AFTERCARE PLANS (p. 13 of 61)**

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 will include not only the substance abuse aspects of clients' treatment plans, but also any mental health needs identified during treatment. As the incumbent provider, Gateway has developed and maintains a good relationship with the Institutional Chief of Mental Health and mental health service providers to ensure appropriate and relevant care and referral needs for offenders with diagnosed co-occurring disorders. Treatment plans were discussed in **Section 11.1** of this proposal. Aftercare plans are discussed in detail below (**Section 11.5 Aftercare Planning**).

### **2.11.3 DISCHARGE SUMMARIES (p. 13 of 61)**

Gateway agrees to complete a discharge summary for each offender and forward it to the probation and parole officer with notification of completion of the TAP/Treatment Plan. The TAP/Treatment Plan, including the continuing care recommendations, and discharge summary will be completed and forwarded to Probation and Parole via the Department computer system and according to department policy and procedures. Gateway is able to assure the Department of meeting this requirement through our offender discharge planning group process. The discharge summary is completed no later than three (3) working days of client's discharge.

#### **Discharge Summaries**

As detailed previously, the Gateway treatment team assists offenders in developing continuing care plans that include specific actions and referrals for continuing recovery. When completed, the plans are forwarded the institutional probation and parole officer and contain the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Assessment summary, including screening and substance abuse classification analysis scores
- Diagnosis or diagnostic impression
- Description of services provided, progress, and outcomes achieved
- Medical status and any needs that require ongoing monitoring or support, including prescribed medication
- Reason for discharge
- Aftercare/continuing recovery recommendations and relapse prevention plans for substance abuse and criminality

### **2.11.4 RELEASE OF INFORMATION TO COMMUNITY RESOURCES (p. 13 of 61)**

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. Releases are included with the Continuing Care Packet forwarded to these agencies. We will continue to work with department staff to ensure that the documents are forwarded immediately to the referral agencies.

### **2.11.5 AFTERCARE PLANNING (P. 13 OF 61)**

Gateway collaborates with institutional staff to provide assessment information, including ASI and TCU data to ensure that counselors develop aftercare plans for each offender, as well as assisting classification staff's to prepare a relevant TAP and continuing care plan. Aftercare plans focus on identifying community resources required by the offender to continue recovery efforts, as identified by assessments and monitoring during treatment, and include identifying and assistance with orchestrating for each offender needed referrals for services and resources

both inside and outside the prison system. Aftercare planning is at all times coordinated with the correctional case worker, probation and parole, mental health services, as appropriate, and is detailed in each offender's aftercare plan. Close attention is paid to the aftercare needs of offenders based on their individualized special needs.

## **2.12 CLINICAL RECORDS AND DOCUMENTATION (p. 13 of 61)**

### **2.12.1 CLINICAL RECORDS CONTENT (p. 13 of 61)**

Gateway assures the Department that the clinical records will contain the following required documentation:

- Initial screening and assessment interview
- Summary report of initial screening and assessment interview
- Treatment contract (Attachment #4 of the IFB), offender orientation to program services and rules
- Confidentiality statement and offender's rights to grievance procedures
- Requests, receipt, or release of information signed by offender
- Initial Individualized TAP/Treatment Plan
- Updated TAP/Treatment Plan(s)
- Progress notes for each individual contact and as needed to document significant program events
- Continuing care materials, including a structured plan for recovery and relapse prevention guidelines for substance abuse and criminality
- Discharge summary

Many of our clinical forms are translated into Spanish to accommodate the Spanish-speaking population. All of our clinical forms are subject to revision based on the preferences and needs of the Department. We believe that these timeframes are appropriate for purposes of treatment programs at WRDCC. However, Gateway will modify them as needed to comply with the Department's requirements. Our substance abuse counselors complete all clinical documentation for their assigned client caseload, and supervisors ensure that Gateway documentation standards are met.

Gateway's documentation efforts focus on progress clients' make toward reaching their treatment plan goals and objectives, particularly with respect to implementation of Cognitive Self-Change techniques, level of functioning in the TC milieu, understanding and utilization of self-help principles, reality therapy, and competency with respect to completing the tasks required for movement through the various stages of the treatment program.

Below is a current clinical file checklist that contains the required documents as well as the timeframes for completion.

<b>UNIT:</b> _____			
<b>CLIENT NAME:</b> _____			<b>DOC#:</b> _____
<b>DATE OF ENTRY:</b> _____		<b>DATE OF D/C:</b> _____	
<i>Counselor will initial and date when completed.</i>			
<b>SECTION ONE</b>		<b>Initial</b>	<b>Date</b>
<b>FILED – TOP TO BOTTOM</b>			
1. At Orientation			DOC Treatment Contract
2. At Orientation			GF Initial Intake Form
3. At Orientation			GF Program Admission
4. At Orientation			GF Client Orientation
5. At Orientation			GF Confidentiality Form
6. At Orientation			GF CJ System Referral
7. As Completed			PTC Agreement
<b>SECTION TWO</b>			
<b>FILED – TOP TO BOTTOM</b>			
1. Phase I			TCU Evaluation
2. Phase II			TCU Evaluation
3. Phase III			TCU Evaluation
4. 90 Days or as Needed			Case Evaluation
5. w/in 10 Days			ICA-SA
6. w/in 10 Days			ASI
<b>SECTION THREE</b>			
<b>FILED – TOP TO BOTTOM</b>			
1. Upon Arrival			Master Treatment Plan
2. Upon Arrival			TP Questionnaire
3. As Needed			Behavior Contracts
4. As Completed.			Phase-Up Criteria Sheets
5. Every 45 Days			Treatment Plan Updates
6. w/in 10 Days			Initial Treatment Plan
<b>SECTION FOUR</b>			
<b>MOST CURRENT ON TOP</b>			
1. Weekly			Narrative Progress Note
2. Monthly			Individual Session
3. w/in 7 Days			Clinical Staffing Sheet
<b>SECTION FIVE</b>			
<b>TOP TO BOTTOM–MOST CURRENT ON TOP</b>			
1. As Completed			PTC Completion Certificate
2. As Completed			OMT/PRC Referrals
3. As Completed			IOC/CDV
4. As Completed			Psych Referrals/Assessment
5. As Completed			RCA-Educational Level
6. At Orientation			Pre-test
7. At Discharge			Post-test
<b>SECTION SIX</b>			
<b>FROM TOP TO BOTTOM</b>			
1. At Completion			P & P Orders
2. At Completion			TAP Discharge Summary
3. At Completion			Completion Certification
4. At Completion			Authorization for Disclosure/DC
5. At Orientation			DOC High Risk Offender Screening Form
5. Phase III			Relapse Prevention Plan
6. Phase III			Continuing Care Plan
7. At Orientation			Program Schedule

NOTE: CLINICAL FILE MUST BE COMPLETED, SIGNED, AND FILED NO LATER THAN 3 DAYS AFTER DISCHARGE.

### **2.12.2 ASSESSMENT DOCUMENTATION (p. 14 of 61)**

We further understand and agree that assessment documentation must include, but is not 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
- The offender's assessed stage of motivation to change for both substance abuse and criminality

In addition to these assessment data, the selection of Gateway Foundation as the provider for this contract will allow the department to use our TCU Automated Data Capture (ADC) assessment forms and data collection protocol. Summary reports of this assessment and evaluation data can be provided to the department at agreed upon intervals.

### **2.12.3 INDIVIDUALIZED TAP/TREATMENT PLANS (p. 14 of 61)**

The Individualized TAP/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 to accomplish each goal/outcome including services and supports and the staff member responsible as well as action steps of the client and other supports
- Involvement of family and other supports when indicated
- Target dates and achievement dates for goals and objectives
- Treatment plan review dates
- Estimated discharge/completion date

### **2.12.4 PROGRESS NOTES (p. 14 of 61)**

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 TAP/ Treatment Plan, with references to specific goals, objectives and interventions
- Description of client's response to services provided and a brief summary of important information shared by the client during the session
- A brief summary of important information shared by the client during the session
- Planned future actions by the client and/or staff

### **2.12.5 DISCHARGE SUMMARIES (p. 14 of 61)**

Gateway ensures that clients 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
- Statement of the problem
- Assessment summary, including any screening, assessments, assessment updates, and the institutional classification and substance abuse analysis scores (SACA)
- 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 recovery recommendations and relapse prevention plans for substance abuse and criminality.

## **2.13 CERTIFICATION REQUIREMENTS (p. 15 of 61)**

### **2.13.1-2.13.2 PROGRAM CERTIFICATION (p. 15 of 61)**

As the current treatment provider, Gateway is currently certified with the Missouri Department of Mental Health and has maintained that certification throughout the duration of this contract. We will continue to comply with this condition as long as required.

We assure the Department that we currently comply with and continuously meet the certification requirements set forth by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse as may be applicable according to the Certification Standards for Alcohol and Drug Abuse Programs (9 CSR 10 Chapter 7 Core Rules for Psychiatric and Substance Abuse Programs).

## **2.14 SECURITY (p. 15 of 16)**

### **2.14.1 SECURITY OF GATEWAY STAFF (p. 15 of 61)**

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 is designed to accommodate a myriad of established rules, regulations, policies, procedures, and schedules planned 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 are subject to and 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.

### **2.14.2 SECURITY OF GATEWAY EQUIPMENT (p. 15 of 61)**

Gateway understands that the Department provides security and security procedures to protect our equipment. We will ensure that all Gateway staff adheres to all Department policies and procedures regarding security, custody and control of offenders.

## 2.15 TRAINING REQUIREMENTS (p. 15 of 61)

### 2.15.1 TRAINING REQUIREMENTS (p. 15 of 61)

Gateway currently complies and will continue to adhere to the Department requirements for orientation and training. Gateway understands and agrees that expenses incurred on behalf of Gateway or contracted staff members, including but not necessarily limited to meals, mileage, lodging and displacement, will be our responsibility for payment, but we will not be obligated nor be allowed to pay any expenses incurred by the Department in such instances.

#### ORIENTATION AND TRAINING OF STAFF (p. 15 of 61)

- a. Gateway will require all program staff members that provide services within the institution for thirty (30) or more hours per week to comply with the following training requirements.
    - 1) All Gateway staff will complete the Department of Correction's three- (3) day Basic Training prior to providing services. 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. Backup and substitute personnel who are providing services for at least sixty (60) days or longer will also complete the three (3) day Basic Training
    - 2) All Gateway staff will complete the institutional orientation as required by the Warden.
  - b. All full-time, part-time, back-up, or substitute personnel who are providing services for at least sixty (60) days or longer will complete the institutional orientation prior to their providing services.
  - c. Up to forty (40) hours of professional development training annually, which includes the following:
    - 1) Twenty-four (24) hours of the Missouri Department's core curriculum training, as required by the host institution
    - 2) TAP/Treatment Plan training
    - 3) Training on MOCIS Healthcare Module
    - 4) Yearly confidentiality training
  - d. *Pathway to Change* Facilitator Training: three-day facilitator training will be required for all staff providing treatment services and completion of the eight (8) hours annual follow-up training required by Department policy.
  - e. Gateway agrees to participate in any additional specialized training deemed necessary by the Department.
  - f. Gateway has developed and maintains a training record for each Gateway staff that includes signature of the participant, topic of the training, and other pertinent information. Staff receive certificates of participation at the completion of the training, which are including in the training record. This record is provided to the Department when requested.
-

## **2.15.2 SUPERVISION OF NEW EMPLOYEES**

Gateway agrees that our staff will not work unsupervised prior to completing the facility orientation and Basic Training. A more thorough description of Gateway's supervision model for new hires and other staff is included

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 licensing requirements. Directors and 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 WRDCC, 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 described in the following section.

#### **Training Record**

A training record will be completed for each employee. The training record will be maintained as an ongoing document and will include the New Employment Orientation Checklist, Inservice Checklist - Mandatory Training, Inservice Checklist - Additional Training, and certificates of completion. Training records will be kept by the unit administrative support staff and updated as training opportunities are offered.

#### **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 the training sessions. An exact training schedule will be provided once the contract is awarded and Gateway has the opportunity to collaborate with the Department. The current schedule for training new employees at WRDCC follows.

<b>Time Frame</b>	<b>Topics</b>
Week One	<ul style="list-style-type: none"> <li>• Gateway Policies &amp; Procedures</li> <li>• HIPPA &amp; Privacy Issues</li> <li>• DOC Orientation</li> <li>• PREA</li> <li>• Sexual Harassment</li> <li>• DOC Cyber Security/ID and Sign-on</li> </ul>
Week Two	<ul style="list-style-type: none"> <li>• CORE Trainings/TB Testing</li> <li>• Assessment Unit to observe &amp; Learn DENS</li> </ul>
Week Three	<ul style="list-style-type: none"> <li>• Criminality (Games Criminals Play)</li> <li>• Working with Criminal Population/Boundaries</li> <li>• Working with Staff Mentor for : DENS/ICA-SA; Treatment Plans; TAP/AS400; Treatment Plan Updates; DAP Progress Notes</li> </ul>
Week Four (and within 30 days of hire)	<ul style="list-style-type: none"> <li>• 3 Hours Ethics for Certification</li> <li>• Application for MSAPCB certification</li> </ul>

**ORIENTATION/PRE-SERVICE TRAINING**

New Gateway employees will participate in Orientation Training. This orientation to Gateway and WRDCC will be presented by Gateway management staff and occur in the first week of employment. New Gateway staff will be oriented to specific Gateway procedures and processes, including the following:

**Gateway Employee Guide:**

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

**Confidentiality:**

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

**Emergency Procedures**

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

**Organization:**

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

**Security & Safety:**

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

**HIV:**

- Etiology, transmission, symptomology, and testing

**Clinical Policy Review:**

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

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

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

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

- Billing requirements & procedures
- Mail

**SAMPLE STAFF TRAINING SCHEDULE**

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

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

- Therapeutic Communities—History, Traditional Model, Issues for New TC Counselors, Counselor Role, Basic TC Tools/Rules, Skills and Concepts, and Counselor Competencies.
- Clinical Documentation—including, Assessment, Master Treatment Plan
- Clients with Co-occurring Disorders
- Quality Management/Performance Measures
- Program Topics—Criminal Thinking Patterns, Life Skills, CD Education, Cognitive Self-Change, Anger/Aggression Management, Relapse Prevention, Problem Solving Skills, Pro-Social Values

These topics, among others, will be presented as ongoing training in seminar format in addition to daily practical experience provided by the Program Director and Supervisors. Gateway's practice is to ensure that certified staff annually receives the required hours of continuing education. 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.

#### **CROSS-TRAINING**

Gateway has developed a process for providing cross-training to Department staff in its Missouri DOC correctional programs. 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.

In consultation with the Area Substance Abuse Treatment Coordinator and the WRDCC Warden, Gateway will provide cross-training to classification, probation and parole and custody staff to orient them on new services and to identify and address staff concerns. 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.

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.

The training sessions will include the following topics.

- 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 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 the cross-training schedule in cooperation with the Department and WRDCC administration according to the Department's scheduling needs.

## 2.16 PERSONNEL REQUIREMENTS (p. 16 of 61)

### 2.16.1 PERSONNEL REQUIREMENTS (p. 16 of 61)

Gateway understands and will comply with the following personnel requirements as specified in the IFB (extended discussion of these requirements is found in **Section 4.7 Expertise of Personnel**).

- a. Passage of pre-employment drug screening and random drug testing per Department policy and procedures
- b. Compliance with licensure and certification requirements; ensure that all licensure/certifications are current.
- c. Receive the approval of the Department prior to hire of persons convicted of a felony or misdemeanor or under supervision, and staff who may require supervision of a Missouri Licensed or Certified Professional because of a professional standard and/or statutory regulation
- d. Current resume information and evidence of licensure/certification and Department approval by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Warden prior to employment
- e. Employment of a diversified staff that reflect culture and ethnicity of the offender population (see extended discussion of this item in the **4.7 Expertise of Personnel** section of this proposal).
- f. Substitution of staff described in Gateway's bid, minimum staffing, and assignment of staff on a temporary basis must receive prior written approval of the Department. These staff must be equal or better than those originally proposed.
  - Minimum staff is defined as including the individual positions listed in Exhibit F, Personnel Control Listing as attached to this proposal. We understand that this minimum staffing is expected during the course of this contract and that additions post award is considered an increase to the minimum staffing plan.
  - Written notification will be provided to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Area Treatment Coordinator should staff fall below the minimum described in Att. F if/when this staffing occurs for longer than two (2) weeks.
  - Gateway may use other qualified staff to provide services when vacancies exceed two (2) weeks, but must receive approval from the Department; these staff may not have more than one duty at any given time; these duties may not conflict with each other.
  - Any Gateway staff at WRDCC who is terminated for disciplinary reasons will be reported to the Warden and Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services post consultation with these officials and prior to termination when possible, but within forty-eight (48) hours of termination.
- g. Dispute resolution regarding staff Gateway staff will be resolved to the sole satisfaction of the Department. In the event, the solution is not to the satisfaction of the Department, Gateway will replace the staff person with appropriate part-time staff and/or allow overtime for current staff until such time as a permanent replacement is selected and approved by the Department. In any case, Gateway understands it must maintain the number of FTEs as listed in Exhibit F, Personnel Control Listing (Page 48 of 61 in the IFB).

- h. Gateway will not impede, prohibit, restrain, or inhibit in any manner any of its staff from accepting employment with other providers.
- i. Gateway is responsible for supervision of its employees. Gateway understands that should a Department employee have concerns about one of its employees, the Department will report their concerns to their chain of command to the Warden and Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services.
  - 1) Gateway provides a professional environment in which its staff will work. We have a grievance policy that describes the process for reporting complaints that staff may have about the conditions of their work and/or Departmental environment. That process includes reporting the complaint which may involve dissatisfaction with work conditions, harassment, discrimination, and/or other issues, through the proper chain of command within Gateway and/or reporting the concern on the Gateway Corporate Compliance "Hot-Line." Gateway Human Resources has established policies that govern staff work hours and pay. Gateway Executive Management Team and Regional Directors ensure that all programs have sufficient resources to meet contractual requirements. Gateway has a thorough supervision procedure that is described below.
  - 2) Gateway currently submits and will continue to submit the Personnel Control Listing, Exhibit F, to the Warden, Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services monthly within the first five (5) working days of each month; the PCL must be accurate and thorough and current; Supervisors are identified with percentage of time allocated to supervision.

Gateway also will continue to submit an updated organizational chart with supervisory relationships every six (6) months (July and January) to DOC staff. A revised staffing plan will be submitted to DOC by July 1, 2014 if staff listed on Att. F is different than those providing services at the time of the award.
  - 3) Gateway FTEs work 2080 hours annually under this contract.
- j. Provision of a full-time, on-site program administrator responsible for organizing, coordinating and delivering treatment services in cooperation of the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Warden
- k. Program administrator qualifications, including a bachelor's degree in mental health, social work, criminal justice, or related discipline plus a minimum of three (3) years full-time experience providing treatment of substance abuse and/or mental health disorders and registration or certification as a substance abuse professional or certification as a criminal justice professional or licensure as a professional counselor, psychologist, or social worker or be eligible for same within one year of assuming the position
- l. Qualification for staff providing screening and intake will be a qualified substance abuse professional or supervised by qualified substance abuse professional.
- m. *Pathway to Change* curriculum will be delivered by appropriately trained staff; should staff not have previous experience with this module, experience providing cognitive programming will be allowed.
- n. Staffing patterns for the Short-Term, Intermediate and Partial Day programs will not exceed the ratio of one (1) staff person to twenty-five (25) offenders
- o. Clinical Supervisor requirements of a Master's degree (preferred) in a mental health-related area; appropriate certification, licensure or registration; and completion of the Missouri Substance Abuse Professional Certification Board (MSAPCB) Clinical Supervision Training. At least one clinical supervision supervisor will possess a Master's degree in a mental health-

related area and must possess appropriate certification, licensure, or registration and must complete the Missouri Substance Abuse Professional Certification Board (MSAPCB) Clinical Supervision Training. Gateway will provide a minimum of three (3) clinical supervisors. Gateway currently has a Clinical Supervisor who has a Master's degree. We are proposing that this Supervisor will oversee the Partial Day Program and the Assessment Services. In addition, this Supervisor will be the liaison with the Mental Health Department and facilitate mental health groups. The Supervisor will maintain a client caseload in the PDP. The remaining two (2) Clinical Supervisors will be located in the TC; one of whom will oversee the Short-Term Program and be responsible for selected supervisory tasks, such as clinical file monitoring; the second Clinical Supervisor will oversee the Intermediate Term Program and will also have specific assigned tasks, including staff development.

p. Gateway will provide at least minimum staffing requirements as indicated herein.

Gateway recognizes that in order to ensure optimal service delivery to participants, we must prepare staff on many levels to provide knowledgeable, skillful, competent, confident, and efficient staff who have the appropriate training and oversight for a correctional setting. We place significant responsibility on our managers/supervisors to furnish the leadership necessary to engage, motivate and oversee staff development. Gateway's extensive supervision model is found below.

### **Supervision Model**

Gateway recognizes that in order to ensure optimal service delivery to participants, we must prepare staff on many levels to provide knowledgeable, skillful, competent, confident, and efficient staff who have the appropriate training and oversight for a correctional setting. We place significant responsibility on our managers/supervisors to furnish the leadership necessary to engage, motivate and oversee staff development.

### **SUPERVISION OF MANAGER DEVELOPMENT**

In 1999, Gateway contracted with Qwest Consultants to design a Management Development Program to address key management skills, training, and methods that would ensure that Gateway has high-performing and functional teams under the supervision and oversight of an effective site management team. A curriculum for managers with training modules and activities that would achieve six core areas was introduced in 2000. These included:

- Communication Effectively
- Building Effective Teams
- Managing Performance
- Coaching
- Managing Employee Relations
- Managing Conflict

This program established the framework for the overarching model for developing managers and supervisors who understand the importance of developing supportive relationships through use of effective communication, problem solving, and interaction. Gateway's focus is development

of “teams” as opposed to a “group” of workers. This model provides the methods and tools that managers/supervisors have available to create an environment of engagement, motivation, learning, and accountability.

Gateway’s characteristics of a “high performing” team include goals, roles, procedures, and interpersonal relationships. Effective interpersonal relationships are dependent on the successful implementation of the previous elements. Managers/supervisors and staff develop common **goals** within the context of Gateway’s mission, policies and practices, as well as those of the funding organization, and other relevant state and/or regulatory agencies. Methods for achieving these goals are based on institutional and contractual requirements as well as input from the Gateway team.

As **roles** of the team are defined, clear and conflict-free **procedures**--such as planning, solving problems, making decisions, communication, meetings, managing conflict, and managing performance--are implemented. As each of the **goals, roles, and procedures** are developed and refined, **interpersonal relationships** become more positive and cooperative.

Gateway recognized four (4) predominate leadership styles: Directing, Coaching, Supporting, and Delegating. Each of these styles is appropriate based on the situation and/or learning to be desired. Managers/supervisors are guided to identify their own personal style and circumstances in which either personal style will be effective or when another of the styles would be more successful. Each manager/supervisor learns to recognize the staff learning style and the situations in which a particular approach is most effective. This Supervision model has proven extremely effective in preparing Gateway managers/supervisors to establish and maintain productive teams.

### **SUPERVISION OF JOB PERFORMANCE**

Managers/staff construct guidelines for acceptable work performance in the various areas of responsibility. Clinical documentation includes completion timeframes, appropriate and thorough content, group facilitation, and other areas for compliance with contractual and clinical best practices.

The instrument used for evaluating staff job performance, administered monthly, is the “Staff Supervision Form,” which is used for all staff, including managers/supervisors, clinical, and administrative staff. The form offers an opportunity for managers/supervisors to give feedback, including high performing areas, as well as those areas in which staff has not met standards. In those cases, managers/supervisors develop a plan for improvement with goals and target dates, including resources provided to assist staff to improve or correct the task or behavior. Areas reviewed include the following:

- Customer Service
- Sharing Knowledge
- Helping Others
- Team Communication
- Documentation
- Personal Qualities

- Human Relations Skills
- Job Requirement/Performance Standards
- Clinical Observation
- Ethics
- Boundaries

### **SUPERVISION OF CLINICAL STAFF**

Development and enhancement of knowledge and skills of the clinical team is another critical responsibility of the management/supervisory staff. To accomplish that, each year a training/in-service schedule is submitted; these schedules include mandatory training as required by contract, state/regulatory and Gateway policies, such as Ethics, Policy and Procedures, Confidentiality, Boundaries, Working with Offenders, Clinical Documentation, etc.; unit-specific topics, such as gender-specific issues, institutional guidelines, and topics specifically requested by staff, such as Engagement of Participants, Gangs, etc.; and topics related to identified areas for improvement, such as Treatment Planning, Group Facilitation, etc.

Managers/supervisors meet with their teams at least weekly to discuss case issues, phase changes, and offender job changes (within the Therapeutic Community). Staff meetings are held, usually monthly, to discuss program issues and corporate issues and to disseminate information relevant to the staff and program. Often, an inservice training is scheduled for this time as well.

### **SUPERVISION OF NON-CREDENTIALLED/LICENSED STAFF**

Each state has specific requirements for developing and monitoring non-credentialed/licensed staff. In general, all require weekly supervision based on the TAP 21 guidelines for Knowledge, Skills, and Attitude development for counselors. Areas of counselor development include:

- Understanding Addiction
- Treatment Knowledge
- Application to Practice
- Professional Readiness
- Clinical Evaluation – Screening
- Clinical Evaluation – Assessment
- Treatment Planning
- Referral
- Service Coordination – Implementing the Treatment Plan
- Service Coordination – Consulting
- Service Coordination – Continuing Assessment & Treatment Planning
- Counseling – Individual Counseling
- Counseling – Group Counseling
- Counseling – Families, Couples & Significant Others
- Participant Education
- Documentation
- Professional & Ethical Responsibilities

Managers/supervisors and/or credentialed/licensed staff also observe non-credentialed/licensed staff via the Direct Observation Form that provides opportunity for identification of staff strengths and areas for improvement in the in the following areas:

- Clinical Evaluation, including Screening & Assessment
- Treatment Planning
- Referral
- Service Coordination
- Counseling, including Individual, Group, Family (as available)
- Education

**STAFF DEVELOPMENT FORM**

Week Of: \_\_\_\_\_

<b>Supervisor:</b> _____		<b>Location:</b> _____		<b>Supervisor Credential:</b> _____	
<b>Clinical Supv. Credential #:</b> _____		<b>Counselor:</b> _____		<b>Counselor Credential:</b> _____	
Hours	Supervisory Method	Supervised Hours	Addiction Counselor Competency Practice Dimensions	Performed Hours	Training Needed
	Individual Supervisory Session		Clinical Evaluation		
	Review of Written Work		Treatment Planning		
	Case Presentation/Staffing		Referral		
	Audio/Video Recordings		Service Coordination		
	Conjoint/Co-Therapy Sessions		Counseling		
	In-service Topic		Client, Family & Community Education		
	Group –(See Group Appraisal below)		Documentation		
	Instruction		Professional & Ethical Responsibilities		
	Other				
	Group began on time				
	Topic/issue discussed introduced/clearly communicated		1		
	Active-reflective listening used/clients encouraged to do so		2		
	No monopolization of group/other participation encouraged		3		
	Staff involvement in discussion/process/education		4		
	Story telling held to a minimum				
	Group management tools used & client's) motivated		1		
	Group focused upon treatment/rehabilitation issues		2		
	Introduction/summary of material		3		
	Ethical guidelines followed		4		
	Group ends on time		1		
<b>Notes</b>					

Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **ANNUAL PERFORMANCE EVALUATION / ALL STAFF**

Each year, all Gateway staff receives a Performance Evaluation. The scoring in the individual sections is based on the monthly supervision and observations gathered during the year. Areas evaluated include the following (may vary depending on position):

- Team Development
- Organizational Mindset
- Accountability
- Communication Excellence
- Individual Contributions and Skill Assessment
- Action Plans for Enhancing & Improving Performance, Skills, and/or Behaviors
- Oversight of Assignment of Treatment Program Activities, Operations and Delivery of Services
- Clinical Record Oversight & Compliance

Gateway's supervision model is well developed and has evolved during 43 years of service delivery. We believe we have designed a balanced model that includes training, development, oversight, and accountability. Each of these has contributed to knowledgeable, competent and efficient staff in each of our treatment facilities.

## **2.17 INTERPRETIVE/TRANSLATION SERVICES (p. 19 of 61)**

The Department will obtain and will bear the financial responsibility for such services when needed. 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.

### **2.17.1 COORDINATION OF SERVICES (P. 19 OF 61)**

We will coordinate the provision of such services with the Department and receive approval of each interpreter prior to interpretive service provision. We understand that the department will obtain and shall bear the financial responsibility for such services.

Hearing-impaired clients will be assigned hearing "big brothers" who are able to facilitate communication with the hearing impaired client when the interpreter is not on site. Treatment videotapes will have closed captioning as necessary. Additionally, classroom seating and protocols will be modified to meet clients' needs: hearing impaired clients will sit at the front of the room, and participants will come to the front of the room to make comments, which facilitates communication with hearing impaired clients who can read lips.

## **2.18 MEETING, REPORTING, AND AUDIT REQUIREMENTS (p. 19 of 61)**

### **2.18.1 MEETING REQUIREMENTS (p. 19 of 61)**

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's personnel to attend such meetings will be Gateway's responsibility.

Gateway's Program Director is pleased to meet with the Warden/designee and will meet at least weekly to discuss pertinent program/department issues.

Gateway currently actively participates in monthly/contract program oversight meetings that are chaired by the Warden and/or designee. Our Program Director provides current and accurate data that reflect the status of the program and compliance with our contract. We will continue to participate in these meetings and collaborate with Department personnel in order to provide excellent services to our clients. We understand that these meetings will meet at a minimum quarterly according to the requirements of the Department.

### **2.18.2 REPORTING REQUIREMENTS (p. 19 of 61)**

As the incumbent treatment provider, Gateway designed and implemented monthly quality assurance activities to ensure appropriate contract compliance and service quality and forwards a summary of monthly quality assurance (QA) activities to the Assistant Director, Division of Rehabilitation Services, Area Substance Abuse Treatment Coordinator, and the WRDCC Warden/designee on a quarterly basis on 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 January, February, March)
- July 15 (for the months April, May, June)

Gateway will provide to the Warden and the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services its quality assurance plan for the upcoming contract year by July 1, 2014.

In collaboration with the Warden, Gateway will continue to submit the required monthly treatment center information reports to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services. We understand that these reports may be revised based on expectations, policy, and/or needs of the Department. We will fully comply with any new requirements and/or changes to these reports and continue to submit them as required.

**2.18.3 AUDIT REQUIREMENTS (P. 20 OF 61)**

Gateway will provide the Department and any Department designees, including other state and federal representatives, access to Gateway, Gateway's facilities, any personnel providing services pursuant to the contract, or any other activities of Gateway pursuant to the contract for purposes of audit and evaluation of the services performed. Gateway will produce, upon a 48-hour notice and at a location designated by the Department, all books and records relating to the contract for purposes of a Department audit.

Gateway will provide access for audits of the operating systems, procedures, programs, documentation, software packages, facilities, and equipment used in support of the contract. Gateway will provide read-and-copy access to the Department to all files that are used. Such files will include, but are not limited to, inventory control files, case management files, procedure files, and any other files related to the contract.

Gateway will provide the personnel and resources necessary for the automated and/or manual sampling of operation and case management information, or other data maintained by Gateway, including historical data and any necessary follow-up, that may be required to meet any performance or audit review requirements.

Gateway agrees that if the Department, through its review and evaluation of contractual performance, determines that the services being performed by Gateway are unacceptable, the Department will provide written notice to Gateway's authorized representative, which states the deficiencies, recommended remedies, and acceptable terms of reconciliation.

We agree that the Department reserves the right to request an audit performed in accordance with generally accepted auditing standards at our expense at any time contract monitoring reveals such an audit is warranted and will submit the name of the auditor to the Department's Comptroller for approval prior to the audit being conducted. Upon completion, the audit report will be submitted to the Comptroller. We further agree that any audit disallowance pertaining to the contract shall be the sole responsibility of the Gateway.

**2.18.4 RETENTION OF RECORDS (p. 20 of 61)**

Gateway will retain all books, records and all relevant contractual documents for a period of five (5) years after final payment or the completion of a State of Missouri audit. We understand that if litigation, claim, negotiation, audit or other actions involving the records has started before the expiration of the five (5) years, the records will be retained until the action and resolution of any issues are completed or the end of the five (5) years is reached. Gateway will allow authorized representatives of the Department, other state Missouri agencies, and/or the Federal government to inspect these records after obtaining approval from the Department.

## **2.19 OTHER REQUIREMENTS (p. 20 of 61)**

### **2.19.1 STANDARDIZED FORMS**

Gateway agrees that all standardized forms used by Gateway that are not official Department forms must be approved (as to content and format) in writing by the Wardens and the Assistant Director, Division of Rehabilitation Services, Substance Abuse Services prior to use. However, Gateway and DORS treatment staff will use the same department approved forms for consistency with the Department of Mental Health, Division of Alcohol and Drug Abuse Administration documentation criteria for all required Quality Assurance activities.

### **2.19.2 STAMPED CORRESPONDENCE (p. 20 of 61)**

Gateway will stamp all correspondence, forms, documents, notices, and any other material pertinent to offenders as well as material pertinent to the administration of the contract, with the date of receipt by contractor office personnel.

### **2.19.3 PRESS RELEASES (p. 20 of 61)**

Gateway will not issue press releases, participate in interviews with media or engage in any form of public release of information regarding the Department or Gateway's duties pursuant to the contract without the prior, written approval of the Department of Correction's Public Information Officer, Gateway's Executive Management Team, and Gateway's legal counsel.

**2.20-3.19 GENERAL CONTRACTUAL REQUIREMENTS  
(pp. 21-28 of 61)**

**NOTE: SECTIONS 2.20 THROUGH 3.19 CONTAIN GENERAL CONTRACTUAL REQUIREMENTS. GATEWAY AGREES TO COMPLY WITH ALL ITEMS STIPULATED IN THOSE SECTIONS AS IDENTIFIED BELOW.**

- 2.20 Invoicing and Payment Requirements (p. 21 of 61)
- 2.20.1 ACH/EFT Application (p. 21 of 61)
- 2.20.2 Daily Head Count of Facility Population (p. 21 of 61)
- 2.20.3 Itemized Invoices (p. 21 of 61)
- 2.20.4 Processing of Invoices (p. 21 of 61)
- 3.1 Contract (p. 22 of 61)
- 3.1.1 Contract Amendments & Exhibits (p. 22 of 61)
- 3.1.2 Contract Equipment/Supply Authorizations (p. 22 of 61)
- 3.1.3 Contract Agreement (p. 22 of 61)
- 3.1.4 Contract Amendments/Modifications (p. 22 of 61)
- 3.2 Contract Period (p. 22 of 61)
- 3.2.1 Contract Award (p. 22 of 61)
- 3.3 Renewal Periods (p. 22 of 61)
- 3.4 Termination (p. 22 of 61)
- 3.4.1 Written Notices (p. 22 of 61)
- 3.4.2 Orderly Transfer (p. 23 of 61)
- 3.5.1 Deficiency Notice (p. 23 of 61)
- 3.6.1 Contractor Liability (p. 24 of 61)
- 3.7.1 Insurance (p. 24 of 61)
- 3.8.1 Incidental Beneficiaries (p. 24 of 61)
- 3.9.1 Coordination (p. 25 of 61)
- 3.10.1 Confidentiality (p.25 of 61)
- 3.10.2 Compliance with 45 CFT 160 & 45 CFR 164 (p.25 of 61)
- 3.11.1 Property of State (p.25 of 61)
- 3.12.1 Publicity (p.25 of 61)
- 3.13.1 Legal and Accounting Services (p.25 of 61)
- 3.14.1 Price (p. 25 of 61)
- 3.15.1 Subcontractors (p. 26 of 61)
- 3.16.1 Contractor's Employees (p. 26 of 61)
- 3.16.2 Approval of Contractor's Employees under Active Supervision (p. 26 of 61)
- 3.16.3 Employee Compliance with Legal Requirements (p. 26 of 61)
- 3.16.4 Zero Tolerance for Sexual Misconduct (p. 27 of 61)
- 3.16.5 Interaction with Offenders (p. 27 of 61)
- 3.17 Affidavit of Work Authorization and Documentation (p. 27 of 61)
- 3.18 E-Verify (p. 27 of 61)

**4.8.1 – 4.8.2 PLAN FOR PERFORMING IFB REQUIREMENTS (p. 32 of 61)**

Throughout this proposal, Gateway has described in our narrative, as well as in the following sections, the methods used to comply with the requirements of this IFB.

**4.8.3 WAIVER OF ADA CERTIFICATION REQUIREMENT(S) (p. 32 of 61)**

Gateway is requesting continuation of the previously granted waiver related to the ADA certification requirement **9 CSR 30-1.110 Service Definitions and Staff Qualifications (13) Ratio of Qualified Substance Abuse Professionals & 9 CSR 10-7 Core Rules for Psychiatric and Substance Abuse Programs 140 Definitions (RR)**, "A majority of the program's staff who provide individual and group counseling shall be qualified substance abuse professionals."

Providing treatment of the highest quality is our highest priority, and we fully intend to demonstrate ongoing compliance with all other applicable certification standards. We continue to adhere to standards for counselor development and supervision. The letter from DMH granting the current waiver is provided on the following page.

JEREMIAH W. (JAY) NIXON  
GOVERNOR



KEITH SCHAFER, Ed.D.  
DIRECTOR

MARK STRINGER  
DIRECTOR  
DIVISION OF  
BEHAVIORAL HEALTH  
(573) 751-9499  
(573) 751-7814 FAX

STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET  
P.O. BOX 687  
JEFFERSON CITY, MISSOURI 65102  
(573) 751-4122  
(573) 751-8224 FAX  
[www.dmh.mo.gov](http://www.dmh.mo.gov)

October 25, 2013

Rebecca H. Douglas, LPC  
Regional Director  
Gateway Foundation  
19719 Norfolk Ridge Way  
Richmond, TX 77407

Dear Ms. Douglas:

Division of Behavioral Health staff carefully considered *9 CSR 30-3.110 (13)* as it relates to Institutional Treatment Center (ITC) programs. This standard states that the "majority of the program's staff who provide individual and group counseling shall be qualified substance abuse professionals."

Given the unique characteristics of institutional substance abuse treatment programs, compliance with this standard is waived. ITC programs can vary significantly in size, making the ratio standard somewhat arbitrary. In addition, as these treatment programs exist solely within governmental correctional facilities, they may experience unexpected and uncontrollable fluctuations in programmatic resources based on external factors.

It is expected that the ITC programs fully comply with all other personnel-related standards. These regulations clearly require that qualified staff must be available in sufficient numbers to ensure effective service delivery. Additionally, requirements related to supervisory responsibilities and staff training reinforce the importance of professional oversight and the delivery of services by well-prepared counselors. Therefore, it is DBH's expectation that Gateway Foundation will continue to direct those staff not currently credentialed to work steadily towards certification and/or licensure.

A response to your plans of correction for other deficiencies identified during the certification surveys at the Maryville and Chillicothe locations will be sent under separate cover. Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Nora K. Bock".

Nora K. Bock, MS, LPC  
Director of Adult Community Treatment  
Division of Behavioral Health

NB:ldn

ec: Rhonda Turner, Certification Manager  
Marta Nolin, Assistant Director, Substance Abuse Services, Division of Offender Rehabilitation Services,  
Department of Corrections  
Michael Darcy, Chief Administrative Officer, Gateway Foundation  
Gregg Dockins, Director of Corrections Initiatives, Gateway Foundation

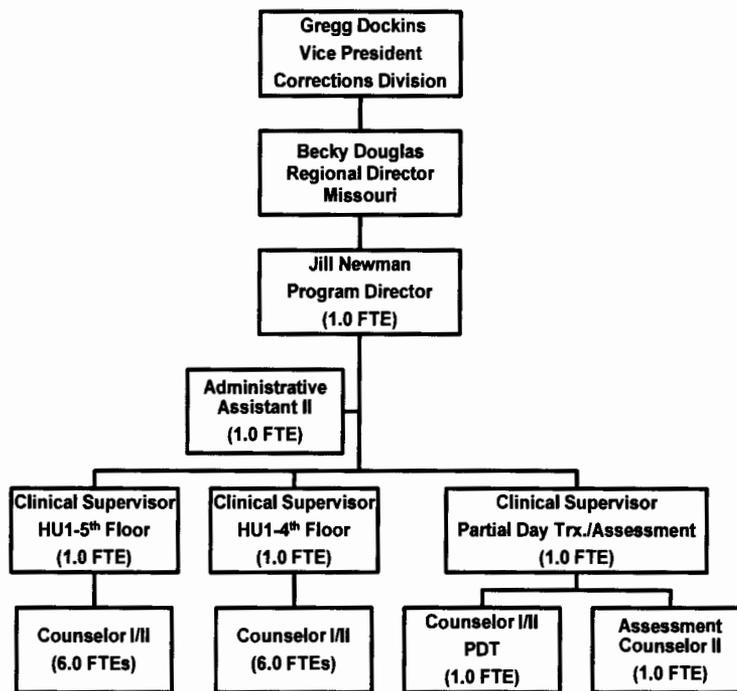
*An Equal Opportunity Employer; services provided on a nondiscriminatory basis.*

4.8.4 ORGANIZATIONAL CHART (p. 32 of 61)

An organizational chart showing the staffing and lines of authority for the key personnel to be used in performing this contract is included below:



**Proposed Organizational Chart  
Missouri DOC—WRDCC**



Proposed: 07/01/2014

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

Program Director	.15	.15	.35	.35	1.0
Administrative Assistant	.15	.15	.35	.35	1.0
Clinical Supervisors	0.5	0.5	1.0	1.0	3.0
Counselor II	1.0	0.0	2.0	2.0	5.0
Counselor I	0.0	1.0	4.0	4.0	9.0
<b>TOTAL</b>	<b>1.8</b>	<b>1.8</b>	<b>7.7</b>	<b>7.7</b>	<b>19.0</b>

The following sections summarize the responsibilities assigned to the various staff positions proposed. To the extent that our job descriptions may vary slightly from Department requirements, Gateway will modify its job descriptions for consistency with requirements. Currently, with approval from the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services, the title and responsibilities of one of the Clinical Supervisors required in the IFR was changed to Counselor Supervisor with client caseload requirements. We request that this be allowed under this contract under the following description.

We will assign one Clinical Supervisor to manage the Assessment services and the Partial Day Treatment program in Housing Unit 11 at WRDCC. We propose that this Clinical Supervisor will become the Mental Health liaison for both the Partial Day Program and the Therapeutic Community Program and will also be responsible for facilitating mental health groups, representing Gateway in all activities related to the institution's Mental Health Department, and acting as the liaison to this department. The other Clinical Supervisors will be assigned to the Intermediate treatment program in Housing Unit 1 at WRDCC.

The **Program Director** will oversee all administrative, management, and clinical operations of the substance abuse treatment programs at WRDCC. S/he will work closely with the Department and will manage all aspects of the treatment program.

The **Administrative Assistant** will provide administrative support for the program. S/he will develop billing and record-keeping procedure in cooperation with program staff and in compliance with state regulations. The Administrative Assistant will be responsible for data entry and report preparation. S/he must be proficient in office operations and program policy. Responsibilities will include reviewing incoming and outgoing correspondence; screening telephone calls for the program director; serving as staff timekeeper; preparing and distributing staff meeting minutes; and providing other reports for the treatment program operation. The Administrative Assistant will maintain restricted administrative files relative to the treatment program management.

**Clinical Supervisors** will manage the day-to-day operations of the proposed program services, including the clinical approach. They will be responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and other Department or other state agency personnel. Clinical Supervisors will coordinate meetings among program staff, corrections staff, and parole officers, and ensure that clients are receiving the type and intensity of services they need. They will review client records and treatment plans to ensure appropriate service provision and consistent documentation of services provided. When fully staffed, Clinical Supervisors will not carry a caseload of clients but may assist with intake and assessment services for the clients upon admission to the program. They may provide services as a backup for staff absences or vacancies.

**Counselor IIs (certified) and Counselor Is (non-certified)** assume primary responsibility for engaging clients in treatment and providing treatment services. They assess clients' treatment needs; develop treatment plans (in conjunction with the clients and Department personnel); provide individual and group counseling; provide group education; and meet with other clinical and Department staff to review client progress and develop strategies for engaging clients who are treatment-resistant. Counselors will work with the Case Managers and may work with clients' families, when feasible, and with clients' parole agents to help create support networks for offenders returning to the community. They will assist clients in identifying and developing community resources for continued treatment in the community after release. All counselors will have the necessary qualifications and experience to provide substance abuse counseling services to adult male incarcerated offenders.

**The Counselor II** assigned to Assessment duties will be responsible for the administration and scoring of the ASI and ICA-SA. This counselor will write the assessment summary reports and submit them to appropriate DOC personnel within one (1) day of completion.

The Clinical Supervisor over Assessment will provide additional support (i.e., onsite in Diagnostic approximately two days per week, or as necessary) and be back-up for the full-time Assessment Counselor, thereby ensuring sufficient staff for the required number of assessments.

#### **4.8.5 OFFENDERS WITH SPECIAL NEEDS (p. 32 of 61)**

##### **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 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, *Assothe 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 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.

Research indicates that, "People with physical and cognitive disabilities are more likely to have a substance use disorder and less likely to get effective treatment for it than those without such a coexisting disability" (National Clearinghouse for Drug and Alcohol Information, TIP Series 29). To ensure that special needs offenders receive equity with non-disabled offenders in terms of treatment effectiveness, Gateway will implement the following strategies:

- Increase staff awareness of attitudinal barriers and functional limitations of the disabled
- Emphasize strengths-based approaches to overcome offenders' tendency to focus on their limitations rather than assets

- Ongoing revisions in treatment plans to accommodate changing physical or cognitive conditions
- Explicit behavioral contracts tailored to what an offender can realistically accomplish
- Flexible counseling session time, adjusted to accommodate cognitive or physical impairments
- Modifications in materials and/or language (e.g., concrete examples, rate of speech, etc.)
- Addition of nonverbal cues to promote comprehension
- Use of expressive therapy or role-playing
- Assignments that use alternative media in place of writing
- Allowing more time for completion of therapeutic writing assignments

### **Accommodation of Special Needs**

Staff members are trained to accurately assess for offenders' special needs and to make adjustments in treatment planning and treatment approaches to accommodate identified needs. Gateway's modified therapeutic community model is structured to adapt easily to meet the needs of various treatment populations. For instance, offenders with learning disabilities or whose cognitive abilities may be limited frequently require accommodation to improve their abilities to participate in the treatment program. Once these needs are identified, Gateway provides materials geared to accommodate each offender's abilities and to foster each offender's capacity to fully benefit from the treatment environment.

Examples of adjusted approaches include but are not limited to the following:

- **Provision of Didactic Information in a Variety of Formats**

Offenders who are blind, hearing impaired, illiterate or who are diagnosed with learning disabilities, mental retardation or other cognitive disorders are accommodated by use of specially tailored didactic information provided in a variety of formats. Available formats may include audio-tapes for the sight-impaired, written material or closed-captioned videos for the hearing-impaired, video- and audio-tapes for illiterate offenders and materials written simply and concretely for offenders diagnosed with learning disabilities, mental retardation or other cognitive disorders. Offenders may be given art supplies to afford them the opportunity to illustrate their feelings and thoughts. In appropriate circumstances, offenders may be referred for educational assistance.

- **Assignment of Offender Tutors**

Senior offenders function as tutors for offenders with limitations to assist them in understanding treatment information. Offender tutors may help illiterate offenders by reading to the offender and by taking dictation from them to help with written assignments. Offender tutors may help peers locate materials offered on video- or audio-tape to facilitate learning. Offenders with learning disabilities, cognitive disorders or mental retardation are assisted by offender tutors who help them better understand treatment material. When indicated, offender tutors may read treatment material or provide pre- or post-tests verbally.

Staff members closely supervise all offender tutor activities to ensure that they are carried out appropriately and therapeutically. Staff works closely with offender tutors to assist them in determining appropriate interventions. Moreover, staff ensures that Learning Experiences assigned to disabled offenders accommodate the offenders' disabilities (e.g., offenders who experience problems with reading are not given Learning Experiences involving reading or writing).

Providing effective treatment for this population requires addressing the multiple issues each offender brings to treatment, a continuum of treatment services, and specialized services to address particular issues. Throughout this proposal, we have described Gateway's approach to meeting the diverse needs of a difficult-to-treat population.

While implementing the new contract, we will continue our efforts to stay abreast of new treatment approaches that have been proven effective through evidence-based research to best serve all targeted groups of offenders.

Gateway wishes to assure the Department that **offenders with special needs of any sort will be accommodated and will receive effective treatment and education services as previously described in appropriate sections.**

#### **4.8.6 CONTRACT COMPLIANCE AND QUANTITY/TIMELINESS OF ASSESSMENTS (p. 32 of 61)**

##### **Contract Compliance**

The previous and remaining sections of this proposal explain in detail how Gateway will accommodate the requirements of the contract. Additionally, Gateway's Program Support department reviews Requests for Proposals, Contracts, Grants and Award documents to ensure that the organization will be able to deliver services called for in the Information for Bids, contracts, grants, and award documents. Legal opinion is requested, if necessary, from the organization's counsel. Renewal of contracts, grants and awards also is monitored by the Program Support department.

Gateway Foundation, Inc. has substantial experience managing contract/grants and awards for substance abuse services in correctional settings. During the past five years, for example, Gateway Foundation has had over 30 different corrections-based contracts, all with multiple renewals. We have never lost a contract for cause.

A thorough review of all contractual requirements is conducted upon contract award. A start-up team, consisting of program and administrative staff, is established, and all administrative items are reviewed/planned and monitored in light of the contractual requirements. Contract-specific reporting systems are developed, and a contract compliance monitoring form is developed for program use. Submission of contract required reports and other key program deliverables are monitored by the appropriate administrative unit. **A re-award of this contract to Gateway will ensure that there will be no lapse in services to the clients.** Gateway will work with the Department to implement any revisions they might request to the current and proposed method of performance of this contract.

Gateway will strive to comply with this requirement within the constraints of the institutional structure. We have assigned a full-time assessment counselor to perform the assessment duties, and when s/he is out due to leave time, vacation time, or through a vacancy, other staff will be reassigned to cover the responsibilities. In addition, when the workflow demands it, the Clinical Supervisor of Assessment Services will assist in completing the assessments.

#### **4.8.7 PROGRAM SCHEDULES AND CURRICULA (p. 32 of 61)**

Gateway will provide therapeutic community activities six days per week, Monday through Saturday at WRDCC for the Short-/Intermediate-Term Programs and Monday through Friday for the assessment unit and the Partial Day Program. Sample weekly activity schedules by treatment phase depicting the items requested by the IFB are included on the following pages. Each is subject to change based on the needs of the offenders, the treatment team and the Department. All activities are scheduled on a flexible basis depending on need for the services, but according to applicable time frames. Each Counselor will conduct group counseling sessions for his or her caseload.

**PARTIAL DAY TREATMENT PROGRAM  
PROPOSED SCHEDULE**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-6:30a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
6:30-7:00a	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up
7:10-7:35a						Wing Clean-up and Inspection
<b>COUNT</b>						
8:35-9:30a	SMALL GP. or Support Group	SMALL GP or Support Group	SMALL GP Or Support Group	GROUP ED Conflict Resolution (Encounters)	SMALL GP Or Support Group	Free Time Or Independent Study
9:30-10:50a	GROUP ED Rel. Prev. (SA specific) or Individual Sessions	GROUP ED Men's Work (Anger/Relationships/Communication)	GROUP ED Life skills (re-entry)	GROUP ED Conflict Resolution (Encounters)	GROUP ED Stages of Change	
11:00-11:30a						Free Time Or Independent Study Or Visitation
11:30a-12:50p						
1:00-2:20p	GROUP ED Criminal Thinking or Individual Sessions	GROUP ED Disease Concept and Coping skills	GROUP ED Criminal Thinking or Individual Sessions	GROUP ED Rel. Prev (SA Specific) or Individual sessions	GROUP ED. Community Meeting/goal setting	
2:30-3:50p	Individual sessions or Job duties	Individual sessions or Job duties	Individual sessions or Job duties	Individual sessions or Job duties	Individual Sessions or Job duties	
4:00-4:30p	Milieu Mgmt.	Milieu Mgmt.	Milieu Mgmt.	Milieu Mgmt.	Milieu Mgmt.	
4:30-5:00p						Free Time
6:00-6:50p						
7:00-8:30p	Support Group	Free Time	Support Group	Free Time	Support Group	

**SHORT-TERM SUBSTANCE ABUSE TREATMENT  
 PROPOSED PHASE I SCHEDULE**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
6:00-7:00a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00-7:50a	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection
8:00-8:30a						
8:30-9:00a	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	Spirituality and Meditation
9:00-9:50a	GROUP ED ORIENTATION	GROUP ED ORIENTATION	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED ORIENTATION	GROUP ED ORIENTATION	GROUP ED ORIENTATION
10:00-10:50a	GROUP ED TCU MOTIVATED FOR CHANGE	GROUP ED TCU MOTIVATED FOR CHANGE	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED TCU MOTIVATED FOR CHANGE	GROUP ED TCU MOTIVATED FOR CHANGE	GROUP ED. ORIENTATION
11:00-11:30a						
11:30a-12:20p						
12:30-1:20p	Relating or Resolution Tables	SMALL GROUP	SMALL GROUP	SMALL GROUP	SMALL GROUP	Big Brother/Little Brother class
1:30-2:20p						
2:30-3:30p	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	COMMUNITY MEETING	Mentoring class
3:45-4:30p	WRAP UP	TPR	WRAP UP	TPR	WRAP UP	Mentoring Class
4:30-5:00p						
5:00-5:50p						
6:00-7:00p	Peer Support	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS

**SHORT-TERM SUBSTANCE ABUSE TREATMENT  
 PROPOSED PHASE II SCHEDULE**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-7:00a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00-7:50a	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection
8:00-8:30a						
8:30-9:00a	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	Spirituality and Meditation
9:00-9:50a	GROUP ED COG RESTRUC (Stages of change)	GROUP ED Relapse Prevention	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED COG RESTRUC	GROUP ED MEN'S WORK (Anger/DV/Coping skills)	GROUP ED ICVC
10:00-10:50a	GROUP ED Disease Concept, DUI/DWI, recovery models	GROUP ED Criminal and Addictive Thinking	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED TCU Brief Interventions or HIV/AIDS and Sex education	GROUP ED Codependency/Relationships/Trauma/Emotions	GROUP ED. ICVC
11:00-11:30a						
11:30a-12:20p						
12:30-1:20p	GROUP ED Co-occurring Education group or Smoking Cessation	SMALL GROUP	SMALL GROUP	SMALL GROUP	SMALL GROUP	GROUP ED Long Distance Dads/Inside out Dad
1:30-2:20p						
2:30-3:30p	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	COMMUNITY MEETING	Family Education
3:45-4:30p	WRAP UP	TPR	WRAP UP	TPR	WRAP UP	Family Education
4:30-5:00p						
5:00-5:50p						
6:00-7:00p	Peer Support	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS	Winners Circle	SUPPORT GROUPS

**SHORT-TERM SUBSTANCE ABUSE TREATMENT  
 PROPOSED PHASE III SCHEDULE**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
<b>6:00-7:00a</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>
<b>7:00-7:50a</b>	<b>Wing Clean-up and Inspection</b>	<b>Wing Clean-up and Inspection</b>	<b>Wing Clean-up and Inspection</b>	<b>Wing Clean-up and Inspection</b>	<b>Wing Clean-up and Inspection</b>	<b>Wing Clean-up and Inspection</b>
<b>8:00-8:30a</b>						
<b>8:30-9:00a</b>	<b>MORNING MEETING</b>	<b>MORNING MEETING</b>	<b>MORNING MEETING</b>	<b>MORNING MEETING</b>	<b>MORNING MEETING</b>	<b>Spirituality and Meditation</b>
<b>9:00-9:50a</b>	<b>GROUP ED CD EDUCATION</b>	<b>GROUP ED RE-ENTRY/LIFE SKILLS</b>	<b>PATHWAY OR INDIVIDUAL COUNSELING</b>	<b>GROUP ED CD EDUCATION</b>	<b>GROUP ED SOCIALIZATION/ LEISURE ACTIVITES</b>	<b>GROUP ED ICVC</b>
<b>10:00-10:50a</b>	<b>GROUP ED SOCIALIZATION/ LESISURE ACTIVITIES</b>	<b>GROUP ED RE-ENTRY/LIFE SKILLS OR WAYSAFE</b>	<b>PATHWAY OR INDIVIDUAL COUNSELING</b>	<b>GROUP ED TCU Brief Interventions or HIV/AIDS and Sex education</b>	<b>GROUP ED RE-ENTRY/ LIFE SKILLS</b>	<b>GROUP ED. ICVC</b>
<b>11:00-11:30a</b>						
<b>11:30a-12:20p</b>						
<b>12:30-1:20p</b>	<b>GROUP ED Co-occurring Education group or personal time</b>	<b>SMALL GROUP</b>	<b>SMALL GROUP</b>	<b>SMALL GROUP</b>	<b>SMALL GROUP</b>	<b>GROUP ED Long Distance Dads/Inside out Dad</b>
<b>1:30-2:20p</b>						
<b>2:30-3:30p</b>	<b>ENCOUNTERS</b>	<b>ENCOUNTERS</b>	<b>ENCOUNTERS</b>	<b>ENCOUNTERS</b>	<b>COMMUNITY MEETING</b>	<b>Family Education</b>
<b>3:45-4:30p</b>	<b>WRAP UP</b>	<b>TPR</b>	<b>WRAP UP</b>	<b>TPR</b>	<b>WRAP UP</b>	<b>Family Education</b>
<b>4:30-5:00p</b>						
<b>5:00-5:50p</b>						
<b>6:00-7:00p</b>	<b>Peer Support</b>	<b>SUPPORT GROUPS</b>	<b>SUPPORT GROUPS</b>	<b>SUPPORT GROUPS</b>	<b>Winners Circle</b>	<b>SUPPORT GROUPS</b>

**INTERMEDIATE TERM SUBSTANCE ABUSE TREATMENT  
 PROPOSED PHASE I SCHEDULE**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
6:00-7:00a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00-7:50a	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection
8:00-8:30a						
8:30-9:00a	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	Spirituality and Meditation
9:00-9:50a	GROUP ED ORIENTATION	GROUP ED ORIENTATION	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED ORIENTATION	GROUP ED ORIENTATION	GROUP ED ORIENTATION
10:00-10:50a	GROUP ED CRIM THINKING ERRORS/ THINKING REPORTS	GROUP ED TCU MAPPING THE 12 STEPS/SELF HELP ALT.	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED HIV AND SEX EDUC	GROUP ED Codependency/ Relationships/ Trauma/ Emotions	GROUP ED. ORIENTATION
11:00-11:30a						
11:30a-12:20p						
12:30-1:20p						
1:30-2:20p	TAP WORK OR INDIVIDUAL COUNSELING	SMALL GROUP	SMALL GROUP	SMALL GROUP	SMALL GROUP	Big Brother/Little Brother class
2:30-3:30p	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	COMMUNITY MEETING	Mentoring class
3:45-4:30p	TPR	WRAP UP	TPR	WRAP UP	TPR	Mentoring Class
4:30-5:00p						
5:00-5:50p						
6:00-7:00p	Peer Support	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS

**INTERMEDIATE TERM SUBSTANCE ABUSE TREATMENT  
 PROPOSED PHASE II SCHEDULE**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-7:00a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00-7:50a	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection
8:00-8:30a						
8:30-9:00a	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	Spirituality and Meditation
9:00-9:50a	GROUP ED COG RESTRUC (Stages of change)	GROUP ED Relapse Prevention	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED COG RESTRUC	GROUP ED MEN'S WORK (Anger/DV/Coping skills)	GROUP ED ICVC
10:00-10:50a	GROUP ED Disease Concept, DUI/DWI, recovery models OR INDIVIDUAL COUNSELING	GROUP ED Criminal and Addictive Thinking OR INDIVIDUAL COUNSELING	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED TCU Brief Interventions or HIV/AIDS and Sex education	GROUP ED Codependency/Relationships/Trauma/Emotions OR INDIVIDUAL COUNSELING	GROUP ED. ICVC
11:00-11:30a						
11:30a-12:20p						
12:30-1:20p						
1:30-2:20p	GROUP ED Co-occurring Education group or Smoking Cessation	SMALL GROUP	SMALL GROUP	SMALL GROUP	SMALL GROUP	GROUP ED Long Distance Dads/Inside out Dad
2:30-3:30p	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	COMMUNITY MEETING	Family Education
3:45-4:30p	TPR	WRAP UP	TPR	WRAP UP	TPR	Family Education
4:30-5:00p						
5:00-5:50p						
6:00-7:00p	Peer Support	SUPPORT GROUPS	SUPPORT GROUPS	SUPPORT GROUPS	Winners Circle	SUPPORT GROUPS

**INTERMEDIATE TERM SUBSTANCE ABUSE TREATMENT  
 PROPOSED PHASE III SCHEDULE**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
6:00-7:00a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00-7:50a	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection	Wing Clean-up and Inspection
8:00-8:30a						
8:30-9:00a	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	MORNING MEETING	Spirituality and Meditation
9:00-9:50a	GROUP ED CD EDUCATION	GROUP ED RE-ENTRY/LIFE SKILLS OR INDIVIDUAL COUNSELING	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED CD EDUCATION	GROUP ED SOCIALIZATION/ LEISURE ACTIVITES	GROUP ED ICVC
10:00-10:50a	GROUP ED SOCIALIZATION/ LESISURE ACTIVITIES	GROUP ED RE-ENTRY/LIFE SKILLS OR WAYSAFE	PATHWAY OR INDIVIDUAL COUNSELING	GROUP ED TCU Brief Interventions or HIV/AIDS and Sex education	GROUP ED RE-ENTRY/ LIFE SKILLS OR INDIVIDUAL COUNSELING	GROUP ED. ICVC
11:00-11:30a						
11:30a-12:20p						
12:30-1:20p						
1:30-2:20p	GROUP ED Co-occurring Education group or personal time	SMALL GROUP	SMALL GROUP	SMALL GROUP	SMALL GROUP	GROUP ED Long Distance Dads/Inside out Dad
2:30-3:30p	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	ENCOUNTERS	COMMUNITY MEETING	Family Education
3:45-4:30p	TPR	WRAP UP	TPR	WRAP UP	TPR	Family Education
4:30-5:00p						
5:00-5:50p						

The overall curriculum for WRDCC includes the following components:

- Assessment services
- TAP/Treatment planning and treatment plan reviews
- Modified Therapeutic Community
- Individual and group therapy
- Group education
- Cognitive Restructuring
- 12-step and other support groups
- Employability and employment skills training
- Community meetings
- Services for offenders with co-occurring disorders/special needs
- Family education and family support groups
- Relapse prevention for substance abuse and criminality
- Gender-responsive treatment methods
- Discharge planning
- Continuing care/aftercare plans
- Re-entry/transition preparation

## **CURRICULA**

In addition to the Gateway curriculum, Gateway currently uses and will continue to use per Department approval the following curricula:

### ***THE CHANGE COMPANIES INTERACTIVE JOURNALING MODULES***

Gateway will include a relapse prevention/re-entry curriculum using interactive journaling workbooks developed by The Change Companies. The two modules of the curriculum will be 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 will emphasize Stages of Change reference points and relapse triggers/warning signs.

The subtopics for the **Relapse Prevention Module** will include the following:

#### **Life Skills related to Relapse Prevention**

- Managing Stress
- Anger Management
- Health Issues
- Financial Health and Budgeting
- Temptation Thinking
- Decision-Making
- Goal-Setting
- Cognitive Issues

**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

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
- 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

### ***INSIDEOUT DAD***

*InsideOut Dad* is a fatherhood re-entry program designed to connect inmates to their families and prepare them for release. Research shows that inmates who are connected to their families are more likely to successfully re-enter society. Connecting inmates to their families is an essential part of the re-entry process, and the *InsideOut Dad* program is designed to help change participants' lives and repair broken relationships. This curriculum will be used as an adjunct to our re-entry program; it reaches men on the Inside and prepares them for life when they get Out by helping them explore and heal from their pasts, while developing healthy emotions, reconnecting to their families, and planning for the future.

*InsideOut Dad* is a curriculum for incarcerated fathers that bridges the gap between inmate fathers and their children. Through the program, inmate dads deal with their pasts in order to discover their futures—and the possibility that they can parent differently from their own, often absent, fathers. Prisoners who have strong connections to family are far more likely to embrace freedom and have a crime-free future. *InsideOut Dad* helps prisoners prepare for re-entry into society as they learn more about themselves as men and as fathers.

Although we propose the use of these curricula, Gateway will obtain the approval from the Assistant Division Director DORS or Area Substance Abuse Treatment Coordinator, prior to implementation or utilization of all services and personnel provided for the Program.

### ***MEN'S WORK***

The *Men's Work Workbook Series* consists of three workbooks 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.

#### ***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.

***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.

***NEW DIRECTION CRIMINAL & ADDICTIVE THINKING (HAZELDEN)***

Criminal & Addictive Thinking explores the distorted thinking patterns at the root of addiction and criminal behavior. This workbook is a comprehensive cognitive-behavioral therapy treatment program that trains chemically dependent offenders to challenge their thinking in order to change their criminal and addictive behavior patterns

***NEW DIRECTION CO-OCCURRING DISORDER MODULE (HAZELDEN)***

A New Direction, Hazelden's cognitive-behavioral treatment curriculum for chemically dependent inmates, includes a module that specifically addresses the co-occurring disorders of substance abuse and psychological problems. Client topics include the following:

- What you are dealing with
- Why treatment? Dealing with meds and treatment
- Relapse
- Building a support system.

***NEW DIRECTION SOCIALIZATION WORKBOOK (HAZELDEN)***

This workbook helps offenders reassess how they treat themselves and others, including:

- understanding the dynamics of healthy relationships
- managing anger in a positive manner
- appreciating the consequences of their actions
- identifying and practicing personal values

**TCU BRIEF INTERVENTIONS**

In addition to the topics listed above, Gateway will incorporate the following TCU Brief Interventions to supplement the above list:

- Getting Motivated to Change that addresses motivation and readiness for change.
- Ideas for Better Communication that address thinking patterns that can hamper behavior change.
- Unlock Your Thinking, Open Your Mind that addresses thinking patterns that can hamper behavior change.

- Building Social Networks includes ways to build and strengthen social support in recovery.
- Understanding and Reducing Angry Feelings encourages new ways of thinking about and responding to anger
- Time Out for Men contains sessions for communication skills, self-esteem, sexual health, and conflict resolution skills that are presented as a foundation for helping men find solutions to relationship difficulties.
- Common Sense Ideas on HIV Prevention and Sexual Health addressing the knowledge and skills to reduce HIV and other STD risks.
- Mapping Your Steps provides mapping templates for helping clients work their 12-step program.
- *WaySafe* focuses on post-discharge risk behaviors that can lead to contracting HIV or other infectious diseases.

#### 4.8.8 PLAN FOR MEETING GROUP EDUCATION REQUIREMENTS (p. 32 of 61)

Gateway will adhere to group education size and delivery of required weekly group hours. As described in our previous response to Section 2.5 **Short Term and Intermediate Program Requirements**, Gateway understands that adequate group rooms are available to accommodate the didactic presentations included in our chemical dependency education, life skills, relapse prevention lessons, and other required topics.

Our responses in this proposal as well as the program schedules describe in more detail how and when we will provide these topics. We understand that education groups may not be completed with all participants on a given wing due to institutional constraints. We further understand that participants in these programs are involved in treatment activities throughout the program day (as opposed to having part of the day attending to institutional jobs). This allows optimal opportunities for clients to receive all thirty (30) hours of required program activities.

**SECTION 4.9**  
**MBE/WBE PARTICIPATION**

**CONTENTS:**

**\*Narrative Overview of MBE/WBE Participation and Commitment\***

**\*Exhibit E, MBE/WBE Participation Commitment\***

**\*Exhibit F, Documentation of Intent to Participate\***



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

**Narrative Overview of**

**Minority and Women Business Enterprise**

**Participation Commitment**

**For**

**Missouri Department of Corrections**

**IFB SDA411063**

**GATEWAY FOUNDATION, INC. D/B/A GFI SERVICES  
NARRATIVE OVERVIEW OF MBE/WBE PARTICIPATION & COMMITMENT  
FOR MISSOURI DOC IFB SDA411063**

**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 SDA411063 for Assessment and Substance Abuse Treatment Services for the Western Reception Diagnostic Correctional Center (WRDCC), located in the State of Missouri. The program focuses on changing the patterns of substance abuse and addiction and associated criminality. Gateway will provide these services directly through their employees and does not subcontract its core services to other agencies. Approximately 95% of the total budget for this contract accounts for salaries and fringe benefits for the Gateway employees, as well as indirect overhead expenses. The services that Gateway provides are its product and as such it is difficult to attain the desired goal to subcontract 10% of the contract to certified MBE vendors and 5% of the contract to certified WBE vendors through the Missouri MBE/WBE Participation Commitment.

The following documents contain Gateway's effort 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 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 SDA411063 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 fifteen years. We track our diversity vendors in our vendor system and report expenditures with them on a quarterly 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 wherever possible.

**EXHIBIT E**  
**PARTICIPATION COMMITMENT**

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop Participation Commitment** – 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, 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 bid.

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.

<b>MBE Participation Commitment Table</b>		
(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.)		
<b>Name of Each Qualified Minority Business Enterprise (MBE) Proposed</b>	<b>Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed MBE</b>
1. Guy Brown Products, LLC	0.8 %	office supplies, paper, toner, janitorial
2.	%	
<b>Total MBE Percentage:</b>	<b>0.8 %</b>	
<b>WBE Participation Commitment Table</b>		
(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.)		
<b>Name of Each Qualified Women Business Enterprise (WBE) proposed</b>	<b>Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed WBE</b>
1.	%	
2.	%	
<b>Total WBE Percentage:</b>	<b>0 %</b>	
<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>		
By completing this table, the bidder commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.		
(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop 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.)		
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b>	
1.		
2.		

**EXHIBIT F**

**DOCUMENTATION OF INTENT TO PARTICIPATE**

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or Minority Business Enterprise/Women Business Enterprise (MBE/WBE) in the provision of the products/services required in the IFB, the bidder must either provide a recently dated letter of intent from each organization documenting the following information, or complete and provide this Exhibit with the bidder's bid.

*~ Copy This Form For Each Organization Proposed ~*

Bidder Name: Gateway Foundation, Inc. dba GFI Services

**This Section To Be Completed by Participating Organization:**

*By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.*

Indicate appropriate business classification(s):

MBE       WBE       Organization for the Blind       Sheltered Workshop

Name of Organization: Guy Brown Products, LLC

Contact Name: Joan Pana      Email: joan.pana@guybrown.com

Address: 9003 Overlook Blvd      Phone #: 415-668-5906

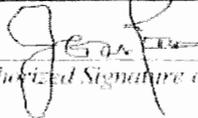
City: Brentwood      Fax #: 916-681-5270

State/Zip: TN      Certification # \_\_\_\_\_  
(or attach copy of certification)

Certification Expiration Date: \_\_\_\_\_

Describe the products/services you (as the participating organization) have agreed to provide:  
office supplies, paper, toner, janitorial

**Authorized Signature:**

  
Authorized Signature of Participating Organization

4/8/14  
Date

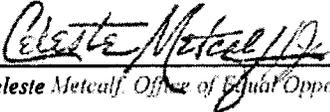


***State of Missouri***  
***Office of Administration***  
***Office of Equal Opportunity***

*Doug Nelson*  
*Commissioner of Administration*

*Celeste Metcalf*  
*Director*

*This is to certify **Guy Brown Management, LLC dba Guy Brown Products, LLC** qualifies as a **Minority-Owned Business Enterprise** that has met the eligibility criteria es tablished by the State of Missouri, Office of Administration.*

  
\_\_\_\_\_  
*Celeste Metcalf, Office of Equal Opportunity*

*Certification Number M02098 Date of Issue 11/15/2013 Date of Expiration 11/5/2014*

**APPENDIX: ADDITIONAL EXHIBITS**

**CONTENTS:**

**\*Exhibit D, Affidavit of Work Authorization\***

**\*Exhibit F, Personnel Control Listing\***

**\*Response to Section 4.10\***

**\*Response to Section 4.11\***

**\*Response to Section 4.12\***

**\*Response to Section 4.13\***

**\*Response to Section 4.14\***

**EXHIBIT D, (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 VP, Human Resources (Position/Title) first being duly sworn on my oath, affirm Gateway Foundation, Inc. (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, Inc. (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

4/11/14  
Date

Martha.Yount@gatewayfoundation.org  
E-Mail Address

386492  
E-Verify Company ID Number

Subscribed and sworn to before me this 11<sup>th</sup> of April 2014. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of COOK, State of  
(NAME OF COUNTY)  
Illinois, and my commission expires on 11/4/14.  
(NAME OF STATE) (DATE)

*Michelle Mednis*  
Signature of Notary

4/11/14  
Date



EXHIBIT D, (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

(doing business as)

I certify that Gateway Foundation, Inc. (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: Office of Administration - Division of Purchasing and Materials Management (\*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: March 4, 2014

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

Martha Yount
Authorized Business Entity Representative's Name (Please Print)

Martha Yount
Authorized Business Entity Representative's Signature

Gateway Foundation, Inc.
Business Entity Name

4/10/14
Date

Martha.Yount@gatewayfoundation.org
E-Mail Address

386492
E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

John Hall
Procurement Officer

5/27/14
Date

## EXHIBIT F

## Personnel Control Listing

Staff Name	Position	Date Employed	Hours/Week	Certification Number	License Number	ADA/QSAC		Degree Field of Study	Salary **
						Yes	No		
Jill Newman	Program Director	12/17/11	40	RSAP / CCJP CCDP	5588/4268 3572	x		MS Psychology	\$ 51,000
Jannet Reynolds	Clinical Supervisor S/T	07/01/10	40	CCJP/CRADC	4589/4811	x		BS Criminal Justice	\$ 40,000
Lisa Cronk	Clinical Supervisor PDP	03/19/12	40	CRADC	7066	x		MS Social Work	\$ 39,000
Vacant*	Clinical Supervisor* I/M		40						\$ 37,000
Shawna O'Brien*	Assessment CII*	07/01/10	40	CCJP	4797	x		HS Diploma **	\$ 33,500
Amy Watson	Counselor II	07/01/10	40	CRADC/CCJP	5193/4677	x		BS Psychology/Sociology	\$ 32,500
Rebecca Wingfield	Counselor II	03/17/09	40	CRADC	4389	x		MS Education	\$ 32,500
Jonathan Phillips	Counselor II	04/14/14	40	CRADC	4842	x		HS Diploma	\$ 32,500
Vacant	Counselor II		40						\$ 32,500
Michelle Brinkman	Counselor I	01/03/13	40	RASAC I	7469		x	BS Interdisciplinary Studies	\$ 27,000
Michelle Adcock	Counselor I	07/08/13	40	RASAC I	7644		x	BS Science	\$ 27,000
Matthew Gerdes	Counselor I	04/07/14	40	RASAC II	6627	x		HS Diploma	\$ 27,000
Thomas Landrum	Counselor I	06/29/13	40	RASAC II	7701	x		MS Counseling	\$ 27,000
Derek Kretsinger	Counselor I	01/28/13	40	RASAC II	7386	x		BS Science	\$ 27,000
Jeffrey McGinnis	Counselor I	09/06/11	40	RASAC II	6516	x		MS Counseling	\$ 27,000
Jamie Manson	Counselor I	01/14/14	40	RASAC II	4636	x		BS Arts Human Services	\$ 27,000
Michael Rowley	Counselor I	01/30/14	40	RASAC II	7854	x		BS Science	\$ 27,000
Reba Theas	Counselor I	03/19/12	40	RASAC II	6796	x		BS Psychology	\$ 27,000
Leslie Schenecker	Admin. Assistant	07/01/10	40	N/A				HS Diploma	\$ 28,500

\* As of 4/21/14, Ms. O'Brien will be promoted to Counselor Supervisor. Upon award, the Counselor Supervisor position will become a Clinical Supervisor position per the IFB, which requires three (3) Clinical Supervisors.

\*\* Listed salaries are proposed averages for new contract period.

**GATEWAY RESPONSE REGARDING SECTIONS 4.10 – 4.14**

- 4.10 Preference for Organizations for the Blind and Sheltered Workshops**  
Gateway Foundation is unable to meet the requirements for participation in this category.
- 4.11 Missouri Service-Disabled Veteran Business Preference**  
Gateway Foundation is unable to meet the requirements for participation in this category.
- 4.12 Vendor Information Data Form**  
As a current vendor for the Missouri Department of Corrections, Gateway Foundation has a Vendor Information Data Form on file with the Department.
- 4.13 Business Compliance**  
As a current vendor for the Missouri Department of Corrections, Gateway Foundation is in compliance with the laws regarding conducting business in the State of Missouri.
- 4.14 Contract Award**  
Gateway Foundation understands that any award of this contract will be made in writing; that it is the Department's intent to award only one contract under this IFB; and, that there is no guarantee being made regarding all of the services being purchased.