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:
Beth Lambert, MBA
Procurement Officer II
Telephone: (573) 526–6494
Beth.Lambert@doc.mo.gov

IFB SDA411-065 AMENDMENT 001

Assessment and Substance Abuse Treatment Services Program

For

Department of Corrections:
Chillicothe Correctional Center
Northeast Correctional Center
Women's Eastern Reception & Diagnostic Correctional Center

Contract Period: Date of Award through June 30, 2017

Date of Issue: June 14, 2016

REVISED BY AMENDMENT #001
Bids Must Be Received No Later Than:

2:00 p.m., June 28, 2016

Sealed 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, IL 60604

Telephone: (312) 663-1130 **Fax:** (312) 663-0504

Federal EIN #: 36-2670036 **State Vendor #** 0640646

Email: tbritton@gatewayfoundation.org

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

Authorized Signature: _____ **Bid Date** 6/15/16

NOTICE OF AWARD: This bid is accepted by the Missouri Department of Corrections as follows: **In its entirety.**
Contract No. **SDA411065**

Matt Sturm, Director, Division of Offender Rehabilitative Services — Date 8-25-16

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

Contract Period: 09/01/16– 06/30/17

Gateway Foundation | Corrections

GATEWAY FOUNDATION, INC.

Doing Business in Missouri As

GFI SERVICES, INC.

Proposal in Response to

IFB SDA411-065

Assessment and Substance Abuse Treatment Services Program

for

Missouri Department of Corrections

Chillicothe Correctional Center, Northeast Correctional Center, and Women's Eastern Reception & Diagnostic Correctional Center

Due Date: June 28, 2016

ORIGINAL

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Cover Page

Contents:

Signed Cover Page

Signed Amendment 001

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:
Beth Lambert, MBA
Procurement Officer II
Telephone: (573) 526–6494
Beth.Lambert@doc.mo.gov

IFB SDA411-065

Assessment and Substance Abuse Treatment Services Program

For

Department of Corrections:
Chillicothe Correctional Center
Northeast Correctional Center
Women's Eastern Reception & Diagnostic Correctional Center

Contract Period: Date of Award through June 30, 2017

Date of Issue: May 23, 2016

Bids Must Be Received No Later Than:

2:00 p.m., June 21, 2016

Sealed 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, IL 60604

Telephone: (312) 663-1130 **Fax:** (312) 663-0504

Federal EIN #: 36-2670036 **State Vendor #** 0640646

Email: tbritton@gatewayfoundation.org

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

Authorized Signature: _____ **Bid Date** 6/13/16

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.

Letter of Transmittal

Gateway Foundation | Corrections

Beth Lambert, MBA
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 SDA411-065, Assessment and Substance Abuse Treatment Services Program for Chillicothe Correctional Center, Northeast Correctional Center, and Women's Eastern Reception & Diagnostic Correctional Center

Dear Ms. Lambert,

Gateway Foundation is pleased to submit our proposal in response to IFB SDA411-065 to continue providing Assessment and Substance Abuse Treatment Services for the Missouri Department of Corrections at Chillicothe (CCC), Northeast Correctional Center (NECC) and Women's Eastern Reception & Diagnostic Correctional Center (WERDCC).

As you may know, for over 46 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 use disorder 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 CCC, NECC, and WERDCC.

We have designed an innovative, responsive proposal that will meet the needs of both the Missouri Department of Corrections and the clients in its treatment programs. As you will see, we have kept the foundation of our existing programs and incorporated additional enhancements in line with best practice and evolving research in the addictions treatment and criminology fields. Please consider the following:

- Gateway has invested in increasing its expertise and skill around trauma and trauma informed systems of care. We have included new curricula focused on trauma among incarcerated women and have sent our staff to multiple trainings based on this topic.
- Recognizing that trauma is a men's issue too, we have included *Helping Men Recover* for programming at NECC. *Helping Men Recover* is the first gender-responsive, trauma-informed treatment program for men.
- Mindfulness Based Relapse Prevention (MBRP) for Addictive Behaviors is an innovative treatment, yet well-researched approach developed at the Addictive Behaviors Research Center at the University of Washington. MBRP practices are intended to foster increased awareness of triggers, destructive habitual patterns, and "automatic" reactions that may control behaviors and integrates seamlessly with Cognitive Behavioral Therapy.

- Approximately 10-15% of the male clients who receive substance use disorder treatment at NECC have had some military experience. Gateway has implemented a self-help group for male offenders receiving treatment services at Western Reception and Diagnostic Correctional Center and would like to duplicate this at NECC.

Why Select Gateway to Continue as the Provider of these Programs?

- As the incumbent provider, we have successfully provided assessment and treatment services at CCC since 2012, NECC since 2008, and WERDCC since 1998. **Gateway is an experienced provider of correctional substance abuse treatment services—with over 46 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** and has the financial, management and clinical resources needed for the successful delivery of the desired treatment 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 CCC, NECC, and WERDCC 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 has prepared a comprehensive proposal in response to the services solicited for CCC, NECC, and WERDCC. We believe our emphasis on evidence-based programming and adaptive treatment within the TC methodology and our history of service to the Department make us the perfect selection for this contract. In addition, continuing with Gateway will assure the Department of absolutely no interruption of services at any of the three programs.

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.

We look forward to discussing our proposal with you and to continuing our service to the Department at the CCC, NECC, and WERDCC in the years to come.

Very truly yours,

Thomas P. Britton, DrPH LPC LCAS CCS ACS
President and CEO

SECTION 4.3: COST

CONTENTS:

Exhibit A, Pricing Page

EXHIBIT A

PRICING PAGE

The bidder shall provide firm, fixed pricing for Assessment and Substance Abuse Treatment Services Program, and maximum prices for each renewal period, pursuant to all mandatory requirements herein. The bidder must clearly describe any one-time required firm, fixed costs and all annual costs necessary to meet the IFB requirements herein. The bidder must indicate any other relevant information related to the pricing of their proposed products/services. Pricing must include all start-up costs, technical support, and training.

WERDCC

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Period	Second Renewal Period	Third Renewal Period
All services at WERDCC	$ 15.58 per day per offender	$ 16.05 per day per offender	$ 16.53 per day per offender	$ 17.02 per day per offender

CCC

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Period	Second Renewal Period	Third Renewal Period
All services at CCC	$ 13.07 per day per offender	$ 13.46 per day per offender	$ 13.87 per day per offender	$ 14.28 per day per offender

NECC

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Period	Second Renewal Period	Third Renewal Period
All services at NECC	$ 19.88 per day per offender	$ 20.48 per day per offender	$ 21.09 per day per offender	$ 21.72 per day per offender

The bidder should indicate below whether it will allow the Department to make payments using the State of Missouri Purchasing card. If the contractor agrees, the contractor shall be responsible for all merchant fees passed on by the purchasing card contractor. Furthermore, the contractor shall agree prices identified above will remain the same:

Agreement_____ Disagreement__X_____

Bidder to state discount for prompt payment, if applicable.

__N/A__% if paid within __N/A____days

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

_____For Profit ____X___ Nonprofit

SECTION 4.4: EXPERIENCE, RELIABILITY, AND EXPERTISE OF PERSONNEL

CONTENTS

4.4.1: Organizational Experience and Reliability (including Exhibit B)

4.4.2: Qualifications of Personnel Performing Contract Services

Exhibit C: Current/Prior Experience

SECTION 4.4 EVALUATION OF BIDDER'S EXPERIENCE, RELIABILITY, AND EXPERTISE OF PERSONNEL

4.4.1 Organizational Experience and Reliability, Personnel, and Exhibit B

a. Bidder Information - The bidder should provide information about the bidder's organization on Exhibit B.

b. Experience - The bidder should provide information related to previous and current services/contracts of the bidder or bidder's proposed subcontractor where performance was similar to the required services of this IFB. The information may be shown on Exhibit C or in a similar manner.

On the following pages, Gateway has provided the organizational information required by Exhibit B which is directly followed by Exhibit C (Current/Prior Experience).

In order to facilitate the reading of this proposal, we have placed Exhibit D (Expertise of Key Personnel)- including job descriptions for two vacant positions that Gateway currently has- and Exhibit E (Expertise of Personnel) directly after Section 4.8. Immediately following Exhibit E, you will find a copy of all licenses and certifications of current staff employed by Gateway at CCC, NECC, and WERDCC.

EXHIBIT B

BIDDER INFORMATION

The bidder should provide the following information about the bidder's organization.

a. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Gateway Foundation, Inc.--doing business in Missouri as GFI Service, 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
312-663-1130

Gateway is governed by a diverse 17-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.*

GATEWAY FOUNDATION, INC. / GFI SERVICES, INC. HISTORY

MISSOURI HISTORY

Gateway Foundation, Inc., 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 program. 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 (MODOC) 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. Reviewers familiar with our previous proposals and contracted treatment services

will notice several updates and "upgrades" to Gateway's proposed programming. Gateway has worked hard to remain on the forefront of the substance use disorder treatment field as you will see reflected in program enhancements throughout our proposal.

In 2007, Gateway submitted its 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 Department at MTC, 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 2010 won the contract at the Western Reception, Diagnostic and Correctional Center (WRDCC) in St. Joseph, MO and was re-awarded the WRDCC contract in 2014.

Also in 2008, Gateway's successful rebid of the WERDCC contract included a contract for Missouri's first Special Needs/Co-occurring program, 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 2012, Gateway was also awarded the contract for Chillicothe Correctional Center (CCC) and the Assessment Services at the Eastern Reception, Diagnostic and Correctional Center (ERDCC), in Bonne Terre, MO.

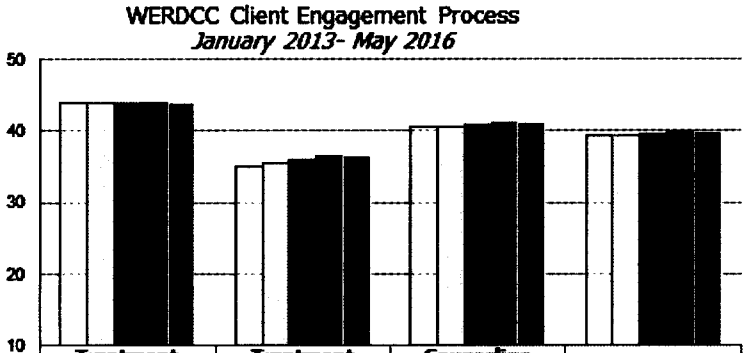
As of Fiscal Year 2014, Gateway Foundation has operated over 2,000 treatment beds throughout the MODOC system and has provided life-changing treatment for nearly 32,000 Missouri offenders over the past seven years. **In fiscal year 2015, Gateway's 120+ staff provided treatment to over 9,000 offenders across our seven contracted programs.** Our commitment is to provide Missouri offenders with effective, evidence-based treatment services that reduce recidivism, and rebuild lives!

Over the past 4 years, Gateway has been able to bring a number of "value- added" services to the Missouri Department of Corrections. Please consider the following achievements.

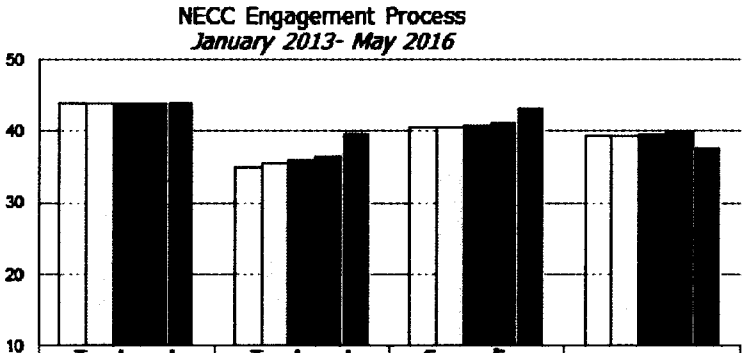
- **Highly Satisfied Clients-** Gateway's Internal Evaluation Protocol pays significant attention to client satisfaction rates and counseling rapport scores derived from the Texas Christian University Engagement form. The scales are particularly important as they are strong predictors of long term success; the more satisfied one is in treatment and the more positive they feel about the therapeutic alliance with their counselor, indicates they are more likely to complete treatment and achieve long term success.

  Engagement scores are reconciled on both a monthly and quarterly basis and communicated to Program Director level managers and above. This consistent and urgent response to the data provides real-time information allowing for immediate response to any areas of concern. Additionally, longer term trends can be readily identified and addressed if needed through training and coaching. This level of responsivity is evidence of Gateway's commitment to working through the precontemplation and contemplation stages of change with each client in order to increase the likelihood of program completion. Please consider the scores below.

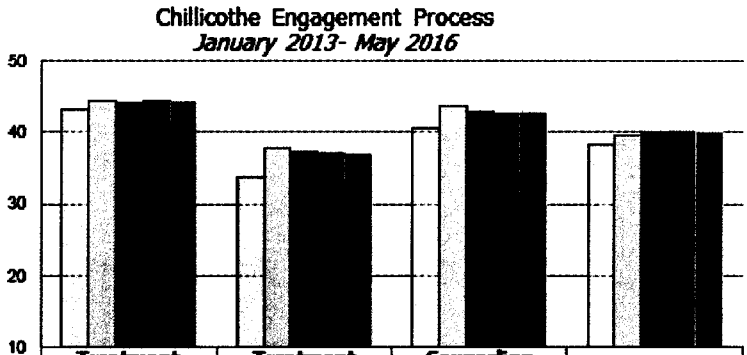
*Note: Scores can range from 10-50 with 10 being the lowest score possible and 50 the highest. Anything over 30 represents agreement with the item.



	Treatment Participation	Treatment Satisfaction	Counseling Rapport	Peer Support
13-Jan	43.97	35.14	40.55	39.25
14-Jan	43.94	35.6	40.6	39.37
15-Jan	44.01	35.99	40.83	39.53
16-Jan	44.04	36.46	41.07	39.76
Current	44.04	36.52	41.08	39.77

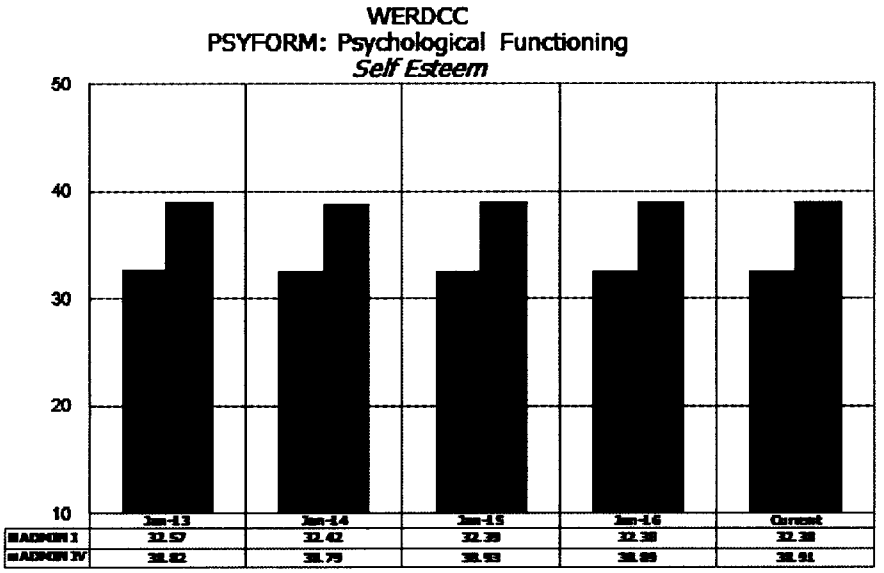


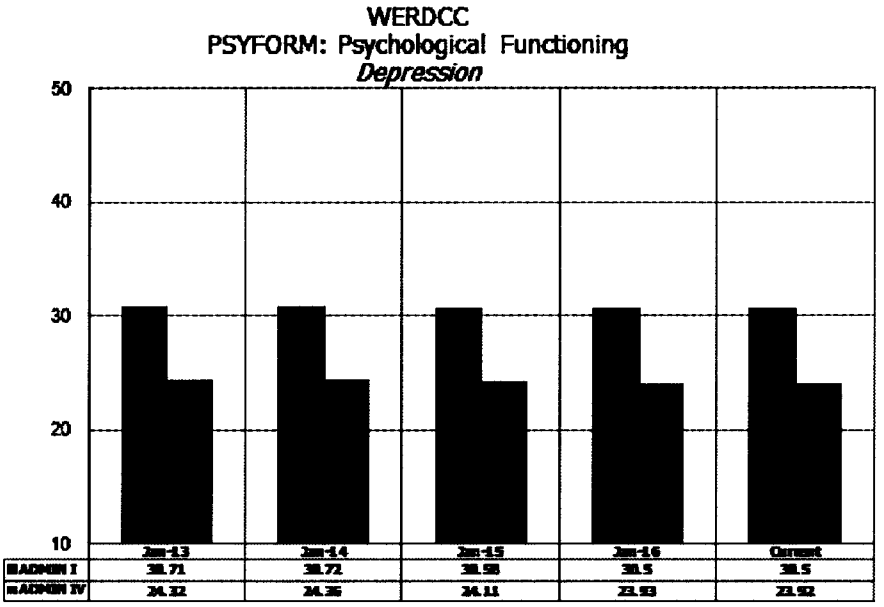
	Treatment Participation	Treatment Satisfaction	Counseling Rapport	Peer Support
13-Jan	43.97	35.14	40.55	39.25
14-Jan	43.94	35.6	40.6	39.37
15-Jan	44.01	35.99	40.83	39.53
16-Jan	44.04	36.46	41.07	39.76
Current	44.23	39.76	43.42	37.76

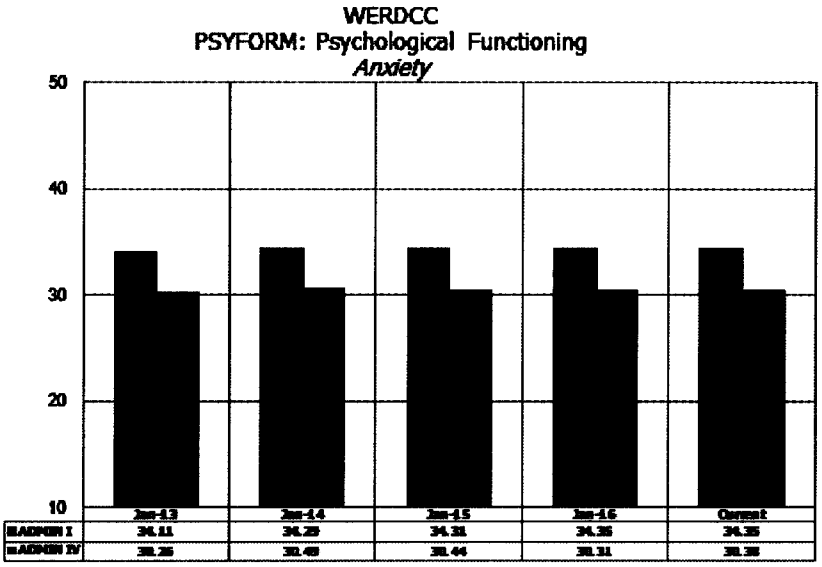


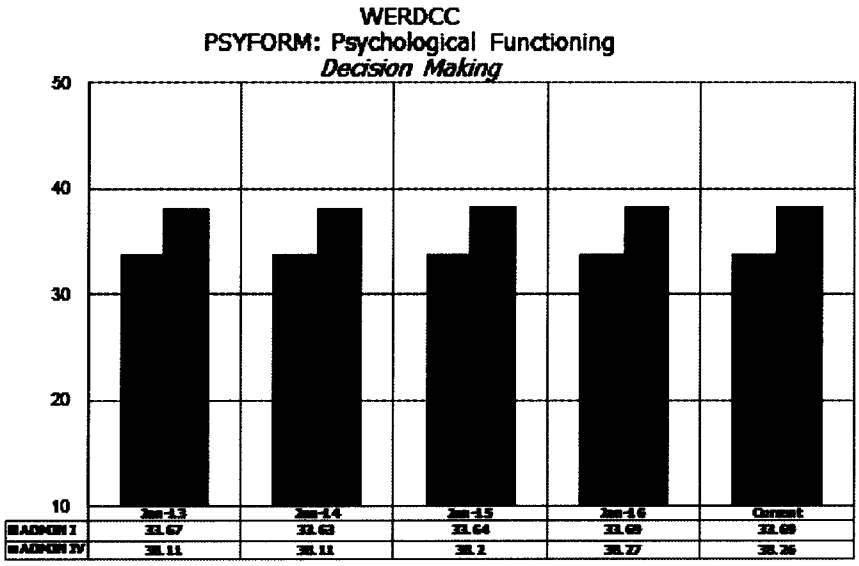
	Treatment Participation	Treatment Satisfaction	Counseling Rapport	Peer Support
13-Jan	43.21	33.7	40.64	38.44
14-Jan	44.54	37.94	43.57	39.72
15-Jan	44.3	37.21	42.8	40.12
16-Jan	44.32	37.05	42.75	40.23
Current	44.35	37.1	42.81	40.19

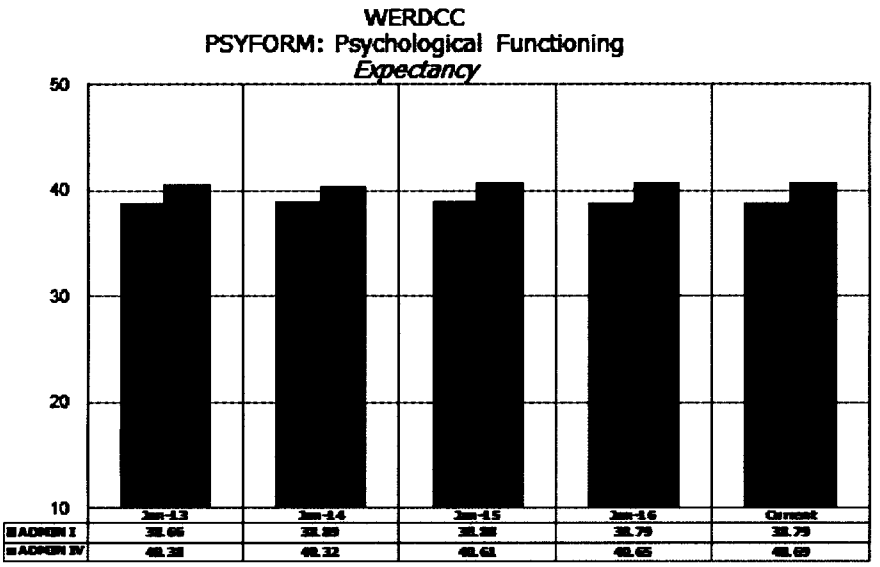
- **Proven Results**- Again, utilizing pre- and post- TCU data, Gateway shows that clients have increased important prosocial attributes and decreased antisocial ones over the course of treatment. For example, at WERDCC, all scales on the Psychological Functioning assessment improve from the first administration to the last, suggesting that treatment is having its intended effect.


WERDCC
PSYFORM: Psychological Functioning
Self Esteem
50
40
30
20
10
Jan-13
Jan-14
Jan-15
Jan-16
Current
ADMIN I
32.57
32.42
32.39
32.38
32.38
ADMIN IV
38.82
38.79
38.93
38.89
38.91


WERDCC
PSYFORM: Psychological Functioning
Depression
50
40
30
20
10
Jan-13
Jan-14
Jan-15
Jan-16
Current
ADMIN I
38.71
38.72
38.58
38.5
38.5
ADMIN IV
24.32
24.36
24.11
23.93
23.92


WERDCC
PSYFORM: Psychological Functioning
Anxiety
50
40
30
20
10
Jan-13
Jan-14
Jan-15
Jan-16
Current
ADMIN I
ADMIN IV


WERDCC
PSYFORM: Psychological Functioning
Decision Making
50
40
30
20
10
Jan-13
Jan-14
Jan-15
Jan-16
Current
ADMIN I
ADMIN IV



All TCU data across time by institution is available for review; however, in the interest of space, we have not included it here.

- **High Successful Completion Rates**- In 2015 alone, Gateway served over 2,000 clients across all three programs. We take pride in the high number of clients who successfully complete the program, indicating our ability to engage and retain clients in collaboration with the Department and other on-site partners. Successful completion by institution for 2015 exceeded national averages across the board: 95.2% at WERDCC, 89% at NECC, and 95.2% at Chillicothe.
- **Trained staff**- In 2015, WERDCC provided a total of 817 staff training hours, NECC provided 136 staff training hours, and Chillicothe provided 300 staff training hours.
- **Medication Assisted Treatment**- Gateway has gained tremendous experience with Medication Assisted Treatment (MAT) over the last contract cycle and can offer a MAT partnership that spans both in-custody and post-release services. In 2012, Gateway, in collaboration with the Missouri Department of Corrections and the Missouri Department of Mental Health, began providing MAT, specifically Vivitrol (extended release Naltrexone) for offenders **prior to** their release from a Gateway contracted, year-long institutional treatment program. This was expanded to 3 additional Gateway contracted programs in fiscal year 2014 and to 7 total programs, including two DOC managed programs, in fiscal year 2016. All of the offenders who receive Vivitrol prior to their release from one of these 7 institutional treatment programs are "followed" to outpatient treatment programs in St. Louis or Kansas City where they continue their treatment, including receiving MAT. CCC, WERDCC, and NECC all participate in this program. Consider these early impressive outcomes:

- **Just 13.6% of offenders who received pre-release Vivitrol in FY14 have returned to the Department of Corrections, versus an average MODOC two-year recidivism rate of 40%.**
- 88% of RR-MAT offenders released from prison were admitted to community based treatment versus 66% of non RR-MAT offenders.
- 96% of offenders receiving RR-MAT services are still engaged in post-release community based outpatient treatment, versus an average of 67% engagement for all offenders.
- Participants in the RR-MAT projects have a 23% higher rate of retention in treatment than comparable non-participants. Retention in treatment is one of the highest predictors of long-term success.

Moreover, as a learning organization, Gateway is ever evolving and counts that as one of our greatest strengths. As you will see, we have kept the foundation of our existing programs and incorporated additional enhancements in line with best practice and evolving research in the addictions treatment and criminology fields. Please consider the following enhancements:

- Gateway has invested in increasing its expertise and skill around trauma and trauma informed systems of care. We have included new curricula focused on trauma among incarcerated women and have sent our staff to multiple trainings based on this topic. The new curricula include *Healing Trauma* for short term clients and *Beyond Trauma* for the longer term clients. Staff attended the following trainings in order to ensure we have the most current information: *Traumatic Stress New mechanisms and Effective Treatment* and *Beyond Trauma.*
- Recognizing that trauma is a men's issue too, we have included *Helping Men Recover* for programming at NECC. *Helping Men Recover* is the first gender-responsive, trauma-informed treatment program for men. More information describing this curriculum can be found later in this proposal.
- Mindfulness Based Relapse Prevention (MBRP) for Addictive Behaviors is a well-researched, innovative treatment approach developed at the Addictive Behaviors Research Center at the University of Washington. MBRP practices are intended to foster increased awareness of triggers, destructive habitual patterns, and "automatic" reactions that may control behaviors and integrates seamlessly with Cognitive Behavioral Therapy.
- Approximately 10-15% of the male clients who receive substance use disorder treatment at NECC have had some military experience. Gateway has implemented a self-help group for male offenders receiving treatment services at Western Reception and Diagnostic Correctional Center and would like to duplicate this at NECC. **This is provided at no cost to Missouri DOC.**

GATEWAY FOUNDATION

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 never had a contract terminated because of program or administrative deficiencies or the lack of administrative controls.

Established in 1968, Gateway Foundation, Inc. has grown to become one of the largest independent, not-for-profit providers of community and in-custody substance use disorder treatment across the nation.

Gateway began its history of service with the opening of Crieger Ellis House in Chicago in 1968. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s. Today, Gateway programs treat an average of 10,000 people per day in 43 locations across the country.

Gateway is actively engaged in the following types of business:

- Residential substance-abuse treatment programs in correctional facilities;
- Outpatient substance-abuse treatment for justice involved participants;
- Community-based adult/adolescent/child outpatient mental-health treatment and adult residential rehabilitation for substance abuse and co-occurring mental-health disorders;
- Transitional treatment programming for correctional participants;
- Community-based substance- use disorder treatment, including residential rehabilitation, intensive outpatient treatment, and drug-court programs.

In addition to providing treatment services to incarcerated individuals, recently released individuals, and those on probation or parole, Gateway assists detainees and reentrants in gaining access to a full spectrum of services upon their release. Most individuals require continuing treatment, linkages with self-help groups and social-service agencies, or assistance in finding appropriate housing. To guarantee coverage of clients' needs, Gateway maintains links with other providers to ensure that participants can find appropriate services in whatever areas they are located in. Our treatment programs emphasize the development of life skills that enhance individuals' abilities to maintain sober, crime-free lives, and all clients leave our treatment programs with post-release recommendations and referrals. Firm linkages are established whenever possible to ensure the client has certainty around his or her reentry plan.

The individualized treatment programs delivered by Gateway's highly qualified clinicians are evidence-based and continue to evolve with the rapid increase in scientific addiction research. Services are gender responsive and trauma informed. The quality of care we provide has earned us numerous awards as well as accreditation from The Joint Commission, the leading accrediting body for healthcare organizations.

Gateway has a long history of working with minority and disadvantaged populations, and that continues today. **In fiscal year 2015, for example, Gateway Corrections admitted over 19,000 participants**: 80% of these participants were men, 53% were minorities, and all were participants with little to no annual income. These demographics are illustrative of our clientele going back decades. The mission of Gateway's Corrections Division—one of two branches of Gateway Foundation—is to reduce recidivism and rebuild lives.

Today Gateway has treatment sites in **six states, including Delaware, Illinois, Missouri, New Jersey, Texas, and Wyoming**—serving over 30,000 persons in FY 15. Programs are provided in both community and correctional residential and outpatient settings that serve diverse populations, including adolescents and adults with substance use and co-occurring mental health disorders. **All community-based programs are accredited by The Joint Commission**. Gateway has over 1,100 employees and an annual volume of business over $90 million in FY 15.

NATIONAL EXPANSION OF CORRECTIONS PROGRAMS

While our service delivery system grew in Illinois, it was also growing across the nation. Gateway's corrections-based treatment expansion included programs in Arizona, Missouri, Indiana, Virginia, New Jersey and Texas. The Arizona, Indiana and Virginia projects were de-funded due to political and budgetary considerations, but Gateway continues its service in Missouri, New Jersey, and Texas and recently added programming in Wyoming in 2015.

ILLINOIS

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 identify and house drug dependent male offenders as they entered the Jail. Based on the success of the men's program, Gateway began providing services in the Women's Division of the Jail in 1986. **Gateway established additional treatment programs 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. Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period demonstrated outstanding success in reducing recidivism for those served.

From May 2009 to February 2014, when the programs were consolidated under a new vendor, Gateway provided treatment services for the Pre-Release Center, a 450-bed male residential program for **pre-trial, court-ordered, or sentenced offenders and for the Day Reporting Center, an intensive supervision program** for 200 pre-trial men located within the Department of Community Supervision and Intervention of the Cook County Sheriff's Office in Chicago, IL

MISSOURI

As stated above, Gateway has provided treatment services to corrections involved clients in Missouri since 1994, and in MODOC institutions since 1998. We currently provide treatment programs in seven facilities throughout MODOC and in two community-based sites in St. Louis and Kansas City.

NEW JERSEY

In **New Jersey,** Gateway is the sole provider of in-prison substance use disorder treatment services for the NJDOC. There are currently seven programs housed in institutions across the state, with a total capacity of 1,356 beds. Gateway provides services to over 2,000 inmates per year. Seven of the programs began in October of 2002 and have been in operation for nearly 12 years. Gateway received a renewal contract from NJDOC in 2010.

TEXAS

In 1992, Gateway began providing treatment in **Texas** under the Texas Criminal Justice Initiative, opening its first Substance Abuse Felony Punishment Facility (SAFPF). Between 1992 and 1999, TDCJ awarded Gateway nine additional treatment contracts. Today Gateway operates six SAFPFs, three In-Prison Therapeutic Communities (IPTCs), one combined SAFPF/IPTC, and one Intermediate Sanction Facility (ISF) for a total of eleven units. Services at these facilities include programs for females, females with co-occurring disorders, males, males with physical and mental health disorders, and DWI services. **Gateway currently is the largest not-for-profit operator of vendor contracted in-custody therapeutic community treatment services in Texas, with 4,765 beds under contract at this time.**

Beginning May 1, 2016, Gateway assumed operation of two secure facilities in Houston, Texas for the **Harris County Community Supervision and Corrections Department.** Gateway provides treatment and case-management services to almost 600 male and female clients. These services are provided for medium- to- high-risk individuals in lieu of a traditional prison or jail sentence.

WYOMING

On July 1, 2015, Gateway began delivering the following substance use disorder treatment services for the **Wyoming Department of Corrections**: a 72-bed residential program for men at the Wyoming Medium Correctional Institution in Torrington; a 72-bed residential TC program for men at the Wyoming Honor Farm in Riverton; a 54-bed gender-specific residential TC treatment program for women at the Wyoming Women's Center in Lusk; evidence-based assessment and treatment services and cognitive behavioral intervention for 56 male offenders at the Wyoming Boot Camp in Newcastle; and Outpatient/Intensive Outpatient Programs treatment services to inmates at the Wyoming State Penitentiary, the Wyoming Medium Correctional Institution, the Wyoming Honor Farm, the Wyoming Honor Conservation Camp, and the Wyoming Women's Center.

MISSOURI PROGRAMS / IN-CUSTODY TREATMENT

PROGRAM NAME AND ADDRESS	SERVICES PROVIDED	SETTING	START DATES	BED CAPACITY
In-Custody—Prisoners				
Chillicothe Correctional Center 3151 Litton Road Chillicothe, MO 64601	Substance Abuse Treatment	State Correctional Institution	07/12 To Present	256 Female
Women's Eastern Reception, Diagnostic Correctional Ctr. P.O. BOX 300 1101 E. HWY 54 Vandalia, MO 63382	Substance Abuse Treatment; Special Needs	State Correctional Institution	07/98 to Present	240 Female
Northeastern Correctional Center (Gateway Address c/o WERDCC @ Vandalia)	Substance Abuse Modified TC; Special Needs	State Correctional Institution	07/08 To Present	62 Male
Maryville Treatment Center 30227 US Hwy 136 Maryville, Mo. 64468	Substance Abuse Modified TC	State Correctional Institution	12/07 to present	525 Male (300 contract)
Ozark Correctional Center 929 Honor Camp Lane Fordland, Mo. 65652	Substance Abuse Modified TC	State Correctional Institution	07/08 To Present	650 Male
Western Reception, Diagnostic & Correctional Ctr. 3401 Faraon St. Joseph, MO 64506	Substance Abuse Modified TC; Partial Day Treatment; Assessment Svcs.	State Correctional Institution	07/10 To Present	325 Male
TOTAL MO IN-CUSTODY				**2,058 Beds**

MISSOURI PROGRAMS / OUTPATIENT CARE

MISSOURI OUTPATIENT CARE PROGRAMS				
PROGRAM NAME AND ADDRESS	**SERVICES PROVIDED**	**SETTING**	**START DATES**	**CLIENT CAPACITY**
St. Louis Outpatient Program 1430 Olive Street, Suite 300 St. Louis, MO	Basic & Intensive Outpatient Treatment	State Outpatient	3/94 to present	600 co-ed outpatients
Kansas City Outpatient Program 4049 Pennsylvania Avenue Suite 204 Kansas City, MO 64111	Case Management; Employment Readiness	State Outpatient	10/15 to present	75 co-ed outpatients
TOTAL MO OUTPATIENT				**675**

NEW JERSEY PROGRAMS / IN-CUSTODY TREATMENT

NEW JERSEY IN-CUSTODY TREATMENT PROGRAMS				
PROGRAM NAME AND ADDRESS	**SERVICES PROVIDED**	**SETTING**	**START DATES**	**BED CAPACITY**
In-Custody—Prisoners				
Edna Mahan P.O. Box 4004 Clinton, NJ	Substance Abuse Modified TC	State Correctiona l Institution	10/02 to present	60 Female
Garden State Correctional Facility P.O. Box 11401 Yardville, NJ	Substance Abuse Modified TC	State Correctiona l Institution	10/02 To present	238 Male
Mountainview Youth Correctional Facility P.O. Box 944 Annandale, NJ	Substance Abuse Modified TC	State Correctiona l Institution	10/02 to present	132 Male
Mountainview Youth Corr. Facility II (FMU) P.O. Box 944 Annandale, NJ	Substance Abuse Modified TC	State Correctiona l Institution	8/05 to present	96 Male
Northern State Prison 168 Frontage Road Newark, NJ	Substance Abuse Modified TC	State Correctiona l Institution	10/02 to present	272 Male
South Woods State Prison 215 Burlington Road South Bridgeton, NJ	Substance Abuse Modified TC	State Correctiona l Institution	10/02 to present	124 Male
Southern State Prison P.O. Box 150 Delmont, NJ	Substance Abuse Modified TC	State Correctiona l Institution	10/02 to present	320 Male
TOTAL NJ IN-CUSTODY				**1,242 Beds**

TEXAS PROGRAMS / IN-CUSTODY TREATMENT

TEXAS IN-CUSTODY TREATMENT PROGRAMS				
PROGRAM NAME AND ADDRESS	**SERVICES PROVIDED**	**SETTING**	**START DATES**	**BED CAPACITY**
In-Custody—Probation Clients				
Estelle SAFPF** 262 FM 3478 Huntsville, TX	Substance Abuse Modified TC; Special Needs	State Correctional Institution	1/94 to present	212 Male
Hackberry SAFPF* 1401 State School Road Gatesville, TX	Substance Abuse Modified TC; Special Needs	State Correctional Institution	9/96 to present	288 Female
Jester I SAFPF* 1 Jester Road Richmond, TX	Substance Abuse Modified TC; Special Needs	State Correctional Institution	10/92 to present	323 Male
Glossbrenner SAFPF*/ISF^^ 5100 S. FM 1329 San Diego, TX 78384	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	612 Male
Halbert SAFPF* 800 Ellen Halbert Dr. Burnet, TX 78611	Substance Abuse Modified TC; DWI Recovery Program	State Correctional Institution	09/12 to Present	612 Female
Sayle SAFPF* 4176 FM 1800 Breckenridge, TX 76424	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	632 Male
Henley SAFPF*/IPTC^ 7581 Highway 321 Dayton, TX 77535	Substance Abuse Modified TC; Special Needs	State Correctional Institution	09/12 to Present	384 Females
In-Custody—Prisoners				
Havins IPTC^ 500 FM 45 East, Brownwood, Texas 76804	Substance Abuse Modified TC	State Correctional Institution	10/29/07 to present	576 Male
Ney IPTC^ 114 Private Road 4303 Hondo, Texas 78861	Substance Abuse Modified TC	State Correctional Institution	10/29/07 to present	320 Male
Kyle IPTC^ 23001 IH 35 Kyle, TX 78640	Substance Abuse Modified TC	State Correctional Institution	09/12 to Present	520 Male
In-Custody—Parole Clients				
South Texas ISF^^ 1511 Preston Houston, TX 77002	Substance Abuse Modified TC	State Correctional Institution	4/06 to present	350 Male
South Texas ISF^^ 1511 Preston Houston, TX 77002	Cognitive-Behavioral Interventions	State Correctional Institution	3/16 to present	100 Male

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

TEXAS IN-CUSTODY COMMUNITY CORRECTIONS

IN-CUSTODY—COMMUNITY CORRECTIONS	SERVICES PROVIDED	SETTING	START DATES	BED CAPACITY
Harris County Residential Treatment Program- Atascocita 2310 Atascocita Road Humble, TX 77396	Cognitive-Behavioral Interventions	Residential Community Corrections	5/16 to present	95 Female
Harris County Residential Treatment Program- Atascocita 2310 Atascocita Road Humble, TX 77396	Cognitive-Behavioral Interventions	Residential Community Corrections	5/16 to present	192 Male
Harris County Residential Treatment Program- Peden 600 San Jacinto, Houston, TX 77002	Cognitive-Behavioral Interventions	Residential Community Corrections	5/16 to present	283 Male
TOTAL TEXAS IN-CUSTODY				**5,409 Beds**

WYOMING PROGRAMS / IN-CUSTODY TREATMENT

WYOMING IN-CUSTODY TREATMENT PROGRAMS				
PROGRAM NAME AND ADDRESS	**SERVICES PROVIDED**	**SETTING**	**START DATES**	**BED CAPACITY**
In-Custody				
Wyoming Medium Correctional Institution (WMCI) 7076 Road 55F Torrington, WY 82240	Substance Abuse Modified TC; Unit-based OP/IOP	State Correctional Institution	7/1/15 to present	72 Male
Wyoming Women's Center (WWC) 1000 West Griffith Lusk, WY 82225-0020	Substance Abuse Modified TC; Unit-based OP/IOP	State Correctional Institution	7/1/15 to present	54 Female
Wyoming Honor Farm (WHF) 40 Honor Farm Road Riverton, WY 82501-9411	Substance Abuse Modified TC; Unit-based OP/IOP	State Correctional Institution	7/1/15 to present	74 Male
Wyoming Honor Conservation Camp Pippen Road Newcastle, WY 82701	Boot Camp; OP/IOP	State Correctional Institution	7/1/15 to present	56-64 Male
Wyoming State Penitentiary 2900 S. Higley Road Rawlins, WY 82301-0400	OP/IOP	State Correctional Institution	7/1/15 to present	OP/IOP
TOTAL WYOMING In-Custody				**256 Beds**

EXCELLENT RECORD OF STATEWIDE CONTRACT AWARDS AND CONTRACT RENEWALS

Gateway is extremely proud of our record of re-awarded contracts or extensions when the contract allows States to award them.

- Since beginning with five (5) Therapeutic Communities in **Texas**, Gateway has become the most experienced provider in Texas, currently operating eleven institutional programs totaling over 4,700 beds for the Texas Department of Criminal Justice.
- 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 the operation of all vendor-operated programs.
- On July 1, 2015, Gateway became the statewide provider of substance abuse treatment for the **Wyoming** Department of Corrections.
- On May 1, 2016, Gateway assumed operation of two secure facilities in Houston, Texas for the **Harris County Community Supervision and Corrections Department** for almost 600 male and female clients, at the invitation of the County.

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 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 a justice-involved population and our expertise in working with offenders is well-known 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 47 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.

We believe that Gateway's expansive knowledge of the Therapeutic Community (TC) and our work developing a model that specifically addresses and confronts the special issues that a substance using, criminal population experiences makes us the only provider truly equipped to provide MODOC with the expertise necessary to implement an effective program design.

PATHWAY TO CHANGE

Gateway has partnered with the Department to co-facilitate the *Pathway to Change* curriculum from its onset in the Missouri in-custody treatment programs. Gateway counseling staff has participated in the facilitator training and has presented the information either solely or with a Department facilitator. Feedback from clients related to *Pathway to Change* content and the co-facilitation has been very positive and demonstrates the important relationship Gateway and the Department have developed. *Pathway to Change* offers offenders many opportunities to develop and internalize the skills and changes necessary to become productive and healthy citizens on their return to society. Additionally, Gateway incorporates cognitive behavioral interventions that are woven throughout our programming and curricula.

Gateway will continue to utilize the *Pathway to Change* cognitive skills program for offenders who are screened as needing a cognitive skills intervention.

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

Gateway's TC program model is **research-based, competency-driven and outcome-oriented.** Gateway will provide modified therapeutic community programming that will include **highly structured work, education, and treatment schedules; a clearly delineated authority structure; and well-defined goals and guidelines**. Within the current security system and rules of the Department, the program will include a **graduated system of rewards and sanctions designed to promote positive changes** in offenders' behaviors, values, and attitudes leading to drug-free and crime-free lives.

Gateway TCs are composed of **peer groups and staff that constitute the community**, or family, in a residential facility. It is this **peer-to-community structure** that strengthens the participants' identification with an ordered network of others and arranges relationships involving mutual responsibility to others at various levels in the program.

Research has shown that the TCs with a **social-learning approach** designed to modify offenders' behaviors, thinking, and attitudes are the most successful treatment modality with this population. Effective TC environments **emphasize pro-social behavior** in a therapeutic milieu that includes corrections officers, treatment staff, and participants. **The milieu functions as the primary therapeutic agent and operates 24 hours a day, seven days a week.** Attention is focused on all aspects of attitude, thought processes and behavior, regardless of the particular activity in which participants are engaged. As participants become fully integrated into the

community, they progress through active participation in treatment activities. Every person is responsible for his or her own actions *and* for the health and success of the program.

A healthy, well-functioning therapeutic community is characterized by purposeful activity conducive to growth across a number of psychosocial domains. Participants learn to work together under staff supervision according to structured work assignments in an environment that fosters **mutual support, respect, and responsibility.** success within the community leads to individual progress, enhanced productivity, and increasing responsibilities.

All activities in the TC environment **emphasize abstinence** from mood-altering chemicals. The community provides participants with concrete means to attain and maintain a life of recovery while emphasizing that drug and alcohol use are maladaptive and intertwined with criminal activity.

Working together under staff supervision, **offenders assume responsibility for the operation of the therapeutic community**. Work assignments (job functions) are arranged in a hierarchy according to seniority, individual progress, clinical need, and productivity and offer offenders opportunities for upward mobility. Beginning with basic tasks and progressing vertically to positions of coordination and management, offenders are exposed to a social organization that parallels the basic premises of the rehabilitative approach: **Mutual self-help, work as education and therapy, peers as role models, and staff as rational authorities.**

Behaviors or attitudes that interfere with the healthy functioning of the community are addressed in an appropriate clinical manner. The interventions to address inappropriate or unhealthy behaviors and attitudes are described in detail in later sections of this proposal.

Gateway's **model is self-adjusting and includes integrated evaluation methods** for continuous improvement, described later in this proposal. All employees--security, treatment and support staff--are actively invested in TC programming and proudly share in the professionally growth-producing environment it creates.

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 as they are exposed to healthy living 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 all day, every day.

The TC approach is described by internationally recognized expert in substance use disorders 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 use 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 use disorder treatment programs in six (6) Missouri correctional institutions and one (1) assessment center; eleven (11) Texas prisons; seven (7) New Jersey prisons, and five (5) Wyoming prisons. 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 continue offering these advantages to the MODOC

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, including the six Missouri Department of Corrections contracted 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.

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. This process has been in place for the past year and has been instrumental in identifying areas to improve client engagement and treatment outcomes.

ABILITY TO MANAGE LARGE PROGRAMS IN CORRECTIONAL INSTITUTIONS

As previously described, Gateway has many 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

Gateway will continue to assist the Department with data and information collection and reporting needs, such as the numbers of clients served, clients' drugs of choice, client demographics, and services delivered to clients. It is important to note that Gateway already has tracking and evaluation mechanisms, through our TCU client assessment data base, and Gateway's own DENS ASI server data which has been utilized by Gateway for many years. Gateway management and staff will apply their experience and established evaluation systems to CCC, WERDCC and NECC, as it does for other Missouri programs, to continue 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 INSTITUTIONAL PROTOCOL

In all of Gateway's treatment programs in correctional facilities, our philosophy has been and continues to be based on the following philosophy: "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 policies, 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. Gateway structures each of its 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 adapt our treatment schedule to accommodate the facility schedule 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. An example of Gateway's collaborative scheduling occurred at the beginning of fiscal year 2016 at CCC when the program was relocated from a single housing unit, in which it had operated for many years, to two separate housing units in which the treatment clients were divided, as were the employees. Under the leadership of Director Kyra Haney, Gateway worked collaboratively with Warden Boyles and her administration to assure that a seamless transition occurred, modifying treatment schedules to assure as little disruption to clients' treatment as possible.

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 policies and regulations pertaining to the maintenance of security.

The relationship of the Program Directors, the Wardens and other MODOC 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 continue to meet frequently—as often as is necessary—in order to discuss ongoing concerns as well as any new issues. In addition, Gateway's Program Directors will work closely with each facility's administration to assure adherence to policies and procedures that enable the facilities to maintain security while allowing 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. Moreover, an essential tenet of the therapeutic milieu is 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 responses to client behavioral issues 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.

b. Describe the nature of the bidder's business, type of services performed, etc. Identify the bidder's website address, if any.

Gateway is a full-service substance use disorder treatment agency providing an array of services to in-custody and community-based individuals. In addition to substance use disorder and co-occurring treatment, Gateway offers assessment and case management, MAT, education and vocational assistance, and recovery support services. Gateway believes that substance use disorders are a disease of the whole person and therefore takes a holistic approach to treatment. In addition to substance use education and relapse prevention, treatment includes Cognitive Behavioral Therapy, parenting, anger management, mental health, trauma, life skills, etc. With the addition of Harris County Community Supervision and Corrections Department, Gateway also provides residential monitoring of in-custody clients.

As described in Exhibit B, Gateway began its history of service with the opening of Crieger Ellis House in Chicago in 1968. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s. Today, Gateway programs treat an average of 10,000 people per day in 43 locations across the country.

Gateway's treatment sites are located in six states, including Illinois, Texas, Delaware, Missouri, New Jersey, and Wyoming, serving over 32,000 individuals in fiscal year 2015. Programs are provided in community, correctional, residential, and outpatient settings, serving diverse populations, including adolescents and adults with substance-use and co-occurring mental-health disorders.

As a not-for-profit corporation, Gateway is actively engaged in the following types of business:

- Residential substance use disorder treatment programs in correctional facilities;
- Outpatient substance use disorder treatment for justice involved participants;
- Community-based adult/adolescent/child outpatient mental-health treatment and adult residential rehabilitation for substance use and co-occurring mental-health disorders;

- Transitional treatment programming for correctional participants;
- Community-based substance use treatment, including residential rehabilitation, intensive outpatient treatment, and drug court programs.

Gateway's organizational website address is www.recovergateway.org. The Corrections Division website address is www.gatewaycorrections.org.
Below, please find a list and short summary of information regarding Gateway's current contracts/clients as well as a summary of each contract/client gained and lost over the past 4 years. Immediately following this list, you will find Exhibit C- Reference Forms.

Texas Contracts
Gateway is the largest not-for-profit provider of contract substance use disorder treatment services for the TDCJ. Gateway operates 11 programs housed in facilities throughout the state, including three TDCJ Special Needs Substance Abuse Felony Punishment Facilities (SAFPF); four Regular Needs SAFPFs; three In-Prison Therapeutic Communities; and one Intermediate Sanction Facility. In 2015, Gateway provided treatment services for approximately 9,500 offenders under contract with TDCJ.

Ellen Halbert Substance Abuse Felony Punishment Facility
800 Ellen Halbert Drive, Burnet, TX 78611
(512) 756-6171
612 Bed Woman's Substance Abuse Modified TC
9/1/04 - 8/31/09; 9/1/12-Present
Staff: 32
Total Value FY16 - $1,520,905.68

Estelle SAFPF
264 FM 3478, Huntsville, TX 77320-3320
(936) 291-4200
188 Bed Men's Substance Abuse Modified TC; Special Needs Unit
9/1/04 –Present
Staff: 22
Total Value FY16 - $1,0974,047.20

Glossbrenner SAFPF
5100 South FM 1329, San Diego, TX 78384
(361) 279-2705
612 Bed Men's Substance Abuse Modified
TC 9/1/04-8/31/09; 9/1/12-Present
Staff: 31
Total Value FY16 - $1,449,974.88

Hackberry SAFPF
1401 State School Rd Gatesville, TX 76599

(254) 865-8003
288 Bed Woman's Substance Abuse Modified TC
9/1/04 – Present
Staff: 26
Total Value FY16 - $1,209,029.76

Jester I SAFPF
1 Jester Road, Richmond, TX 77406
(281) 277-3030
323 Bed Men's Substance Abuse Modified TC; Special Needs Unit
9/1/04 – Present
Staff: 30
Total Value FY16 - $1,385,514.96

Walker Sayle SAFPF
4176 FM 1800, Breckenridge, TX 76424-7301
(254) 559-1581
632 Bed Men's Substance Abuse TC
9/1/04 - 8/31/09; 9/1/12 – Present
Staff: 32
Total Value FY16 - $1,531,285.44

Kyle IPTC
23001 IH-35, Kyle, TX 78640
(512) 268-0079
520 Bed Men's Substance Abuse Modified TC; Special needs Unit
9/1/04 - 8/31/09; 9/1/12 – Present
Staff: 27
Total Value FY16 - $1,263,724.80

South Texas Intermediate Sanction Facility
1511 Preston Road, Houston, TX 77002
(713) 223-0601
350 Bed Men's Substance Abuse Intermediate Sanction Facility;
100 Bed Cognitive Intervention
45 Day Cognitive Restructuring Program
4/1/06 – Present
Staff: 26
Total Value FY17: $915,440

T.R. Havins SAFP
500 FM 45, Brownwood, TX 76801
(325) 643-5575
576 Bed Men's Substance Abuse Modified TC

9/1/2012-Present
Staff: 36
Total Value FY16 - $1,397,710.08

Henley State Jail
7581 HWY 321, Dayton, TX 77535
(936) 258-2476
256 Bed Men's Substance Abuse Modified TC
9/1/2012-Present
Staff: 17
Total Value FY16 - $1,278,950.40

Joe Ney State Jail
114 Private Road 4303, Hondo, TX 78861
(830) 426-8030
296 Bed Men's Substance Abuse Modified TC
9/1/2012-Present
Staff: 20
Total Value FY16 - $907,680.00

Harris County Community Supervision and Corrections Facility
2310 ½ Atascocita RD., Humble TX 77396
2312 Atascocita RD., Humble TX 77396
600 N. San Jacinto, Houston, TX 77002
(713) 755-7200
475 Bed Men's Substance Abuse Treatment; 95 Bed Woman's Substance Abuse Treatment
5/1/2016-Present
Staff: 175
Total Value FY16: $10,499,36

New Jersey Contract

Gateway is the sole provider of in-prison substance use disorder treatment services for the NJ Department of Corrections, providing treatment at seven programs housed at six institutions across the state. Gateway serves an average of 2,200 offenders annually under this contract. The annual contract amount for the current year is $6.2 million. Gateway began providing services to NJDOC in 2004.

Edna Mahan
30 County Road 513, Clinton, NJ 08809
(908) 735-2070
60 Bed Women's Substance Abuse Modified TC;
Staff: 6

Garden State Correctional Facility Highbridge Rd. Yardville, NJ 08620 (609) 298-6300
320 Bed Women's Substance Abuse Modified TC
Staff: 20

Mountainview Youth Correctional Facility
31 Petticoat Ln Annandale, NJ 08801
(908) 638-6191
88 Bed Youth Substance Abuse Modified TC
Staff:10

Mountainview Youth Correctional Facility II
31 Petticoat Ln Annandale, NJ 08801
(908) 638-6191
96 Bed Youth Substance Abuse Modified TC
Staff:8

Northern State Prison
168 Frontage Rd, Newark, NJ 07114
(973) 465-0068
96 Bed Substance Abuse Modified TC
Doubled to 192
Staff: 14

South Woods State Prison
215 South Burlington Road, Bridgeton, NJ 08302
(856) 459-7000
234 Bed Substance Abuse Modified
TC Capacity reduced to 124
Staff: 10

Southern State Prison
4295 N Delsea Dr, Delmont, NJ 08314
(856) 785-1300
366 Bed Substance Abuse Modified
TC Capacity increased to 496
Staff: 35

Missouri Contracts

Gateway operates an assessment center and six treatment programs for the Missouri Department of Corrections. These programs include three in-custody TC programs, two of which are fully dedicated treatment institutions for males. There are two additional programs for females and a special needs treatment unit for males. Gateway also has Community Corrections programs in St. Louis and Kansas City. In 2015, Gateway provided treatment services for approximately 5,700 offenders under contract with the Missouri DOC. WERDCC, CCC, and NECC operate under a single contract with a value of $2,392,495.

Women's Eastern Reception and Diagnostic Correctional Center (Missouri)
1101 U.S. 54, Vandalia, MO 63382
(573) 594-6686
7/1/04 - Present
Women's 240 Bed; 75 Beds are Dual Diagnosis Modified TC
Staff: 23

Northeast (Missouri) Correctional Center
13698 County Road 46, Bowling Green, MO 63334
(573) 324-9975
7/1/08 - Present (Part of the Women's Eastern Reception agreement)
24 Bed Male Substance Abuse Treatment For Clients With Special Needs
Staff: 6

Chillicothe Correctional Center
3151 Litton Rd, Chillicothe, MO 64601
(660) 646-4032
7/1/2012-Present
256 Bed Women's Modified TC
Staff: 20

Maryville (Missouri) Treatment Center
30227 U.S. 136, Maryville, MO 64468
(660) 582-6542
12/4/07 - Present
300-Bed Male Modified TC
Total Value for FY16: $824,439
Staff:19

Ozark (Missouri) Correctional Center
929 Honor Camp Ln, Fordland, MO
65652 (417) 767-4491
9/18/08 – Present
650 Bed Male Long Term Modified TC
Total Value for FY16: $1,482,000

Staff: 34

Western Reception Diagnostic Correctional Center St. Joe
3401 Faraon St, St Joseph, MO 64506
(816) 387-2158
7/1/10 - Present
275 Bed Male Intermediate Substance Abuse Treatment
Total Value for FY16: $850,000
Staff: 19

Eastern Reception and Diagnostic Center
2727 Hwy. K, Bonne Terre, MO 63628
(573) 358-5516
10/1/2012-Present
Provide Substance Abuse Assessments to ERDCC Clients
Total Value for FY16: $140,000
Staff: 2

Missouri Outpatient Services
Gateway provides outpatient substance abuse services to clients through a variety of contracts.

Missouri Department of Mental Health Free and Clean
Outpatient Substance Abuse Treatment Services
7/1/2007-Present
Total Value for FY16: $768,416
290 Clients Per Year

Missouri Department of Mental Health MAT
Intensive Pre-Release and Re-Entry Case Management Services and Medication Assisted Treatment
10/1/2013-Present
Total Value for FY16: $1,577,759
395 Clients Per Year
Total Extra Staff: 10

Missouri Department of Mental Health Case Management for Offenders with Co-Occurring Disorders
Group Education on Substance Abuse and Other Topics Relating to Case Management, Supportive Housing Assistance
8/19/2013-Present
Total Value for FY16: $221,450
60 Clients Served Per Year

Missouri Department of Mental Health Partnership for Community Restoration
Outpatient Substance Abuse Services to Offenders Under Community Supervision
11/3/2008-Present
Total Value for FY16: $427,089
200 Clients Served Per Year

Federal Bureau of Prisons, St. Louis
Outpatient Substance Abuse Treatment for Federal Offenders
10/1/2010-Present
Total Value for FY16: $390,672.38
152 Clients Served Per Year

Wyoming Contract
Gateway is the statewide substance use disorder treatment provider for the Wyoming Department of Corrections which includes 5 prisons located throughout the state. Approximately 1,000 male and female offenders are projected to be served under this contract in FY 2016.

Wyoming Women's Center
1000 West Griffith
P.O. Box 300
Lusk, WY 82225
(307) 334-3693
54 Bed Woman's Modified TC and Outpatient Substance Abuse Treatment Services
Staff: 11

Wyoming State Penitentiary
2900 S. Higley Rd.
P.O. Box 400
Rawlins, WY 82301
(307) 328-1441
Outpatient Substance Abuse Treatment Services
Staff: 2

Wyoming Honor Farm
40 Honor Farm Rd.
Riverton, WY 82501
(307) 856-9578
72 Bed Men's Modified TC and Outpatient Substance Abuse Treatment Services
Staff: 9

Wyoming Medium Correctional Institution
7076 Road 55F
Torrington, WY 82240
(307) 532-6600
72 Bed Men's Modified TC and Outpatient Substance Abuse Treatment Services
Staff: 11

Wyoming Honor Conservation Camp
40 Pippen Rd.
P.O. Box 160
Newcastle, WY 82701
Outpatient Substance Abuse Treatment Services
Staff: 2

Illinois Contracts

Day Reporting and Pre-Release Center
2700 S California Ave, Chicago, IL 60608
(773) 674-7100
5/17/09 to 2/10/14
Day Reporting Center and a 450 Bed Male Substance Abuse Modified Therapeutic Community Pre-Release Center.
Total Value for FY14: $3,114,428
Staff: 58

Contracts Gained Over the Last 4 Years

- Harris County, TX – Won in a Competitive Bid Process
- RR-MAT – Won in a Competitive Bid Process
- Wyoming Department of Corrections - Won in a Competitive Bid Process
- MO Maryville - Won in a Competitive Bid Process
- Western Reception Diagnostic Correctional Center St. Joe - Won in a Competitive Bid Process

Contracts Lost Over the Last 4 Years

Cook County Day Reporting and Pre-Release Center – Lost in a Competitive Bid Process

EXHIBIT C

CURRENT/PRIOR EXPERIENCE

The bidder should provide information related to previous and current services/contracts of the bidder or bidder's proposed subcontractor where performance was similar to the required services of this IFB. The information may be shown on Exhibit C or in a similar manner.

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

- **Missouri Department of Corrections**
  - Ozark Correctional Center
  - Maryville Treatment Center
  - Women's Eastern Reception, Diagnostic, and Correctional Center
  - Chillicothe Correctional Center
  - Western Reception, Diagnostic and Correctional Center
- **Texas Department of Criminal Justice**
- **New Jersey Department of Corrections**
- **Wyoming Department of Corrections**

EXHIBIT C
CURRENT/PRIOR EXPERIENCE VERIFICATION

Bidder Name or Subcontractor Name:	**Gateway Foundation, Inc.**
Reference Information (Current/Prior Services Performed For):	
Name and Address of Reference Company:	**Ozark Correctional Center (OCC)** 929 Honor Camp Lane Fordland, MO 65652
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Brian O'Connell, Warden 417-767-4491 Brian.O'Connell@doc.mo.gov
Dates of Service:	2008-present
If contract has terminated, Specify reason:	Current Contract
Annual Dollar Value of Services	$1,428,600
Description of Prior Services Performed	Male evidence-based, cognitive behavioral, long term modified Therapeutic Community Assessment and Substance Abuse Services to include: individual and group counseling; group education; Treatment planning; continuing care planning; court ordered Driving While Intoxicated programming; re-entry.
Name and Address of Reference Company:	**Maryville Treatment Center (MTC)** 30227 U.S. Highway 136 Maryville, Missouri 64468
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Gaye Colborn, Deputy Warden 660-582-6542 Gaye.Colborn@doc.mo.gov
Dates of Service:	2006-present
If contract has terminated, Specify reason:	Current contract
Annual Dollar Value of Services	$824,000
Description of Prior Services Performed	Six-month program for male offenders; provide assessment and substance abuse services in a modified Therapeutic Community model; program is evidenced based, cognitive-behavioral model; services include individual and group counseling; group education; treatment planning; continuing care; SATOP; re-entry.
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:	Alana Boyles, Warden 660-646-4032 Alana.Boyles@doc.mo.gov
Dates of Service:	2012-present
If contract has terminated, Specify reason:	Current contract
Annual Dollar Value of Services	$2,393,495 (NOTE: CCC/WERDCC/NECC is a combined contract)
Description of Prior Services Performed	Evidenced-based, cognitive behavioral program in a Therapeutic Community model for women; consists of Short Term/Long Term/Partial Day Program; services include individual and group counseling; group education; treatment planning; continuing care/re-entry.

EXHIBIT C
CURRENT/PRIOR EXPERIENCE VERIFICATION

Bidder Name or Subcontractor Name:	Gateway Foundation, Inc.
Reference Information (Current/Prior Services Performed For):	
Name and Address of Reference Company:	**Women's Eastern Reception & Diagnostic Correctional Center (WERDCC)** 1101Hwy. E 54, PO Box 300 Vandalia, MO 63382
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Angela Mesmer, Warden 573-594-6686 Angela.Mesmer@doc.mo.gov
Dates of Service:	1998-present
If contract has terminated, Specify reason:	Current contract
Annual Dollar Value of Services	Please see CCC/WERDCC/NECC
Description of Prior Services Performed	Evidenced-based, cognitive behavioral program in a Therapeutic Community model for women; consists of Short Term/Long Term services include individual and group counseling; group education; treatment planning; continuing care/re-entry; co-occurring wing.
Name and Address of Reference Company:	**Western Reception Diagnostic & Correctional Center (WRDCC)** 3401 Faraon Street St. Joseph, MO 64506
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Ryan Crews, Warden 816-387-2715 Ryan.Crews@doc.mo.gov
Dates of Service:	2010-present
If contract has terminated, Specify reason:	Current Contract
Annual Dollar Value of Services	$850,000
Description of Prior Services Performed	Assessment and substance abuse services in a modified Therapeutic for male offenders; Therapeutic Community model; Short Term/Intermediate Term/Partial Day Treatment programs are evidenced based, cognitive-behavioral model; services include individual and group counseling; group education; treatment planning; continuing care; ; re-entry.

EXHIBIT C
CURRENT/PRIOR EXPERIENCE VERIFICATION

Bidder Name or Subcontractor Name:	Gateway Foundation, Inc.
Reference Information (Current/Prior Services Performed For):	
Name and Address of Reference Company:	**Texas Department of Criminal Justice** P.O. Box 99 Huntsville, TX 77340
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	**Ms. Madeline Ortiz** Division Director, Rehabilitation Programs Division Phone: (936) 437-2180 madeline.ortiz@tdcj.state.tx.us
Dates of Service:	1992-present
If contract has terminated, Specify reason:	Current contract
Annual Dollar Value of Services	Approximately $13 million
Description of Prior Services Performed	Evidenced-based, cognitive behavioral program in a Therapeutic Community model for women; consists of Short Term/Long Term services include individual and group counseling; group education; treatment planning; continuing care/re-entry; co-occurring wing.

EXHIBIT C
CURRENT/PRIOR EXPERIENCE VERIFICATION

Bidder Name or Subcontractor Name:	Gateway Foundation, Inc.
Reference Information (Current/Prior Services Performed For):	
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. Director of Psychiatry and Addictions 609-292-4036 x 5203 Email: Herbert.Kaldany@doc.state.nj.us
Dates of Service:	1998-present
If contract has terminated, Specify reason:	Current contract
Annual Dollar Value of Services	Approximately $5.9 million
Description of Prior Services Performed	Evidenced-based, cognitive behavioral program in a Therapeutic Community model for women; consists of Short Term/Long Term services include individual and group counseling; group education; treatment planning; continuing care/re-entry; co-occurring wing.

EXHIBIT C
CURRENT/PRIOR EXPERIENCE VERIFICATION

Bidder Name or Subcontractor Name:	Gateway Foundation, Inc.
Reference Information (Current/Prior Services Performed For):	
Name and Address of Reference Company:	**Wyoming Department of Corrections** 1934 Wyott Drive, Suite 100 Cheyenne, WY 82002
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	**Mr. Bob Lampert** Director, Wyoming Department of Corrections Phone: (307) 777-7208 bob.lampert@wyo.gov
Dates of Service:	2015- present
If contract has terminated, Specify reason:	Current contract
Annual Dollar Value of Services	$3,412,700
Description of Prior Services Performed	Gateway is the statewide substance use disorder treatment provider for the Wyoming Department of Corrections which includes 5 prisons located throughout the state. Approximately 1,000 male and female offenders are projected to be served under this contract in FY 2016.

c. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

To ensure that the Department receives the highest quality services at CCC, WERDCC, and NECC, Gateway provides excellent guidance and support of the program at all levels: from its Executive Management Team, the Corrections Management Team personnel, and the program-level personnel. The following sections describe current Gateway personnel who will deliver these quality services.

GATEWAY BOARD OF DIRECTORS

Chairman
Glenn Huebner

Treasurer
Warren Harrington

Secretary
Amalesh Sanku, President, Sagertech Communications

Michael Anthony, Senior Counsel, McDermott, Will & Emery, LLP
Sidney Bradley, Senior Vice President, Citibank
Donald S. Crossett,
Richard L. Eichholz, PhD
David Johnson, Abraxas Group, LLC
Arla Lach, Partner, Grant Thornton, LLP
Pat LePenske, President, LPR Services
Richard McCullough
Mary Cesare-Murphy, Ph.D.
David Onion, CEO, Chicago Capital Holdings, LLC
France Pitera, Vice President, Safety Solutions Premier Inc.
Len Shankman, Vice President of Finance, CVS Caremark, Inc.
Elizabeth Ogilvie Simer, Senior Vice President & Manager, Strategic Sales Support
Andy Smith, Managing Partner, Impact Advisors, LLC

EXECUTIVE MANAGEMENT TEAM

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

Thomas P. Britton, Ph.D

Dr. Thomas P. Britton joined Gateway Foundation on May 12, 2015 as President and CEO. Dr. Britton was selected for this position by the Gateway Board of Directors after a thorough search process. Through more than 20 years in the behavioral health field, Dr. Britton has acquired both knowledge and experience in the treatment field which, coupled with solid management skills, enables him to serve as Gateway's next leader.

Dr. Britton's career began as a counselor working with dually-diagnosed indigent individuals in need of treatment, including the provision of treatment services in community mental health and jail settings. He was a surveyor for the Council on Accreditation of Rehabilitation Facilities and supports accreditation and standards of excellence.

Dr. Britton also has directed substance use disorder treatment programs for various populations: adults and adolescents, pregnant women and at-risk mothers; and individuals in crisis and in need of detox. He channeled his passion and belief in the power of recovery to found a North Carolina non-profit organization to advocate for treatment for individuals without resources.

Most recently, Dr. Britton held the title of Chief Executive Officer for a division of Acadia Health Care, where he fostered the expansion of their business lines into new territories, furthering the organization's mission and goals.

Dr. Britton is a strong supporter of lifelong learning. He completed a Doctorate in Public Health and Executive Management, as well as Master's degrees in Addiction Counseling and Marriage and Family Therapy. He is currently a Licensed Clinical Addiction Specialist and Licensed Professional Counselor, and maintains additional professional credentials.

Tomas Del Rio

Tomas Del Rio has been appointed Gateway's new Chief Financial Officer. Mr. Del Rio brings more than 25 years of financial leadership with healthcare organizations to Gateway. He has worked in both for-profit and non-profit arenas to effectively increase revenues and strengthen financial processes and has implemented strategies that improved cash flow and investment returns.

Mr. Del Rio has successfully managed diverse teams in finance, helped launch a NextGen system, and been a strategic collaborator in business development opportunities both nationally and internationally.

Gregg Dockins

Gregg Dockins, Vice President of Corrections, assumed this position in September, 2013 and today oversees Gateway's correctional treatment units in Missouri, New Jersey, and Texas. He is responsible 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 his current position, Mr. Dockins was Gateway's Director of Corrections Initiatives since November 2006. That position included solicitation and procurement of contract business for the Corrections Division and other development and marketing assignments. He represented Gateway's Corrections Division during contractual negotiations and legislative contacts and assisted the operational management staff of the Division with program start-ups.

Prior to this position, 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 program. He has been a Director/Program Manager for a variety of mental health and chemical dependency programs since 1991 and has 24 years of experience in substance use disorder treatment. His specialty is implementing programs using Therapeutic Community treatment methodology.

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

Patricia Sanchez-Aitkin

Patricia Sanchez-Aitkin, Vice President of Human Resources, has extensive experience in Human Resources, including 15 years in senior leadership roles with both for-profit and non-profit organizations. She has worked with management teams and a Board of Directors to successfully orchestrate initiatives around performance, compensation, change management, and talent acquisition and development. Her efforts have positively impacted employee engagement and retention as well as customer service.

Ms. Sanchez-Aitkin also brings significant experience as a strategic collaborator and participant in implementing organizational growth.

Dan Molitor

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

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

He has been an instructor for both Governors State University and South Suburban College in Illinois. Mr. Molitor received an MBA in Management Information Systems from Governors State University.

CORRECTIONS MANAGEMENT PERSONNEL ASSIGNED TO CCC, WERDCC, AND NECC

Stephen Doherty

Stephen Doherty is the **Regional Director/Missouri Operations** for Gateway Foundation where he manages clinical services and administrative operations for treatment programs contracted with state and federal criminal justice and mental health department contracts in the community and seven in-prison treatment and assessment programs, including CCC, WERDCC and NECC.

Mr. Doherty has worked in the field of substance use and mental health treatment for over 28 years in both the private and public funding sectors. Mr. Doherty joined Gateway Foundation in 2002 as the Program Director for St. Louis Free and Clean Outpatient Program. He was selected as Missouri's Regional Director in 2014.

Prior to joining Gateway Foundation Inc., Mr. Doherty worked for twelve years with Provident Counseling Inc., as Assistant Director of Clinical Services and Director of Addictions Treatment, overseeing programs serving substance use disorders, compulsive gambling, mental health and domestic violence clients in five St. Louis area treatment sites.

Mr. Doherty has served on the Missouri Department of Mental Health's State Advisory Council and is a past President of the Missouri (Substance Abuse Professional) Credentialing Board. Mr.

Doherty also formerly served as Vice President of the Missouri Association of Alcohol and Drug Abuse Programs (MADAP), and as an advisory member of the Illinois Department of Human Services' Substance Abuse – Domestic Violence Interdisciplinary Task Force. Currently, he is an adjunct faculty member at Missouri Baptist University and Washington University, teaching graduate and undergraduate counseling and substance use disorders courses.

Mr. Doherty holds a Bachelor of Arts degree in Psychology and a Master of Education degree in Counseling from Stephen F. Austin State University in Texas. He is a Licensed Professional Counselor and a Certified Reciprocal Alcohol and Drug Abuse Counselor and Certified Criminal Justice Addictions Professional in Missouri.

Micah Brown

Micah Brown is currently Gateway's **Program Director** responsible for oversight of both the women's treatment program at **Women's Eastern Reception Diagnostic Correctional Center (WERDCC)**, and the 62-bed special needs male facility at **Northeast Correctional Center (NECC).** Her responsibilities include planning, organizing, and directing the management and delivery of quality client services and related administrative activities within a defined substance use disorder treatment program. Ms. Brown promotes continuous improvement in methods of delivery of treatment services by revising and developing program standards and ensuring adherence to contractual requirements and DMH certification standards. Ms. Brown maintains and fosters positive public relations and maintains a cooperative working relationship with the Missouri Department of Corrections at both institutions

Prior to her current assignment, beginning in 2002, Ms. Brown worked at WERDCC as a Substance Use Disorder Counselor for Gateway Foundation, Inc. She was promoted to a Supervisor position in 2011. In positions held with Gateway, she has gained experience offering gender-responsive treatment to specifically address critical elements as well as the unique characteristics and needs of both male and female clients. She has attended and facilitated numerous trainings on substance use disorders, medication assisted treatment, evidence-based practices, trauma-informed care, and therapeutic community methods. Ms. Brown holds a Bachelor of Arts degree in Psychology and a Master of Arts degree in Counseling, both from Missouri Baptist University. She is a Licensed Professional Counselor, Certified Reciprocal Substance Abuse Counselor, and a Medication Assisted Recovery Specialist in Missouri.

Kyra Haney

Kyra Haney is the current **Program Director** for Gateway Foundation, Inc. at the women's treatment program located in **Chillicothe Correctional Center**. Her responsibilities include planning, organizing, and managing the delivery of quality client services and related administrative and support activities within the program; reviewing treatment activities, results and documentation; ensuring compliance with program/agency standards and objectives and applicable

contracts and regulations; and developing and implementing program budgets, goals, and policies. Ms. Haney strives to continually improve upon service delivery and program elements to ensure adherence to contractual requirements and cultivates positive and collaborative working relationships with the Missouri Department of Corrections.

Prior to her current assignment, Ms. Haney began working in the treatment program at Chillicothe Correctional Center in 2009. She was promoted to Clinical Supervisor in 2010 and to Program Director in 2012. When Gateway Foundation, Inc. received the contract at Chillicothe Correctional Center in July of 2012, she retained the Program Director position. She has worked within the substance use field for over 11 years and has gained extensive knowledge and understanding of providing gender-responsive treatment. She has attended and facilitated a multitude of trainings covering motivational interviewing, therapeutic community practices, trauma-informed care, medication assisted treatment, co-occurring disorders, and evidence-based practices. Ms. Haney holds a Bachelor of Science degree in Psychology, a Bachelor of Science degree in Sociology. She is currently working toward her Master of Science degree in Psychology, with an anticipated completion date of 2016.

4.4.2 Qualifications of Personnel Performing Contract Services

a. Personnel Qualifications

As the incumbent treatment provider of the CCC, WERDCC, and NECC treatment programs, **Gateway already has well qualified staff in place to deliver the required services.** Gateway is prepared to offer the Department a staff of highly qualified and experienced personnel who are already familiar with these three programs, the Department, and the clients to be served at each of these facilities.

Just after section 4.8, we have submitted an Exhibit D form for each of the individuals who will continue to provide the services. Additionally, we have submitted an Exhibit E form for other individuals who will provide indirect support to the program in areas such as hiring, technology, etc.

b. Job Descriptions

We have provided a table listing each position and job descriptions, including the required employment qualifications for positions that are currently vacant, following Exhibit D.

c. Licenses

Directly before the Appendix, Gateway has provided a copy of all licenses and/or certifications related to the performance of the required services for each person proposed to provide the services.

PROPOSED PROJECT STAFFING

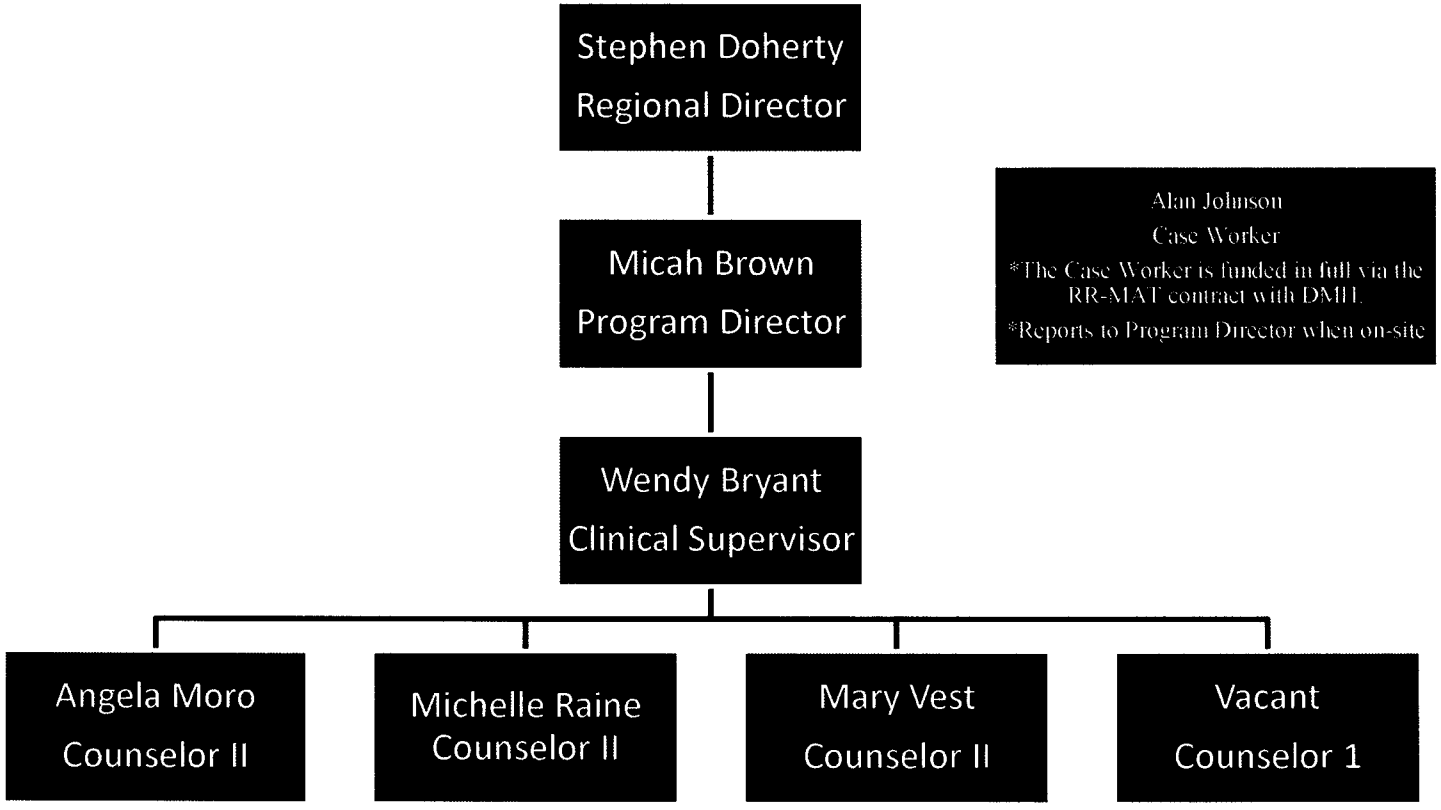
Gateway proposes to staff the programs as noted in the following table.

STAFFING PATTERN

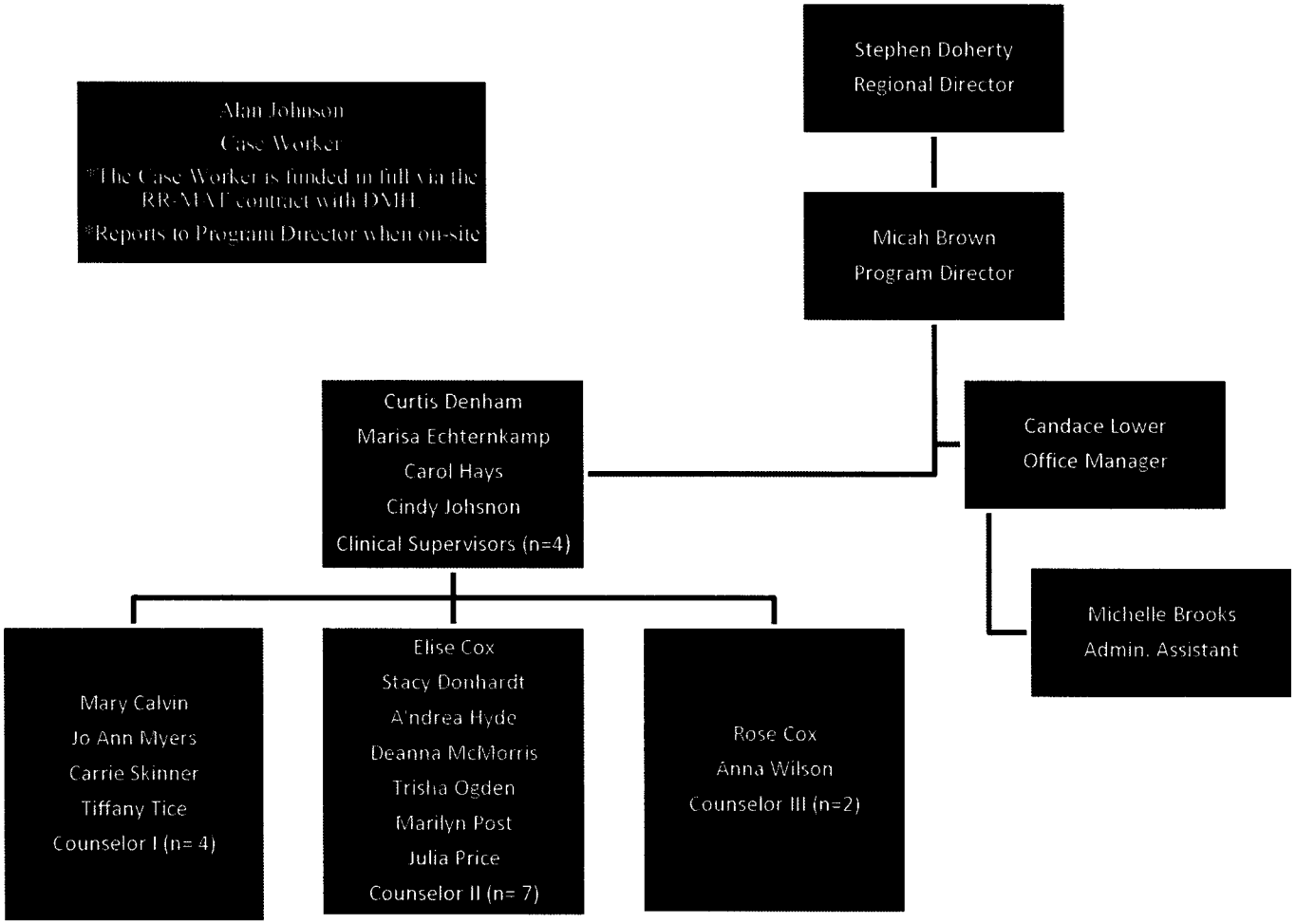
POSITION TITLE	CCC FTEs	WERDCC FTEs	NECC FTEs
Program Director	1	.75	.25
Office Manager	1	.75	.25
Office Assistant	1	1	0
Clinical Supervisors	4	4	1
Counselor III	0	1	0
Intake/Assessment Counselor II	1	1	0
Counselor II (QSAP)	4	5	3
Counselor I	8	8	1
TOTAL	**20**	**21.75**	**5.25**

A proposed Organizational Chart for each program at each facility is provided on the following pages.

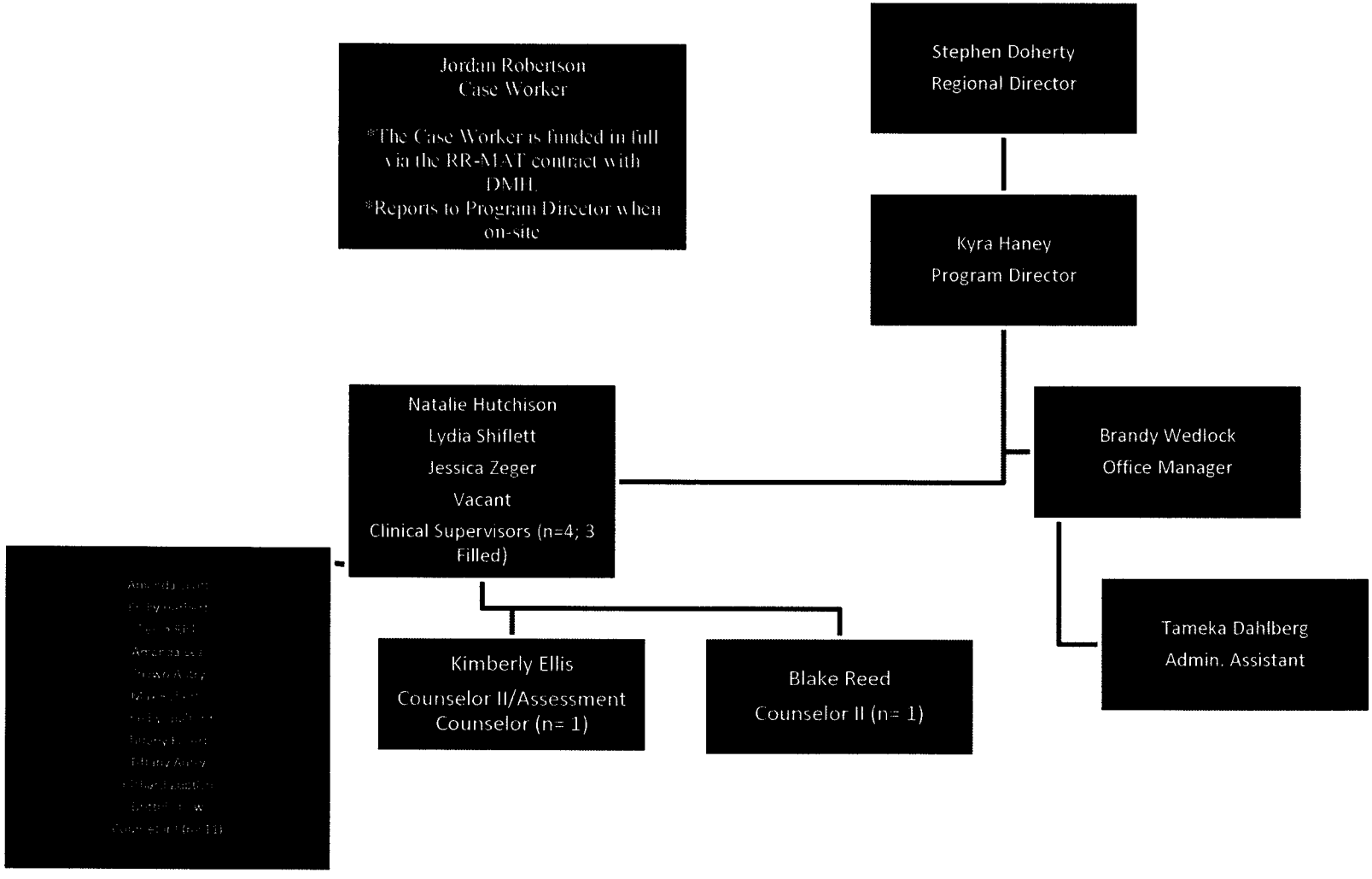
Gateway Foundation
Organizational Chart
Northeast Correctional Center (NECC)



Gateway Foundation
Organizational Chart
Women's Eastern Reception & Diagnostic Correctional Center (WERDCC)



Gateway Foundation
Organizational Chart
Chillicothe Correctional Center



EXPERIENCE AND EXPERTISE OF CURRENT GATEWAY STAFF

Gateway's current staff at CCC, WERDCC, and NECC treatment programs have demonstrated their qualifications for providing excellent services during the current contract. Awarding this contract to Gateway again will ensure that staff at the programs will provide the same high quality of care without interruption or disruption to the clients.

The breadth and experience that the current staff brings to the new contract are evident in the staff Exhibits D, which we have included towards the end of this proposal.

In addition to the individuals listed in Exhibit D, Gateway has a strong centralized infrastructure to support them as summarized below.

ADMINISTRATIVE SERVICES SUPPORT

Gateway's administrative infrastructure includes the following departments: Human Resources, Finance, Information Systems, Accounting, Financial Planning & Analysis, Program Support, and Corporate Compliance. Brief synopses of the core elements of Gateway's administrative support and management functions are provided below. Each department listed below supports the functions of the treatment programs at CCC, WERDCC, and NECC and all Gateway programs.

Human Resources

Gateway's Human Resources Department consists of 12 team members who serve over 1,100 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.

Finance

Gateway's Finance Department provides fiscal oversight and management. The Finance Department includes several sub-departments that assist with numerous functions related to financial control of the organization.

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 $5,000 require two signatures. A check register is generated for each check run, is reviewed, and is kept on file.

Purchasing

- Solicitation and bids for services are carried out for purchases of $5,000 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

Internal controls are in place to safeguard 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

Gateway brings significant information technology support to this contract, including twenty one full time IT (*IS – Information Systems*) professionals. The Information Systems Department is responsible for the installation and support of technology infrastructure of the organization, including PCs, printers, networks, computer applications, and telephones.

Gateway IT Professional Staff	
Title	**Number of Staff**
Vice President, Information Services	1
Network Administrators	3
Clinical System Administrator	1
Business Systems Specialist	1
Information Systems Managers	3
IS Security Officer	1
IS Security Analyst	1
Senior Programmer	1
Senior Business Analysts	3
Business Analysts	2
Project Manager	1
Service (Help Desk) Support	3
TOTAL Gateway IS/IT Personnel	**21**

Because Gateway does not outsource its IT functions, we can ensure timely and responsive service around the clock, including 24/7 IS support. Gateway's IS services fully support a variety of systems for collecting clinical data, contract data, and billing data.

Accounting

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

Financial Statements are generated every month by 15th of the following month. The financial statements generated every month include individual cost center Income/Expense reports, consolidated Income/Expense reports for a group of cost centers and Lines of Businesses,

Consolidated Income/Expense report for the organization and Consolidated Statement of Financial position and Investment reports. These reports are reviewed by the Program Managers, Area Directors, Accounting & Finance staff, Budget Department staff and Executive Management.

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

Financial Planning & Analysis

The Financial Planning & Analysis 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.

Each program or Reporting Unit has a Program Director who is responsible for the preparation and review of the program budgets in consultation with the Regional Director and Gateway's budget department.

Overall program budgets are 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.

Program Support

Renewal of contracts, grants, and awards is monitored by Gateway's 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.

Corporate Compliance

Gateway Foundation developed and implemented a Corporate Compliance Program in 1999. The program is an ongoing, comprehensive strategy to ensure that our organization consistently complies with applicable laws and regulations relating to our business activities. The program consists of seven elements:

- Written policies and procedures/code of conduct which are provided to all staff as part of on-site orientation to the program.
- Appointment of a compliance officer with reporting responsibilities to the CFO, CEO and the Board of Directors.

- Effective training and communication among staff, with original trainings centered on the compliance program, and contract certifications. Additional training modules will involve program billing, confidentiality, and clinical record keeping.
- Employee reporting mechanism via a dedicated hot line (800-457-2598) for any employee to call with complaints of fraud, abuse, or other compliance issues. The caller may remain anonymous.
- Response and correction policies that allow prompt responses to calls, investigation of complaints, and development of a corrective action plan.
- Discipline and enforcement protocols that entail appropriate disciplinary measures, up to and including termination, that may be included in corrective action plans.
- Auditing and monitoring by the Corporate Compliance Officer, in conjunction with the Gateway internal auditor, who conduct ongoing audits of the highest risk areas.

SECTION 4.5: METHOD OF PERFORMANCE:

Exhibit F

SECTION 4.5 METHOD OF PERFORMANCE

4.5.1 Plan for Performing the Requirements

Per the requirements of the IFB, Gateway has presented its detailed plan for performing the required services in the following sections.

4.5.2 Description of the Proposed Services

As required by the IFB, Gateway has presented it detailed plan according to the instructions contained in Exhibit F, Method of Performance.

EXHIBIT F
METHOD OF PERFORMANCE

1. Bids should clearly describe the bidder's distinctive plan for performing the requirements of the IFB and compose a narrative specific to requirements of this contract. The bidder should detail how they will accommodate the requirements of the contract and shall address how the method of performance will adhere to the Department of Mental Health program certification requirements.

On the following pages, Gateway has provided its plan for performing the requirements of the IFB as stated in "Section 2: Scope of Work" of the IFB. To avoid repetition, a detailed description of Gateway's program components is included in response to Exhibit F, item #7 ("The bidder should submit a program schedule and curriculum for each program requirement.")

Gateway has maintained Missouri Department of Mental Health (DMH) program certification of all its treatment programs contracted with the Department of Corrections since 1998 and will continue to do so under this new contract. Gateway has been instrumental in working closely with the Department of Mental Health to both adhere to and collaborate on the DMH Certification Standards, Institutional Programs (CSR 9-30-3.160). To that end, Gateway will continue to meet or exceed these standards as well as the general standards outlined in the General rules for Psychiatric and Substance Abuse Programs (Division 10, Chapter 7) that are applicable to institutional treatment programs.

Gateway will continue to participate with the Department in the development and implementation of the Department's Institutional Treatment Center standards and, when incorporated, will meet those standards as well.

2. SCOPE OF WORK

2.1 GENERAL REQUIREMENTS

2.1.1 FACILITIES TO BE SERVED

Gateway Foundation, Inc. ("Gateway") hereby proposes to provide assessment and gender-responsive, evidence-based substance use disorder treatment services at the following Missouri Department of Corrections facilities.

a. **Chillicothe Correctional Center (CCC)**
CCC is an adult female facility with a current population of 1,540. The facility houses offenders with custody levels of one (1) through five (5). The facility includes a Substance Abuse Treatment Center currently consisting of two-hundred fifty-six (256) beds.

b. **Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC)**
WERDCC is an adult female facility with a total population of 2,161. The facility houses offenders with custody levels of one (1) through five (5). The facility includes a Substance Abuse Treatment Center currently consisting of two-hundred forty (240) beds.

c. **Northeast Correctional Center (NECC)**
NECC is an adult male facility with a population of 1,935 offenders. The NECC is a level four (4) facility. Services are provided for offenders with medical need scores up to and including level five (5) and mental health needs scores up to and including level four (4). NECC will provide facilities for a small and specialized program for offenders with mobility restrictions who have been court ordered and board referred for substance use treatment. The facility includes a Substance Abuse Treatment Center currently consisting of sixty-two (62) beds.

Gateway understands that the number of offenders assigned to a specific program may vary according to the demands of the population and program capacity as determined by the Department and will make any necessary adaptations to accommodate fluctuating populations.

We also are aware that the treatment beds at each facility currently are allocated by program type as follow:

The following is the current allocation of women's treatment beds by program type at CCC and WERDCC:

- A total of two hundred eighty (280) beds are currently allocated at the women's institutions for the Short Term Treatment Program: one-hundred fifty (150) for WERDCC and one-hundred thirty (130) for CCC.

- A total of ninety (90) beds are currently allocated at the women's institutions for the Intermediate Treatment Program and the Offenders Under Treatment Program: fifteen (15) beds at WERDCC and seventy-five (75) beds at CCC.
- A total of one-hundred twenty-six (126) beds are currently allocated at the women's institutions for the Long Term Treatment Program: seventy-five (75) beds at WERDCC and fifty-one (51) at CCC.
- It should be noted, however, that due to the volume of women offenders entering prison for substance use related offenses, program bed assignment at CCC is flexible to meet the demand for those mandated for institutional treatment.

The following is the current allocation for program beds at NECC:

- A total of sixty-two (62) beds are currently allocated for males in the Offender Under Treatment, Intermediate and Long Term Treatment Programs at NECC.
- Thirty-one (31) beds are designated for individuals with mobility impairments and individuals requiring bottom bunks and/or bottom walk.
- Thirty-one (31) beds are designated for offenders with other special needs including variety of cognitive impairments, medical and mental health needs, etc.

We anticipate that some of the offenders will have coexisting mobility, educational mental health and medical needs, including ambulatory restrictions such as wheelchair-bound offenders and those who cannot climb stairs or walk very far due to chronic medical conditions.

Gateway is experienced in working with offenders who have a wide variety of physical, mental health, and medical needs.

Provision of Required Services

To ensure that the varied level and intensity of offenders' needs are met, Gateway has designed multi-faceted, multimodal substance use disorder treatment programs that accommodate individualized needs as determined by comprehensive assessment and offenders' individual treatment plans that include well defined goals and objectives. A wide range of evidence-based and research-supported treatment interventions will be offered, as well as a system of rewards and sanctions that are allowable within the current security system and rules and policies of the Department.

2.1.2 Department as Final Judge of Quality of Performance

Gateway understands and hereby agrees that all services must and will be performed to the sole satisfaction of the Department as the final judge of the quality of Gateway's performance under the contract and that any dispute arising from conflicts with Departmental policy and appropriate clinical practice for assessments will be resolved by the Assistant Division Director, Division of Offender Rehabilitative Services (DORS), Substance Abuse Services (SAS) (referred to herein as Assistant Division Director/SAS, DORS). Therefore, it is understood and agreed that Gateway has complied and will continue to comply with the following requirements:

a. Gateway will establish appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility.

b. Gateway and the Department will jointly develop and maintain a standardized operating procedure governing the provision of assessment services at CCC/WERDCC/NECC, consistent with the Department's Standard Operating Procedures. Additionally, we will modify any current procedures as necessary to meet the requirements of the new contract.

c. Gateway will identify a contact person at each program site who will be responsible for oversight of the contracted services. These individuals are Micah Brown for WERDCC and NECC and Kyra Haney for CCC.

As the current provider of treatment services at the CCC, WERDCC, and NECC, Gateway presently complies and will continue to comply with all of the requirements stated below.

a. Gateway has established appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility. Through collaborative planning and service provision, Gateway has successfully implemented both required and value-added services while responding to the operational needs of CCC, WERDCC, and NECC. Because of our success in these programs, as well as our other Missouri programs, we are confident that we will continue to deliver the highest quality services at these facilities without interruption.

   The CCC/WERDCC/NECC Gateway team has implemented collaborative strategies consistent with recommendations made throughout the research literature on best practices in prison-based treatment programs. As a result of this collaboration, the full spectrum of required programming to include assessments, treatment planning, proper documentation of progress notes, mandated report writing, individual counseling, small groups, psychoeducational classes, reentry planning, and community activities has been provided while still accommodating the needs of the institutional operations.

   Additionally, value-added activities include extensive improvements on the basic assessment requirements, provision of individualized treatment interventions such as the TCU brief intervention groups, and development of a greater range of self-help groups. Focused counselor-led support groups have been developed for peer-led group facilitators

to process effective conflict resolution strategies, as well as a "Big Sister" focus group and "Phase I" focus group, each addressing unique stressors and needs of the offender population.

While the Department is the primary developer and overseer for these projects, Gateway staff incorporates the experiential component into individual and group discussions to help offenders process and understand the nature of these activities and how these experiences can enhance the treatment experience and be internalized and translated into offenders' lives after prison.

b. Gateway and the Department have jointly developed and maintained standardized operating procedures governing the provision of assessment services at CCC/WERDCC/NECC consistent with the Department's Standard Operating Procedures. Gateway has consistently met and enhanced the Department's required assessment standards through implementation of TCU's Internal Evaluation Protocols (IEP). Utilizing these protocols extend the assessment practice into a true process of ongoing evaluation and re-evaluation over time.

Gateway conducts a formal assessment at intake, and re-assesses at entry to Phase II, when the case evaluation report is due to Probation and Parole, and again at release. Each assessment measures where offenders are in numerous spectrums within the context of previous assessments. This practice enhances our understanding of the progress (or lack thereof) being made and what methods and/or interventions are or are not working for the clients. It also informs treatment planning modifications throughout the treatment experience. With this process, treatment interventions are truly individualized based on the assessment information, which differs from the common practice of "one size fits all" programming.

c. Gateway's Program Director for each program site has and will continue to collaboratively coordinate all aspects of the contract with the CCC/WERDCC/NECC Wardens, Gateway's contract coordinator, the DORS Assistant Division Director and/or the Department's Area Treatment Coordinator. Currently, Gateway employs Micah Brown as the Program Director at WERDCC/NECC and Kyra Haney as the Program Director at CCC. These individuals serve as the primary contact person for coordination of the contract requirements in collaboration with the respective Wardens and the Area Substance Abuse Treatment Coordinator. Ms. Brown and Ms. Haney have over 15 years of combined experience in both corrections and substance use treatment and offer a balanced understanding of the dynamics of each of these disciplines. Furthermore, they understand the need for the integration of criminal justice and addiction evidence-based practices in establishing best practices for this population and these program sites. The relationship of Gateway managers and supervisors with the CCC/WERDCC/NECC administrations has been one of ongoing and extensive team work, always reflecting Gateway's understanding that we are "a guest in your home."

2.1.3 Ability to Perform All Programming Services

As the incumbent treatment provider of the required services, Gateway has consistently shown its ability to meet or exceed program service requirements at CCC, WERDCC, and NECC. We will continue to do so at these facilities through the same method of collaboration with the Department and to the Department's satisfaction. Gateway will describe in detail how we have met and exceeded the contract requirements throughout this proposal.

2.1.4 Population Reallocation

Gateway understands and agrees that the Department may need to reallocate populations to better serve offenders' needs and that such reallocation may require program and/or service changes and/or modifications. In the event this occurs, Gateway will work closely with the Assistant Division Director/SAS, DORS to effect the needed changes.

We understand the Department will provide at least 30 days advance notice and will afford Gateway flexibility in the timelines for implementation of required changes provided reasonable efforts to meet the new requirements are made.

2.1.5 Assessments

Gateway understands that the Department makes no specific guarantee as to the minimum or maximum number of assessments or program participants, although the Department estimates that 80 -120 assessments of offenders with special needs will be required at NECC. We have prepared this proposal with this estimate as a guideline.

Gateway is sensitive to the various and unique needs that the clients at WERDCC and NECC may present. Currently, expanded assessments are utilized at WERDCC and NECC. Gateway will ensure that a Missouri Credentialing Board, MCB appropriately certified or licensed counselor will be available to perform these assessments including the ASI. Gateway will continue to administer selected TCU assessments, which will be described in more detail in a later section of this IFB. Together, these provide a comprehensive summary of special needs offenders' treatment needs. The information collected from this assortment informs the Master Treatment Plan, which details the needs, interventions, and methods employed during the treatment episode to reach the goals and objectives established in the Treatment Plan.

We understand that eligible offenders for whom the Board of Probation and Parole has jurisdiction are assessed prior to program placement and that assessment based program placement for women with Board-controlled cases are ongoing.

As the incumbent, Gateway has developed an effective system for completing assessments at WERDCC and at CCC employing this system for the current contract, thus ensuring no lapse in service upon re-award of this contract to Gateway. At both WERDCC and CCC, Gateway has a designated MCB-certified assessment counselor who completes the assessments. We have found

that assigning a specific person for the assessments at these programs ensures efficiency and thoroughness.

2.1.6 Curriculum Modification Requests

Gateway agrees that the Department reserves the right to request modifications to curricula as needed in order to adequately serve the current assessed needs of offenders. Any major changes proposed by Gateway after program implementation must have prior approval of the Assistant Division Director/SAS, DORS.

Gateway will seek MODOC approval for any changes and/or modifications to program curricula and will comply with all such requests should the Department request a change. Any additional or supplemental curricula that are considered for inclusion will undergo the same approval process prior to implementation.

2.1.7 Additional Funding/Additional Services

Gateway understands and agrees that if the available funding for programs changes, Gateway will work with the Department to modify the contract to the mutual satisfaction of both parties.

2.2 PERFORMANCE REQUIREMENTS

2.2.1 DEPARTMENT AS SOLE SOURCE OF REFERRALS

Gateway agrees that the Department alone is the sole source of referrals and without exception retains the right to terminate any offender it deems necessary in order to maintain program integrity and a safe and secure correctional environment.

2.2.2 SERVICES FOR PERSONS OF ALL FAITHS AND PERSONS OF NO FAITH

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

Twelve-Step Programs. Gateway has long recognized the value of twelve-step self-help/support groups 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 may 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, when the Department approves and deems these support services appropriate. CCC also provides material for Dual Recovery Anonymous (DRA) groups for MH3 clients to attend if they so choose.

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 <u>is not mandatory and is completely voluntary.</u>

Secular Organizations for Sobriety

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

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. These peer support groups are similar to other self-help groups, but also promote and reinforce 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 encourage more interaction. That is, in peer support groups, offenders are not only listened to; they are frequently and actively responded to. Offenders typically participate in peer support groups twice weekly, but Gateway will adjust these meetings according to the preferences and needs of the Department.

2.2.3 Provision of Services within the Start-Up Period

As the incumbent treatment provider at CCC, WERDCC, and NECC, Gateway has the staff and program elements currently in place to continue to provide services. **Because we have qualified staff on-site and effective policies and protocols in place, we are fully prepared to continue delivering services at these program sites on September 1, 2016 with absolutely no interruption of services to offenders. Implementation will consist only of adapting our existing treatment services to meet the requirements of the new contract.**

We will continue the current service provisions until the new contractual requirements are put in place so that there will **be no interruption or lapse in services. Gateway expects to provide uninterrupted services at CCC, WERDCC, and NECC upon notification of the award.** We anticipate that any adjustments to the program requested by the Department will be completed within 14 to 30 days of notice of award. **Gateway, as the incumbent provider, is the only applicant that can ensure a continuous, unbroken service delivery system throughout the contract renewal period. Staff, caseloads, and service delivery will seamlessly continue as we enter the new contract period.**

In the highly unlikely event that we are unable to begin providing services by the startup time period specified on the Price Page through no fault of Gateway, we understand that we may submit a request for an extension, up to thirty (30) calendar days beyond the original startup date. We acknowledge that approval or rejection of the request will be at the discretion of the Assistant Division Director/SAS DORS.

2.2.4 Costs For Materials, Labor, Equipment, and Supplies

Gateway will furnish all material, labor, equipment, and supplies necessary to perform the services required.

Gateway currently complies and will continue to comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders to the extent that these may be applicable.

2.2.5 Federal Employment Laws

Gateway assures the Department that it will comply with the Fair Labor Standards Act, Equal Employment Opportunity Act, and any other federal and state laws, rules, regulations and executive orders to the extent they may be applicable and will insert the foregoing provision in all subcontracts awarded.

2.2.6 Costs for Providing Services

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

a. Gateway understands that the Department will not provide private telephone lines, fax lines, or fax equipment.

b. Gateway understands that the Department will assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishings (i.e. desks, chairs, furniture), and utilities

c. Gateway understands that the Department will provide and make available all labor, equipment, supplies, and other materials as may be necessary for the upkeep and sanitation of the Department facility.

d. DVDs and CDs used in connection with DOC core curricula and any writing materials and supplies for offenders' program participation will be provided by the Department.

2.2.7 Access to the Department's Database

If deemed necessary, the Department will provide Gateway with access to the Department's database and to the Missouri Corrections Integrated System (MOCIS).

a. The Department will provide a limited number of computers to Gateway for on-site services consistent with the number of computers currently required. If additional staff are necessary based on the required staffing in this contract, Gateway will request additional computers from the Department and the proposed use for each computer. We understand that the actual number 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. The Department will provide any computer requiring Department network access.
b. Gateway will provide required assessment software and any necessary hardware for the implementation of Department-approved assessment(s) services.
c. Gateway understands and agrees that any and all computers used in the facilities, including printers and technology related equipment provided by the contractor and to be used on the Department computer network must meet Department and State

specifications and be approved by the Assistant Client Services Manager, ITSD.

d. Gateway agrees that if computers and internet access are requested for use by the contractor, all approvals will be received in advance through the Warden at each correctional facility, the Assistant Director/SAS, DORS Substance Abuse Services, and the Assistant Client Services Manager, ITSD.

e. Printer toner and ink cartridges required for the operation of Department owned printers will be provided by the Department with the agreement that Gateway will limit printer use to program specific needs and provide pre-printed materials whenever possible. Gateway provides copy paper for all treatment curriculum materials and treatment file materials. Gateway also agrees that if printers or copiers provided by Gateway are used, Gateway will be responsible for supplying the necessary printer ink and toner.

2.2.8 Written Communications and Materials

a. Gateway understands that the Department will have the right, at any time, to review and approve all written communications and materials developed and used by Gateway to communicate with offenders. Gateway also will coordinate and submit for approval any formats, forms and materials to the Assistant Division Director/SAS DORS prior to their use.

All standardized forms used by Gateway that are not official Department forms must be approved (as to content and format) in writing by the facility Wardens and the Assistant Division Director/SAS/DORS. Gateway and Department staff will use the same Department approved forms for consistency. If a specific quality assurance format is required by the Division of Offender Rehabilitative Services, Gateway will comply as requested.

b. As the incumbent treatment provider, Gateway has obtained all proper approvals and will continue to use the approved forms without any time lag that would be required for a new vendor to obtain these approvals. It is understood that Gateway will not use the name, logo, or other identifying marks of the State of Missouri or the Department on any materials produced or issued, without the prior written approval of the Department.

2.2.9 Services Schedule

Gateway will provide services according to the schedules identified below.

a. Gateway understands that we will not be required to provide services on state holidays. If Gateway decides to provide treatment services on a state holiday that is not a Gateway holiday, notification will be made to the local institutional administration to assure adherence to all safety, security and operational standards.

b. Short-term, intermediate, offenders under treatment, and long-term program services at CCC and WERDCC will be provided treatment six (6) days per week (Monday through Saturday) excluding state holidays.

c. Assessment services will be provided on a schedule that ensures compliance with

Department program placement process and treatment planning deadlines.

d. Program services at NECC will be provided five (5) days per week (Monday through Friday).

Unless otherwise specified herein, Gateway will furnish all material, labor, facilities, equipment, and supplies necessary to perform the services required herein.

We have included a sample weekly schedule of program services at each program site in response to Exhibit F, #7 of this proposal to demonstrate how we intend to comply with this requirement.

2.3 SPECIFIC SERVICE REQUIREMENTS

2.3.1 PLAN FOR SEAMLESS INTEGRATION OF PROGRAM SERVICES INTO EACH FACILITY'S ORGANIZATIONAL STRUCTURE AND FUNCTIONS

Without exception, in all of our correctional treatment programs, we have found that a team approach with representatives of the Department is essential to service delivery and improves treatment efficacy with this population. At CCC, WERDCC, and NECC, we have demonstrated that this approach is an essential tenet of the therapeutic milieu to ensure an "integrated" treatment environment.

Gateway staff will work closely with the Wardens, Department representatives, case workers, and probation and parole officers to determine offenders' needs and to develop treatment plans and social service linkages that address those needs. Counselors will work closely with Department staff to develop effective sanctions and treatment strategies. We will provide extensive opportunities for interaction and discussion of offender progress (or lack thereof). Meetings or conferences with Probation and Parole officers may include offenders and significant others, if appropriate.

With respect to coordinated efforts, Gateway currently has an excellent relationship with the administration and staff at all three program sites. We will 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 will continue to take place between Gateway staff members and Department staff onsite. Gateway clinicians will communicate with Department staff whenever there is an issue with clients, such as behavior management or treatment progress as well as to "check-in" with the Department.

Gateway will also hold a **clinical staff meeting at least monthly** that is attended by Gateway and Department staff. During this meeting, client progress is reviewed for the appropriateness of phase changes, discharges, and behavior issues. Everyone provides input into the decisions on clients, which assists in providing a collaborative, unified treatment team approach to clients' progress and treatment planning, improving client retention and successful program completion.

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 our intent to have each department make meaningful contributions to treatment services and is yet another example of our means of open communication and cooperative relationship between Gateway and the Department's various domains.

Gathering information from all aspects of the facility allows the team to gain a **holistic picture of each client**. The information is important in aiding the clinical staff in making effective treatment recommendations and decisions. Information compiled includes the following: 1) basic information on offenders who have progressed through treatment, 2) the client-driven social perspective of the offender's progress; 3) TCU assessment scores that may be predictive or explanatory of client behavior and treatment needs; 4) 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. It is vital to Gateway to know how the client is behaving while s/he is not physically at the treatment program. This information includes information such as security violations; any behavioral issues that are disruptive; appointments missed at the medical or other departments; clients missing a session without proper notice; and similar information from available sources. Gateway also likes to know when clients do something exceptional and request that this information be shared as well. Catching a client do something well and acknowledging it goes far to strengthen or reinforce that behavior. Of course, Gateway staff pursues specific information on *any issue* pertaining to the clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

Ongoing communication occurs in several ways:

- Gateway staff will maintain a **communications notebook** to convey pertinent information from shift to shift.
- Both program staff and Corrections Officers are invited to take part in the review committee process when evaluating offender applicants for jobs within the job hierarchy. Gateway staff members **encourage Corrections Officers to participate in as many therapeutic activities** as they are able which helps provide a united continuum between Corrections and treatment.

Input from corrections officers and/or other Department staff may be entered in an offender's treatment record by the clinical staff. As offenders 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 offenders' transitional needs. This collaboration ensures continued attention to offenders' needs during the transition from treatment to aftercare placement.

Gateway recommends that our **clinicians and on-site Department representatives meet jointly at least once each week** to discuss program issues and individual client progress. This joint meeting goes far to ensure that Gateway and the Department continue to communicate and provide services in a consolidated manner. We look forward to further developing a joint clinical staffing plan with the Department upon award of the contract.

An important aspect of our collaboration and integration with MODOC involves the **program schedule**. Developed with the Department, Gateway implemented the current effective schedules

for the treatment programs. We will continue to collaborate with Corrections agencies to develop schedules that meet the needs of the Department and of the clients.

In correctional environments, Gateway is aware of various security issues and other agency concerns, such as the need for scheduled and/or random "counts" and the importance of providing for control of inmate movement with respect to the program schedule. We have and will continue to 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.

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

As the incumbent provider at CCC, WERDCC, and NECC, Gateway already has a **Department-approved plan for system integration** into its organizational structure and its delivery of treatment services to the targeted groups. All aspects of these plans, with adjustments made to meet the requirements of this IFB, are explained in the various sections of this proposal.

We **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 offender. Gateway structures each of its correctional programs according to the requirements of the hosting agency.

In addition to the strategies mentioned above, Gateway has established an **Oversight Committee** at each facility to oversee the treatment programs at CCC, WERDCC, and NECC. Our Oversight Committees typically consist of state agency representatives, Gateway staff, wardens, correctional officers, correctional case workers and representatives from probation and parole. The Oversight Committee guides each of our criminal justice programs. Each 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, 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 has become very useful for the joint management of CCC, WERDCC, and NECC.

Currently, the Oversight Committee meets quarterly and is chaired by the Warden or their designee, in conjunction with the Center Director, the Functional Unit Managers (FUM), our Area Treatment Coordinator, and representatives from the Board of Probation and Parole, Medical Department, Mental Health Department, Security, and Education Department in attendance.

Accommodations for Clients with Special Needs

Special consideration is always given to the many offenders who face educational deficits, mental health issues, and medical issues that often require special accommodations if they are to benefit from and successfully complete the treatment program. The integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes will be modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals.

Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive actions or unfounded assumptions related to offenders' abilities. Furthermore, when a Program Review Committee is necessary to evaluate offenders' behavior or progress, the meeting is attended by the appropriate department (mental health, medical, or education) to evaluate the impact of the offenders' special needs on their overall performance.

Every Gateway staff person at CCC/WERDCC/NECC contributes to the overall treatment experience of the offenders. From orientation to treatment and assignment to work details and throughout every aspect of programming, the treatment experience at the CCC/WERDCC/NECC is the result of a multidisciplinary, interagency, team-centered approach. The evident collaborative effort of the entire community demonstrates that Gateway and MODOC have established a collaborative relationship and a unified approach to a joint mission. The result is that everyone benefits. The institution is a safer, more satisfying place to work for staff. Offenders receive superior assessment and individualized treatment services. Treatment is more successful, and the community is made safer. **Awarding the contract to Gateway would ensure the continuation of this highly effective and beneficial partnership.**

Although we expect that some offenders will remain resistant to treatment and that it may take several tries to truly engage the offender in the recovery process, our experience has been that this team approach prevents offenders from "falling through the cracks" and results in fewer offenders disengaging from the treatment process. **Gateway has implemented a system in the current contract that has resulted in reductions in program withdrawals and terminations and that trend continues at this time**. These reductions are directly linked to efforts made by both Gateway and Department personnel to help offenders work through the stages of change and apply appropriate interventions for offenders who are either contemplative or who have drifted back into the precontemplation phase.

2.3.2 Service Modification and Ongoing Consultative Communication

Gateway is fully committed to ongoing consultative communication with state agency personnel. We believe that Gateway and state agency personnel must work closely together as a team for

the treatment experience to succeed. Various aspects of our commitment to integrate other personnel are evident throughout this proposal.

We have found that a team approach with representatives of various state agency services improves treatment efficacy with this population. Counselors work closely with the case managers, wardens, correctional officers, correctional case workers and probation and parole officers to develop effective sanctions and treatment strategies. Counselors assess offenders' social service needs—e.g., food, clothing, appropriate housing, vocational training or other vocational assistance—and attempt to link offenders with these services prior to release. We will continue to provide extensive opportunities for interaction and discussion of offender progress (or lack thereof). Meetings or conferences with correctional case workers, probation and parole officers may include offenders and significant others, if appropriate, and could involve conference calls if issues need to be addressed quickly.

With respect to coordinated efforts specific to CCC/WERDCC/NECC, Gateway has developed and maintains an excellent relationship with the site's administration and staff. We communicate and interact with state agency staff in a variety of ways, and at all levels. Our methods of integration with the institution are described below, and we are committed to improving these procedures as needed.

Daily communication takes place between Gateway staff members and staff at CCC/WERDCC/ NECC. Clinicians communicate with Department staff whenever there is an issue with an offender, such as behavior management, treatment progress, and movement outside the facility. Gateway management also communicates directly with DOC representatives when special conditions, events, or accommodations require higher level coordination.

When invited by MODOC, Gateway attends a **daily management team meeting**, attended by Gateway management and the Department's representatives. These meetings are facilitated by the Warden of the facility.

2.3.3 Consistent Staff Coverage During the Work Week

Gateway understands that service needs must be covered consistently during the work week in order to meet both Department requirements and institutional needs for timeliness. We have prepared a staffing pattern with sufficient staff (presented elsewhere in this proposal) to assure that this occurs and will have trained back-up staff available as needed to administer services and assessments according to the timelines required by the IFB.

2.3.4 Emergency/Crisis Counseling

The collaborative environments already established at CCC, WERDCC, and NECC are conducive to effective crisis intervention. The open line of communication already operational as standard procedure enables swift and effective crisis intervention and referral to take place.

Gateway staff members are regularly trained in crisis intervention protocols. In the event of a crisis situation, staff is directed to first secure the safety of the client and to maintain constant contact with the client until control has been transferred to the appropriate Department representative. Gateway staff includes Master's level Clinical Supervisors and Clinicians. These staff are trained in responding to crisis situations and will continue to serve as "first responders" when necessary.

In crisis situations, initial contact is made with the Custody Supervisor and then with mental health and/or medical personnel as appropriate. All crisis situations are staffed by the interdisciplinary case management team after initial intervention has secured the safety of the individual(s) in crisis. Gateway maintains close collaborative working relationships with the contracted mental health provider, and the need for emergency crisis counseling will be mutually determined with input from the mental health provider.

2.3.5 GENDER-RESPONSIVE, EVIDENCE-BASED TREATMENT

As required by the IFB, Gateway agrees to provide the following services:

a. **Assessment Services** as approved and requested by the Department.

b. **Short-Term Treatment Program (12 weeks)** for offenders sentenced pursuant to section 559.115 RSMo, 559.036 RsMo, Post-Conviction Drug Treatment for offenders sentenced pursuant to section 217.785 RSMo, and for offenders stipulated by the Board of Probation and Parole for substance use disorders treatment.

c. **Offenders Under Treatment Program (6 months)** for offenders referred by the Board of Probation and Parole per section 217.364 RSMo for substance use disorders treatment.

d. **Intermediate Treatment Program (6 months)** for offenders referred by the Board of Probation and Parole for substance use disorders treatment.

e. **Long Term Treatment Program (12 months)** for offenders ordered by the court pursuant to section 217.362 RSMo, and/or ordered by the Court pursuant to section 577.023 RSMo, due to chronic or habitual DWI offenses, for substance use disorders treatment and offenders referred by the Board of Probation and Parole for treatment.

f. **Co-occurring Substance use and Mental Health Disorders Services** for offenders who are identified by Mental Health professionals as having moderate to serious mental health impairments including offenders on psychotropic medications, in addition to substance use disorders.

g. **Special Needs program (NECC only)** for offenders in an on-site substance use disorders treatment program for offenders who have been stipulated for six (6) to twelve (12) months of treatment, and who are not designated for placement at other institutional substance use disorders treatment centers due to a variety of factors including their individual ambulatory, health, mental health and cognitive needs.

Current funding requirements restrict the program participation of these individuals to a maximum of twelve (12) months.

2.4 ASSESSMENT REQUIREMENTS

2.4.1 ASSESSMENT SERVICES

The comprehensive assessment for each offender is a compilation of standardized instrumentation and individualized interviews that cover psycho-social functioning; alcohol/drug use issues; familial and social support systems; medical and psychological health; and educational, vocational, and employment needs. Gateway proposes to continue administering the Initial Classification Analysis-Substance Abuse (ICA-SA), the CJ-Addiction Severity Index (through our DENS application), the TCU Criminal Thinking Scale (CTS), and the TCU Criminal Justice Client Evaluation of Self and Treatment (CEST) assessments.

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

The **Initial Classification Analysis-Substance Abuse (ICA-SA)** is an assessment instrument that aids in the appropriate placement of offenders into differing levels of need for substance use treatment. Gateway's assessment staff will use the ICA-SA, an assessment instrument developed by the Outcomes Assessment Workgroup comprised of state and private substance use 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 use treatment ranging from "long term, intensive, inpatient treatment" to "no services required." Gateway's qualified professional counselors have been using the ICA-SA as a part of the Assessment procedure for many years.

Gateway will incorporate the substance use needs score as identified by the ICA-SA and any pre-existing substance use testing into the assessment summary. The comprehensive assessments are compiled and disseminated to the entire treatment team in preparation for treatment plan completion, developed as a result of the assessment and treatment recommendations.

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

Gateway will continue to use the **Criminal Justice Addiction Severity Index (CJ-ASI) and Psycho-Social History** to assess all offenders as is the practice under the current contract. The CJ-ASI assesses the nature and extent of offenders' substance use history, treatment history, offenders' strengths and recovery capabilities, and specific treatment needs. The assessment shall include the following bio/psycho/social data:

- name
- home address
- home and work telephone number

- date of birth
- sex
- race or ethnic origin and/or language preference
- emergency contact
- education
- religion and/or spiritual orientation
- marital status
- type and place of employment
- physical or mental disability, if any
- social security number , if requested
- driver's license number, county of residence and county of arrest

Gateway has worked closely with the Treatment Research Institute (TRI), the developers of the DENS ASI, to incorporate upgrades and improvements to the ASI that will be implemented in the programs at CCC, WERDCC and NECC. These upgrades include a more comprehensive assessment of clients' military experience, gambling behaviors, and use of tobacco, as well as up-to-date DSM V diagnostic criteria, to name a few.

All offenders will be assessed by intake staff for health status and risk factors. This assessment shall include the following:

- a medical screening;
- a history of current and prior emotional or behavioral functioning, problems and treatments including a history of current physical, emotional or sexual abuse
- an analysis of the offender's home and/or living environment including child care needs, religion, childhood, military service history, education and vocational history, financial status, social or peer group, family constellation and history of substance use, treatment history, and a determination of the need for participation of any family members or significant others in the offenders' treatment
- information on pending legal issues or specific conditions of court supervision, probation or parole including substance use assessments related to a DUI offense
- motor development and functioning
- speech, hearing, vision, and language functions
- substance use history and current pattern of use

Each completed ASI is signed and dated by the intake clinician or primary counselor. All ASIs are reviewed and countersigned by Clinical/Counselor Supervisors. A copy of the ASI, demonstrating the format for summarizing and reporting results of the assessment, is attached in the sample clinical file appendix.

Gateway's use of the electronic ASI is another example of our commitment to exceed expectations and to excel in program delivery. Clinical staff at various locations identified the need to obtain information not squarely addressed by the instrument. To resolve this dilemma, our clinicians adapted the ASI to better obtain psycho-social information needed to develop more effective treatment planning for offenders at all of our treatment programs. The ASI document is

a matter of public domain, and while Gateway clinicians worked with a prominent research entity to modify the instrument, its integrity has been maintained.

When possible, assessments are conducted in an offender's preferred language by someone culturally sensitive to the racial/ethnic characteristics of specific offenders. With the Department's cooperation, persons identified with special needs (e.g., individuals with disabilities) have treatment structured so that the timing, level of communication and physical plant arrangements are conducive to accurate assessment. When necessary, the Department will provide interpreters for the hearing impaired or those with specific language needs as well as support for the visually impaired.

In addition to the comprehensive substance use history and psychosocial assessment using the CJ-ASI, Gateway proposes to continue the current implementation of the **TCU Assessment System** via its Internal Evaluation Protocol (IEP). The IEP process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through the program.

TCU ASSESSMENT SYSTEM

One of the key components of Gateway's treatment programs is the internal process evaluation protocol that was developed in conjunction with TCU's Institute of Behavioral Research and Gateway consultant Dr. Kevin Knight. This process evaluation uses the TCU Assessment System standardized instrumentation to provide ongoing assessment of offender risks and needs throughout the treatment episode, rather than simply at intake.

This allows Gateway to modify treatment interventions according to the client's needs as they change throughout the course of treatment. Due to our experience with assisting TCU in the development of the Automated Data Collection (ADC) process, Gateway proposes to utilize the Scantron system for collecting the assessment data at the programs. This enables Gateway clinicians to easily gather assessment data, have it automatically scored, and then use the reports that are generated to hone and direct the treatment service system at the individual offender level.

The assessment package that Gateway currently uses and proposes to continue providing via this contract includes the assessment of **offenders' psychological, social, familial, and environmental needs** and the **criminal thinking patterns** that lead to recidivism of criminal behavior. Gateway will administer a battery of standardized assessments developed by the Texas Christian University (TCU) Institute of Behavioral Research (IBR), which primarily includes recent iterations of the **TCU Drug Screen II (TCUDSII)**, the **Criminal Justice-Client Evaluation of Self and Treatment (CJ-CEST)** and the **Criminal Thinking Scales (CTS)**. Gateway also proposes to continue administration of the **TCU Health Form** to screen offenders for co-occurring mental health needs as well as physical health needs, and the **TCU Trauma Form**, which is a version of the PTSD Civilian Checklist to assess for presence of PTSD symptoms. TCU has incorporated these instruments into the ADC process, making it readily available for Gateway to implement them as a part of our service delivery system.

With a primary goal of targeting the "highest risk" offenders for our most intensive set of services, we propose to continue use of the **TCU CJ-CEST**, and a screening tool that captures common criminal thinking errors, the **TCU CTS.** These standardized instruments are designed to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking (See Knight, et al, 2006; and, Garner, et al, in press). The results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development.

The CJ version of the **Client Evaluation of Self and Treatment (CEST)** records offender ratings of the counselor, therapeutic groups, and the program in general. It has recently been re-organized by Dr. Knight and TCU, modifying it into four separate stand-alone sub-scales, which include offender ratings of motivation, psychological functioning, social functioning, and treatment engagement. The specific domains and 16 scales and indices are as follow:

Treatment Needs and Motivation

- *Problem Recognition* - acknowledgment (or denial) of behavioral problems resulting from drug use.
- *Desire for Help* – awareness of intrinsic need for change and interest in getting help.
- *Treatment Readiness* – accepting "action" in the form of specific commitments to formal treatment.
- *Treatment Needs* (index) – areas in which offenders believe they need more help.
- *Pressures for Treatment* (index) – types of pressures experienced from external sources.

Psychological Functioning

- *Depression* – feeling depressed, sad, lonely, or hopeless.
- *Anxiety* – feeling anxious, nervous, tense, sleepless, or fearful.
- *Self-Esteem* – having favorable impressions of oneself.
- *Decision Making* – having difficulty making decisions, considering consequences, or planning ahead.

Social Functioning

- *Hostility* – having bad temper or tendency to intimidate, hurt, or fight with others.
- *Risk-Taking* – enjoys taking chances, being dangerous, or having wild friends.
- *Social Support* – having external support of family and friends.

Treatment Engagement and Process

- *Treatment Participation* – being involved and participating in treatment, talking about feelings.
- *Treatment Satisfaction* – satisfaction with the treatment program, services, and convenience.
- *Counseling Rapport* – having a therapeutic and trusting relationship with counselor/staff.

- *Peer Support* – having supportive relationships with other offenders in the program.

The CEST forms are administered at intake (except for the treatment engagement form) and at the end of each treatment phase.

The TCU **Criminal Thinking Scales (CTS)** is a screening tool that captures common criminal thinking errors. Drug dependent individuals who score high on these scales "think like a criminal" and pose a threat to public safety. They clearly are good candidates for our most intensive services that are specifically designed to address both drug use and criminality. The six CTS self-report scales designed to measure criminal thinking errors include the following:

- *Entitlement* – sense of ownership and privilege, misidentifying wants as needs.
- *Justification* – justify actions based on external circumstances or actions of others.
- *Power Orientation* – need for power, control, and retribution.
- *Cold Heartedness* – callousness and lack of emotional involvement in relationships.
- *Criminal Rationalization* – negative attitude toward the law and authority figures.
- *Personal Irresponsibility* – unwillingness to accept ownership for criminal actions.

The CTS form is administered at intake and at the end of each treatment phase.

TCU Health Form: Gateway will use the TCU Health Form to screen offenders for physical and mental health problems. The Health form contains 11 items about types of physical disease or health problems experienced in the past year and 10 items on symptoms of psychological distress. The psychological items are based on the K10 mental health screening and 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 medical or mental health services.

TCU Trauma Form [based on the PTSD Checklist – Civilian Version]: In recognition of the relationship between substance use, mental health problems, and trauma, as well as the prevalence of trauma among substance users, Gateway proposes to continue conducting a specific trauma assessment, the PTSD Checklist – Civilian Version (PCL-C). This instrument is a 17-item self-administered questionnaire. The offenders' rate the items on a 1 to 5 scale based on how they felt over the last month. This instrument is included in the TCU Automated Data Collection (ADC) process and is administered during the initial assessments conducted during the Orientation Phase of treatment. The TCU Scantron form is labeled the TRMAFORM and is provided as an attachment to this proposal.

As referenced elsewhere in this proposal, **Gateway has worked with TCU over the past several years to pilot test the Automated Data Collection system for the CTS and other standardized instruments. Additionally, Gateway has administered these assessments at our units for several years, providing data with application to individualized treatment services, program development, and outcome measurement.**

Gateway is therefore the provider of choice to continue this strategy at CCC, WERDCC, and NECC to effectively identify offenders who are struggling with changing negative thinking patterns and to develop additional strategies and brief interventions that will address these risks for a return to negative behaviors.

Administration of these assessment instruments is conducted by trained office staff. Evaluation and application of the test data will continue to be completed by a certified, registered, or appropriately licensed Substance Abuse Professional as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

TCU Assessment System—Internal Evaluation Protocol Administration Schedule

Gateway Foundation programs implement the **TCU Assessment System** through the Internal Evaluation Protocol (IEP), which uses a dynamic assessment process that identifies offender risks and needs throughout the treatment episode. Specifically, the IEP implementation process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through each phase of the program.

The intake administration of the established protocol is completed within the first 10 days of treatment to ensure that the TCU assessment information is included in the Treatment Plan. Subsequent administrations are completed according to the administration protocol at the initial phase advancement point, just prior to completion of the case evaluation report for Probation and Parole, and prior to discharge.

The following table outlines the IEP administration schedule.

Gateway Internal Evaluation Protocol—Administration Grid for Long-Term Treatment

ASSESSMENTS INCLUDED	ADMIN 1 (Intake)	ADMIN 2 (45-60 days)	ADMIN 3 (@ 9 months)	ADMIN 4 (DC)	ADMIN 5 (Early DC)
TCU Drug Screen II	X	--	Copy from Admin 1	--	--
TCU Criminal History Form	X	--	Copy from Admin 1	--	--
TCU Motivation Form	X	X	X	X	X
TCU Psychological Functioning	X	X	X	X	X
TCU Social Functioning	X	X	X	X	X
TCU Treatment Engagement	--	X	X	X	X
TCU Criminal Thinking Scale	X	X	X	X	X
TCU Health Form	X	--	--	--	--
TCU Trauma Form	X	--	--	X	X
IPASS*			X		

*IPASS is a report summary, not an assessment.

The Short-Term and Intermediate program administration protocol will be less intensive, focusing on intake, mid-point and discharge administrations.

Inmate Pre-release Assessment (IPASS) and Transition Planning

As a part of the Internal Evaluation Protocol (IEP), all Gateway clients take a series of standardized assessments throughout their treatment episode. As a result of the assessment data collected over the course of treatment, Gateway clinicians are able to provide a discharge recommendation that includes the ***Inmate Pre-Release Assessment*** (IPASS). These assessments include the Criminal History Form, scores from the TCU Drug Screen, and the Engagement Score from the TCU CJ-Criminal Evaluation of Self and Treatment Form.

The composite score is the IPASS score, which determines the level of risk (high, moderate, low) for recidivism and/or relapse. This objective score is then used by clinical staff to ensure the most appropriate continuing care referral is made in preparation for discharge.

Gateway will continue to complete the IPASS scoring on each offender prior to the final phase of treatment as a function of the discharge and continuum of care planning processes.

Additional Assessments as Required

Gateway will work with the Department to review additional assessment needs over the life of this contract and agrees to develop a joint protocol regarding the implementation of any new instruments that are required.

2.4.2 Assessment Timelines

Gateway assures the Department that assessments will be performed according to the following timelines:

a. Assessment services for female offenders who have been Court ordered for institutional substance use disorders treatment will be provided within 10 calendar days after program placement.

b. Assessment services for (non-court ordered) female offenders who have been screened and referred by the Department will be provided by the contractor upon request to assist the Department in determining suitability for treatment services and program placement.

c. Assessment services for male offenders who have been admitted for treatment at NECC will be provided within ten (10) days after program placement.

Gateway understands and agrees to the Department's goal to maximize the number of substance use assessments completed to ensure appropriate and timely program placement.

2.4.3 Assessments to Determine Program Placement

Gateway will complete all required substance use assessment and classification instruments, and written assessment summaries within one (1) working day of conducting an assessment interview with an offender for individuals whose assessments will be used to determine suitability for program placement.

2.4.4 Gender-Responsive Assessment Instrument

Gateway assures the Department that when a Gender-Responsive Assessment Instrument has been completed by the Department for offenders who are in a program for six (6) to twelve (12) months, information obtained from the assessment will be detailed in the assessment summary and will influence treatment planning goals and objectives.

2.4.5 Assessment of Offenders with Special Needs

All offenders, will be given a comprehensive assessment, including those offenders with co-occurring substance use and mental health disorders, lower cognitive functioning, physical disabilities, and learning disabilities or deficits. Gateway is sensitive to the various and unique needs that the clients at WERDCC and NEECC have and will assess for the needs specific to each individual. These needs will then be addressed in the client's treatment plan.

2.4.6 Signed Releases

Gateway assures the Department that appropriate releases are signed for requesting previous treatment and assessment records of offenders, as needed.

2.4.7 Written Narrative Summaries of Assessments

As required and at a minimum, the written narrative summaries of assessments will comply with the assessment documentation requirements as reflected by the Certification Standards for Alcohol and Drug Abuse Programs, 9 CSR 10-7.010, et al "Core Rules for Psychiatric and Substance Abuse Programs." Gateway currently complies and will continue to comply with these requirements.

2.4.8 Requests for Other Assessments

Upon request by the Assistant Division Director/SAS DORS, Gateway will provide assessments for offenders whose individual circumstances require the completion of an assessment to include an ASI and an ICA-SA.

2.5 TREATMENT SERVICES REQUIREMENTS

Per the Treatment Services Requirements stated in the IFB, Gateway will provide a short-term treatment program, Offenders Under Treatment (OUT) Program, Intermediate Treatment Program, and Long-Term Treatment Program for CCC and WERDCC.

2.5.1 COGNITIVE RESTRUCTURING APPROACH TO CHEMICAL DEPENDENCE AND CRIMINALITY

a. Cognitive Restructuring Approach

Gateway's cognitive restructuring component incorporates both experiential and cognitive learning to target values, behaviors, and attitudes.

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. 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).

Gateway was a pioneer in integrating the use of cognitive self-change techniques into corrections-based treatment and specializes in a form of cognitive intervention known as Cognitive Restructuring/Cognitive Self-Change. Through both experiential and cognitive activities that target values, behaviors, and attitudes, offenders learn the techniques of cognitive self-change, i.e., that our attitudes and behaviors result from how we think. Classes focus on self-change techniques such as thinking reports and journals, and on identifying and changing common thinking errors that lead to criminal thinking and behaviors, and relapse.

Gateway weaves cognitive behavioral therapeutic approaches throughout the interventions described in this proposal, including Castles in the Sky, an educational intervention that directly confronts both criminal and addictive behavior and teaches techniques for producing individual change and supporting pro-social behavior expected in the program through changing the thinking patterns that have supported past negative behaviors. The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.

The techniques are particularly effective because clients incorporate the therapeutic techniques into their own repertoire and constantly monitor thoughts and associated behaviors.

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

Specific goals of Gateway's cognitive behavioral interventions 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

Two very potent cognitive self-change techniques involve use of **thinking reports and interactive journals**. Effective use of these tools allows offenders to identify the feelings, attitudes, beliefs, and behavior patterns associated with their **target behaviors**, and to identify **thinking errors**.

With ***thinking reports***, offenders

- describe specific situations in which they experience difficulty;
- record all thoughts during that situation;
- identify the feelings, attitudes, and beliefs that underlie the thoughts and behaviors;
- process these thinking reports and identify dysfunctional and distorted thought patterns ("thinking errors"); and
- learn how to intervene in the thought process to change it.

Offenders use ***interactive journals*** to

- identify target behaviors;
- look for patterns or cycles of thinking and behavior; and
- explore ways to manage these cycles by way of cognitive interventions.

By writing about their thoughts and behaviors, and perhaps sharing their journal entries with their peers, offenders 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.

Pathway to Change Curriculum

In addition to Gateway's overall approach to cognitive restructuring, we will continue to collaborate with the Department to implement the *Pathway to Change* (PTC) cognitive skills curriculum to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognitive skills to criminal offenders and is written in language that accommodates the educational levels offenders may have.

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

As indicated in the IFB, the Department seeks to implement the *Pathway* curriculum in a focused process based on individualized need. **Gateway proposes to assess all program participants at intake using the TCU Criminal Thinking Scales (CTS) evidence-based assessment instrument. Through this assessment, Gateway staff will recommend participation/ assignment to the *Pathway* group for offenders who are assessed as high-risk according to the CTS score.** This instrument can also be used as a measurement of change for those participating in the intervention, through administering it in pre-/post- fashion. (The instrument was described in detail earlier in this proposal.)

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

b. Stage of Change Approach to Treatment and Recovery

Gateway's approach to treatment recognizes that offenders' specific needs are correlated with a specific stage of recovery. There are five theoretical "stages of change" (Precontemplation, Contemplation, Preparation, Action, and Maintenance) related to individual motivation for treatment. The characteristics of offenders at each stage and Gateway's corresponding treatment components are summarized in the table below.

Stage-Wise Interventions

Upon intake, offenders are assessed on their readiness to change using the TCU Motivation assessment form. The information is interpreted in terms of DiClemente and Prochaska's Stages of Change to assist offenders in understanding their current status relative to substance use and

recovery and to encourage them to move to the next stage, thereby increasing commitment to treatment and recovery.

The results are discussed with offenders so that they understand their current stage. Specific ways to move to the next level of change are discussed, and clinical staff work with offenders to address barriers to treatment engagement if necessary and to increase commitment to recovery and continued treatment.

Individual and group interventions are designed to meet offenders at their level of readiness. Treatment intervention will be appropriate to offenders' level of change-readiness, per the following table.

STAGE	OFFENDER CHARACTERISTICS	STAGE-WISE INTERVENTIONS
Precontemplation	• No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems	• Motivational Interviewing • Engagement groups • TCU Brief Intervention: "Getting Motivated for Change" • TCU Brief Intervention: "Reducing Angry Feelings"
Contemplation	• More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change	• Motivational Interviewing • Engagement groups • Counseling groups focused on Confrontation and Discrepancy • Life Skills Education Groups • Reentry issues related to the need for change
Preparation/ Determination	• Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change	• Motivational Interviewing • Life Skills Education groups • Counseling groups focused on treatment plan issues/goals
Action/Willpower	• Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and seeking support from others	• Cognitive restructuring groups • Goal-setting skills development • Relapse prevention planning • Support Group participation • Life Skills Education groups • Social skills development • Transition planning
Maintenance	• Successful avoidance of temptations to return to old behavior • Reminders of progress made and advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies	• Reentry planning • Relapse prevention planning • Counseling groups • Support Group participation • Employment readiness training • Family education • Transition planning

Offenders participate in stage-wise group treatment that addresses both substance use and criminality. Offenders in the pre-contemplation, contemplation, and preparation stages will participate in an "engagement" group during the orientation phase of treatment, in which motivational enhancement approaches will be emphasized to help offenders explore their motivation for continuing current/recent life styles as well as costs and benefits of change.

Offenders in "action" and "maintenance" stages participate in "action/relapse-prevention" groups in phases II and III of their treatment program. Offenders in the Active Treatment stage or Relapse Prevention stage receive substance use counseling that includes the following:

- Techniques to identify and manage internal emotional signals (cues) that precede a return to substance use and psychiatric relapse
- Techniques to identify and manage consequences of use
- Skills to refuse alcohol and other drugs
- Problem-solving skills
- Techniques to avoid high-risk situations
- Examination of and challenges to offenders' beliefs about substance use
- Coping skills and social skills training to deal with symptoms or negative mood states related to substance use (e.g., relaxation training, cognitive-behavioral therapy for depression or anxiety, coping strategies for hallucinations)

The Stage of Change approach is based on the theory that behavior change does not happen in one step. 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.

Because offenders' motivation to change is different at each stage, Gateway employs the TCU Motivation assessment form to determine clients' current level of motivation for treatment and change; different interventions are implemented at each stage to help people move through the stages to achieve lasting change. The characteristics of offenders at each stage are summarized in the following table.

STAGE	OFFENDER CHARACTERISTICS	GATEWAY'S APPLICATION TO PROGRAM DESIGN, TREATMENT PHASES, PROTOCOLS, CURRICULA, AND MATERIALS
Pre-contemplation	• No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems	Fundamental to Gateway's methodology is the establishment of rapport and raising doubts about the offender's substance use and criminality. This is accomplished through both offender and peer involvement in phase-integrated groups, seminars, and psycho-educational classes.
Contemplation	• More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change	Through the use of interactive cognitive exercises, role playing, journaling and other activities programming is designed to help the offender "tip the decisional balance scales" toward change. Phase advancement and increased responsibility to the community provides the opportunity to build self-efficacy and elicit self-motivation.
Preparation/ Determination	• Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change	Activities directed at strengthening a commitment to change are integral to the Gateway model to include peer support and self-help opportunities. The offender is encouraged to explore the realities of the change process and to verbalize his intentions to pursue change with understanding that change is indeed a process not an event.
Action/ Willpower	• Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with both personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and seeking support from others	Recovery and re-entry strategies become the focus of treatment planning. Journaling, group and peer support continue to contribute to and reinforce the offenders decision to change. Individual and group activities are designed to help offenders identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.
Maintenance	• Successful avoidance of temptations to return to old behavior • Reminders of progress made/advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies	Activities include work assignments, education, recreation, and personal time to focus on interactive and introspective processing. The offender is encouraged to "see himself as he is" and to honestly consider his daily choices as helpful or hindering long range goals. Progress is recognized and celebrated with recognition that every new day presents fresh challenges to his commitment.

DEVELOPMENTAL MODEL OF RECOVERY

Consistent with the Stage of Change approach, Gateway also incorporates 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 use 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.

TRANSITION STAGE

The transition stage begins the first time a person experiences an alcohol or drug-related problem. As addiction progresses, people try a series of strategies designed to control use. This ends with their recognition that safe use of alcohol and/or drugs is no longer possible. The struggle for control is a symptom of a 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. Offenders 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 generally takes between six weeks and six months for offenders 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. Recovering people must learn about the addiction and recovery process and must separate from friends who use and build relationships that support long-term recovery. This may be a very difficult time for criminal justice offenders 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 offender 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. Offenders move 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 they begin 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, people make changes in ongoing personality issues that have continued to interfere with life satisfaction. 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 offenders 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 the recovering person encounters a problem (physical, psychological, or social) that interferes with his or her 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 the offender to cope less and less well. This will result in relapse.

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

Developmental Model Stage(s)	Treatment Level	Treatment Protocols/ Curricula/ Program Materials Used
Transition Stabilization	**Phase I**	• Assessment/diagnosis • Treatment plan development • TC structure orientation • Treatment orientation • Assimilation into the TC • Job assignments
Early Recovery	**Phase II**	• Cognitive restructuring/self-change techniques • Reality therapy • Individual counseling • Group counseling • Job readiness/employability assessment • Conflict resolution skills • Twelve-step programs • Family dynamics • Educational/vocational assignments • Substance use relapse prevention • Criminality relapse prevention • Continuing care planning • Group education
Middle Recovery Late Recovery	**Phase III**	• Individual/group counseling • Family support group • Effects of DUI • Victims' rights • Substance use relapse prevention • Criminality relapse prevention • Self-help group participation • Aftercare planning

POST-INCARCERATION		ACTIVITIES
Maintenance	**Post-Release Continued Care**	• Engagement in continued care treatment • Self-help group participation • Community service (not just mandated, but out of good citizenship) • Employment • Stable living environment • Compliance/fulfillment of legal requirements (i.e., completing probation/parole)

c. Six-Days-per-Week Therapeutic Activities

Gateway provides therapeutic services six days per week (5 days per week at NECC) and will continue under the new contract according to requirements. In addition to psychoeducational classes, small process groups, and individual sessions, Gateway provides a variety of other treatment activities as described below.

Morning Meetings: Morning Meetings convene every day following breakfast. The meeting is brief (30-40 minutes) and is conducted by residents under the supervision of staff. The general purpose of the Morning Meeting is to initiate the activities of the day in a positive manner. However, the specific objectives of this meeting are to motivate individuals to accept the day's activities with a positive attitude, to alter negative social images in a playful way, and to strengthen awareness of the program as family or community. These objectives relate to and reflect the treatment community' view of the offender and the role of the community in the recovery process. Morning Meeting components include the following:

- **Recitation of the Gateway Philosophy**: Recitation of the Philosophy in the Morning Meeting is viewed as a bonding mechanism and a means of reaffirming the value of the collective struggle toward recovery and life change.

- **A Concept for the Day**: A well-known maxim or phrase (e.g., "Honesty is the best policy.") is presented with a brief explanation that reflects the residents' perception or personal understanding of it. Thus, individual differences in comprehension in the audience should not be inhibited by criticism, debate, or negation.

- **A Word for the Day**: A single word or phrase (e.g., "serenity") is selected. A resident presents a formal definition and then underscores the word alone, or together with the Concept, as the Thought for the Day. The use of the Word and Concept is to stimulate resident thinking, particularly in relation to positive change, as well as to enhance vocabulary.

- **The Weather Report**: A brief report is generally drawn from newspapers or TV. The use is practical in that it dictates the appropriate dress for those who will be working outside or leaving the facility. It is also a simple, disarming reminder of the "reality" of outside living.

- **Songs**: This includes group songs or songs by presenting residents. The audience is free to join in singing with rhythmic handclapping or finger-snapping.

- **Skits and Productions**: These include poems, jokes impersonations, or humorous awards (e.g. worst dressed, biggest reactor, most positive resident). The theme of various productions is mild, good-natured, fun, and free from serious or pointed criticism.

Wrap-up Meeting: Wrap-up meetings (also known as House Meetings) are the primary vehicle for transacting business. Wrap-up meetings convene every night of the week, assembling all residents of the Wing. The main function of the Wrap-up Meeting is community management. The basic purpose of the meeting is to communicate issues and concerns, while ending the day on a positive note. The basic business agenda in a customary sequence as follows:

- Recitation of the Gateway Philosophy
- Introduction of new residents
- Announcement of CDVs, Behavior Contracts (BC), and Learning Experiences (LE)
- Apologies/Announcements
- Group push-ups and pull-ups
- Announcement of up-coming Conflict Resolutions
- Announcement of Structure job changes
- Announcement of Phase changes
- Announcement of details of recreation, Structure meetings, self-help meetings, etc.
- Announcement of food service menu for following day
- Identification of residents who are scheduled for medical or other appointments
- Special informational announcements
- Staff announcements

Community Meetings: Community Meetings are the last business meeting of the week (Friday evening). A weekly report that summarizes the condition of the Wing, the number of Conflict Resolutions, CDVs, BCs, phase-ups and de-phases for the week is provided. The Family Member of the Week is announced and asked to share something about himself/herself, his/her treatment progress, and his/her recovery. Assigned seminars from LEs and BCs are processed. Positive Affirmations are read. Time is allowed for discussion of Wing concerns, including problems that have occurred and need to be addressed.

General Meetings: General Meetings are attended by both residents and staff to address attitudes, behaviors, and issues that are a threat to the community. Meetings may also be held when a specific resident or group of residents has regressed in treatment and is being considered for a behavioral discharge. The purpose of the meeting is to utilize peer pressure to encourage the resident or group of residents to make positive change. These meetings can be requested by Structure, but only called by staff.

Classes and Seminars: Classes and seminars are conducted by staff, residents and/or guests and cover materials such as specific life skills, anger management, decision making, HIV, and chemical dependency education. Classes and seminars are designed to broaden the horizons of each community member. The Gateway curriculum offers a variety of potential topics. When residents assist the community by co-facilitating classes and seminars, they have the opportunity to review the curriculum to prepare them for this challenging opportunity to be both a teacher and a student.

Seminars are usually conducted by offenders and present the teachings of recovery and right living, which balances the members' experiential learning during treatment. There are three main goals of utilizing seminars: Intellectual stimulation, personal involvement, and social integration.

Tutorials: This is a session or "special event" that is signified by staff stature and relaxed rules. This is a long session that permits spontaneous relaxed conversation due to the use of novels, movies, poems, etc. The features of this tutorial are effective and maximized learning because they communicate to the offenders that they and the event are of special importance. The inherent goal of the personal growth tutorial is to teach members how to examine an issue, concept, or question versus drawing a specific opinion or conclusion, teaching open-mindedness. Two other types of tutorials are clinical skills (mock encounters) and job skills.

Peer Support Meetings: The Peer Support meeting is a Wing-specific meeting that occurs on a weekly basis. The main context and importance of a Peer Support meeting is to help change negative socialization and antisocial behavior. Peer Support meetings allow members to positively re-socialize. The overall process must involve peer interactions, sharing, and suggestions for improvement, instruction, and confrontation. Everyone benefits from this process because the Wing family knows where each member is in regard to his program and recovery and can learn from one another.

Conflict Resolution Groups are conducted four times per week on each unit

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 the offenders to identify negative behaviors and provides a forum for them to deal with 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 the resident 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. Offenders 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 that 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 offenders feel based on their perceptions of the behavior of others. These groups are not an arena for offenders to simply expose others to the group or to retaliate for perceived past wrongs, nor are they forums for offenders to explain or defend themselves. They are opportunities for offenders 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.

Brief Intervention Groups (Targeted Groups): Targeted groups are small, closed directed groups held over a period of 4 to 6 weeks. Assignment to these groups is made based upon needs identified through TCU assessments and/or counselor observation. The group's intent is to address a specific individual need through the group process and is based upon short curriculum developed through Texas Christian University. Topics include the following:

- Getting Motivated to Change
- Understanding and Reducing Angry Feelings
- Unlock Your Thinking Open Your Mind
- Ideas for Better Communication
- Mapping Your Reentry Plan
- Mapping the Twelve Steps
- *Time Out! For Me: An Assertiveness and Sexuality Workshop for Women*

Daily Structured Programming and Client Education

Gateway recognizes that offenders' ability to identify their feelings and express them appropriately, to resolve conflicts responsibly and to develop healthy decision making skills are important aspects of a comprehensive personal recovery program, and our programming and education efforts focus on these important issues. Our treatment education and program curricula include seminars and group process sessions on substance use and recovery, relapse prevention, life skills, interpersonal skills, offender lifestyle confrontation and family dynamics.

A detailed description of Client Education topics is set forth in the Group Education section. Our Client Education program addresses all topics required by the IFB. Gateway understands that any modifications to material presented and utilized, including video and audio presentations, must be first approved by the Department.

Group therapeutic activities take on a variety of formats, but each addresses offenders' substance use, criminal attitudes and behaviors and special needs, when applicable. Scheduled group activities include **family meetings** (also known as **AM or PM Development groups),** which are held as **wing meetings** or **facility-wide meetings, process (or static) groups,** and **conflict resolution groups**. These activities are described in detail in other sections of this bid.

Gateway agrees to provide therapeutic activities such as those described above **six (6) days per week** and to schedule such activities to **accommodate offenders' schedules and ensure maximum participation.**

Current Daily/Weekly Activity Schedules depicting the activities required by the IFB are included in Exhibit F, item #7 of this proposal. The level of specificity provided in these schedules demonstrates Gateway's understanding of the environment and provides evidence of a clear integration of services within the structure of the institution—which cannot be provided by any other vendor.

Gateway acknowledges that program schedule modifications, if needed, will be developed jointly between Gateway and the Department upon receipt of the award. The goal of all clinical programming is to ensure that the programming is a uniform and integrated treatment environment.

d. Therapeutic Assignments

In addition to the homework assignments, program-specific assignments, and adjunctive therapeutic activities described in the previous section, Gateway will incorporate the following activities.

- Morning Meeting
- Wrap-Up Meetings
- Community Meetings

- Classes and Seminars
- Peer Support Meetings
- Conflict Resolution
- Brief Intervention Groups
- Work Assignments
- Leisure Activities
- Learning Experiences
- Family education and support
- 12-Step and secular alternative recovery support groups and self-help meetings

e. Gateway understands that treatment offenders may participate in the same treatment services activities but will ensure that the Long-Term Treatment Program will use a more intensive curriculum. Although both short- and long-term treatment offenders receive many of the same treatment services, some of those services are more intensive for the long-term offenders:

- *Pathway to Change* is delivered in six (6) sessions for short-term clients; a more intensive schedule of twelve (12) sessions is delivered for long-term offenders.
- *Healing Trauma* is delivered in six (6) sessions for short-term clients, the more intensive curriculum Beyond Trauma is delivered in twelve (12) sessions for long-term clients.
- *Helping Women Recover* is facilitated for long-term offenders.
- Additional relapse prevention options such as *Mindfulness Based Relapse Prevention* will be made available to long-term offenders.
- Completion of the entire "Relapse Prevention and Re-entry" Interactive Journals will be expected for long-term offenders (whereas clients in short-term treatment will not likely complete the entire journal).

In addition to their exposure to more intensive curriculum, long-term offenders are afforded additional opportunities based on the amount of time they are in treatment. They have the opportunity to practice leadership and role modeling within the program, and are provided with opportunities to "give back" to their peers. Long-term offenders often hold structure positions within the community, giving them opportunities to practice these skills.

Long-term offenders also complete additional administrations of the Texas Christian University Assessments, providing Gateway staff additional information for use in treatment planning. The time in treatment, additional exposure to staff while in structure positions, and additional opportunities for assessment and treatment planning all lead to the likelihood and chance for a positive therapeutic alliance between Gateway staff and long term offenders.

2.5.2 PROGRAM PHASES

Services for the programs previously described will be provided in the phases described in the sections that follow.

a. PHASE I

During this phase, each offender not assessed within the past year will receive a substance use assessment and orientation to Department rules, regulations, the treatment center and the treatment process. During this phase, each offender will receive a minimum of thirty (30) hours of therapeutic activity per week.

PHASE I: Orientation Phase—Information Dissemination

Purpose of the Orientation Phase

The purpose of the Orientation Phase is to acclimate offenders to the processes included 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 and to develop an individualized plan for the offenders' participation. Traditionally this phase is primarily didactic, in that offenders must be provided with an overview of the facility regimen, the treatment process, and the expectations for participation and progression through the program, accomplished through a variety of orientation seminars. In addition, the Orientation Phase provides an opportunity to establish the 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 an overview of expectations for participation as a 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 assessments, 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.

Criminal Justice—Client Evaluation of Self and Treatment (CJ-CEST) and Criminal Thinking Scale (CTS)—standardized instruments designed to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking (See Knight, et al, 2006; and, Garner, et al, in press). The results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development.

TCU Health Form–Gateway will use the Texas Christian University (TCU) Health Form to screen offenders for physical and mental health problems. The psychological items on this form are based on the K10 mental health screening and contain 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 medical or mental health services.

PTSD Checklist – Civilian Version (PCL-C): In recognition of the relationship between substance use, mental health problems, and trauma, Gateway proposes to conduct a specific trauma assessment, the PTSD Checklist – Civilian Version (PCL-C), for all women admitted for substance use treatment at WERDCC and CCC and for the male offenders at NECC. This instrument is a 17-item self-administered questionnaire. Offenders rate the items on a 1 to 5 scale based on how they felt over the last month. This instrument is included in the TCU Automated Data Collection (ADC) process and will be administered during the initial assessments conducted during the Orientation Phase of treatment.

These instruments are described in more detail in the assessment section of this proposal.

The focus in Phase I is to provide offenders with an orientation to the treatment environment while seeking to engage them in treatment readiness activities. Offenders are expected to attend 12-step or other self-help groups and complete a continuum of care plan. During orientation, there typically is a degree of resistance and denial. Additionally, offenders 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 use, 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 offenders in orientation include the following:

- **assessment and diagnosis** of offenders' conditions
- **assessment of offenders' 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 treatment program by staff and peers
- **assimilation** into the treatment process

Orientation activities include the following:

- Senior members of the program are assigned to new offenders to assist in the adjustment process by spending time with the new offenders and helping them adjust to the program.
- Staff members address the orientation needs of each offender and address specific issues of concern which may hamper offenders' ability to trust to acclimate to the treatment program.
- New offenders are assigned a job function to get them involved in program activities.
- New offenders also are required to engage in all treatment activities and events.
- Staff members conduct assessments that include evaluation of offenders' 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 timeframe and format required by the Department.
- **The counselor and offender develop the offender's treatment plan based on information obtained during the assessment period**. The treatment plan highlights specific treatment issues and provides the offender with a "road map" or guide for accomplishing treatment goals, meeting treatment needs and successfully resolving treatment issues.
- Offenders are provided an **Orientation Manual** that provides comprehensive information on the expectations placed on them during treatment.
- Offenders attend a regularly scheduled orientation group that focuses on the information contained in the orientation manual and assisting offenders to understand the treatment program.
- During this phase, staff members focus on **engaging** offenders in the treatment process and **motivating** them to participate in treatment and address their individualized treatment issues.
- Offenders are given an Orientation Test to determine whether they understand the basic concepts of the treatment program. Offenders who do not pass the test participate in refresher courses to assist offenders in their understanding of the treatment expectations and rules of the community. Gateway's Orientation Test is attached as an appendix.

Per the requirements of the IFB, the length of Phase I in each program will be as follows:

- Short-Term Treatment Program: approximately one (1) week
- OUT program and Intermediate Treatment Program: approximately three (3) weeks
- Long-Term Treatment Program: approximately four (4) weeks

b. PHASE II

During this phase, each offender receives an intensive level of treatment and a minimum of thirty (30) hours per week of therapeutic activity which includes but is not limited to, the following:

- Individual counseling
- Group counseling
- Recovery-focused substance use disorders education
- Community meetings
- Self-help recovery support groups
- A continuing care/aftercare plan shall be initiated during this phase. This plan will follow a structured and holistic approach for on-going recovery that will include, but not be limited to, a relapse prevention plan.

Individual and Group Counseling are discussed in detail in Sections 2.6 and 2.7, respectively.

The length of Phase II in each program will be as follows:

- Short Term Treatment Program: approximately eight (8) weeks
- OUT program and Intermediate Treatment Program: approximately sixteen (16 weeks)
- Long Term Treatment Program: approximately twenty-eight (28) weeks

The purpose of the second phase is to promote individual change within the structure and interventions of the treatment program. This phase is traditionally referred to as the "Personal Application" phase of the program, as it is here that the individual is 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." The objective is to provide offenders 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 during treatment.

This stage involves some of the most important personal growth for offenders. 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 offenders 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.

Specifically, the most common interventions at this point are the TCU Brief Intervention modules on "*Understanding and Reducing Agree 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 period, it is essential that offenders 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, offenders participate in group counseling settings and community activities that are geared toward allowing offenders 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 engagement and participation in the treatment 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, etc.

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

As offenders 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 offenders' ability to function more effectively as treatment continues. Typically, offenders take on increasingly responsible jobs within the treatment environment as they progress through treatment, further elevating their sense of self-worth and self-respect.

The overall structure of the community (correctional institution) establishes a treatment milieu that transcends the substance use treatment groups provided by Gateway, resulting in an aggregate process by which the entire correctional institution 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 intervention activities and/or techniques:

- **Didactic Groups**—chemical dependency and life skills education (curricula-based activities)
- **Process Groups**—predominantly known as "caseload static group" or "group counseling," these groups are designed to allow offenders a small group context in which to discuss, review, and challenge individual issues and needs. Counselors facilitate the exploration of issues within the group context.
- **Conflict Resolution Groups**—structured staff-facilitated 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
- **Aggression Management and Domestic Violence Groups**—a curriculum-based group that addresses appropriate emotive, behavioral, and cognitive interaction with others. The curriculum includes interventions for both anger management and domestic violence
- **Behavior Management Program**—a structured, peer-driven process by which offenders are held accountable for negative behaviors and provided individual and social "learning experiences" to correct such behaviors
- **Support Groups**—offenders are provided with didactic and experiential applications of 12-step (e.g., AA/NA held regularly) or secular support groups 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 according to the minimum frequency specified by the Department, 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 at routinely scheduled times 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.

Continuing care/aftercare plans that follow a structured and holistic approach for ongoing recovery that will include, but not be limited to, a relapse prevention plan will be initiated during this phase.

c. PHASE III

Phase III focuses on transition from the institution to the community and appropriate pre-release and re-entry planning. Gateway will provide a minimum fifteen (15) hours of therapeutic activity per week that does not conflict with an offender's work schedule.

The length of Phase III for each program will be as follows:

- Short Term Treatment Program: a minimum of three (3) weeks
- OUT Program and Intermediate Treatment Program: approximately four (4) weeks
- Long Term Treatment Program: approximately twenty (20) weeks

Per the IFB, therapeutic activity will include, but not be limited to:

- Individual counseling
- Ongoing recovery skills and relapse prevention services for substance use and criminality, minimum (2) two hours per week
- Applicable interventions to address identified criminogenic needs
- Community meetings
- Family-focused education classes or activities
- Self-help recovery support groups

During this phase, Gateway will also facilitate one (1) family-focused education activity for at least 60 minutes per week. Whenever possible, and upon approval of the institutional leadership at each program, family-focused education will include family visitors or non-family significant others to assist offenders with integration into the community upon release.

Phase III provides 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 staff according to the individual lifestyle changes established in the first and second phases of the program. Treatment groups are designed in such a manner as to provide a real-life *translation* of therapeutic concepts, to ensure that offenders receive 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 can apply this new understanding upon discharge to the community. The program's responsibility in this phase is to provide structured interventions that require offenders to behave pro-socially within the treatment environment, typically with increasing responsibilities and privileges.

Clients in this phase of the program typically serve as treatment role models. They assist with orientation of new offenders and help facilitate education groups with staff. The reciprocal nature of treatment teaches clients that only by sharing the journey with others is one able to maintain personal change required for long-term recovery. Therefore, clients are required to lead peer activities and role model pro-social behavior throughout the correctional environment (not just at the treatment program). It is expected that they will participate actively in counseling groups and understand specific aspects of their own substance use and other antisocial behaviors.

Re-entry planning is the primary emphasis of Phase III, and a comprehensive discharge plan and relapse prevention plan are finalized in this phase. The plans include not only the substance use treatment elements of continued care, but a holistic plan for maintaining responsible, pro-social, drug-free lives upon discharge. Counselors begin working with clients immediately upon their entry to this phase of treatment to formulate individualized reentry and relapse prevention plans which include firm referrals to community-based treatment. Our goal is that the re-entry phase culminates in offenders who are highly motivated to enter into a community-based program to increase the likelihood that they will continue with their treatment episode and remain crime and substance free.

By the end of Phase III, every offender will have an individualized, structured plan for reentry and relapse prevention prior to release. Reentry plans will be forwarded to the field Probation and Parole officer and the community provider by the date of the offender's discharge, if identified.

2.5.3 Court-ordered Chronic Offenders

Chronic Offenders ordered by the court pursuant to section 577.023 RSMo as "Aggravated, chronic, persistent and prior offenders of intoxication-related traffic offenses" who have been mandated for a two-year period of incarceration will receive substance use disorders treatment services as capacity permits.

a. In consultation with the Assistant Division Director/SAS, DORS, and the Warden at each correctional facility, Gateway provides a targeted curriculum with increased emphasis on: the effects of driving under the influence of alcohol and/or other drugs, victims and the community at large, victim's rights issues, and advanced alcohol abuse issues. Final approval by the Assistant Division Director/SAS, DORS is and shall continue to be required before implementation of curriculum.

Gateway incorporates the Change Companies *Responsible Decisions: Impaired Driving Program.* This is an interactive program designed to assist clients in making positive changes to their high-risk driving behaviors. The participant-focused, user-friendly curriculum:

- Offers a personalized road map for good decision making
- Aligns with common state impaired driving education standards
- Educates clients about the consequences of impaired driving
- Incorporates a colorful, engaging Interactive Journaling format
- Includes a personal change plan
- Emphasizes personal responsibility and commitment to change
- Moves beyond basic education to application of effective strategies for behavior change

The program is based on the belief that people have the power to change their behavior if they have the motivation and tools to do so. By providing clients with change skills, *Responsible Decisions* strives to help them avoid further high-risk driving behaviors.

2.5.4 Phase Change Criteria

In concert with the Department, Gateway has established in writing clear and distinct criteria for movement from one phase to another. The criteria for advancement must reflect appropriate treatment intervention progress, and will be listed in the offender handbook. Decisions regarding phase movement shall be made through a "clinical staffing process" that includes at least one (1) Department staff member to be specified by the Department.

2.6 INDIVIDUAL COUNSELING

2.6.1 REQUIRED INDIVIDUAL COUNSELING

Each offender receives a minimum of one (1) hour of individual counseling per month during all phases. In our experience, individual counseling sessions may occur twice during the first month of treatment to complete the assessment and develop the treatment plan, and once per month thereafter. Individual counseling is defined as a structured, goal-oriented therapeutic process in which the offender interacts on a face-to-face basis with a qualified professional or trainee under supervision of the contractor to address problems identified on the individual treatment plan. Individual counseling sessions may also provide a forum for offenders to address problems that they are not yet willing to discuss in a group setting. Counselors may also meet with clients individually if clients are in distress or crisis.

Individual counseling techniques focus on positive role modeling, personal sharing, redirecting members to the treatment process and didactic approaches. Motivational interviewing is incorporated as appropriate. Upon admission, clients are assigned to a primary counselor who facilitates assessment, treatment planning, group counseling, education, family services and individual counseling to individuals assigned to their caseloads. During individual counseling sessions, counselor's 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 offenders begin to build a crime-free and drug-free life, individual counseling sessions provide the opportunity to address issues identified in the offender's treatment plan, and to revise the treatment plan to address new issues. The counselor may help the client understand how what s/he has learned in didactic and group sessions applies in a particular case. Throughout treatment, the counselor helps the client make the connections between the problems she/he is experiencing and the materials presented in group education and group counseling sessions.

Gateway is committed to assuring that all clients at all three programs receive a minimum of one hour per month of individual counseling throughout their institutional treatment experience. To that end, Gateway has implemented quality assurance measures at each program that track the delivery of individual counseling to each client, by each counselor. The tracking is reviewed by the respective program Clinical Supervisors and Directors to assure adherence to this objective.

2.7 GROUP COUNSELING

Group counseling sessions will be limited to a maximum of twelve (12) offenders per group. Each offender will receive a minimum of three (3) one- (1) hour sessions of group counseling each week. Gateway has implemented similar quality assurance practices to assure that each client receives at least the minimum group counseling services and that these services are clearly documented in each client's clinical record.

Group counseling sessions are designed to actively involve offenders in exploring their unique involvement in substance use and criminal activity. In contrast to group education, group counseling requires offenders to examine issues in their lives that led to substance use 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 offenders to engage in role playing new ways of interacting that will support their recovery processes.

Group counseling is a means to assist chemically dependent offenders 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 offenders are pre-contemplative, resistant to treatment or in denial, and/or will not understand the connections between their substance use and the difficulties they have faced and continue to face within their family, with friends, with their health and in employment, legal, and financial matters.

Groups engage in discussion of all aspects of substance use, recovery skills, and treatment issues. Topics include, but are not limited to, 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.

Primary counselors facilitate the client's treatment experience and draw upon the strengths of a treatment team to provide the best services to offenders and to reinforce the concept of "community as method." While the primary counselor does provide individual services such as individual counseling, treatment planning, and psycho-educational classes, various other large and small group activities may be facilitated by another member of the counseling team in close communication and collaboration with the primary counselor.

"Process" or "Static" groups: Process groups are facilitated by Primary Counselors in time slots when offenders' DOC jobs or school schedules permit. When offenders' jobs or school schedules conflict with their Primary Counselors' assigned group time, the offenders will be assigned to another counseling group. Consideration is given to good offender-counselor "fit." This aspect is especially considered when offenders are struggling to engage in the program.

These groups are conducted according to traditional group therapy principles and are structured to encourage each offender to process his unique treatment issues as identified in his treatment plan. Process groups are smaller than family meetings and educational groups in general and

allow offenders to establish trust and comfort with each other. This lends for greater disclosure and meaningful discussions as group members "process" their personal treatment issues.

2.8 RECOVERY-CENTERED EDUCATION

2.8.1 RECOVERY-CENTERED EDUCATION

Since its establishment in 1968, Gateway Foundation has been a leader not only in delivering substance use treatment programming, but also in refining correctional treatment by contributing new tools and materials to enhance program delivery. As a culmination of decades of research and work, Gateway has compiled a comprehensive curriculum for use by its staff at all of Gateway's correctional treatment facilities.

Gateway provides information and education addressing many aspects of chemical dependency and criminal attitudes and behaviors. Clients need information regarding the nature and effects of chemical abuse and dependency and their relationship to criminal thinking, attitudes, and behaviors. Gateway provides this information in a variety of modalities, which may include lectures, educational groups, films, videotapes and handouts.

Gateway will submit all new/revised curricula to the Assistant Director, DORS/SAS for final approval prior to implementation. All curricula currently used in the treatment programs have followed the required protocol and has received the appropriate approvals.

2.8.2 SESSION SIZE

Recovery-centered education sessions will be limited to a maximum of forty (40) offenders per group session. Through the Department-approved schedules, Gateway has also ensured the IFB expectation of Recovery Centered Education group size does not exceed a maximum of forty (40) offenders per session. This is achieved by assigning groups in multiple ways to ensure the maximum number is not exceeded, such as Phase I, II and III groups, program-based groups, groups based off individual offender's TCU scores, and general-topic education groups.

Gateway's comprehensive curriculum, developed collaboratively by Gateway staff and expert consultants, provides didactic information and experiential activities to target various goals and objectives that treatment is designed to address, including the following: Substance Use Education; Life Skills Training; Offender Lifestyle Confrontation; Family Dynamics; Violence Interruption; and Co-occurring Mental Health and Substance Use Disorders.

Stage of Change Approach to Recovery

The Stage of Change approach to recovery is interwoven throughout the interventions described in this proposal and is specifically covered in our interactive journals (Gateway's Stage of Change Approach is discussed above in this proposal).

Disease Concept of Chemical Dependency

Substance use 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, benzodiazepines, opiates, prescription medications, and other major substances often abused. These lectures are highly interactive 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. Offenders 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.

Gender Issues in Pathways to Crime

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

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

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

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. Clients confront each other on a daily basis in education groups or group counseling sessions or during other therapeutic activities regarding any occurrence of criminal thinking or behaviors. Individuals' process thinking errors by writing thinking reports that they discuss with other clients. Healthy, alternative ways of thinking are identified and practiced.

Relapse Prevention for Substance Use and Criminality

This module utilizes a Relapse Prevention workbook designed specifically for Gateway corrections-based treatment programs by nationally-renowned substance use 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. Offenders identify possible reasons for relapse and ways to avoid them. Gateway also uses relapse prevention workbooks designed for Gateway by The Change Companies. These are discussed in another section of this proposal.

Gender-Related Issues in Recovery

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

Review of Accepted Recovery Models

Addiction and its related problems can be treated successfully but **no single treatment works for all substances, nor for all substance users**. Psychoeducational sessions explain how substance use treatment may be based on one of several traditional approaches: the **Medical Model,** which focuses on the recognition of addiction as a bio/psycho/social disease, the need for life-long abstinence, and the use of an ongoing recovery program to maintain abstinence; the **Social Model,** which focuses more on the need for long-term abstinence and the need for self-help recovery groups to maintain sobriety; and the **Behavioral Model,** which focuses on diagnosis and treatment of other problems or conditions that can interfere with recovery.

The **Twelve Step/Disease Model/Minnesota Model** is a comprehensive, multi-disciplinary approach to the treatment of addictions which is abstinence-oriented and based on the principles of Alcoholics Anonymous. Gateway understands that clients who have opposition to a "higher power" concept will be offered alternatives to education groups addressing this Twelve-Step model.

The **Cognitive-Behavioral Model** involves individuals learning how their thoughts, feelings and behaviors (especially drinking/using behaviors) are connected and how to break those connections. The counselor helps offenders analyze their environment and ways of responding to cues to use alcohol or drugs and establish new patterns of response to those cues.

The **Bio-Psycho-Social Model** is an experiential, peer-oriented process that represents a much less expensive alternative to medically-oriented substance use treatment delivered by clinicians.

Harm reduction is a public health approach to dealing with drug-related issues that places first priority on reducing the negative consequences of drug use rather than on eliminating drug use or ensuring abstinence.

Emotions Management

Offenders are taught the destructive nature of inappropriate and impulsive expressions of emotions. They learn to identify prior "feelings management" problems related to their alcohol

or drug use, including the physical effect chemicals have on their emotional responses. This group offers offenders the opportunity to learn and practice the skill of identifying emotions and expressing them appropriately.

Stress Management Techniques

Offenders learn about the causes and effects of stress and examine how they dealt with stress in the past. Concrete techniques for minimizing stress in their lives and for dealing with stress appropriately in order to aid in their recovery are discussed and practiced.

Impact of Substance Use on Pregnancy and Fetal Health

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

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

Family and Social Relationships in Recovery

Common aspects of family dynamics in response to substance use are examined, including codependency, enabling behavior, dysfunctional and healthy relationships, and family recovery. Offenders learn and practice functional and healthy interactions and pro-social behaviors.

Influence of Trauma on Substance Abuse

Research has firmly established that incarcerated populations have experienced traumatic events and PTSD at a much higher rate than the general population and a link between traumatic events and later criminal activity has been established. Of particular importance for in-custody substance use disorder programs is the fact that individuals with PTSD are at 4 to 5 times greater risk of abusing substances than those with no PTSD. Moreover, people with substance use disorders and co-occurring PTSD have poorer treatment outcomes than those without PTSD, suggesting that treatment providers must be mindful of the effects of trauma on recovery.

As with other co-occurring disorder treatment, Gateway will address trauma in conjunction with substance use disorder treatment. An integrated treatment model helps individuals suffering from PTSD and SUD address both disorders at the same time and by the same team. Research shows that when not provided in an integrated manner, one condition frequently goes untreated. Specifically, Gateway will incorporate education about trauma into group treatment sessions and will also provide coping strategies that are consistent with healthy trauma coping strategies (e.g. grounding and deep breathing).

Domestic/Family Violence

All aspects of domestic violence are covered. Specific topics include victimization, aspects of control, the impact of violence 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. Offenders 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 the increased risk of infectious diseases among alcoholics and drug users are reviewed, as are the specific modes of infection, symptoms, and prognoses of HIV/AIDS/ TB, Hepatitis B & C and STIs. Preventive measures and current treatment for these diseases are emphasized.

Recreational/Leisure Skills Development

Offenders learn the importance and benefits of appropriate leisure activities and participate in structured recreation activities that focus on community building. To reinforce the benefits of exercise as it pertains to good health, offenders 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. Clients also identify prosocial leisure activities that they enjoy so they can readily identify leisure time activities and avoid boredom and unstructured time- a common relapse trigger.

Smoking Cessation and Nicotine Addiction

The health risks and addictive nature of nicotine are discussed as substance users are particularly prone to use nicotine and tobacco products. The specific aspects of addiction to nicotine are reviewed, 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.

Medication-Assisted Treatment

Gateway has incorporated the use of FDA-approved and research-endorsed medications in the continuum of treatment and recovery of those suffering from psychoactive substance use

disorders. Specifically, Gateway believes that by introducing Medication-Assisted Treatment (MAT) while offenders are receiving institutional treatment, and educating these offenders about MAT's potential benefits, engagement and retention in community-based treatment is improved as is long term treatment and recovery outcomes.

With the support of MODOC and DMH, Gateway has incorporated MAT, an evidence-based treatment approach particularly used in the treatment of alcohol and opioid dependence. Pre-release MAT was first implemented at the Ozark Correctional Center in 2012 and has since spread to other MODOC facilities throughout the State. MAT services are incorporated into the treatment continuum from institutional to community-based treatment. To that end, Gateway has forged partnerships with our St. Louis Free and Clean Program and the Alt-Care providers in St. Louis and Kansas City and with its subcontracted MAT provider, Assisted Recovery Centers of America, to provide ongoing MAT services to clients of CCC, WERDCC and NECC (as well as for clients from OCC, MTC, CTCC and FTC).

Gateway incorporates Treatment Improvement Protocols (TIPS) and other SAMSHA publications into the professional development and training of treatment staff as well as into the curricula used to educate offenders about MAT and its potential benefits to improve treatment and recovery outcomes. Specifically, Gateway incorporates TIP 43, Medication-Assisted Treatment in the Treatment of Opioid Addiction, Medication-Assisted Therapies (another SAMSHA publication); TIP 40, Clinical Guidelines for the use of Buprenorphine in the treatment of Opioid Dependence, Facts about Naltrexone in the Treatment of Opioid Addiction; TIP 28, Naltrexone and Alcoholism Treatment; and SAMSHA's Road to Recovery digital download of a webcast: ("Prescription to Addiction") that addresses the misuse, abuse, and addiction to prescription opioid pain medications and how incorporating MAT into treatment can increase treatment engagement, retention, and successful long term recovery. Gateway incorporates MAT into a Recovery Oriented System of Care treatment philosophy and encourages both clinical staff and offenders to understand and accept this long-term approach.

Driving under the Influence

This curriculum provides definition of DUI and DWI and the fallacy of "buzzed driving" as distinct and separate. The cost and consequences of impaired driving in both monetary and human terms are explored, including the medical, mental health, and social/emotional stresses. The impact on self and others is processed through role play and journaling exercises.

Victims' Impacts

Victim Impact is aimed at making clients more aware of the impact that crime has on victims, to take responsibility for their actions, and to make amends (if, how, and when appropriate). Sessions are focused on exposing offenders to the trauma, physical pain, emotional suffering and devastation, financial loss, anger and frustration that is commonly experienced by innocent victims and their family members resulting from being a crime victim or from a DUI-related crash. Representatives from the community who have been impacted by drug and alcohol related crimes are included when possible to allow offenders first-hand testimony from lives touched by alcohol and other substance use.

Co-dependency and Enabling

Co-dependency is a dysfunctional pattern of living and problem solving that affects both men and women. They become "attached" to and involved in others' lives in ways that may not be healthy or helpful for any parties involved. These dysfunctional relationships and their counterpart, healthy relationships are discussed. After knowledge is gained about the components of healthy and unhealthy relationships, offenders will learn to develop understanding and skills that lead to healthy interactions and pro-social behaviors.

2.9 OFFENDERS WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS

2.9.1 OFFENDERS TO BE SERVED

Offenders with co-occurring mental and substance use disorders, including those on psychotropic medications, will receive services as indicated herein if they have been classified as moderately (MH-3) to seriously (MH-4) impaired.

Expertise in Treatment for the Mentally Ill Substance User

Experience has shown us that offenders 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 use and psychiatric disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end. Gateway staff members have a basic knowledge of both substance use disorders as well as psychiatric disorders. This is true for all of Gateway's programs, not only those programs specifically dedicated for treatment of offenders with special needs.

We adhere to recent clinical literature which demonstrates that dually diagnosed offenders "are best served in treatment settings which are Clinical Case Management (CCM) oriented, rather than based on treatment episodes and offender participation in those episodes." (Robels, Bishop, Association House of Chicago, the Illinois *MISA Newsletter*, "Best Practice in Clinical Case Management," June 2001) According to experts in the treatment of substance users with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the offender's and family's needs, enrolling the offender in the appropriate level of care and coordinating treatment regimen components according to the offender's assessed needs and treatment environment. Gateway is committed to providing effective integration of services for offenders with special needs. We assure that our staff will be specifically attuned to the special needs of offenders, and will carefully integrate services to meet each offender'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. Gateway 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 offenders about prescribed psychotropic medications. Offenders 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 use disorder, and vice versa
- the need to comply with medication regimens
- common misconceptions which lead to non-compliance and means to avoid these pitfalls
- specific medication doses and the times for taking medications
- approaches that mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
- use of more structured approaches in group settings than might be found in traditional therapeutic communities

2.9.2 Integration of Substance use and Mental Health Services

Many offenders are dually diagnosed with substance use and mental health disorders. Gateway clinicians are cognizant of the necessity to collaborate with the mental health contracted provider's physicians, nurses, psychiatrists/psychologists and other health care providers who are resources and collaborators. Our efforts to remain in constant communication with the mental health care providers enhance our ability to accommodate the physical, medical and psychological needs of our offenders. Recommendations made by mental health care providers are incorporated into offenders' individualized treatment plans. During treatment team meetings, staff members take into account these recommendations and include them in offenders' aftercare plans. Gateway staff members have a basic knowledge of psychiatric diagnostic procedures, medications and therapeutic approaches appropriate for those who are mentally ill; certain staff has more advanced training in treating co-occurring disorders.

Gateway uses an integrated treatment approach for co-occurring mental health and substance use disorders. Gateway bases its approach on the guidelines recommended by the National Institute on Drug Abuse (NIDA) as the best practices for this population, which Gateway has implemented in our Texas special needs units since 1994:

- Integrated treatment of substance use and mental disorders
- Treatment provided in the most clinically appropriate setting within a continuum of care
- Treatment that is individualized for each person
- Viewing the client from a holistic, biopsychosocial perspective
- Inclusion of self-help and peer support as valuable in the recovery process
- Education and support for families
- Case management as a key component
- Multidisciplinary teams and approaches
- Group education and group process as valuable elements of the treatment process
- Ongoing support, relapse management and prevention

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

Clients are educated on the therapeutic benefits of their medications, side effects and ways to deal with them in healthy ways, the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage, the effect their mental disorders have on their substance use disorder, and vice versa. Common misconceptions that lead to non-compliance are highlighted to help offenders avoid these pitfalls.

Through our current work at NECC, WERDCC and CCC, Gateway has developed comprehensive gender-specific programming for clients with co-occurring disorders. The advantage of selecting Gateway Foundation for this contract is the continuity and consistency of care for co-occurring offenders in both female institutions.

2.9.3 Modifications for Offenders with Co-Occurring Disorders

Gateway's Program Directors have worked and will continue to work in cooperation with the Assistant Division Director/SAS DORS and the Wardens at CCC, WERDCC and NECC to ensure that program rules, structure, procedures, interventions and policies are modified as needed to serve offenders with co-occurring disorders. The Program Directors also will collaborate with the institutional Mental Health services provider to ensure that the diverse needs of individuals with co-occurring substance use and mental health disorders are met by the program services.

Gateway's Program Directors, Clinical/Counselor Supervisors, and other licensed staff have worked closely with the Chiefs of Mental Health Services at each institution to implement program modifications to best serve offenders with co-occurring disorders. The Gateway Clinical/Counselor Supervisors, working in cooperation with the Chief of Mental Health Services, have consistently ensured that program rules, structure, procedures, interventions, and policies are modified as needed to serve offenders with co-occurring disorders.

Gateway recognizes that addressing co-occurring disorders will differ significantly between men and women. The Substance Abuse and Mental Health Services Administration (SAMHSA) suggests the following to ensure gender-responsive competency when working with a female population that deals with substance use disorders and mental health disorders:

- Acknowledging socioeconomic issues
- Promoting cultural competence in working with women
- Recognizing the significance of relationships in women's lives
- Addressing the unique health issues of women
- Endorsing a developmental perspective
- Attending to the importance of caregiver roles that women assume throughout their lives
- Recognizing that ascribed roles and expectations of women affect attitudes towards

women with substance use disorders
- Adopting a trauma-informed perspective
- Using a strengths-based model for treatment
- Incorporating a multidisciplinary approach to treatment
- Maintaining a gender-responsive treatment environment
- Supporting the development of gender competence for women's issues

To address these important competencies, Gateway utilizes (**at both CCC and WERDCC**) the Co-Occurring Disorders Treatment Workbook developed by the Louis de la Parte Florida Mental Health Institute, University of South Florida. This comprehensive curriculum covers the following topics:

- The connection between substance use and mental health
- Depression and substance use
- Bi-polar disorder and substance use
- Anxiety disorder and substance use
- Schizophrenia and schizo-affective disorder and substance use
- The motives and consequences of substance use
- Principles of treatment
- Relapse prevention

Gateway has implemented an educational group system to help address each of the above areas. This system will identify co-occurring clients through their Missouri Department of Corrections mental health diagnosis in collaboration with the Department and the Department's contracted mental health provider. Based on that diagnosis, clients will attend an educational group that will focus on the specific issues and symptoms unique to that diagnosis.

Gateway's treatment staff has received, and will continue to receive, ongoing co-occurring disorder training to ensure they are up-to-date in providing educational information to this client population. continually strives to increase their knowledge and skills as a trauma-informed provider, as explained elsewhere in this proposal; ongoing co-occurring disorder training for staff will continue to improve the services delivered to the co-occurring disorder populations at CCC, WERDCC, and NECC.

As in all instances requiring service modifications for clients with co-occurring disorders, Gateway's Program Directors will continue to collaborate with the Assistant Division Director/SAS DORS and the Mental Health contractor to ensure that the diverse needs of individuals with co-occurring substance use and mental health disorders are met by the program.

2.10 WERDCC CO-OCCURRING DISORDERS WING (60 BEDS)

2.10.1 Criteria for Remaining on This Wing

Gateway has established an excellent relationship with the Chief of Institutional Mental Health that ensures that women most appropriate for and in need of more intensive mental health services are identified and placed on the designated co-occurring wing at WERDCC. In consultation with the treatment team and the Chief of Institutional Mental Health/designee, Gateway evaluates and determines if this wing continues to be the appropriate placement for these clients until their release to the community.

2.10.2 Expanded Assessments

Gateway has developed and received Department approval for an expanded assessment for offenders with co-occurring mental and substance use disorders. The assessment is completed on all MH3s within the first 14 days of treatment by a licensed staff member. A copy of this assessment is included in the appendix.

Additionally, the application of several of the TCU assessment forms, including the trauma assessment and the health assessment, are used to supplement the information gathered from the expanded assessment described above.

2.10.3 Services in the Co-Occurring Disorders Wing

These services will include group programming incorporating topics listed below:

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

Both the Phase II curriculum and the Co-occurring Disorder Treatment Manual from the University of South Florida as well as resources derived from SAMSHA TIP 42 ("Substance Abuse Treatment for persons with Co-occurring Disorders") are used to address the relationship between substance use and other mental health issues. Each of these resources explores various types of mental illness to include depression, bipolar disorder, anxiety disorder, schizophrenia and schizoaffective disorder as well as some discussion of personality disorders and the effect substance use can have in conjunction with these mental health conditions. The curricula further explore how risk factors and protective factors interact to make one more or less likely to experience mental health and substance use issues.

The relationship between mental health and substance use issues is explored in depth in "The Connection between Substance Use and Mental Health" section of the Co-occurring Disorder Treatment Manual and is a recurring theme throughout all co-occurring sessions.

b. Types of Co-occurring Disorders

Currently, most clients who are designated to receive services on WERDCC's dedicated co-occurring wing have diagnoses of Schizophrenia, Bipolar Disorder, Depression, PTSD and Anxiety Disorders. Clients present with other diagnoses; however, these are the most common.

c. Introduction to biochemical bases of mental health disorders and substance use disorders

Mental illnesses are biochemical brain disorders that affect individuals' thinking and emotions and may impact their ability to manage life on a day-to-day basis. Common mental health diagnoses include depression, bipolar disorder, schizophrenia, and anxiety disorders. As part of the discussion of each of these disorders, the biochemical bases and the effects psychological are discussed.

d. Neurobiological effects of trauma and incidence of psychiatric illness in trauma survivors

Research using PET, MRI, and CAT scans have found neurological differences with subjects who report trauma histories. Specific dysfunctions include formation of consciously declared memories that are essential to future planning; processing emotions linked to both fear responses and pleasure; planning complex cognitive behavior, personality expression, decision making and moderating social behavior; coordination of thoughts and actions in accord with internal goals.

Symptom presentation for trauma, whether or not it meets full criteria for Posttraumatic Stress Disorder, often is accompanied by avoidance/withdrawal, flashbacks, emotional numbness, mood swings, guilt, and insomnia. The symptoms of PTSD and other mental disorders overlap considerably; these disorders often coexist and include mood, anxiety, substance use, and personality disorders. It is not uncommon for trauma survivors to be under or misdiagnosed; if they have not been identified as trauma survivors, their psychological distress is often not associated with previous trauma.

Incidence and prevalence of behavioral health problems (mental health and substance use) with trauma victims is estimated at two to three times higher than the general population. (Adverse Childhood Experiences (ACE) http://www.cdc.gov/ace/index.htm) Gateway has proposed adding the *Healing Trauma* for short-term clients and *Beyond Trauma* for long- term clients at CCC and WERDCC. For NECC, Gateway will continue to use *Seeking Safety* and is also proposing to use *Helping Men Recover* which is the first gender-responsive, trauma-informed treatment program for men.

e. Role of medication management and compliance in recovery from mental illness and chemical dependency

Medication management and the importance of medication compliance are recurring themes throughout every portion of any co-occurring specific discussions. This dynamic is also central to the connection between substance use and mental health portion of the curriculum as well as relapse prevention.

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

This topic is at the core of the general idea conveyed in each psychoeducational session and is explored in detail through the Co-occurring Disorder Treatment Manual curriculum for Depression, Bipolar Disorder, Anxiety Disorder Schizophrenia and Schizoaffective Disorder. Specific coping skills that are taught include emotional management through healthy expression, restructuring self-defeating thoughts, relaxation and meditation and establishing healthy and supportive relationships.

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

The effect of co-occurring substance use and mental health disorders is explored in classes focused on family dynamics, as well as in the co-occurring groups. These discussions become part of family issue discussions for both those individuals who may themselves be struggling with co-occurring disorders as well as those who may have family members who suffer from mental illness.

h. Coping with judgments, stereotypes and overcoming obstacles

These topics are discussed in the "Principles of Treatment" and "Relapse Prevention" portions of the Co-occurring Disorder Treatment Manual curriculum.

i. Role of desirable health habits and sound nutrition in recovery

In addition to the overall health and nutrition lectures contained in the Gateway curriculum, WERDCC and CCC currently utilize a section from Women's Integrated Treatment, developed by Stephanie Covington, Ph. D, which addresses body image. In general, women with substance use disorders, particularly those involved in the criminal justice system, do not have high self-esteem or a positive self-image. This portion of the Covington literature confronts this view and discusses ways for women to improve their self-image. In addition, because of their substance use, offenders may neglect to eat properly, if at all. The Relapse Prevention Interactive Journal, specifically tailored for Gateway, includes information on healthy foods, nutritional needs, and using the food pyramid to plan healthy meals. Healthy habits, including exercise and hygiene, are additional topics.

j. Psychosocial influences in women's recovery from mental illness and substance use

Research has shown that women offenders with substance use disorders have multiple psychosocial problems including mental illness, histories of trauma and abuse, and involvement in abusive relationships. Treatment programs for women in the criminal justice system must therefore address these co-occurring problems through comprehensive assessment of their needs, a menu of gender-responsive treatment interventions, and continuity of care from the time of incarceration through re-entry into the community. Gateway understands that the treatment issues of women are unique and require thoughtful attention and creative approaches to best assist women to adopt recovery- focused and productive lifestyles.

k. Relapse management and prevention

The Relapse Prevention curriculum explores the most common high-risk situations for substance use and mental illness relapse and can be used to help people identify their own high-risk situations Gateway's Interactive Journal "Relapse Prevention" provides opportunities for offenders to explore early warning signs and high risk situations. Together with interactive discussion and worksheets, offenders are able to create a meaningful relapse prevention plan.

2.10.4 Co-Occurring Disorders Personnel Requirement

Gateway staff members who provide counseling services to offenders with Co-Occurring Mental Health and Substance use Disorders currently meet and will continue to meet the personnel requirements indicated in section 2.18.

2.11 CO-OCCURRING DISORDERS SERVICES AT CHILLICOTHE CORRECTIONAL CENTER

2.11.1 Offenders identified as MH-3 at CCC will be served with other treatment offenders, provided their needs can be adequately addressed as described in section 2.9.3 previously.

2.11.2 Offenders identified as eligible for these services will receive a minimum of one (1) additional group session per week addressing the co-occurring topics as indicated in paragraph 2.11.3.

2.11.3 TOPICS FOR ELIGIBLE OFFENDERS

The topics required by this section were previously presented in section 2.10.3 per the requirements of the IFB as follow:

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

As reflected in the schedules included in **Section F** of this proposal, all offenders, including those who are identified as having a co-occurring diagnosis, receive specialized educational groups related to mental health issues as described below.

In addition to the Gateway curricula, Gateway currently uses the Co-occurring Disorder Treatment Manual from the University of South Florida and SAMSHA TIP 42. Together, these curricula address the relationship between substance use and other mental health issues. Each of these resources explores various types of mental illness to include depression, bipolar disorder, anxiety disorder, schizophrenia and schizoaffective disorder, as well as some discussion of personality disorders. The curricula further explore how risk factors and protective factors interact to make one more or less likely to experience mental health and substance use issues.

2.12. NECC SPECIFIC REQUIREMENTS

2.12.1 NECC PLACEMENT CRITERIA

Gateway provides on-site substance use disorders treatment services for offenders housed at NECC who have been stipulated for six (6) to twelve (12) months of treatment, and who may not be appropriate for placement at other institutional treatment centers due to their ambulatory restrictions and/or other special needs. Placement is based on criteria established by the Division of Offender Rehabilitative Services in collaboration with the Warden.

2.12.2 SERVICES REQUIREMENTS

As the current provider, services are provided and will continue without interruption under the new contract according to the following requirements:

a. Treatment services are provided a minimum of five (5) days each week. This may include some evening hours, as necessary.

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

c. Gateway provides a range of substance use disorder services as determined by the Assistant Director, DORS/SAS including, but not limited to: expanded assessment, treatment planning, individual counseling, group counseling, group education, case management services, and transition and discharge planning. All programming includes additional topics and foci as required to respond appropriately to individualized treatment needs.

d. Each offender receives individual counseling a minimum of two (2) times per month. Individual counseling sessions are sixty (60) minutes in length per session.

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

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

- Stage of Change Approach to Recovery
- Disease Concept of Chemical Dependency
- Special Needs Related Topics
- Criminal Thinking
- Relapse Prevention for Substance Use Disorders and Criminality
- Spirituality
- Emotions Management

- Review of Self-Help Programs
- Stress Management Techniques
- Health Needs in Substance Use Disorders Recovery
- Family and Social Relationships in Recovery
- Impact of Parental Substance Use on Children
- Influence of Trauma on Substance use
- Domestic/Family Violence
- HIV and Other STD Prevention
- Codependency
- Recreational/Leisure Skills Development
- Smoking Cessation and Nicotine Addiction
- Medicated Assisted Treatment

Note: The content of these sessions was previously presented in section 2.8.2.

g. Gateway will obtain approval from the Assistant Division Director/SAS, DORS prior to implementation, for the personnel and curricula proposed for the program.

h. Gateway addresses the reentry preparation needs of clients via programmatic and case management services. While not an exhaustive list, these services address health, mental health, housing, child support, transportation, vocational readiness, employability skills, and life skills. Case management services are provided in three to five sessions for clients in the six month program and six to ten sessions for clients in the twelve month program.

   Gateway has learned over the past eight years serving special needs clients at NECC, that case management services to address the needs specified above are essential to the clients' success upon reentry. In addition to the five to ten sessions of case management services provided to each client, Gateway will continue to dedicate a Clinical Supervisor to meet with each client prior to his release in order to identify the client's home plan and to facilitate his engagement with a community treatment provider.

   Gateway has developed a comprehensive needs assessment that has been administered to clients served through DMH funded (RR-MAT) contracts. A Gateway Counselor will administer this needs assessment (included in appendix) to all clients who are served at NECC at least 90 days prior to his scheduled release. The assessment will be updated within the two weeks prior to the client's release and will identify the resources in the client's home community that can address the client's continuing care needs.

   Gateway will also work with those clients at NECC who are not immediately released to the community so that their transition to the community is as successful as possible. Gateway will continue to work with the Department to strategize about the best process to accomplish this goal.

i. Gateway will anticipate and be prepared to meet a range of individual needs related to the offender's individual assets and challenges. Therefore, services must be individualized on a continuous basis and counselor to offender caseload ratio shall be maintained at no higher than one (1) counselor to fifteen (15) offenders, and preferably one (1) counselor to twelve (12) offenders.

j. Gateway will ensure oversight and supervision of the program to maintain individualized services that are tailored the needs of offenders in the program and will collaborate with education, mental health, medical, and other interdisciplinary staff to achieve appropriate levels of care and to promote success for the offenders.

k. If pre-release medication is available, through federal funding, as an adjunct to institutional treatment, Gateway will purchase the medication for use in the treatment of eligible offenders who volunteer for MAT (Medication Assisted Treatment). Any remaining funds must be used in the final quarter of the contract year to pre-purchase medication for future use. The contractor shall provide the purchased medication to the Department's medical contractor to administer medication to qualifying offenders a few days before their release.

Services for Special Needs Offenders at NECC

Of special importance to this contract, Gateway wishes to emphasize that our lengthy history of providing treatment services in special needs facilities at NECC in Missouri and in Texas has reinforced the importance of adapting services and programming to accommodate client disabilities in order for treatment to be most successful. Gateway is committed to the philosophy that each client is unique and deserves a treatment approach that accommodates his or her distinct treatment needs.

We seek to provide the most effective treatment experience possible and to reduce any barriers to treatment. This philosophy is particularly relevant for offenders who have "special needs" that must specifically be addressed and accommodated if the offenders are to engage and succeed in treatment. "Special needs" may include physical disabilities, mental illness, cognitive impairments, learning disabilities, illiteracy, language deficits, and/or other permanent disabilities.

To provide clients the best treatment possible, Gateway ensures that staff members are trained and remain competent to accurately assess clients for special needs and to make adjustments in treatment planning and treatment approaches to accommodate special needs.

Accommodations themselves are therapeutic in nature, not only for clients with special needs, but also for other offenders and the therapeutic situation as a whole. By observing staff interacting with offenders with special needs, offenders learn to approach other individuals with the same willingness to tolerate individual differences and consider supportive, alternative approaches. In fact, one mechanism to accommodate clients with special needs involves

assigning other clients to assist them with challenges, e.g., reading print recovery material to visually impaired offenders. Helping another person has positive benefits for the helper as well as the person helped.

The following table summarizes the accommodations that Gateway will employ as needed to assure that the special needs of offenders are met.

GATEWAY'S TREATMENT MODIFICATIONS / ACCOMMODATIONS FOR OFFENDERS WITH SPECIAL NEEDS	
OFFENDER POPULATION	TREATMENT ACCOMMODATIONS MODIFICATIONS
Offenders with Physical Disabilities (e.g., non-ambulatory offenders, amputees, etc.)	• Establish realistic treatment goals that account for physical limitations • Set interim steps toward goal achievement • Ensure facility and counseling rooms, including furniture (desks, tables, etc.) are accessible • Adjust length of counseling sessions or schedule breaks to accommodate fatigue; create strategies to conserve energy • Address concurrent psychological and social consequences of the disability such as anger, hopelessness, frustration, social isolation, low self-esteem, etc. • Assess need for transportation assistance to participate in treatment
Offenders with Cognitive Disabilities (e.g., brain injury, learning disabilities, retardation, etc.)	• Establish realistic treatment goals that account for cognitive limitations • Set interim and achievable steps toward goal achievement • Remove auditory (noise) and visual distractors (e.g., artwork, toys, etc.) that interfere with attention and concentration from counseling areas • Adjust frequency and/or length of counseling sessions to accommodate short attention spans • Repeat important information as needed to ensure comprehension • Provide written materials at appropriate reading level or in auditory form; review and "translate" material into simpler or more concrete language as needed; avoid abstract language • Allow alternative forms of expression (e.g., art work) of emotions • Provide memory aids and encourage note-taking • Assess need for and treat identified issues of impulse control • Provide direct feedback regarding inappropriate behavior

GATEWAY'S TREATMENT MODIFICATIONS/ACCOMMODATIONS FOR OFFENDERS WITH SPECIAL NEEDS (Continued)	
OFFENDER POPULATION	TREATMENT ACCOMMODATIONS/MODIFICATIONS
Offenders with Sensory Disabilities (e.g., visual impairment/blindness, hearing impairment/ deafness, etc.)	For visually impaired or blind offenders: • Provide recovery materials in large print or audio form when available • Ensure that pathways are clear of obstacles • Provide signage in large lettering or Braille • Arrange for ancillary services such as readers For hearing impaired or deaf offenders: • Arrange for sign language interpreters, as needed • Provide assistive listening devices for sound amplification, close-captioned videos, and/or computer-assisted transcription • Assess offender's ability to lip-read if interpreters are not available • Assess offender's ability to communicate orally • Ensure that room is barrier-free and lighting allows offenders to see interpreter • Provide written alternatives to verbal material • Alter expectations for offender's participation in group sessions
Offenders with Reading Deficits	• Provide staff to assist in reading material and documents for offenders who have reading deficits. • Assess offenders' reading and comprehension level during the initial intake process both in person and through obtaining records from their probation/parole officer. • As appropriate, provide offender mentors to assist offenders with reading difficulties in group settings
Offenders with Deficits in Written, Spoken, or Receptive Language	• Establish realistic treatment goals that account for deficits in written, spoken or receptive language • Set interim and achievable steps toward goal achievement • Remove auditory distractors (noise) that interfere with attention and concentration from counseling areas • Provide staff assistance to explain verbally written material • Provide interpreters as appropriate to the respond to the specific deficit
Offenders with Mental Illness	**Please see extended discussion elsewhere in this proposal**

2.13 TREATMENT PLAN

2.13.1 TREATMENT PLAN REQUIREMENTS

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

Treatment plans reflect the clients' needs and the treatment goals identified during the assessment process. Clients actively assist in developing their treatment plan. The plans are developed collaboratively in an effort to structure client participation in the therapeutic process and institutional activities as they proceed throughout the program.

Research has demonstrated that treatment outcomes improve by 40% if services are matched to the needs of offenders. Therefore, establishing treatment plans for clients with a focus on unique and individualized treatment needs is a high priority. Information gleaned from clients during the assessment process provides the means to determine each individual client's specific treatment needs.

Treatment plans outline specific short- and long-term goals, measurable objectives and the specific interventions and activities in which clients will be involved. The following criteria are used in establishing individualized treatment plans:

- A clear statement of client's needs 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 offenders' other institutional, educational and work commitments to insure that there are no conflicts
- Documented evidence of the client's assistance with the treatment plan's development, including signatures by both counselor and client

The plans contain the following information:

a. Measurable goals and outcomes
b. Service supports and actions to accomplish each goal/outcome including services and supports and the staff member responsible as well as action steps of the offender and other supports
c. Involvement of family and other supports when indicated
d. Objectives for achieving stated goals
e. Appropriate interventions for the objective
f. Target dates and achievement dates for goals and objectives

g. Program plan and any updated program plans;
h. Estimated discharge/completion date

Gateway's Treatment Planning Process

Assessment, diagnosis and treatment planning are seen as ongoing processes. As clients progress through treatment, their needs often change. For example, clients with psychiatric symptoms and mental health diagnoses may improve dramatically through participation in treatment. Clients who require medication often find that their psychiatric symptoms dissipate, and dosages may be stabilized, reduced or even discontinued. Clients' treatment needs also change in terms of behavior or attitudes. As clients 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 client, which are modified as the client moves through the treatment program. For example, the re-administration of the TCU assessment battery empirically demonstrates how client's attitudes and needs are changing as they progress through treatment which can then be updated or added to the client's treatment plan.

Gateway's treatment plans are designed to address the achievement of phase change criteria (as evidenced by specific knowledge, skills and attitudes) and to formulate additional parameters for movement through the treatment process based on the client's unique treatment needs. The client's counselor completes each treatment plan within ten (10) days of the client's program admission. Clients are then charged with the responsibility of following the treatment plan, working toward achievement of treatment plan goals and participating in the activities identified within the time frames described in the plan.

Treatment plan reviews and updates are based on feedback from the treatment team to include various Department staff. Treatment Plan Reviews will be performed with clients to evaluate the degree to which goals and objectives are achieved. This technique will enable clients to have a greater degree of ownership in their treatment episode and provide consistent feedback regarding outstanding needs, continuing treatment issues, and successful goal attainment of the objectives that have been mastered.

2.13.2 Department-approved Substance use and Motivation for Change Assessments

Motivation for Change Assessment

Gateway administers the **Texas Christian University Treatment Needs and Motivation** assessment (TCU MOTFORM) as part of the assessment battery to effectively measure client motivation. The TCU-MOTFORM assesses motivation as indicated by five factors:

- *Problem Recognition* – acknowledgment or denial of problem behaviors resulting from drug use
- *Desire for Help* - awareness of intrinsic need for change and interest in getting help
- *Treatment Readiness* - accepting "action" in the form of specific commitments to formal treatment
- *Treatment Needs* - types of "special needs" offenders believe they have
- *Pressures for Treatment* - types of pressures experienced from external sources

Information from the Treatment Needs and Motivation assessment (and the TCU assessment battery in general) provides information after a period of acclimation to the treatment environment and throughout the remainder of the treatment program. This allows for a more authentic understanding of clients' motivation versus the anxiety of initial intake and provides indication of increasing or decreasing motivation for change over time.

Substance Use Assessment

Gateway utilizes the **Criminal Justice Addiction Severity Index (CJ-ASI)** to assess all clients. The CJ-ASI assesses the nature and extent of clients' substance use history, treatment history, clients' 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

All clients are assessed by intake staff for health status and risk factors. This assessment includes the following:

- a medical screening;
- a history of current and prior emotional or behavioral functioning, problems and treatments including a history of current physical, emotional or sexual abuse
- an analysis of the offender's home and/or living environment including child care needs, religion, childhood, military service history, education and vocational history, financial

status, social or peer group, family constellation and history of substance use, treatment history, and a determination of the need for participation of any family members or significant others in the offenders' treatment
- information on pending legal issues or specific conditions of court supervision, probation or parole including substance use assessments related to a DUI offense
- motor development and functioning
- speech, hearing, vision, and language functions
- substance use history and current pattern of use

The ASI instrument is a comprehensive, highly structured clinical interview designed to obtain detailed information about all aspects of an offender's life and situation, including but not limited to the medical, social, psychological, vocational, legal, family, and alcohol/drug abuse aspects of the person's life. Ratings are based on responses to objective and subjective questions within each area.

The ASI allows Gateway clinicians to collect detailed information for identifying and ranking client problems that need intervention and to establish intermediate and long-term goals. These tasks are achieved in concert with each client, based in part on his unique perspectives and in part on the priorities identified by the Department. Ongoing assessment of client needs and treatment progress will be conducted as indicated in the Treatment Plan section.

When possible, assessments are conducted in the client's preferred language by someone culturally sensitive to the racial/ethnic characteristics of specific clients. Persons identified with special needs, (e.g., individuals with disabilities) will have treatment structured so that the timing, level of communication and physical plant arrangements are conducive to accurate assessment. When necessary, interpreters for the hearing impaired or those with specific language needs are provided by the Department, as well as support for the visually impaired.

Through our collaboration with DORS management staff and the DAI administration, Gateway currently uses its customized computerized version of the ASI (DENS) and has adapted this computerized DENS ASI into a network version with a single database accessible to each clinical staff member from any desktop on the network. This allows Gateway to provide aggregate data more readily for external reporting requirements and at the request of the Department.

2.13.3 Gender-Responsive Assessment

Gateway determines if a Gender-Responsive Assessment Instrument has been completed by the designated Classification staff on a client and, if so, incorporates applicable needs into the treatment plan for those clients in six (6) to twelve (12) months of treatment.

a. Gateway completes initial individualized treatment plans within ten (10) days of program admission for each client. Gateway will continue this practice under the new contract.

The treatment plan will include the following information:

- Measurable goals and outcomes individualized to reflect both counselor assessment and significant client participation in goal-setting
- Gender specific treatment objectives
- Service supports and actions to accomplish each goal/outcome including services and supports and the staff member responsible as well as action steps of the offender and other supports
- Involvement of family and other supports when indicated
- Objectives for achieving stated goals
- Appropriate interventions for the objective
- Target dates and achievement dates for goals and objectives
- Estimated discharge/completion date

Our general approach to treatment planning involves a comprehensive team effort in which the offender participates substantially in the development of his/her treatment plan with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates the intention of each department to make meaningful contributions to treatment services and is yet another example of our means of open communication and cooperative relationship between Gateway and the Department's various domains. Gateway recognizes that empowerment of female clients is key to delivering gender responsive treatment and recovery interventions, therefore treatment interventions will continue to be delivered in a manner that fosters client's resiliency and improved self-worth.

Treatment team meetings focused on re-entry and the status of offenders' treatment plans are held approximately two months before offenders' release dates. A review of the aforementioned information combined with input from the client's primary counselor and the Treatment Team results in treatment planning decisions that are summarized at the meeting. The information and meeting discussion may lead to a revised behavior contract with the offender to address specific problem areas, if necessary. Our collaborative approach ensures that clients receive the maximum benefit from treatment and enhances awareness of other services available to clients either during treatment or upon release to the community.

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

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

d. Treatment plan reviews and updates are conducted by counselors with their assigned clients but are based on input and feedback from the treatment team and MODOC staff. Gathering information from all aspects of the facility allows the team to gain a holistic

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

2.13.4 Planning for Continuing Care Needs

Counselors ensure that clients' continuing care needs are addressed within their treatment plans. Aftercare plans focus on linking each client to community resources for continuing care for substance use, mental health, and other supportive services required by the client to continue recovery efforts. As with the treatment plan, the client actively contributes to his/her continuing care (aftercare) plan. Gateway believes that the client must identify what is important to him/her and what s/he think is necessary for post-release success in order for the aftercare plan to have value to the client and contribute to his/her on-going success.

Aftercare planning includes identifying and orchestrating for each client needed referrals for services and resources. Client needs are outlined according to priority, and an organized plan to meet those needs is developed by the Counselor in conjunction with the client, the correctional case worker and probation or parole officers. Close attention is paid to the continuing care needs of clients based on their individualized, unique needs.

Gateway staff consults with the facility's Chief of Mental Health Services to determine appropriate referral(s) for clients with diagnosed mental health problems. Gateway reviews the continuing care and recovery plan with the supervising institutional Probation and Parole Officer and consults with field Probation and Parole regarding appropriate referrals. When a Gender Responsive Assessment Instrument has been completed for a female client, relevant information is addressed in the continuing care and recovery plan.

2.13.5 Discharge Summaries

Gateway completes a discharge summary that details continuing substance use, mental health, and other supportive service needs and community-based referrals prior to a client's discharge. A brief summary of the client's episode of care and continuing issues is included on the discharge plan as is the reason for discharge. Gateway strives to have all discharge summaries completed on the day the client is discharged from the program; however, it that is not possible, discharge summaries are completed within in three (3) working days of the discharge date. The treatment plan including continuing care recommendations and the discharge summary are completed in the Department computer system and made available to Probation and Parole and Classification staff, in accordance with Department policy.

2.13.6 Release of Information Forms

Gateway has clients sign the Department-approved Release of Information form during individual sessions or when the client and counselor are working on the aftercare plan. The Release of Information form is crucial to a smooth reentry process as it facilitates the sharing of the documents contained within the Continuing Care Packet to the designated community

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 how the client has/is progressing in treatment, i.e. what job/structure position he/she currently holds, level of participation in groups and other treatment activities, what phase of treatment he/she is in currently, how he/she interacts with peers and staff, comparison to show progression such as improved self-disclosure etc. 2) the client-driven perspective of the client's progress- Gateway's weekly summaries include a section in which clients rate their own participation in treatment that week and describe what groups they have attended. 3) assignment and performance as a positive role model within the treatment community; and 4) overall activity in the living quarters. This information is taken quite seriously by clinicians as indicators of progress or for evaluating the need for intervention.

Additional feedback is collected from various departments at the facility that support treatment. It is vital to Gateway to know how the client is behaving while s/he is not physically at the treatment program. This information includes information such as security violations; any behavioral issues that are disruptive; appointments missed at the medical or other departments; clients missing a session without proper notice; and similar information from available sources. Gateway also likes to know when clients do something exceptional and request that this information be shared as well. Catching a client do something well and acknowledging it goes far to strengthen or reinforce that behavior. Of course, Gateway staff pursues specific information on *any issue* pertaining to the clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

The mechanism developed to assure that central members of the client's 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. Gateway invites MODOC representatives to the staffings to ensure open communication and to provide services in a consolidated manner. We are proud of the joint clinical staffing plan we have developed and utilize at CCC/WERDCC/NECC and intend to continue and improve on this practice.

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.

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

2.13.7 Transition Accountability Plans (TAP)

Gateway understands and agrees to collaborate with interdivisional Department staff to provide the assessment information necessary to assist in the development of an effective Transition Accountability Plan (TAP), and to ensure that, in accordance with Department policy, information about appropriate continuing care and recovery support services are provided to Department staff for inclusion in the transitional components of the TAP. Gateway agrees and understands that TAP development and implementation may require collaboration with field Probation and Parole staff and partnering agencies in the community and is already familiar with this process.

2.14 CLINICAL RECORDS AND DOCUMENTATION

2.14.1 CLINICAL RECORDS

Gateway's clinical records contain the following required documentation:

- Initial screening and assessment interview, substance use assessment, and ICA/SA
- Summary report of initial assessment; key information from the GRA will be integrated into summary for female offenders
- Treatment contract (per Attachment #5 of the IFB), offender orientation to program services and rules, confidentiality statement, and offender's rights to grievance procedures
- Requests, receipts, or releases of information signed by the offender
- Initial individualized treatment plan, updated treatment plan(s), and treatment plan review(s)
- Progress notes for each individual contact and as needed to document significant program events
- Gender-responsive continuing care materials including a structured plan for recovery and a relapse prevention guidelines for substance use and criminality
- Institutional treatment center case evaluation form
- Discharge summary
- Program completion forms

Clinical forms are translated into Spanish to accommodate the Spanish-speaking population, as needed. All of our clinical forms are subject to revision based on the preferences and needs of the Department.

Gateway complies with all requisite timeframes but will adjust timeframes at the request of MODOC. Our substance use counselors complete all clinical documentation for their assigned caseload, and clinical/counselor supervisors ensures that all Department and Gateway documentation standards are met.

Gateway's documentation efforts focus on the progress each client makes toward reaching their treatment plan goals and objectives, particularly with respect to implementation of Cognitive Self-Change techniques; level of functioning in the treatment milieu; understanding and utilization of recovery principles; and, competency with respect to completing the tasks required for movement through the various stages of the treatment program.

2.14.2 ASSESSMENT DOCUMENTATION

While not an exhaustive list, assessment documentation includes:

- Demographic and identifying information
- Statement of needs, goals, and treatment expectation from the offender

- A brief summary of important information shared by the offender during the session
- Planned future actions by offender and/or staff

2.14.5 Discharge Summaries

Gateway's Discharge Summary and continuing care documents were described in detail in sections 2.13.4, 2.13.5, and 2.13.6.

All of Gateway's discharge summaries, regardless of discharge status, contain the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Statement of the problem
- Assessment summary, including applicable screening, assessments, assessment updates, and the ICA/SA
- Description of services provided, progress, and outcomes achieved
- Medical status and any needs that require ongoing monitoring or support, including prescribed medications
- Reason for and type of discharge
- Continuing care/aftercare plan and a structured plan of recovery including relapse prevention guidelines for substance use and criminality

2.15 CERTIFICATION REQUIREMENTS

2.15.1 PROGRAM CERTIFICATION

Gateway is currently certified by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. Our certification is effective through August 31, 2017 for WERDCC and NECC and through April 30, 2017 for CCC.

2.15.2 CERTIFICATION WITHIN ONE YEAR

As the incumbent, Gateway is currently certified with the Missouri Department of Mental Health, Division of Behavioral Health at CCC/WERDCC/NECC. **Re-awarding this contract to Gateway would allow continuation of the complete array of services that completely meet the certification requirements of DMH.**

- Presenting problem/situation and referral source
- History of previous substance use 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 use history that includes type of drug, patterns of use, duration and consequences of use
- Family, social, vocational, educational, legal, and recreational/leisure status and functioning. The collection and assessment of historical data is required in addition to the current status
- Personal and social resources and strengths, including the availability and use of family, social, peer, and other natural support systems
- Offenders' assessed stage of motivation to change for both substance use and criminality
- Pertinent information from the Gender-Responsive Assessment Instrument

2.14.3 Individualized Treatment Plans

As previously described in various sections of this proposal, Gateway generates Individualize Treatment Plans for all clients based on assessment information as well as client input. Individualized Treatment Plans include the following information:

- Measurable goals and outcomes
- Objectives for achieving stated goals
- Specific interventions for each objective
- Service supports and actions of both the offender and staff to accomplish each goal/outcome
- Involvement of family and other supports when applicable
- Target and achievement dates for goals, objectives, and interventions
- Dates for treatment plan reviews and updates
- Estimated discharge/completion date

2.14.4 Progress Notes

Progress notes are fundamental to quality clinical treatment and provide insight as to how clients are progressing through the treatment program. Gateway's progress notes provide an individualized and illustrative summary of how clients did in treatment for the week. All of Gateway's progress notes include the following elements:

- Description of the specific service provided
- Date and actual time (beginning and ending times) the service was rendered
- Legible signature and title of staff rendering services
- Relationship of services to the Individualized Treatment Plan, with references to specific goals, objectives and interventions
- Description of offender's participation and response to services provided

2.16 SECURITY

2.16.1 SECURITY OF GATEWAY STAFF

Gateway understands that the Department will provide and be entirely responsible for the security of Gateway's staff while in the Department facility and that the level of security provided will be consistent with and according to the same standards of security afforded to Department personnel.

We understand that the first priority in a correctional facility is safety and security. Gateway's treatment programming has been designed to accommodate a myriad of established rules, regulations, policies, procedures, and schedules designed to enhance security. Gateway will continue to ensure that effective substance use treatment is implemented without compromising the safety and security of staff, clients, or the facility and that internal policies, procedures and rules required to operate the program in conformity with the state agency's regulations are strictly followed.

Gateway personnel will be subject to and will comply with all security regulations and procedures of the Department and the facilities. Violation of regulations may result in an employee being denied access to the facility.

2.16.2 SECURITY OF PROGRAM EQUIPMENT

Gateway understands that the Department will provide security and security procedures to protect Gateway's equipment as well as Department equipment. Gateway will ensure that Gateway's staff adheres to all policies and procedures regarding security, custody, and control of offenders.

2.17 TRAINING REQUIREMENTS

2.17.1 ORIENTATION AND TRAINING OF STAFF

Gateway will continue to cooperate with the Department regarding orientation and training efforts as mutually agreed upon by Gateway and the Department, and/or as required by the IFB. Gateway understands and agrees that expenses incurred on behalf of their employed or contracted staff members, including but not necessarily limited to meals, mileage, lodging and displacement, will be our responsibility for payment. Gateway will not be obligated nor be allowed to pay any expenses incurred by the Department in such instances.

Gateway's orientation and training plan include the following:

a. All Gateway staff complete MODOC's three (3) day Basic Training prior to initiation of work. As Gateway is the incumbent provider, current staff has already completed this training and therefore, there will not be disruption to service delivery due to mandatory new staff training and orientation. Any new staff that Gateway hires in the future will attend the 3 day Basic Training prior to commencement of on-site work.

b. Host institution orientation as required by the Warden.

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

   2) Backup or substitute personnel complete the three day basic training requirement if they are providing services in the institution for 60 consecutive days or longer.

   3) At least forty (40) hours of professional development training is provided annually. Training topics include:

      - Department's core curriculum training hours as required by the host institution;
      - Training o the MOCIS Healthcare Module (confidentiality/treatment documentation), as required
      - Harassment, Discrimination and Retaliation
      - Prison Rape Elimination Act
      - Maintaining Appropriate Professional Boundaries
      - Security Mentor and other cyber security training

   4) *Pathway to Change* Facilitator Training: three-day facilitator training is required for all staff providing treatment services. However, Gateway acknowledges that the Department's resources for Pathway to Change facilitator training may be limited; if training is not immediately available, Gateway will ensure our new staff participates in the training as soon as it is offered. Only trained counselors will deliver the *Pathway to Change* curriculum.

5) Gateway agrees to participate in additional specialized training as deemed necessary by the Department to ensure successful compliance with the contract. Gateway also identifies trainings for staff to attend to build clinical knowledge.

6) Gateway documents all training and keeps a record of it in the employee's file. A training record is completed for each employee. The training record is be maintained as an on-going document and includes the New Employment Orientation Checklist and In-service Checklist - Mandatory Training. Training records are kept by the unit administrative support staff and updated as training opportunities are offered. Certificates of completion are kept with each employee's training record as verification of course completion.

7) Each counselor is assigned to a Clinical/Counselor Supervisor who meets with counselors routinely to provide clinical supervision. Supervision may occur via case staffings, group supervision sessions, and/or individual meetings. For staff trainees who are not certified or qualified counselors as referenced in the Missouri Credentialing Board requirements, Gateway maintains ongoing counselor clinical supervision plans.

In addition to the Department-required training, Gateway wishes to include the following training and professional development opportunities for its staff upon approval of the Department.

Staff Training Strategies, Curriculum and Practices

Internal Training Efforts

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

Gateway provides training to staff to maintain necessary credentials; topics have included offender screening, treatment plan development, group and individual counseling, criminal thinking patterns, and community treatment planning. Additional training is designed to enhance clinical knowledge and skills to ensure competency in all areas of client care. For example, a number of staff participated in training on trauma and trauma informed care.

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

Gateway also offers a comprehensive new employee orientation. Details of this orientation are included below.

New Employee Orientation

The following orientation items must be reviewed prior to any new employee working without immediate supervision. Each session includes presentation of material and groups discussion during 1 - 1.5 hour training sessions.

- Professional Ethics and Boundaries
- Facility Policy and Procedure Manual
- Orientation to Working in a Correctional Environment
- Offender Rights
- Offender Grievance Procedure
- Confidentiality of Offender Identifying Information
- Offender Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Emergency/Evacuation Procedures
- Specific Job Duties

Initial Orientation for New Counselors

Week 1:

- **Review of Gateway Foundation Professional Ethics and Boundaries Policy (HR 242)**
- Corporate Compliance/Administrative information (training of new counselors by Officer Manager) (2 days)
- Attend daily wing staffing (M/T/TH/F)
- Attend Wing staffing
- Attend offender orientation class
- Review offender file
- Attend caseload groups
- Attend Conflict Resolution Group
- Attend Thinking Report Lecture
- Learn COD responsibilities
- Construct an offender file

Week 2:

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

- Attend daily staffing
- Attend Coordinator meeting
- Continue file review
- Observe intake/complete intake
- Attend Thinking Report Lecture
- Learn Expeditor responsibilities
- Discuss with training mentor application of professional boundaries

Week 3:

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

Week 4:

- Complete any unfinished task from Week 3
- Continue to learn computer entries
- Attend daily staffing
- Attend caseload groups
- Attend Coordinator meeting
- Facilitate Phase II group with another staff present
- Attend *Pathway to Change* class
- Attend *Living In Balance* class
- Attend *Helping Women Recover class*
- Attend relapse/re-entry journal class
- Observe Business Office responsibilities
- Review with trainer or clinical supervisor practical areas of applying professional boundaries

Weeks 5 – 9:

- Continue attending groups
- Continue document completion and entry
- Co-facilitate *Living in Balance* group
- Attend *Helping Women Recover class*
- Observe Creative Energy Department
- Continue to add offenders to caseload

- Complete a formal three (3) hour in-service on professional ethics using MCB Code of ethics as a guideline, and using actual situations observed over past weeks to "make real" these professional ethical behaviors.

New Employee Mandatory Training

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

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

New Employee (Supervisors)- Supervisory Expectations and Related Training

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

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

2.17.2 Staff Supervision Prior to Training Completion

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

2.18 PERSONNEL REQUIREMENTS

2.18.1 COMPLIANCE WITH PERSONNEL REQUIREMENTS

Gateway understands and is in compliance with each item, a-w, found in Section 2.18.1-Personnel Requirements. In the interest of space and resources we have not enumerated those here.

2.18.2 PREA REQUIREMENTS

Gateway understands and agrees that the Department has the right to review actions and documentation of actions taken by Gateway related to Gateway's personnel identified as either not meeting the requirements of the contract related to the Prison Rape Elimination Act (PREA) or violating the state agency's policies and procedures related to PREA, or both.

a. Gateway is responsible for the actions or inactions, whichever is applicable, of all personnel providing services under the contract.

b. Gateway immediately reports any violation of professional practice to the appropriate licensing/certification board. Immediately thereafter, Gateway provides documentation of the report to the state agency.

c. Within twenty-four (24) hours of disciplinary action taken against any of Gateway's personnel providing service under the contract, Gateway will inform the state agency of the personnel disciplinary action, including counseling and legal action. If requested by the state agency, Gateway will provide documentation of the incident leading to the disciplinary action.

2.19 INTERPRETIVE/TRANSLATION SERVICES

2.19.1 DETERMINATION OF NEED FOR INTERPRETIVE/TRANSLATION SERVICES

Gateway understands that the Department determines 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.

2.19.2 COORDINATION OF SERVICES

Gateway coordinates services with the Department and the Assistant Division Director, Division Director/SAS/ DORS to obtain approval prior to the provision of interpreter/translator services.

2.20 MEETING REQUIREMENTS

2.20.1 MEETING REQUIREMENTS

a. Gateway will continue to meet with the Department on an as-needed basis as well as at all standing meetings (e.g. Oversight meetings, joint staffings as described previously in this proposal.)

b. At the request of the Department, Gateway's managers and associated administrative personnel will attend periodic Department staff meetings that may be held regionally or in Jefferson City, depending on the nature of the agenda. Expenses incurred by Gateway personnel to attend such meetings will be Gateway's responsibility.

c. Gateway staff meets with the Warden or other MODOC staff whenever requested. Gateway's Program Directors will meet with the Warden or designee at least weekly to program and MODOC issues.

d. Gateway actively participates in contract/program oversight meetings, chaired by the facility Warden/designee. As Gateway is the incumbent provider, these meetings have been firmly established and are occurring quarterly.

2.21 QUALITY ASSURANCE ACTIVITIES

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

Gateway has an established **Quality Assurance Committee** to oversee treatment at CCC/WERDCC/NECC. The Quality Assurance Committee meets on a monthly basis in compliance with DMH standards 9 CSR 10-7.040 Quality Improvement. The committee meets to review service quality and to discuss quality enhancements; to identify, discuss and resolve problems or issues pertaining to treatment services; and to review various outcome data, including exit surveys, population trends, and behavioral trends within the institution. DOC representatives from Classification, Custody, Probation and Parole, and contracted personnel from both Medical and Mental Health are invited to attend.

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

Gateway's Internal Quality Assurance Program

Gateway is committed to continual program development, quality management and quality improvement. We utilize several mechanisms in furtherance of this commitment, including a series of internal reviews to self-monitor our program activities and identify areas of strength or areas that require improvement. Quality Assurance activities are centered on tracking, aggregating, analyzing and reporting a variety of data that contribute to program outcomes.

For example, Gateway's Corrections Division develops an annual quality assurance plan, identifying key program performance metrics. The fiscal year 2016 quality assurance metrics address client engagement, client satisfaction, employee engagement and retention and employee professional development targets. These quality measures are tracked monthly and reviewed by the Vice President of Corrections and the Missouri Regional Director. If any item is not meeting its goal, the senior administrators meet with the Program Directors to identify a performance improvement plan.

Additionally, Gateway's Internal Evaluation Protocol (IEP; described in detail previously in this proposal) serves as a Quality Assurance mechanism.

Gateway has implemented a sophisticated Internal Evaluation Protocol (IEP) system using standardized, reliable and validated TCU/IBR assessment instruments. Although the primary purpose in implementing the IEP was to ensure that individualized treatment services are provided at the client level of program design, the system was also designed to ensure that resulting aggregate data can be used for quality assurance and performance improvement practices. Gateway's Vice President of Corrections, the Regional Director, and Program Directors review the results on a quarterly basis to examine the need for system-level interventions and areas for improvement.

a. Gateway currently has a quality assurance plan in place; we will revise the current quality assurance plan if requested by the Department.

b. Gateway collaborates with the Warden at each correctional facility to submit required monthly treatment center information reports to the Assistant Division Director/SAS, DORS.

c. Gateway agrees and understands that requirements for quality assurance reports and data submitted to the Department may be revised over the course of the contract in accordance with changing expectations, policy and the needs of the Division and/or the Department.

NOTE: SECTIONS 2.22 THROUGH 2.24.4 CONTAIN GENERAL CONTRACTUAL REQUIREMENTS. GATEWAY UNDERSTANDS THESE REQUIREMENTS AND AGREES TO COMPLY WITH ALL ITEMS STIPULATED IN THOSE SECTIONS AND SUBSECTIONS AS IDENTIFIED BELOW.

2.22 Audit Requirements
2.23 Payment Requirements
2.24 Invoice Requirements

EXHIBIT F (cont.)
METHOD OF PERFORMANCE

2. If the bidder is requesting a waiver for any current state program standard in Department of Mental Health certification requirements relating to services requested in this IFB, the bidder should supply a copy of the waiver request with that bid submission.

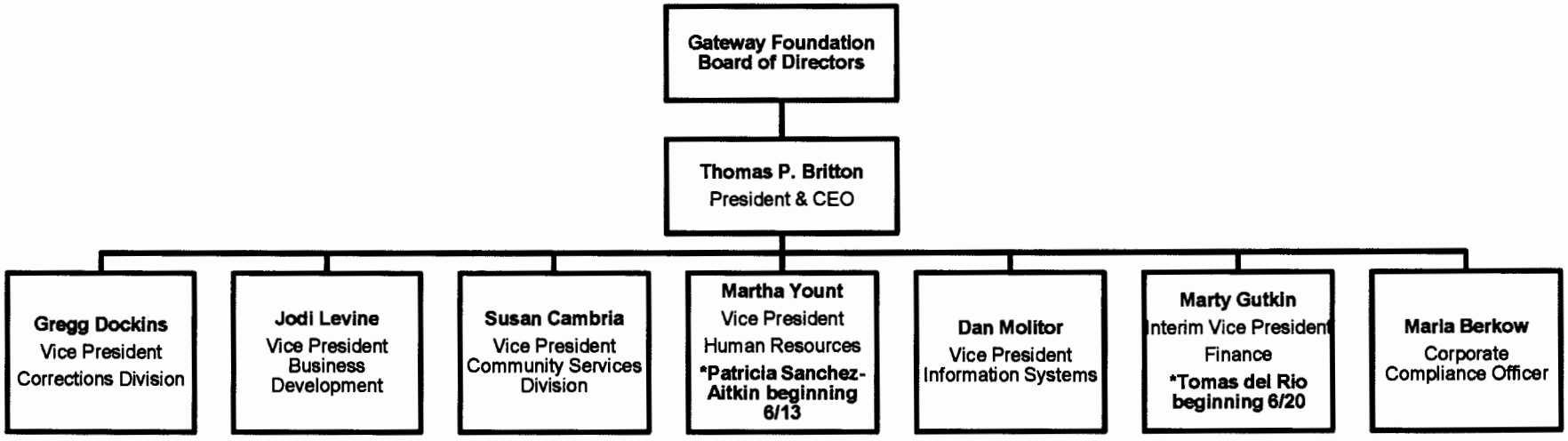
Gateway currently has two waivers or exceptions in place with the Missouri Department of Mental Health regarding institutional program standards. These two standards are: the requirement to maintain a 51% of Counseling staff credentialed at the DMH "QSAP" level (letter dated October 25, 2013); and the requirement to provide a minimum of two (2) hours of individual counseling to clients in treatment for six (6) months or less (letter dated April 15, 2015). Copies of these waivers are included in the appendix.

3. Organizational Chart - The bidder should provide an organizational chart for each program location and one organizational chart that conveys the overall management responsibilities which show the staffing and lines of authority for the key personnel to be used in each program. The organizational charts should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

Please find the required organizational charts for this IFB on the following pages.

Gateway Foundation | Corrections

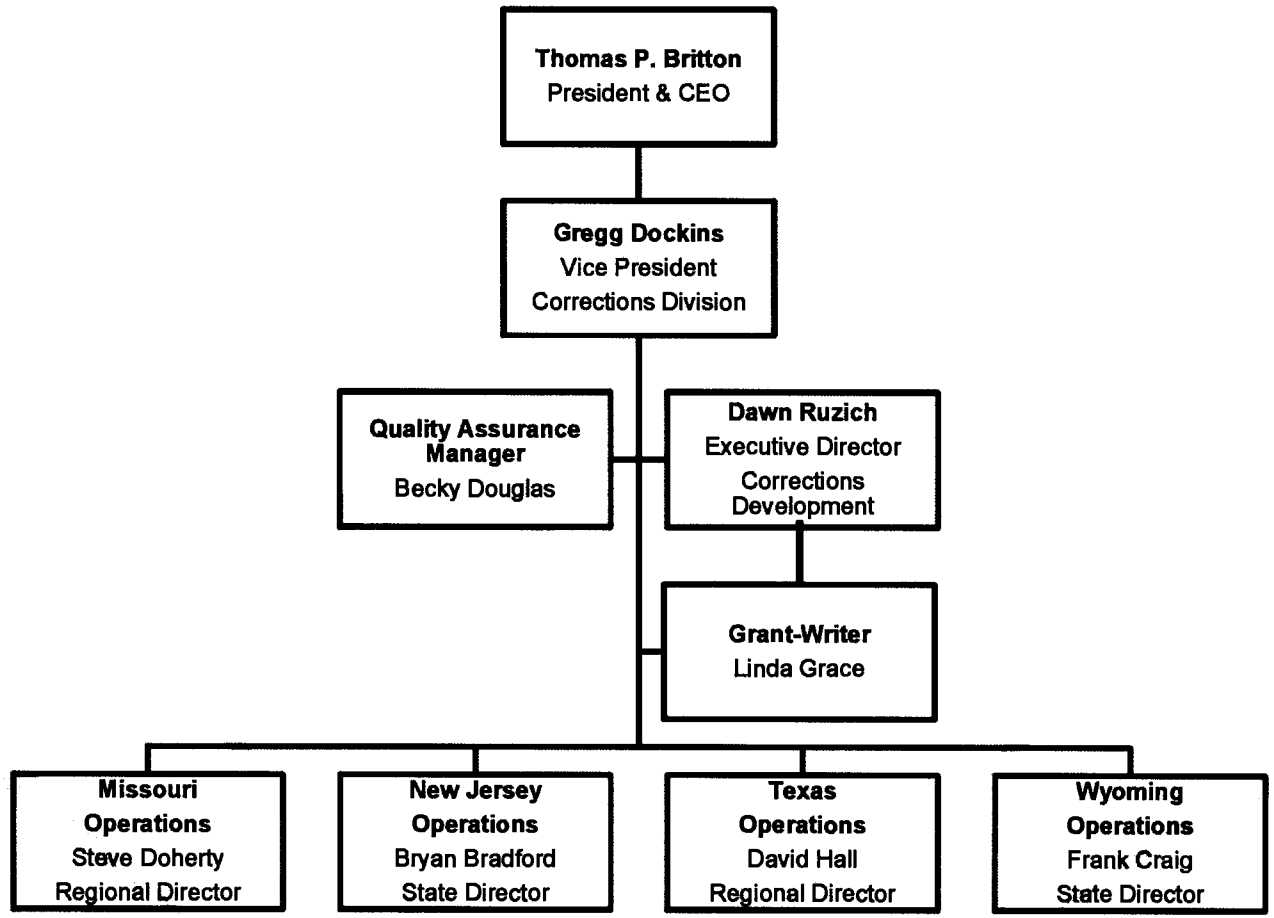
Gateway Foundation, Inc.
Executive Management
Current Organizational Structure



June 2016

Gateway Foundation | Corrections

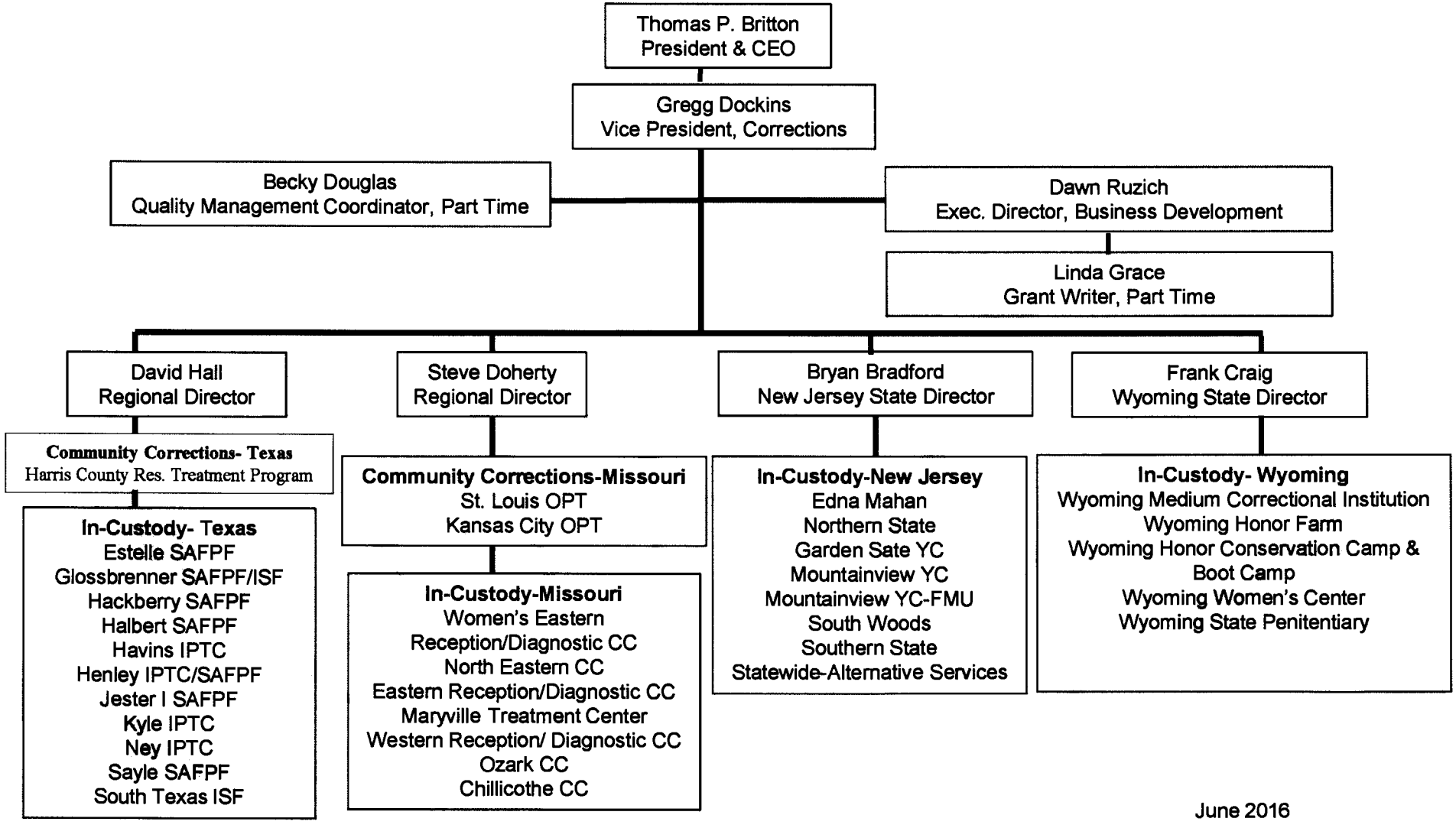
Corrections Division Management
Current Organizational Structure: FY16



June 2016

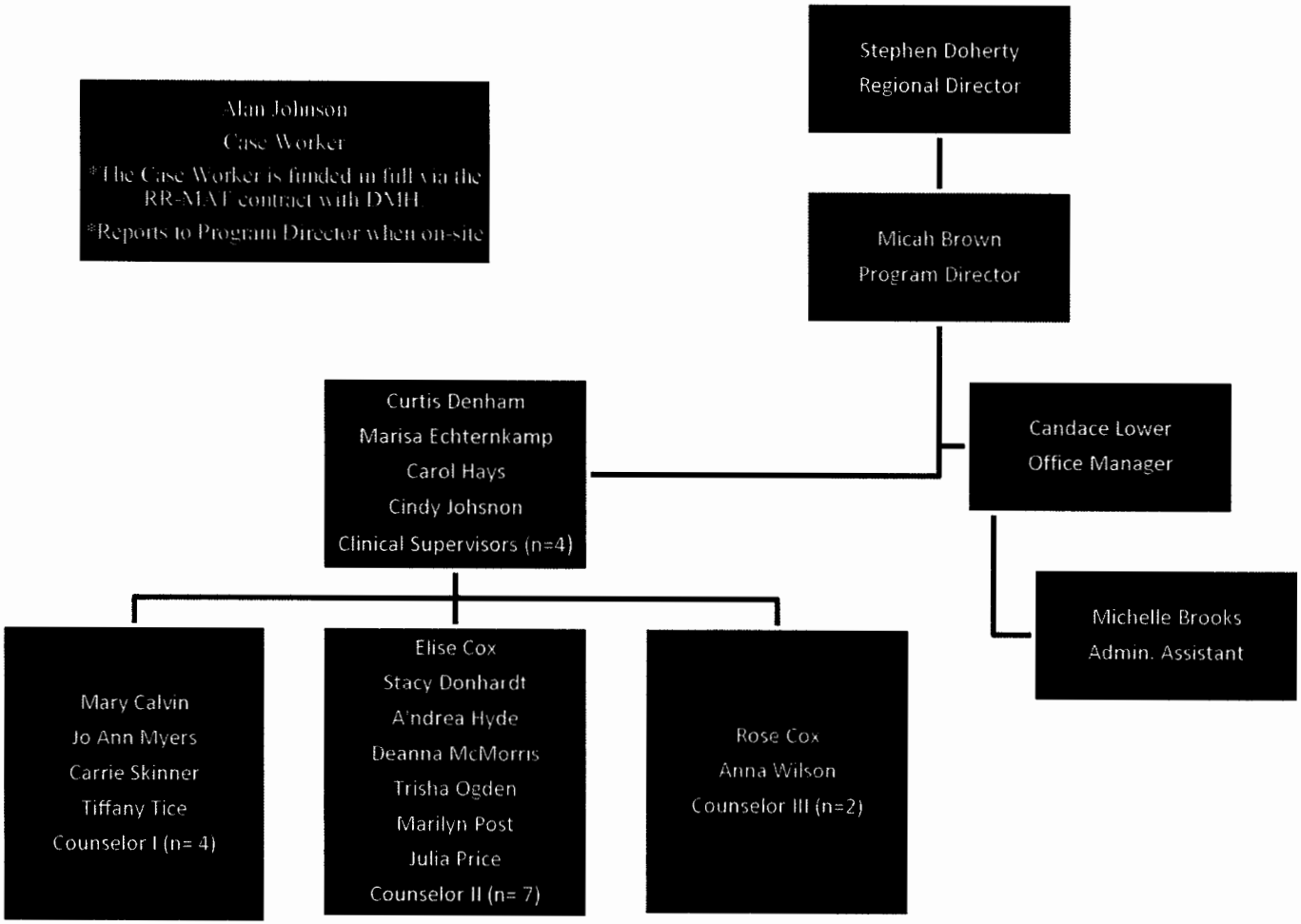
Gateway Foundation | Corrections

Corrections Division Management Current Organizational Structure

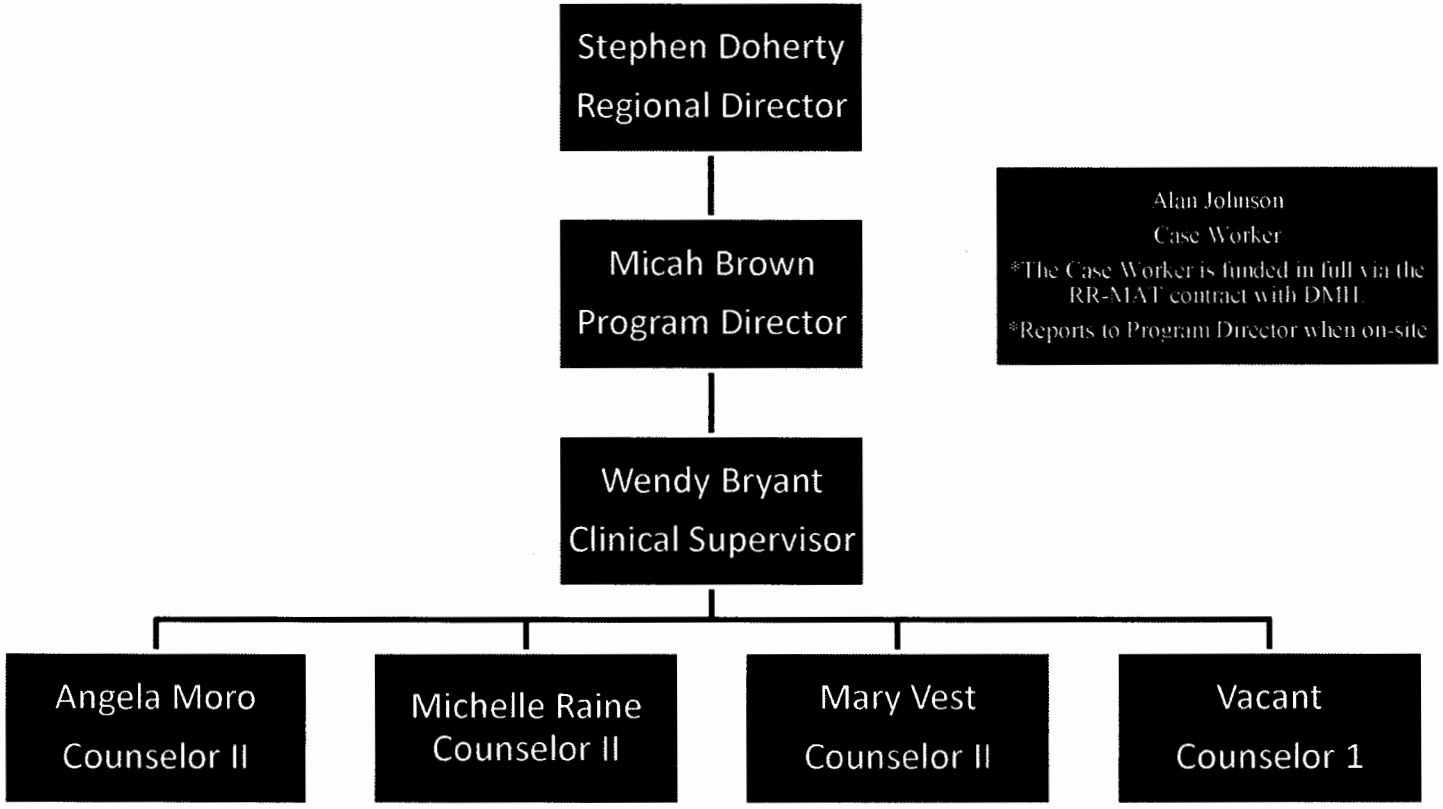


June 2016

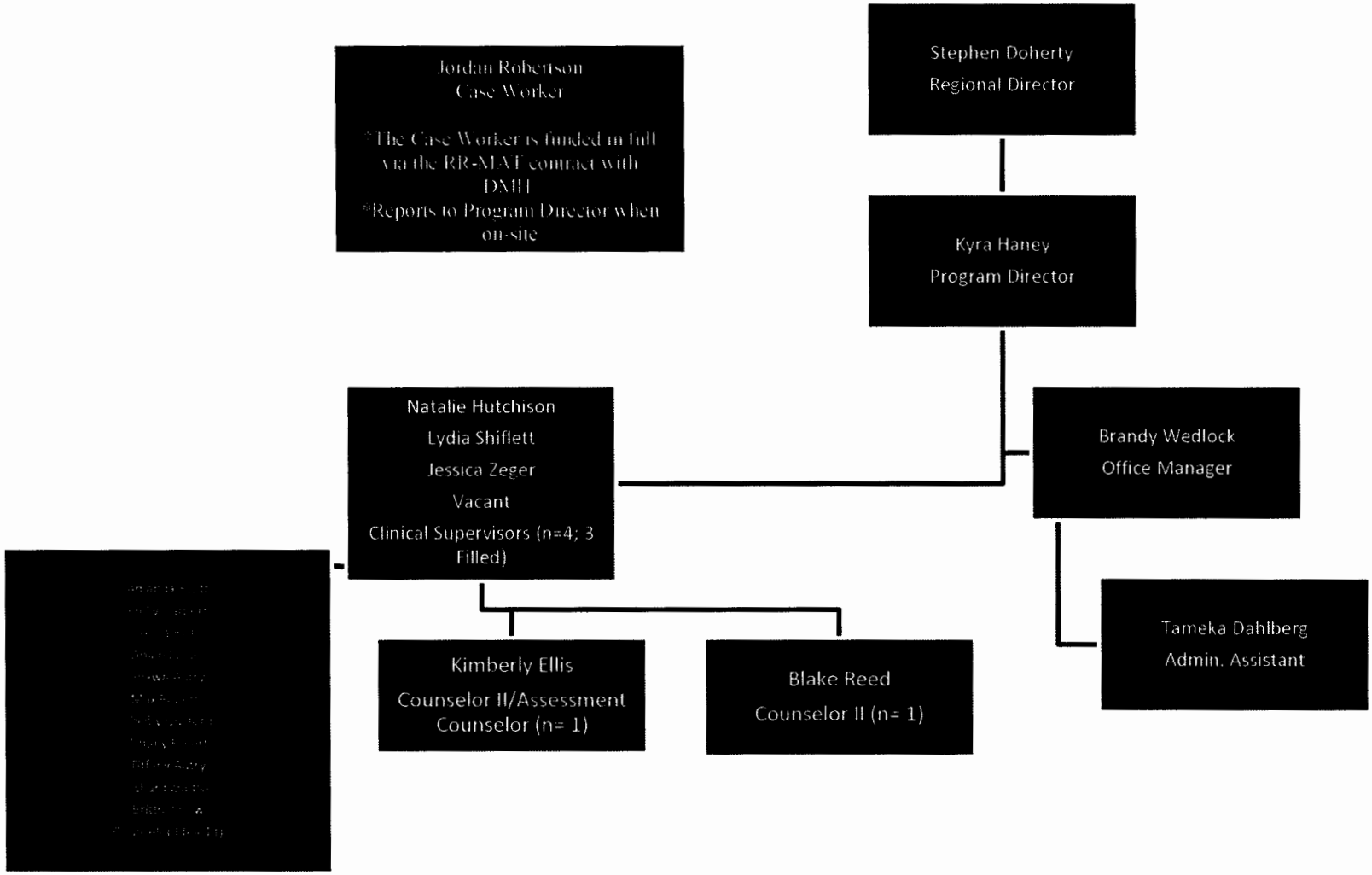
Gateway Foundation
Organizational Chart
Women's Eastern Reception & Diagnostic Correctional Center (WERDCC)



Gateway Foundation
Organizational Chart
Northeast Correctional Center (NECC)



Gateway Foundation
Organizational Chart
Chillicothe Correctional Center



4. The method of performance should also specify the start-up team for the implementation of the contract and the relationship of those team members to the management structure of the bidder's organization.

As Gateway is the current provider of assessment and substance use treatment program services at CCC, WERDCC, and NECC, no start-up team or transition period will be necessary. Gateway already has in place the staff, curricula, policies and procedures, data collection, reporting systems, fiscal systems, administrative infrastructure, and relationships with the Department that will allow us to continue providing the required program with **absolutely no interruption of services. Gateway will continue to provide administrative oversight of the programs and services described in this IFB led by the respective Program Directors and Regional Director as well as Gateway's administrative support departments described elsewhere within this proposal.**

5. The bidder should specify how they will accommodate the specific and unique needs of offenders with mental illnesses, cognitive impairments and physical disabilities. The bidder should address deficits in reading, written, spoken and receptive language, learning disabilities, hearing, vision and other special needs.

SERVICES FOR OFFENDERS WITH MENTAL ILLNESSES

Experience has shown us that offenders with diagnosed mental illnesses may be appropriate to participate in any number or combination of our various treatment programs, and therefore may appear for treatment at any given program site. **Offenders with co-occurring substance use and psychiatric disorders are able to 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**. An important factor contributing to the success of our co-occurring clients is our consistent collaboration with the institutional Mental Health Department. Recommendations made by mental health care providers are incorporated into offenders' individualized treatment plans. During treatment team meetings, staff members take into account these recommendations and include them in offenders' aftercare plans, along with appropriate referrals to community resources as necessary.

We assure the Department that Gateway staff has the skills to understand the mental health needs of offenders and carefully integrate services to meet each offender's special needs.

Modifications for Offenders with Co-Occurring Disorders

Gateway's Program Directors, Clinical/Counselor Supervisors, and other licensed staff have worked closely with the Chief of Mental Health Services to implement program modifications to

best serve offenders with co-occurring disorders. The Gateway Clinical/Counselor Supervisors, working in cooperation with the Chief of Mental Health Services, have consistently ensured that program rules, structure, procedures, interventions, and policies are modified as needed to serve offenders with co-occurring disorders and to reduce any barriers to treatment that these individuals may encounter.

SERVICES FOR OFFENDERS WITH SPECIAL NEEDS

As was described in Section 2.12.2, Gateway has a long history of providing treatment services in special needs facilities such as at NECC in Missouri and for the Texas Department of Criminal Justice. Our experience has reinforced the importance of adapting services and programming to accommodate the clients' disabilities in order for treatment to be most successful. Gateway is committed to reducing treatment barriers for all clients. Furthermore, Gateway maintains a philosophy that each client is unique and deserves a treatment approach that accommodates his or her distinct treatment needs.

The following table summarizes the accommodations that Gateway will employ as needed to assure that the special needs of clients are met. Please refer back to **Section 2.12.2** for a detailed description of how Gateway provides services for client with special needs.

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR OFFENDERS WITH SPECIAL NEEDS	
OFFENDER POPULATION	**TREATMENT ACCOMMODATIONS/MODIFICATIONS**
Offenders with Physical Disabilities (e.g., non-ambulatory offenders, amputees, etc.)	• Establish realistic treatment goals that account for physical limitations • Set interim steps toward goal achievement • Ensure facility and counseling rooms, including furniture (desks, tables, etc.) are accessible • Adjust length of counseling sessions or schedule breaks to accommodate fatigue; create strategies to conserve energy • Address concurrent psychological and social consequences of the disability such as anger, hopelessness, frustration, social isolation, low self-esteem, etc. • Assess need for transportation assistance to participate in treatment
Offenders with Cognitive Disabilities (e.g., brain injury, learning disabilities, retardation, etc.)	• Establish realistic treatment goals that account for cognitive limitations • Set interim and achievable steps toward goal achievement • Remove auditory (noise) and visual distractors (e.g., artwork, toys, etc.) that interfere with attention and concentration from counseling areas • Adjust frequency and/or length of counseling sessions to accommodate short attention spans • Repeat important information as needed to ensure comprehension • Provide written materials at appropriate reading level or in auditory form; review and "translate" material into simpler or more concrete language as needed; avoid abstract language • Allow alternative forms of expression (e.g., art work) of emotions • Provide memory aids and encourage note-taking • Assess need for and treat identified issues of impulse control • Provide direct feedback regarding inappropriate behavior

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR OFFENDERS WITH SPECIAL NEEDS (Continued)	
OFFENDER POPULATION	**TREATMENT ACCOMMODATIONS/MODIFICATIONS**
Offenders with Sensory Disabilities (e.g., visual impairment/blindness, hearing impairment/ deafness, etc.)	For visually impaired or blind offenders: • Provide recovery materials in large print or audio form when available • Ensure that pathways are clear of obstacles • Provide signage in large lettering or Braille • Arrange for ancillary services such as readers For hearing impaired or deaf offenders: • Arrange for sign language interpreters, as needed • Provide assistive listening devices for sound amplification, close-captioned videos, and/or computer-assisted transcription • Assess offender's ability to lip-read if interpreters are not available • Assess offender's ability to communicate orally • Ensure that room is barrier-free and lighting allows offenders to see interpreter • Provide written alternatives to verbal material • Alter expectations for offender's participation in group sessions
Offenders with Reading Deficits	• Provide staff to assist in reading material and documents for offenders who have reading deficits. • Assess offenders' reading and comprehension level during the initial intake process both in person and through obtaining records from their probation/parole officer. • As appropriate, provide offender mentors to assist offenders with reading difficulties in group settings
Offenders with Deficits in Written, Spoken, or Receptive Language	• Establish realistic treatment goals that account for deficits in written, spoken or receptive language • Set interim and achievable steps toward goal achievement • Remove auditory distractors (noise) that interfere with attention and concentration from counseling areas • Provide staff assistance to explain verbally written material • Provide interpreters as appropriate to the respond to the specific deficit

6. The bidder should include specifications for meeting group education requirements including hours per week and maximum group size.

As explained elsewhere in this proposal, Gateway has developed effective schedules in collaboration with the Department to ensure accommodation of various security concerns. As the incumbent provider at CCC, NECC and WERDCC, Gateway has Department-approved program schedules that ensure the IFB requirements for the required number of therapeutic activity hours each week are met.

These Department approved schedules ensure that Phase I and Phase II clients are receiving a minimum of thirty (30) hours of therapeutic activities per week and Phase III clients are receiving a minimum of fifteen (15) hours of therapeutic activities per week. Gateway also employs quality assurance measures to track, on a monthly basis, the delivery of the minimum hours of therapeutic activities, including education groups, listed above. These reports are reviewed by the Program Director and submitted to Gateway's Regional Director on a monthly basis.

Through the Department approved schedules, Gateway has also ensured the IFB expectation that Recovery Centered Education group size does not exceed a maximum of forty (40) clients per session. This is achieved by scheduling and assigning group sessions at multiple times such as Phase I, II and III groups, program-based groups, groups based on individual offender's TCU scores, and general-topic education groups. This is also monitored by the Programs' Clinical Supervisors both in-person and by review of group logs and if deviations from the 40 client maximum occur, remedial actions are taken to reduce group size.

7. The bidder should submit a program schedule and curriculum for each program requirement.

On the following pages, please find a program schedule for each program requirement.

Following the schedules, we have submitted a matrix of the various components to be provided in each program requirement. Brief descriptions of each curriculum identified in the matrix will follow.

In addition, Gateway is proposing a number of enhancements to the current programming at CCC, WERDCC, and NECC. These are included at the end of the response to this item.

Gateway Weekly Treatment Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:00am - 6:55AM	Count; Showers; Breakfast	Count; Showers; Breakfast	Count; Showers; Breakfast	Count; Showers; Breakfast	Count; Showers; Breakfast	Count; Showers; Breakfast
7:00AM - 7:25AM	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting
7:30am - 8:00am	Count	Count	Count	Count	Count	Count
8:00am - 9:00am	Break; Cleaning; Prepare for Group	Break; Cleaning; Prepare for Group	Break; Cleaning; Prepare for Group	Break; Cleaning; Prepare for Group	Break; Cleaning; Prepare for Group	Break; Cleaning; Prepare for Group
9:00am - 9:50am	Encounter (Staff Directed) PSG on wings; Anger Management; TCU Testing	TCU; SEEKING SAFETY/TIME OUT FOR ME/DOMESTIC VIOLENCE; ICVC (ST, INT, LT for all)	Small Groups (all staff) Phase 3 Facilitation of New Directions Criminal and Addictive Thinking	PTC (ST – 6; LT - 12); RELAPSE PREVENTION JOURNALS/HIV EDUCATION (ST, INT, LT)	Small Groups (all staff); Healing Trauma (ST); Beyond Trauma (LT); Creative Energy on wings	AW3H PARENTING (ST, INT, LT) (Staff Directed) BW3H and AW8H Department Meeting
9:50am – 10:10am	Smoke Break	Smoke Break	Smoke Break	Smoke Break	Smoke Break	Smoke Break
10:10am – 11:00am	Small Groups (all staff) Creative Energy on wings;Anger Management	TCU; Department Meetings; ICVC	Individual Session (all staff); Co-Occurring (All MH3s); PSG on Wings; Puppies for Parole visits	PTC (ST – 6; LT – 12); Phase 3 Facilitation of Gateway Life Skills	Phase 3 Facilitation of New Directions Alcohol and Drug Education	BW3H PARENTING (ST, INT, LT) (Staff Directed) AW3H Department Meeting AW8H Creative Energy
11:00am - 12:30pm	Break; Count; Lunch (Courtesy Smoke after lunch)	Break; Count; Lunch (Courtesy Smoke after lunch)	Break; Count; Lunch (Courtesy Smoke after lunch)	Break; Count; Lunch (Courtesy Smoke after lunch)	Break; Count; Lunch (Courtesy Smoke after lunch)	Break; Count; Lunch (Courtesy Smoke after lunch)
12:30pm – 1:20pm	Individual Session (all staff); Canteen; Structured Study Time	Small Groups (all staff); Healing Trauma (ST); Beyond Trauma (LT); Structured Study Time	Individual Session (all staff); Recreation; Orientation; Testing	Small Groups (all staff); Structured Study Time	Individual Session (all staff); Recreation; Orientation; Testing	AW8H PARENTING (ST, INT, LT) (Staff Directed) AW3H and BW3H Creative Energy
1:30pm – 2:20pm	Small Groups (all staff) Phase 3 Facilitation of Gateway Chemical Dependency Education	Encounter (Staff Directed) PSG on wings	LIVING IN BALANCE (ST, INT, LT)/COVINGTON (LT)	Encounter (Staff Directed) PSG on wings	Encounter (Staff Directed) PSG on wings	Phase 3 Facilitation of New Directions Socialization/Relapse Prevention/Release and Reintegration
2:40pm – 3:30pm	Individual Session (all staff) Break; Education; Cleaning	Individual Session (all staff) Break; Education; Cleaning	Individual Session (all staff) Break; Education; Cleaning	Individual Session (all staff) Break; Education; Cleaning	Individual Session (all staff) Break; Education; Cleaning	Break; Cleaning
3:40pm – 4:15pm	Wrap-Up (Staff Observed)	Wrap-Up (Staff Observed)	Wrap-Up (Staff Observed)	Wrap-Up (Staff Observed)	Wrap-Up (Staff Observed)	Wrap-Up
4:00pm - 5:30pm	Count; Cleaning; Dinner	Count; Cleaning; Dinner	Count; Cleaning; Dinner	Count; Cleaning; Dinner	Count; Cleaning; Dinner	Count; Cleaning; Dinner
5:30pm - 7:00pm	Break; Showers; Library; Phone	Break; Showers; Library; Phone	Break; Showers; Library; Phone	Break; Showers; Library; Phone	Break; Showers; Library; Phone	Break; Showers; Library; Phone
7:00pm - 8:00pm	Self-Help Group (Therapeutic Activity)	Self-Help Group (Therapeutic Activity)	Self-Help Group (Therapeutic Activity)	Self-Help Group (Therapeutic Activity)	Self-Help Group (Therapeutic Activity)	Self-Help Group (Therapeutic Activity)

Northeast Correctional Center Treatment Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
6:00AM - 7:00AM	Count Service Crew/ Dorm Clean-up & Inspection	Count Service Crew/ Dorm Clean-up & Inspection	Count Service Crew/ Dorm Clean-up & Inspection	Count Service Crew/ Dorm Clean-up & Inspection	Count Service Crew/ Dorm Clean-up & Inspection
7:00AM - 7:45AM	Morning Meeting(Day Room)	Morning Meeting(Day Room)	Morning Meeting(Day Room)	Morning Meeting(Day Room)	Morning Meeting(Day Room)
7:45AM - 8:00AM	Personal Organization and Day Planning	Personal Organization and Day Planning	Personal Organization and Day Planning	Personal Organization and Day Planning	Personal Organization and Day Planning
8:00AM - 9:00AM	Ed. A&B Relapse/Re-Entry All Phases Individual Counseling	Ed. A&B - Living in Balance All Phases Individual Counseling	Ed. A & B Helping Men Recover All Phases Individual Counseling	Ed. A & B Inside Out Dads All Phases Individual Counseling	Ed A&B ** see note at bottom All Phases Individual Counseling
9:00AM - 10:30AM	TPR Panels/ Encounters(Day Room) Individual Counseling Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	GED Study Time/ Phase I Study Time/ Phase II - Job Duties or Phase III - Job Duties or Experiential Living/ STAFFING @ 10:30-12pm	TPR Panels/ Encounters(Day Room) Phase I Study Time/ Phase II - Job Duties or Phase III - Job Duties or Experiential Living/ Individual Counseling	TPR Panels/ Encounters(Day Room) Phase I Study Time/ Phase II - Job Duties or Experiential Living/ Individual Counseling	GED Study Time/ Pathway to Change/ Phase I Study Time/ Phase II - Job Duties or Phase III - Job Duties or Experiential Living/ Individual Counseling
10:30AM - 11:15AM	Lunch/Count	Lunch/Count	Lunch/Count	Lunch/Count	Lunch/Count
11:15AM - 11:30AM	Service Crew Duties	Service Crew Duties	Service Crew Duties	Service Crew Duties	Service Crew Duties
12:00AM - 1:30PM	Group Counseling A&D or Phase I Orientation/ Phase II - Job Duties or Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	Orientation/ Study Time/ Phase III Job Duties and Experiential Living - Phase Up Testing/ Individual Counseling	Group Counseling A&D or Phase I Orientation/ Phase II - Job Duties or Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	Group Counseling A&D or Phase I Orientation/ Phase II - Job Duties or Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	Phase III Class @ 1pm Orientation/ Study Time/ Individual Counseling
1:30PM - 3:00PM	Group Counseling B&C or Phase I Orientation/ Phase II - Job Duties or Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	Cogn. Restru. Group & AOC Phase II - Job Duties or Castles/ Seeking Safety* Phase III - Job Duties or Experiential Living/ Individual Counseling	Group Counseling B&C or Phase I Orientation/ Phase II - Job Duties or Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	Group Counseling B&C or Phase I Orientation/ Phase II - Job Duties or Study Time/ Phase III - Job Duties or Experiential Living/ Individual Counseling	Phase I Study Time/ Phase II - Job Duties or Phase III - Job Duties or Experiential Living/ Individual Counseling
2:00PM - 3:00PM	Individual Counseling	Individual Counseling	Individual Counseling	Individual Counseling	Phase I & II Relaxation Group/ Phase III - Experiential Living/ Structure Interviewing Individual Counseling
3:00PM - 3:40PM	Evening Wrap Up(Day Room) Individual Counseling	Evening Wrap Up(Day Room) Individual Counseling	Evening Wrap Up(Day Room) Individual Counseling	Evening Wrap Up(Day Room) Individual Counseling	Community Meeting(Day Room) Individual Counseling
3:40PM - 5:00PM	Custody Count	Custody Count	Custody Count	Custody Count	Custody Count
5:00PM - 6:00PM	Phase I Personel Hygiene/ Phase II & III Scheduled Rec. or Library	Phase I Personel Hygiene/ Phase II & III Scheduled Rec. or Library	Phase I Personel Hygiene/ Phase II & III Scheduled Rec. or Library & HSE scheduled	Phase I Personel Hygiene/ Phase II & III Scheduled Rec. or Library & HSE scheduled	Phase I Personel Hygiene/ Phase II & III Scheduled Rec. or Library

Northeast Correctional Center Treatment Schedule

6:00PM - 7:00PM	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living
7:00PM - 8:00PM	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living	Self Help or Study Hall - Phase I/ Structure Meetings/ Experiential Living
8:00PM - 9:00PM	Service Crew Jobs/ Experiential Living	Personal Hygiene/ Experiential Living	Service Crew Jobs/ Experiential Living	Service Crew Jobs/ Experiential Living	Service Crew Jobs/ Experiential Living
9:00PM - 10:00PM	Personal Hygiene/ Experiential Living	Service Crew Jobs/ Experiential Living	Personal Hygiene/ Experiential Living	Personal Hygiene/ Experiential Living	Personal Hygiene/ Experiential Living
10:00 PM	Custody Count	Custody Count	Custody Count	Custody Count	Custody Count

Groups that are Blue are Staff Faciliated
Groups that are Purple are Client Facilitated
* Castles in the Sky and Seeking Safety will be rotated
** Education groups on Friday are facilitated on a rotation of topics/curricula- MAT and TCU Brief Interventions

WERDCC Treatment Schedule

6:30AM - 7:00AM	House Jobs ST/LT COD Meeting ST/LT	House Jobs ST/LT COD Meeting ST/LT	House Jobs ST/LT COD Meeting ST/LT	House Jobs ST/LT COD Meeting ST/LT	House Jobs ST/LT COD Meeting ST/LT	
7:00AM - 7:30AM	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	
7:45AM - 8:45AM	Orientation ST/LT TPR ST/LT - Staff Group Counseling/PSG - ST/LT Action Step/ Resentment Exercise	Orientation ST/LT TPR ST/LT - Staff Group Counseling ST/LT - Staff Life Skills-Lecture ST/LT	Orientation ST/LT Group Counseling ST/LT Chemical Dependency- Lecture ST/LT	Orientation ST/LT TPR ST/LT - Staff Group Counseling ST/LT - Staff Family and Parenting ST/LT Mental Health ST/LT Co-Occurring	Orientation ST/LT TPR ST/LT - Staff Group Counseling ST/LT Relapse Prevention-Lecture ST/LT	Phase III Family Fd Staff
8:30AM - 9:45AM			TCU Assessments - Staff ST/LT			Morning Meeting/GI ST/LT Orientation Testing ST/LT
8:45AM - 9:45AM	Encounter - Staff ST/LT	Encounter - Staff ST/LT Pathway to Change- LT	Relaxation/Meditation ST/LT	Encounter - Staff ST/LT Pathway to Change- LT	Encounter - Staff ST/LT	
9:00AM - 12:00PM			Staffing			
10:45AM - 11:20AM	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT Big Sister/Little Sister Meeting	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT	Community Business Recreation ST/LT
After Counted - 12:30PM or 1:00PM	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT	Community Business ST/LT Recreation ST/LT	Community Business Recreation ST/LT
12:30PM - 2:00PM	Helping Women Recover - Staff- LT	MH Lecture/Seeking Safety Castles in the Sky ST/LT Mindfulness Relapse Prevention LT	Orientation Testing ST/LT CRP/SDB ST/LT	Relapse/Reentry ST/LT - Staff Phase I TC101 ST/LT LIB ST/LT - Staff Time Out For Me ST/LT - Staff Phase III ST/LT Pathway to Change ST - Staff/Phase I TC101	Relapse/Reentry ST/LT - Staff Phase I TC101 ST/LT LIB ST/LT- Staff Time Out For Me ST/LT-Staff Phase III Relapse Prevention ST/LT Pathway to Change- ST Castles in the Sky ST/LT- Rotate	Crew Meeting ST/LT
1:00PM - 2:00PM	Group Counseling ST/LT Study Time ST/LT	Group Counseling ST/LT Study Time ST/LT Healing Trauma ST Beyond Trauma LT	Group Counseling ST/LT	TCU (A) Jan. May Sept. - Staff (B) Feb. June Oct. ST/LT	TCU (C) Mar. July Nov. - Staff (D) Apr. Aug. Dec. - Staff ST/LT	
2:15PM - 3:15PM	Group Counseling ST/LT Study Time ST/LT	Group Counseling ST/LT Study Time ST/LT	Group Counseling ST/LT PSG-Staff ST/LT	Group Counseling ST/LT PSG- Optional ST/LT Process Group ST/LT	Group Counseling ST/LT PSG- Optional ST/LT AA/NA/LSR ST/LT	Community Meeting Grids and Tallies ST/LT
4:00PM - 5:00PM	Count	Count	Count	Count	Count	
4:00PM - 6:00PM	Count/Free Time/HSE	Count/Free Time/HSE	Count/Free Time/HSE	Count/Free Time/HSE	Count/Free Time	
5:00PM-7:00PM	Free Time/HSE	Grids and Tallies/Free Time/HSE	Free Time/HSE	Grids and Tallies/Free Time/HSE	Free Time	
5:45PM - 6:00PM						Wrap-Up ST/LT
6:00PM - 7:00PM						Self-Help Options ST/LT Grids and Tallies
7:00PM - 8:00PM	Self-Help Options- ST/LT	Social Interaction ST/LT	Self-Help Options- ST/LT	Social Interaction- ST/LT	Relapse Prevention Process ST/LT	
8:45PM - 9:00PM	Wrap-Up ST/LT	Wrap-Up ST/LT	Wrap-Up ST/LT	Wrap-Up ST/LT	Wrap-Up ST/LT	

ST- short term clients includes 84, 120, and CODS

LT- long-term clients inlcudes 365 and 6 month

Communication - Rotate

TCU A Family/Building Social Network
B Thinking

C Anger
D Motivation

MATRIX OF TREATMENT COMPONENTS BY PROGRAM
(* indicates proposed FY 2017 program enhancement)

COMPONENT	Short-Term (12 weeks)	OUT (6 mos.)	Intermed. (6 mos.)	Long-Term (12 mos.)	Co-occurring Disorders	Special Needs
Comprehensive assessment	X	X	X	X	X	X
Treatment planning	X	X	X	X	X	X
Motivational interviewing techniques	X	X	X	X	X	X
Individual counseling	X	X	X	X	X	X
Group counseling	X	X	X	X	X	X
Gateway Curriculum	X	X	X	X	X	X
Alcohol/drug education	X	X	X	X	X	X
Case management	X	X	X	X	X	X
Pathway to Change	X	X	X	X	X	X
TCU Brief Interventions	X	X	X	X	X	X
*Beyond Trauma** *(CCC, WERDCC)*				X		
*Healing Trauma** *(CCC, WERDCC)*	X					
Helping Women Recover(CCC, WERDCC)				X		
Time Out! for Me (CCC, WERDCC)	X	X	X	X	X	
*Helping Men Recover** *(NECC)*		X				X
Seeking Safety (NECC)		X				X
Partners in Parenting (CCC, WERDCC)	X	X	X	X	X	
InsideOut Dad (NECC)		X				X
Living in Balance	X	X	X	X	X	X
*Castles in the Sky**	X	X	X	X	X	X
Change Companies Reentry Journals	X	X	X	X	X	X
Change Companies Relapse Prevention Journals	X	X	X	X	X	X
*Mindfulness Relapse Prevention**				X		
Co-occurring disorders group					X	
MAT*	X	X	X	X	X	X
Responsible Decisions: Impaired Driving Program	Provided at CCC, WERDCC, and NECC for long term chronic DWI offenders					

Eating Disorders Education*	X	X	X	X	X	
Veterans Group* (NECC)			X	X		X
Discovery Group*	X	X	X	X	X	X

*Indicates a new program enhancement

PROPOSED CONTINUATION OF PROGRAM COMPONENTS CURRENTLY OFFERED AT CCC, WERDCC, AND NECC

Throughout our current contract, Gateway has provided a wide array of treatment components in an effort to accommodate a diverse population of clients who have multiple and complex needs. We have utilized evidence-based and gender-responsive interventions and curricula to address these needs and have found that our efforts have produced positive outcomes in the lives of our clients.

For that reason, we propose to continue offering the foundational components of our current programming under the new contract that are described in the next section. Nevertheless, as addiction and criminal justice research has expanded rapidly over the past few years, we wish to incorporate new material that will bring a fresh perspective to our program. These will be discussed separately following the descriptions of the components we wish to continue offering at CCC, WERDCC, and NECC.

GATEWAY COGNITIVE RESTRUCTURING COMPONENT

Gateway will continue to provide a cognitive restructuring component that incorporates both experiential and cognitive learning to target values, behaviors, and attitudes. 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 uses the *Pathway to Change* (PTC) cognitive skills curriculum to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognitive skills to criminal offenders and is written in language that accommodates the educational levels offenders may have.

As indicated in the IFB, the Department seeks to implement the *Pathway* curriculum in a focused process based on individualized need in order to improve the efficacy of the intervention. **Gateway proposes to assess all program participants at intake using the TCU Criminal**

Thinking Scales (CTS) evidence-based assessment instrument. Through this assessment, Gateway staff will recommend participation/assignment to the *Pathway* group for participants who are assessed as high-risk according to the CTS score.

This instrument can also be used as a measurement of change for those participating in the intervention, through administering it in pre-/post- fashion. (The instrument was described in detail earlier in this proposal.)

TCU BRIEF INTERVENTIONS

The Brief Interventions are a subset of TCU's Targeted Interventions for Corrections and are extensively researched (Czuchy & Dansereau, 2003, 2005, NREPP: SAMHSA's National Registry of Evidence-based Programs and Practices, 2008). They are designed for four sessions and can be expanded as needed. The interventions are manual-based and employ "node-link mapping." Mapping has been "shown to enhance participant communication, planning, and decision-making skills" (Dansereau, Joe, & Simpson, 1993; Dansereau, Dees, & Simpson, 1994). A variety of these interventions will be used in both residential and outpatient programs as applicable to participant needs.

TCU's Brief Interventions are designed for substance abuse treatment counselors and group facilitators. The collection of manuals contains focused, easily accessible, and brief strategies for engaging participants in discussions and activities on important recovery topics. The following table presents the ten Brief Interventions that we propose to use selectively by program based on participants' needs and an overview of the material covered in each one.

BRIEF INTERVENTION TITLE/PURPOSE	TOPICS COVERED
Getting Motivated to Change: A collection of materials for leading counseling sessions that address motivation and readiness for change	• Motivation 101 • The Art of Self-Motivation • Staying Motivated • Making it Second Nature
Mapping Your Treatment Plan: A Collaborative Approach: A mapping-focused guide for working with participants to establish meaningful and useful treatment goals	• Mapping, Collaboration, and Thoughtful Plans • Getting Started: First Maps • Mapping Goals and Strategies • Mapping Progress and Future Plans
Contingency Management Strategies and Ideas: A planning guide for using rewards and star charts to reinforce goal setting, early engagement, and retention in treatment	• CM: Getting Started • Star Charts and Rewards • Rewarding Effort and Initiative
Understanding and Reducing Angry Feelings: A collection of materials for leading counseling sessions that encourage new ways of thinking about and responding to anger	• Understanding Anger • Managing Anger in Relationships • The Aggression Cycle
Unlock Your Thinking, Open Your Mind: A collection of materials for leading counseling sessions that address thinking patterns that can hamper behavior change	• Feelings, Thoughts, and Mind Traps • Road Blocks to Healthy Thinking • Thinking and Behavior Cycles • Mapping Worksheets
Mapping the Journey: A Treatment Guidebook: A collection of materials for exploring needs and planning treatment, improving communication, and reviewing treatment progress.	• Introduction and Overview to Mapping • Exploring Self Maps • Social Improvement Maps • Decision Making Maps • Taking Control Maps • Monitoring Progress Maps • Relapse and Disease Maps • General Planning Maps • Free Mapping
Ideas for Better Communication: A collection of materials for leading counseling sessions on ways to improve relationships through communication	• Communication Roadblocks • Repairing Relationships • Communication Styles • Mapping Worksheets
Building Social Networks: A collection of materials for leading counseling sessions on ways to build and strengthen social support in recovery	• Social Networks in Recovery • Support Groups and Your Recovery • When Other Family Members Use • Mapping Worksheets
Common Sense Ideas on HIV Prevention and Sexual Health: Materials for leading counseling sessions to reduce HIV/other STD risks	• HIV Update • Acting to Protect Your Health • Mapping Worksheets

MOTIVATIONAL INTERVIEWING

Gateway will utilize Motivational Interviewing (MI) in all aspects of the treatment program. MI works on facilitating and engaging intrinsic motivation in order to change behavior. MI is a goal-oriented, offender centered counseling style for eliciting behavior change by helping offenders explore and resolve ambivalence. MI is nonjudgmental, non-confrontational and non-adversarial. It aims to increase a client's awareness of the problems caused, consequences experienced, and risks faced as a result of the behavior in question. Alternatively, or in addition, counselors may help offenders envision a better future and become increasingly motivated to achieve it (Miller, W. R., & Rollnick, S. (1991). Motivational interviewing: Preparing people for change. New York: Guilford Press)

Gateway's counselors will be trained to use MI techniques. When working with clients suffering from substance use and co-occurring disorders, these techniques focus on dual recovery issues for both the mental illness and substance abuse diagnoses.

HELPING WOMEN RECOVER: A PROGRAM FOR TREATING SUBSTANCE ABUSE

Helping Women Recover: A Program for Treating Substance Abuse is a manual-driven treatment program for women in criminal justice or correctional settings who have substance use disorders. The goals of the intervention are to reduce substance use, encourage enrollment in voluntary aftercare treatment upon parole, and reduce the probability of re-incarceration following parole.

The trauma-informed treatment sessions are delivered by female counseling staff (who may be assisted by peer mentors) to groups of 8-12 female clients in a non-confrontational and nonhierarchical manner. The counselors use a strengths-based approach with a focus on personal safety to help participants develop effective coping skills, build healthy relationships that foster growth, and develop a strong, positive interpersonal support network.

Helping Women Recover sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives.

The *Helping Women Recover* program consists of 17 sessions organized around 4 domains: (1) Self, (2) Relationship/Support Systems, (3) Sexuality, and (4) Spirituality.

TIME OUT! FOR ME: AN ASSERTIVENESS AND SEXUALITY WORKSHOP FOR WOMEN

The *Time Out!* series consists of a manual for leading a women-only workshop that addresses the sensitive topics of relationships, sexuality, and intimacy. *Time Out! For Me* provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes

information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure. The following topics comprise the workshop:

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

SEEKING SAFETY

Seeking Safety is an evidence-based, integrative treatment approach developed specifically for PTSD and substance abuse. For participants with this prevalent and difficult-to-treat dual diagnosis, the most urgent clinical need is to establish safety--to work toward discontinuing substance use, letting go of dangerous relationships, and gaining control over such extreme symptoms as dissociation and self-harm.

Developed by Lisa Najavits, Ph.D. (Harvard Medical School/McLean Hospital), the *Seeking Safety* manual is divided into 25 specific units or topics, addressing a range of different cognitive, behavioral, and interpersonal domains. Each topic provides highly practical tools and techniques to engage patients in treatment; teach "safe coping skills" that apply to both disorders; and restore ideals that have been lost, including respect, care, protection, and healing. Although the units are structured, topics can be conducted flexibly in any order and in a range of different formats and settings.

The goal of *Seeking Safety* is to provide a directive, specific treatment modality to teach people with PTSD and substance use problems a number of different coping skills. These coping skills include learning how to ask others for help, recognizing warning signs or high risk situations for drug/alcohol use, self-care, and coping with PTSD symptoms. This approach recognizes that participants with both PTSD and drug/alcohol use problems are at risk for a number of negative outcomes, such as bad relationships, the experience of another traumatic event, or even death. Therefore, top priority is improving the person's safety, and all skills are geared toward this goal.

Seeking Safety is present-focused on coping skills and psycho-education and has five key principles:

- Safety is the overarching goal (helping participants attain safety in their relationships, thinking, behavior and emotions)
- It is an integrated treatment - working on both PTSD and substance abuse at the same time.
- There is a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse.

- The four content areas are: cognitive, behavioral, interpersonal, case management.
- Attention is paid to clinician processes (helping clinicians work on counter-transference, self-care and other issues).

Seeking Safety consists of 25 topics that can be conducted in any order: Introduction/Case Management, Safety, PTSD: Taking Back Your Power, When Substances Control You, Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources, Compassion, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking, Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding). Life Choices, and Termination. For a brief description of all topics, click here.

Each topic is designed to engage participants in treatment; teach "safe coping skills" that apply to both disorders; and restore ideals that have been lost, including respect, care, protection, and healing. Although the units are structured, topics can be conducted flexibly in any order and in a range of different formats and settings.

PARTNERS IN PARENTING

At the female units, a specialized curriculum addresses issues specific to female challenges with parenting. This curriculum, *Partners in Parenting*, developed by TCU IBR, is an 8-week program with an emphasis on parenting skills building. Topics include the following:

- Building a Partnership
- Child Development
- Family Communication: Active Listening
- Family Communication: Building Understanding
- Helping Children Behave
- Sensible Discipline
- Self-Care for Parents
- Tomorrow and Beyond

INSIDEOUT DAD

InsideOut Dad is a fatherhood re-entry program designed to connect offenders to their families and prepare them for release. *InsideOut Dad* is a curriculum for incarcerated fathers that bridges the gap between the inmate father and his 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.

LIVING IN BALANCE: MOVING FROM A LIFE OF ADDICTION TO A LIFE OF RECOVERY

Gateway will continue to use the *Living in Balance: Moving from a Life of Addiction to a Life of Recovery* curriculum developed by the Hazelden Foundation. Living in Balance is included as an EBP on SAMHSA's National Registry of Evidence-Based Programs and Practices. *Living in Balance* (LIB) is a manual-based, comprehensive addiction treatment program that focuses on relapse prevention. LIB consists of a series of psychoeducational and experiential training sessions. The manual includes 12 core and 21 supplemental sessions. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover drug education, relapse prevention, self-help groups, and sexually transmitted diseases (STDs). The experientially based/interactive sessions are designed to enhance the client's level of functioning in key life areas often neglected with prolonged drug use: physical, emotional, and social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. Sessions include a high proportion of role-play exercises to practice pro-social behaviors and cope with everyday stressors.

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

1	Definitions, Terms, and Self-Diagnosis
2	Alcohol and Other Drug Education
3	Triggers, Cravings, and Avoiding Relapse
4	Planning for Sobriety
5	Alcohol and Tobacco
6	Spirituality
7	Sex, Drugs, and Alcohol
8	Stress and Emotional Well-Being
9	Skills for Reducing Stress
10	Negative Emotions
11	Anger and Communication
12	Relapse Prevention

The 21 supplemental worksheets address the following topics:

- Introduction to Self-Help Groups
- The Twelve Steps
- Sexually Transmitted Diseases
- Focus on AIDS
- Nutrition and Exercise
- Physical Wellness
- Problem-Solving
- Attitudes and Beliefs

- Human Needs and Social Relationships
- Family Matters
- You and Your Parents
- Child Development and Parenting Skills
- Educational and Vocational Goals
- Money Management
- Insurance and Consumer Credit
- Sexual Abuse
- Compulsive Sexual Behavior
- Addiction and Loss
- Grief: Responding to Loss
- Spirituality and Personality
- Relapse Prevention: Part Two

RESPONSIBLE DECISIONS: IMPAIRED DRIVING PROGRAM

The Change Companies *Responsible Decisions: Impaired Driving Program* is an interactive program designed to assist clients in making positive changes to their high-risk driving behaviors. The participant-focused, user-friendly curriculum:

- Offers a personalized road map for good decision making
- Aligns with common state impaired driving education standards
- Educates clients about the consequences of impaired driving
- Incorporates a colorful, engaging Interactive Journaling format
- Includes a personal change plan
- Emphasizes personal responsibility and commitment to change
- Moves beyond basic education to application of effective strategies for behavior change

The program is based on the belief that people have the power to change their behavior if they have the motivation and tools to do so. By providing clients with change skills, *Responsible Decisions* strives to help them avoid further high-risk driving behaviors.

THE CHANGE COMPANIES RELAPSE PREVENTION JOURNAL

Gateway has incorporated the use of interactive journaling and workbooks developed by The Change Companies and **customized especially for Gateway** based on feedback from participants in our treatment programs and Gateway staff. The focus of the relapse prevention module includes relapse triggers and warning signs and emphasizes Stages of Change reference points.

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 CHANGE COMPANIES—GATEWAY INTERACTIVE JOURNAL ON RE-ENTRY

Gateway uses another curriculum developed by The Change Companies that employs the evidence-based intervention "interactive journaling." The re-entry preparation module includes life skills and transition planning and emphasizes Stages of Change reference points.

The Re-Entry Module addresses topics to 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 Relationships
- Focus on Positive Qualities
- Benefits of Healthy Peer Relationships

Community Reintegration

- Accepting Authority
- Working with Authority Figures
- Learning from Authority Figures
- Taking Care of Your Health
- Taking Care of Your 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

CO-OCCURRING DISORDER TREATMENT MANUAL

Gateway uses the *Co-occurring Disorder Treatment Manual* from the University of South Florida. This curriculum addresses the relationship between substance use disorders and other mental health issues. The topics in this curriculum explore various types of mental illness, including depression, bipolar disorder, anxiety disorder, schizophrenia and schizoaffective disorder as well as some discussion of personality disorders. The curriculum further explores how risk factors and protective factors interact to make an individual more or less likely to experience mental health and substance use issues.

PROPOSED FY2017 ENHANCEMENTS TO CURRENT PROGRAMMING

Gateway is proposing the incorporation of the materials below under the new contract for WERDCC, NECC, and CCC. We believe these enhancements will further enrich the current treatment services and keep the program abreast and in-line with proven EBP and emerging promising practices.

BEYOND TRAUMA: A HEALING JOURNEY FOR WOMEN

The *Beyond Trauma* program is a 12-session manualized curriculum that incorporates the insights of neuroscience with the latest understanding of trauma and PTSD. The evidence-based materials are designed for trauma treatment, although the connection between trauma and addiction in women's lives is a primary theme throughout. *Beyond Trauma* is based on the principles of relational therapy; it uses cognitive-behavioral techniques (CBT), mindfulness, expressive arts, and body-oriented exercises (including yoga). Key themes include power, violence, self-soothing, response to trauma, the mind-body connection, and feelings.

The goals of the intervention for women in a criminal justice or correctional setting are to reduce substance use, encourage enrollment in voluntary aftercare treatment upon parole, and reduce the probability of re-incarceration following parole. The trauma-informed treatment sessions are delivered, in a non-confrontational and nonhierarchical manner. The counselors use a strengths-based approach with a focus on personal safety to help clients develop effective coping skills, build healthy relationships that foster growth, and develop a strong, positive interpersonal support network.

**Beyond Trauma* is being proposed as a specialized trauma specific intervention for the long-term clients at CCC and WERDCC.

HEALING TRAUMA

Healing Trauma is a 5-session trauma intervention designed for women who have been abused. The facilitator guide and participant workbook is on a CD which allows for easy duplication. Session topics include: the process of trauma, power and abuse, grounding and self-soothing, and healthy relationships. There is a strong emphasis on grounding skills. *Healing Trauma* is an adaptation of *Beyond Trauma: A Healing Journey for Women* which is part of the combined intervention, *Helping Women Recover & Beyond Trauma*. It is particularly designed for settings requiring a shorter intervention. The materials focus on the three core fundamentals that both staff and clients need: An understanding of what trauma is, its process, and its impact on both the inner self (e.g., thoughts, feelings, beliefs, and values) and the outer self (e.g., behavior and relationships).

**Healing Trauma* is being proposed as a specialized trauma specific intervention for the short-term clients at CCC and WERDCC.

HELPING MEN RECOVER

Helping Men Recover is a gender-responsive, trauma-informed treatment program for men grounded in research, theory, and clinical practice--the men's version of the evidence-based women's curriculum, *Helping Women Recover*. This curriculum addresses a clear understanding of the impact of male socialization on the recovery process, a consideration of the relational needs of men, and a focus on the issues of abuse and trauma. *Helping Men Recover* is an 18-session program that allows men to process and record the therapeutic experience. The program model is organized into four modules that emphasize the core areas of men's recovery: self, relationships, sexuality, and spirituality.

The overall goals of *Helping Men Recover* are:

- Decrease in substance abuse
- Increase in acknowledgement of trauma (both experienced and perpetrated)
- Decrease in PTSD
- Decrease in other trauma symptoms
- Increase in self-efficacy
- Stabilize recovery

**Helping Men Recover* is being proposed for use at NECC.

CASTLES IN THE SKY

As an adjunct to the evidence-based curricula, a new and innovative model is currently included at several of Gateway's Missouri DOC-contracted programs, as well as in several of our other prison-based programs in Texas. The model was designed and developed by Duane Cummins, Ph.D., Director of Gateway's Ozark Correctional Center, Fordland, Missouri, and initially piloted at that unit.

The focus of this model is the power of the individual to bring about true and lasting change through honest and accurate reflection and planning, in conjunction with other "right living" dynamics. It has proven to be easily understood and applied by both treatment and corrections staff. Having a model with interdisciplinary appeal provides a common language among the agencies and a common recognition of the design of treatment services.

The "Castles Concepts" are explored from three different perspectives at three different points throughout a participant's treatment episode:

- Castles in the Sky: An introduction to the Castle Concepts delivered during orientation. The perspective is informational and looks back at the participant's life up to this point.
- Castles Here and Now: Delivered during Phase II of the treatment episode. It looks at the castle concepts as they are being reflected in the present.

- Castles: Homeward Bound: Delivered during the participants last month of treatment and reflects the castle concepts through a forward looking lens.

The "Castles in the Sky" model works with participants to identify specific goals and to evaluate how the probability of achieving such goals is supported or diminished by their ability to discern true realities from imagined realities (perceptions). The model utilizes a strengths-based, solution-oriented, motivational approach to explore participants' willingness and skill in recognizing the impact of their choices (past, present and future) on the probability of such goals being achieved.

In addition, the model explores the dynamics of specificity in identifying measurable changes that participants can make to increase the likelihood of achieving their goals, an exploration of the participants' personal control over those changes, and a recognition of the measurable evidence provided in the individuals' behaviors indicating if they are moving toward or away from achievement of their stated goals.

Internal research as to the efficacy of this model has indicated that such an approach increases participant engagement in treatment and correlates with reduction in the intensity of entitlement, cold-heartedness, justification, power orientation, criminal rationalization, risk-taking, and personal irresponsibility among criminal offenders. In addition, desired outcomes such as problem recognition and decision making have been shown to be enhanced among individuals who have participated in this model.

**Castles in the Sky* is being proposed for all program sites.

MINDFULNESS-BASED RELAPSE PREVENTION (MBRP)

Mindfulness-Based Relapse Prevention (MBRP) (Bowen, Chawla and Marlatt, 2010) is an innovative, yet well-researched, treatment approach developed at the Addictive Behaviors Research Center at the University of Washington, for individuals in recovery from addictive behaviors. MBRP practices are intended to foster increased awareness of triggers, destructive habitual patterns, and "automatic" reactions that may control behaviors. The mindfulness practices in MBRP are designed to help offenders pause, observe present experience, and bring awareness to the range of choices. Similar to Mindfulness-Based Cognitive Therapy for depression, MBRP is designed to integrate with cognitive-behavioral relapse prevention interventions.

The primary goals of MBRP are accomplishment of the following:

1. Develop awareness of personal triggers and habitual reactions, and learn ways to create a pause in this seemingly automatic process.
2. Change our relationship to discomfort, learning to recognize challenging emotional and physical experiences and responding to them in skillful ways.
3. Foster a nonjudgmental, compassionate approach toward ourselves and our experiences.

4. Build a lifestyle that supports both mindfulness practice and recovery.

**MBRP* is being proposed for use at the Long-term programs.

EATING DISORDERS AWARENESS

According to the Substance Abuse and Mental Health Services Administration (SAMSHA), Eating Disorders (ED) often present at a higher rate in women who also have a substance use disorder (SUD). A study conducted by Gadalla and Piran (2007) found that women with either an SUD or an ED were more than four times as likely to develop the other disorder as were women who had neither disorder. There are numerous psychosocial consequences of EDs and when SUDs and EDs co-occur, the consequences, assessment, treatment, and recovery are more complicated for both disorders than for either disorder alone.

Substance Use Disorder treatment counselors are in a favorable position to help clients with undiagnosed EDs by being educated and aware of the disorders, screening clients for EDs in the treatment setting, and supporting their recovery. Gateway will educate treatment staff to increase awareness of EDs and begin screening clients as part of the intake and assessment process. Although Gateway counselors will not be diagnosing EDs, it is important for them to understand EDs and their treatment so they can do the following:

- Identify clients with possible EDs
- Provide resources for ED treatments
- Help clients with both EDs and SUDs attain and maintain recovery by understanding the effects of EDs and SUDs

In addition to educational topics on nutrition, exercise, body image, and self-esteem, Gateway will implement an optional self-help group to address EDs. Although not present during the group, treatment staff will provide materials and oversight. Gateway will also collect and make available resource information to assist clients in their post-release clinical and self-help treatment of EDs, i.e. the Missouri Eating Disorders Association, Overeaters Anonymous and Eating Disorders Anonymous.

**Eating Disorder Awareness* is being proposed for CCC and WERDCC.

MILITARY SERVICE SELF-HELP SUPPORT GROUP

Approximately 10-15% of the male clients who receive substance use disorder treatment at NECC have had some military experience. Gateway has been collecting this information by polling clients at NECC for the most recent six months of fiscal year 2016 in order to confirm the need for specialized support services to these clients. Fiscal year 2017 will allow Gateway to implement an updated and upgraded version of the DENS ASI in which military experience information will be collected for every client Gateway serves. This is another example of

Gateway's commitment to both identifying and addressing the special needs of clients who have military experience.

Gateway has implemented a self-help group for male offenders receiving treatment services at Western Reception and Diagnostic Correctional Center, and although early in its inception, this supplemental recovery resource is being met with enthusiasm by the offenders who attend the weekly self-help group. Gateway will take advantage of the expertise of our Director at WRDCC, John Tucker, a veteran of the U.S. Army, to facilitate the beginning of this self-help group at NECC as he has done at WRDCC.

The purpose of this voluntary self-help group is to provide additional support to veterans and others who have military experience. It will address issues connected to substance use disorders and military service. This is a self-help group, but it will have oversight by Gateway's NECC Clinical Supervisor. Through the TC process, a group leader and co-leader will be identified, and they will assume group leadership responsibilities, similar to that of a "chairperson" of a 12-step meeting.

Each week the group leadership representative(s) will meet with the Clinical Supervisor or a senior counselor who is designated to monitor and provide oversight of the group. During this meeting, the military group representative will discuss topics discussed during the previous group and topics that will be covered during the next group. The Clinical Supervisor will provide the group representative with materials that will assist in the discussion for the upcoming group session. The Clinical Supervisor should, at various points in the group's progression, attend the group to observe and assure that the discussion is on topic. Gateway's Clinical Supervisor will also keep the Mental Health staff informed on ongoing group topics and processes.

Gateway wishes to emphasize that consultation with the mental health contractor at NECC has already occurred, and the mental health contractor is in support of this supplemental self-help/support service to offenders in treatment. Gateway will continue to consult with mental health professionals regarding any mental health matters that may surface with clients who attend the military experience self-help group sessions.

Topics to be Addressed in the Military Service Group at NECC

Week 1
Introductions
After a short introduction of all members in the group, a group representative is selected to lead discussion. Additional topics for this week will include an overview of the each week's topic, rules, and expectations.

Week 2
Substance Abuse in the Military
This group will discuss how relationships in the military are often built around substance use. Within the military it is common practice and sometimes encouraged to drink with those you serve with. This occurs both stateside and overseas. This group will look at other addictive behaviors (gambling, exercising, weight loss, etc.) the military lifestyle can create.

Week 3
Events and Conditions that Service Personnel and Families Experience that Can Increase Substance Use Disorder
This group will cover such topics as PTSD, depression, frequent relocation, combat fatigue, etc. It is recommended that the mental health department or a professional trained in these areas attend this group.

Week 4
Transition from Armed Services to Civilian Life
This week's group discussion will cover the difficulties many veterans face once they leave the military. Military service personnel often feel as if they are part of a team and have a bigger mission. Once they leave the military, frustration and depression may increase due to feeling lost and out of place. Because those in the military are typically reluctant to ask for help or find it difficult to find help, they often turn to substance abuse as a means to coping with the difficult transition.

Week 5
Losing Military Values: How to Get Past the Shame and Disappointment
Many veterans feel ashamed and disappointed from being someone with strong integrity to incarceration. This group will discuss how to overcome these feelings of shame within themselves.

Week 6
Using the Positives that the Military Teaches to Overcome Substance Use Disorder
This group is meant to be an open discussion about positive experience and values each service member experienced. The group facilitator should prompt the discussion by naming a military value such as "respect" or "discipline" and allow members of the group to talk about how they learned this in the military and how they can develop it in their own lives once again.

Week 7
Understanding VA Benefits for Incarcerated Veterans
Programs available for incarcerated veterans once they leave custody are discussed. Ideally, a volunteer familiar with VA benefits should come to the group and speak with veterans and provide information to them about continued treatment or other services and benefits after they are released with prison. Gateway will work with the V.A. office in St. Louis in an attempt to engage them to present information applicable to VA benefits. Getting past the pride; applying for disability compensation and other benefits

DISCOVERY GROUP

Gateway acknowledges that all clients do not progress at the same rate or respond to the same interventions; therefore, individualized motivational enhancement interventions are necessary to assist clients who meet treatment "hurdles," which, if left unaddressed, may lead to an undesirable treatment outcome. Outcome data have repeatedly shown that clients who do not complete institutional treatment successfully are at a much higher risk of recidivating.

Gateway has developed a motivational enhancement intervention, "Discovery Group," under the principle "DIEing To Be Set Free" at Maryville Treatment Center, that is showing promise in addressing engagement, motivational enhancement, and successful completion of treatment. This intervention, although not established yet on SAMSHA's National Register of Evidence based Practices (NREPP), is an application of principles and practices of Motivational Interviewing and cognitive behavioral therapy, both of which are listed on the SAMSHA NREPP.

The Discovery Group specifically targets individuals with low problem recognition, low desire for help, and low treatment readiness. It also targets individuals with high entitlement, high criminal justification and rationalization, and high personal irresponsibility (based on TCU scores). The goal of each session is to help participants discover *My Life Principles*. These principles can be used to generate individualized treatment plans that will help clients achieve their desired change.

The following criteria determine which offender clients would benefit most from this intervention, which is delivered in a group counseling setting: TCU assessment scores including the criminal thinking scale and motivation scale; counselor referral and supervisory approval; and recent conduct violations that indicate a client's struggles with treatment or institutional compliance. This tailored intervention is employed to assist clients in "getting back on track" with their progress toward meeting their treatment goals and objectives.

"DIEing to be Set Free" is a nine-week intervention in which clients attend one weekly counseling group that focuses on several objectives. DIEing To Be Set Free is designed to engage individuals who have a history of substance abuse and criminality. To ensure the content is engaging, this work was created by working directly with individual offenders. The content is relevant to their needs and is written at an appropriate reading level.

"DIEing To Be Set Free" is a *guided process* by which the participants are encouraged to re-visit their past to examine their choices and form an opinion of those choices; to learn from their past choices to discover life principles that, when applied, will guide them to a healthy pro-social future. It is called a *guided process* because it is not intended to be didactic but engaging. This allows the participants to discover for themselves the principles they need to learn to be successful in recovery.

**The Discovery Group* is being proposed for use at NECC, WERDCC, and CCC.

MEDICATION ASSISTED TREATMENT (MAT)

As a partner with the Missouri Departments of Corrections and Mental Health for over 20 years, Gateway has been at the forefront of treatment advances that will have the most beneficial impact on the clients entrusted to our treatment programs. Gateway has been providing medication assisted treatment (MAT) to offenders referred for community-based treatment in the

Free and Clean and Partnership for Community Restoration programs in St. Louis since 2009 as one of the first DMH-funded agencies to incorporate MAT into the treatment of offender clients.

Gateway partnered with the Departments of Corrections and Mental Health and Alkermes (manufacturer of Vivitrol) in 2012 to begin providing a pilot project, i.e., making Vivitrol (extended release Naltrexone) available to offender clients with opioid or alcohol use disorders receiving treatment at Ozark Correctional Center prior to release. These clients were then released to the St. Louis Free and Clean program where post-release MAT was provided. As the contracted treatment provider of both the OCC in-custody treatment program and the St. Louis Free and Clean community-based treatment program, Gateway has provided MAT for the full continuum of clients' treatment for over four years.

The Missouri Department of Mental Health, in fiscal year 2014, awarded Gateway the St. Louis Recidivism Reduction, Medication Assisted Treatment contract (RR-MAT). Gateway began providing not only MAT, but comprehensive "wrap around" case management, employability assistance, and co-occurring disorder treatment to clients of three institutional treatment programs: OCC, Maryville Treatment Center and Northeast Correctional Center. This project expanded service delivery in fiscal year 2016 with the addition of three (3) DOC institutional treatment programs and clients being released to the Kansas City area. Fiscal Year 2017 will see further expansion to all Missouri DOC institutional treatment programs and for a limited number of "high-risk" offender clients being released to all areas of Missouri in Fiscal Year 2017.

Gateway will make these enhanced services available to over 600 offender clients who complete DOC institutional treatment programs across Missouri. Gateway has developed comprehensive and collaborative working relationships with all divisions of the Department of Corrections, the Department-contracted medical provider, the Department of Mental Health, and numerous DMH-contracted community-based treatment providers in order to improve the chances of success for those offenders receiving institutional treatment who are released to their home communities.

Gateway understands that the services described above, including MAT, are not required by IFB #SDA411-065. Gateway acknowledges that the funding for these services is dependent on annual allocations by the Missouri General Assembly and the Department of Mental Health. However, Gateway believes that these services are important enhancements to the treatment services required by this IFB, and Gateway will continue to offer these services while funding exists.

EVALUATION OF MAT AND SUPPORTIVE SERVICES

Gateway will continue to engage the research and evaluation services of Dr. Kevin Knight of Texas Christian University's Institute of Behavioral Research. Dr. Knight's evaluation includes assistance with evaluating ongoing "process outcomes" including client engagement in treatment, both at the institutional and community levels, as well as clients' retention in treatment, satisfaction with treatment, recidivism, and overall project efficacy in improving

offender clients' treatment outcomes. He also provides evaluation for the RR-MAT program, one of the treatment enhancements Gateway is able to provide to clients at CCC, WERDCC, NECC and other MODOC correctional institutions.

Preliminary treatment outcomes and longer term outcomes from RR-MAT (FY14) include:

- Engagement in community-based treatment following release: 88% kept first appointment, 99% eventually engaged following release from institutional treatment.
- Retention in post-release community treatment: 84% of clients receiving RR-MAT services have remained in or completed community-based treatment.
- Offender clients served in the fiscal year 2014 RR-MAT project: just 13.6% returned to the Department of Corrections after 18 months post-release.
- Client satisfaction for all of Gateway's programs, as measured by specific sub-scale items on the TCU Engagement form, including treatment satisfaction, counselor rapport, peer support and treatment participation is 94.43% (through three quarters of FY 2016).

INCORPORATION OF (PEER) RECOVERY SUPPORT SERVICES FOR CLIENTS AT CCC, WERDCC AND NECC

According to a clinical services bulletin distributed by the Department of Mental Health in October, 2014, "Peer Specialists support, encourage, and model recovery and resilience from substance use disorders and mental illness in ways that are specific to the needs of each individual." It is Gateway's belief that these services should not be limited to those clients who receive post-release services delivered in the community. Through funding provided by the Missouri Department of Mental Health, it is Gateway's intent to incorporate the services of Peer Recovery Support Specialists into the treatment milieu at all three program sites included in this IFB.

The objectives of recovery support services, as stated in the DMH clinical bulletin, are:

- Individualized person-centered services with a recovery focus;
- Promote a strengths-based model and encourage the use of natural supports and enhanced community living;
- Assist in achieving goals and objectives set forth by the individual in their individualized treatment or recovery plan;
- Emphasize the opportunity for individuals to support each other as they move forward in their recovery.

Gateway's Recovery Support Specialists will provide recovery support services to offenders in the three treatment programs within this IFB. These Gateway employees will engage clients who have been identified as "high-risk offenders" to be referred to treatment providers across Missouri and will "follow" these offender clients to their home communities in an effort to encourage engagement in post-release treatment, community support, and self-help services. Additionally, Gateway will incorporate recovery support educational groups to deliver

educational and inspirational presentations to all offender clients in each of the programs in an effort to achieve these key services functions (DMH Clinical Bulletin FY15-Clinical 30):

- Helping individuals connect with other consumers and their communities at large in order to develop a network for information and support
- Sharing lived experiences of recovery, sharing and supporting the use of recovery tools, and modeling successful recovery behaviors
- Helping individuals to make independent choices and to take a proactive role in their recovery
- Assisting individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals
- Assisting individuals in setting and following through on goals
- Supporting efforts to find and maintain paid competitive integrated employment; and
- Assisting with health and wellness activities

Gateway will work closely with the Department's institutional leadership at each institution to assure proper integration of the Recovery Support Specialists into the institutional operations.

The described recovery support services will be provided upon MODOC approval. These services are made available as a result of the funding Gateway has through the Department of Mental Health and will be offered while funding is available.

8. The bidder should detail what training topics are provided to new staff and the number of hours of training staff receives before providing services in an institution.

All new staff must complete Gateway's new hire training. The table below includes the typical new-hire training protocols.

GATEWAY NEW HIRE TRAINING CHECKLIST

					WEEK 1 (during first 40 hrs of employment)
					Facility Tour, ID Badge and Fingerprinting, New Hire Orientation, Meet Staff
					Gateway Employee Handbook/Guide, emphasizing employee professional ethics and boundaries
					Safety and Security
					Treatment Handbook and Program Review
					Observe Groups (Counseling, Encounter, Education, Morning and Wrap-Up Meetings)
					Review Active Files
					Review Discharge Files
					Observe Documentation Completion/Begin Documentation Training
					Review RASAC Application

					Complete DOC Documentation to Receive Computer Login and Email
					Observe Assessment Completion
					Attend Case Management/Staffing
					Begin Completing HR New Hire Checklist
					Receive Relias Login
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 2 (80 hrs)
					Observe Groups (Counseling, Encounter, Education)w
					Documentation Training (D.A.P. Format; MOCIS)
					Observe Assessment Completion
					Complete Assessment
					Attend Case Management/Staffing
					Observe Individual Session
					Observe 1 Intake, continue taking notes
					Complete Relias Training Feeding and Eating Disorders: Diagnosis and Treatment
					Continue Completing HR New Hire Checklist
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 3 (120 hrs)
					Observe Groups (Counseling, Encounter, Education)
					Observe Individual Session
					Attend Case Management/Staffing
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Complete Relias Training: Introduction to Trauma Informed Care
					Continue Completing HR New Hire Checklist
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 4 (160 hrs)
					Observe Groups (Counseling, Encounter, Education)
					Observe Individual Session
					Attend Case Management/Staffing and emphasize ethical boundaries being applied in interactions with clients.
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)

					Continue Completing HR New Hire Checklist
					Complete DOC DOCOTA Training: Discrimination, Harassment, Retaliation
					Complete DOC DOCOTA Training: Employee Handbook
					Complete DOC DOCOTA Training: PREA
					Complete DOC DOCOTA Training: Cybersecurity
					Meet with Supervisor/Trainer to Complete and Submit Certification Application
					Review with Supervisor the MCB Code of Ethics and apply to C.J. treatment setting; a minimum of three (3) hours of professional ethics training will have occurred by week 4
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 5 (200 hrs)
					Observe Groups (Counseling, Encounter, Education)
					Co-Facilitate an Education Group
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Complete Additional Relias Trainings as Determined by Supervisor/Trainer
					Finish Completing HR New Hire Checklist
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 6 (240 hrs)
					**If Certification Received
					Observe Groups (Counseling, Encounter, Education)
					Discuss the application of professional ethics as they pertain to the group counseling modality
					Co-Facilitate an Education Group
					Co-Facilitate a Counseling Group with Supervisor/Trainer **
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete an Individual Session with Supervisor/Trainer **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Complete Additional Relias Trainings as Determined by Supervisor/Trainer
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics

					training, mental health referrals, program review, job expectations and evaluation)
					WEEK 7 (280 hrs)
					**If Certification Received
					Co-Facilitate an Education Group
					Co-Facilitate a Counseling Group with Supervisor/Trainer **
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete an Individual Session with Supervisor/Trainer **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 8 (320 hrs)
					**If Certification Received
					Co-Facilitate an Education Group
					Co-Facilitate a Counseling Group with Supervisor/Trainer **
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Discuss with supervisor the application of professional boundaries in individual counseling
					Complete an Individual Session with Supervisor/Trainer **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 9 (360 hrs)
					**If Certification Received
					Receive Caseload **
					Facilitate Education Group
					Facilitate Counseling Group **
					Facilitate Individual Session **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Meet With Supervisor/Trainer As Needed For Continued Guidance; or for Required Weekly

					Supervision

SECTION 4.6: EXHIBIT G:
Participation Commitment

EXHIBIT G

PARTICIPATION COMMITMENT

Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment – If the bidder is committing to participation by or if the bidder is a qualified organization for the blind/sheltered workshop and/or a qualified SDVE, the bidder must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the bid.

Organization for the Blind/Sheltered Workshop Commitment Table 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.)	
Name of Organization for the Blind or Sheltered Workshop Proposed	**Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop** *The bidder should also include the paragraph number(s) from the IFB which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.*
1. N/A	Product/Service(s) proposed: IFB Paragraph References:
2. N/A	Product/Service(s) proposed: IFB Paragraph References:

SDVE Participation Commitment Table		
(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed	**Committed Percentage of Participation for Each SDVE** (% of the Actual Total Contract Value)	**Description of Products/Services to be Provided by Listed SDVE** *The bidder should also include the paragraph number(s) from the IFB which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.*
1. N/A	%	Product/Service(s) proposed: IFB Paragraph References:
2. N/A	%	Product/Service(s) proposed: IFB Paragraph References:
Total SDVE Percentage:	N/A %	

SECTION 4.7: EXHIBIT H:
Intent to Participate

EXHIBIT H

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the IFB, the bidder must either provide a recently dated letter of intent, signed and dated no earlier than the IFB issuance date, 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: Not Applicable

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):

_____ Organization for the Blind _____ Sheltered Workshop _____ SDVE

Name of Organization: _____

(Name of Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name:		Email:	
Address (If SDVE, provide MO Address):		Phone #:	
City:		Fax #:	
State/Zip:		Certification #	
SDVE's Website Address:		Certification Expiration Date:	(or attach copy of certification)
Service-Disabled Veteran's (SDV) Name: (Please Print)		SDV's Signature:	

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

Describe the products/services you *(as the participating organization)* have agreed to provide:

_____

_____

_____

_____

Authorized Signature:

_____ _____

Authorized Signature of Participating Organization (Organization for the Blind, Sheltered Workshop, or SDVE)

Date (Dated no earlier than the IFB issuance date)

EXHIBIT H (continued)

DOCUMENTATION OF INTENT TO PARTICIPATE

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran's (SDV) documents were previously submitted within the past five (5) years to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM), the bidder **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty); and
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The bidder should check the appropriate statement below and, if applicable, provide the requested information.

☐ No, I have not previously submitted the SDV documents specified above to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM) and therefore have enclosed the SDV documents.

☐ Yes, I previously submitted the SDV documents specified above within the past five (5) years to the state agency.

☐ Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Office of Administration, Division of Purchasing and Materials Management (DPMM).

Date SDV Documents were Submitted: N/A

Previous **Bid/Contract Number** for Which the SDV Documents were Submitted: N/A (if known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at http://oa.mo.gov/sites/default/files/sdvelisting.pdf , then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY	
SDV's Documents - Verification Completed By:	
Procurement Officer	Date

SECTION 4.8: OTHER BID SUBMISSION REQUIREMENTS

CONTENTS:

Exhibit I: Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization

Exhibit J: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Exhibit K: Miscellaneous Information

Exhibit L: Employee Expense Charged to Contract

Exhibit M: Personnel Control Listing

Exhibit I: Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization

EXHIBIT I

BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The bidder must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

BOX A:	To be completed by a non-business entity as defined below.
BOX B:	To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm.
BOX C:	To be completed by a business entity who has current work authorization documentation on file with a Missouri Department including Department.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that_____(Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**

- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under ___ (IFB Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity,_____(Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Department with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)	*Authorized Representative's Signature*
Company Name (if applicable)	Date

EXHIBIT I, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that_____(Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's Name (Please Print)	*Authorized Business Entity Representative's Signature*
Business Entity Name	Date
E-Mail Address	

As a business entity, the bidder must perform/provide each of the following. The bidder should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the bidder's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's name and the MOU signature page completed and signed, at minimum, by the bidder and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT I. continued

AFFIDAVIT OF WORK AUTHORIZATION:

The bidder who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Patricia Aitken (Name of Business Entity Authorized Representative) as Vice President, 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.)

Patricia Aitken	Patricia Aitken
Authorized Representative's Signature	Printed Name
Vice President, Human Resources	June 13, 2016
Title	Date
Paaitken@gatewayfoundation.org	386492
E-Mail Address	E-Verify Company ID Number

Subscribed and sworn to before me this 13th (DAY) of June, 2016 (MONTH, YEAR). I am commissioned as a notary public within the County of Cook (NAME OF COUNTY), State of Illinois (NAME OF STATE), and my commission expires on 9/2/2018 (DATE).

Eunice M. Haynes	6/13/2016
Signature of Notary	*Date*

OFFICIAL SEAL
EUNICE M. HAYNES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/02/2018

EXHIBIT I, continued

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Gateway Foundation, Inc., dba, GFI Services, 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 Department 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 Department** 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: April 2, 2015

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted:_____(if known)

Thomas P. Britton	
Authorized Business Entity Representative's Name (Please Print)	*Authorized Business Entity Representative's Signature*
Gateway Foundation, Inc., dba, GFI Services, Inc.	June 13, 2016
Business Entity Name	Date
tbritton@gatewayfoundation.org	386492
E-Mail Address	E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer	Date

***Exhibit J: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

EXHIBIT J

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

(1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Department.

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid.

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

0408837790000
DUNS # (if known)

Thomas P. Britton
Authorized Representative's Printed Name

President and CEO
Authorized Representative's Title

Authorized Representative's Signature

6/13/16
Date

Instructions for Certification

1. By signing and submitting this bid, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this bid is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "bid," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this bid is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this bid that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this bid that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

Exhibit K: Miscellaneous Information

EXHIBIT K

MISCELLANEOUS INFORMATION

If any products and/or services offered under this IFB are being manufactured or performed at sites outside the United States, the bidder MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the bidder's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes ____	No X
If YES, do the proposed products/services satisfy the conditions described in section 4 1., 2., 3., or 4. of Executive Order 04-09? (see the following web link: http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp)	Yes ____	No ____

If YES, mark the appropriate exemption below, and provide the requested details:

____1. Unique good or service.

- EXPLAIN:_____

____2. Foreign firm hired to market Missouri services/products to a foreign country.

- Identify foreign country: _____

____3. Economic cost factor exists

- EXPLAIN:_____

____ 4. Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.

- Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States:____%
- Specify what contract work would be performed outside the United States:

_____

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:	
If employee of the State of Missouri or political subdivision thereof, provide name of Department or political subdivision where employed:	
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:	_____%

Exhibit L: Employee Expense Charged to Contract

EXHIBIT L – Chillicothe Correctional Center

EMPLOYEE EXPENSE CHARGED TO CONTRACT

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIOTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Program Director	$54,000	100%	$54,000
Clinical Supervisor	$40,000	100%	$48,000
Clinical Supervisor	$38,000	100%	$42,000
Clinical Supervisor	$38,000	100%	$38,000
Clinical Supervisor	$38,000	100%	$38,000
Counselor II - Assessment	$35,000	100%	$35,000
Counselor II	$32,500	100%	$32,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Office Manager	$35,000	75%	$35,000
Admin Assistant I	$26,800	100%	$26,800

NOTE: All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT L – Northeast Correctional Center

EMPLOYEE EXPENSE CHARGED TO CONTRACT

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIOTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Program Director	$58,000	25%	$14,500
Clinical Supervisor	$42,500	100%	$42,500
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor I	$27,500	100%	$27,500
Office Manager	$36,500	25%	$9,125

NOTE: All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT L – Women's Eastern Reception, Diagnostic Correctional Center

EMPLOYEE EXPENSE CHARGED TO CONTRACT

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIOTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Program Director	$58,000	75%	$43,500
COD Clinical Supervisor	$48,000	100%	$48,000
Clinical Supervisor	$42,000	100%	$42,000
Clinical Supervisor	$38,000	100%	$38,000
Clinical Supervisor	$38,000	100%	$38,000
Counselor III	$41,000	100%	$41,000
Counselor II - Assessment	$35,000	100%	$35,000
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor II	$32,500	100%	$32,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Counselor I	$27,500	100%	$27,500
Office Manager	$36,500	75%	$36,500
Admin Assistant I	$26,800	100%	$26,800

NOTE: All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

Exhibit M: PERSONNEL CONTROL LISTING

EXHIBIT M

PERSONNEL CONTROL LISTING

Contractor Name **Gateway Foundation**

Location *CCC*

Date *June 1, 2016*

(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours / Week	Certification Number	License Number	ADA/ QSAC Yes/No	Degree/Field of Study	Date Employed
Kyra Haney	Program Director	CCC	40	CRADC #3769	None	Yes	B.S.-Psychology	07/01/2012
Brandy Wedlock	Office Manager	CCC	40	NA	NA	NA	A.A.-Business Management	07/01/2012
Tameka Dahlberg	Administrative	CCC	40	NA	NA	NA	A.A.-Business Management	10/26/2012
Natalie Hutchison	Clinical Supervisor	CCC	40	CRADC #6391	None	Yes	M.A.-Psychology / Social	07/01/2012
Lydia Shiflett	Clinical Supervisor	CCC	40	CRADC #6518	None	Yes	B.S.-Psychology	07/01/2012
Jessica Zeger	Clinical Supervisor	CCC	40	CRADC #7726	None	Yes	A.A.-General Studies	07/30/2012
VACANT	Clinical Supervisor	CCC	40	–	–	–	–	–
Kimberly Ellis	Counselor	CCC	40	CRADC #7953	None	Yes	A.A.S.-Criminal Justice	07/01/2012
Blake Reed	Counselor II	CCC	40	CADC #7911	None	Yes	High School Diploma	03/03/14
Amanda Scott	Counselor I	CCC	40	RASAC I #8763	None	No	A.A.-General Studies	07/29/15
Emily Harbert	Counselor I	CCC	40	RASAC II #7908	None	No	B.A.-Criminal Justice	01/23/14
Tessa Rick	Counselor I	CCC	40	RASAC I #8909	None	No	High School Diploma	09/08/15
Amanda Lee	Counselor I	CCC	40	RASAC I #7402	None	No	A.A.-General Studies	01/09/13
Shawn Autry	Counselor I	CCC	40	RASAC I #8157	None	No	High School Diploma	09/08/14
Max Roberts	Counselor I	CCC	40	RASAC II #9026	None	No	B. S. Psychology	11/23/15
Shelby Guilford	Counselor I	CCC	40	RASAC I #8904	None	No	High School Diploma	10/05/15
Tiffany Eckert	Counselor I	CCC	40	RASAC I #9012	None	No	B.A. Elementary Education	11/05/15
Tiffany Autry	Counselor I	CCC	40	RASAC I #8259	None	No	High School Diploma	12/09/14
Richard Zuptich	Counselor I	CCC	40	RASAC I #8296	None	No	High School Diploma	01/05/15
Brittni Shaw	Counselor I	CCC	40	In Application	None	No	B.S.-Sociology	06/08/16

Signature Date

EXHIBIT M
PERSONNEL CONTROL LISTING

Contractor Name **Gateway Foundation**

Location *NECC*

Date *June 1, 2016*

(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours / Week	Certification Number	License Number	ADA/ QSAC Yes/No	Degree/Field of Study	Date Employed
Wendy Bryant	Clinical Supervisor	NECC	40	4613	2015042350	Yes	MA/Counseling	6/25/2008
Angela Moro	Counselor II	NECC	40	6872		Yes	BA/Psychology	4/10/2014
Michelle Raine	Counselor II	NECC	40	4771		Yes		4/4/2011
Mary Vest	Counselor II	NECC	40	3323/6449		Yes	BA/Psychology	7/26/2012

Signature Date

EXHIBIT M
PERSONNEL CONTROL LISTING

Contractor Name **Gateway Foundation**

Location *WERDCC*

Date *June 1, 2016*

(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours / Week	Certification Number	License Number	ADA/ QSAC Yes/No	Degree/Field of Study	Date Employed
Michelle Brooks	Administrative Assistant	WERDCC	40			No		11/4/2009
Micah Brown	Program Director	WERDCC	40	3265/8112	2015023144	Yes	MA/Counseling	10/19/2005
Mary Calvin	Counselor I	WERDCC	40	8302		No	BA/Criminal Justice Admin	12/15/2014
Elise Cox	Counselor II	WERDCC	40	7616		Yes	BS/Nursing	7/15/2013
Rose Cox	Counselor III	WERDCC	40	3128/4211		Yes	MA/Psychology	10/1/2001
Curtis Denham	Clinical Supervisor	WERDCC	40		2011027175	Yes	MA/Professional Counseling	1/22/2015
Stacy Donhardt	Counselor II	WERDCC	40	7227		Yes	BS/Human Services	12/3/2012
Marisa Echternkamp	Clinical Supervisor	WERDCC	40	4166		Yes	BS/Social Work	9/7/2000
Carol Hays	Clinical Supervisor	WERDCC	40	3850/8521		Yes		5/7/2007
A'ndrea Hyde	Counselor II	WERDCC	40	2478/4545		Yes		10/12/1998
Cindy Johnson	Clinical Supervisor	WERDCC	40	6636		Yes		11/22/2000
Candace Lower	Office Manager	WERDCC	40			No		7/2/2001
Deanna McMorris	Counselor II	WERDCC	40	4596		Yes	BA/Psychology	12/12/2011
Jo Ann Myers	Counselor I	WERDCC	40	9013		No		11/16/2015
Trisha Ogden	Counselor II	WERDCC	40		2016013568	Yes	MA/Counseling	4/13/2015
Marilyn Post	Counselor II	WERDCC	40	2426/4298		Yes		6/7/1999
Julia Price	Counselor II	WERDCC	40	7978		Yes	BS/Human Service	3/3/2014
Carrie Skinner	Counselor I	WERDCC	40	9166		No		2/18/2017
Tiffany Tice	Counselor I	WERDCC	40	8173		No		8/4/2014
Anna Wilson	Counselor III	WERDCC	40		2003020116	Yes	MA/Social Work	4/25/2014

Signature Date

Exhibit D: Expertise of Key Personnel

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Angela Moro
Educational Degree (s): include college or university, major, and dates	Bachelors Psychology, Argosy University, 2012
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC, #6872, expiration October 31, 2017
Specialized Training Completed, Include dates and documentation of completion:	-Drugs for treating addiction- 11/20/15 -Application to Practice- 9/10/15 -Multicultural Counseling- 5/10/16 -Ethics/Boundaries- 1/2015
# of years experience in area of service proposed to provide:	5 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 2 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	Preferred Family Healthcare, Community Support Specialist, 9/2011-4/2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Individual work-related university courses, in the process of completing my Masters in Professional Counseling; to be complete 9/2016-1/2013-current
√	Community support specialist work, case management; work to provide re-entry services, aftercare options and community support information for transition planning-9/2011-current
√	Managing and implementing pro-social support activities; created positive, recovery related,

	community based activities to engage staff and clients- 9/2011-4/2014
√	

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person: Mary Vest	
Educational Degree (s): include college or university, major, and dates	Bachelor's of Arts in Psychology College of the Ozarks, 1989
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RSAP #3323 expiration date 04/30/2017 MARS #6449 expiration date 04/30/2017 Supervision Certificate #217
Specialized Training Completed, Include dates and documentation of completion:	Medication Assisted Recovery 6 Hours CEU 11/20/2015 Clinical Supervision Training Completed 2007
# of years experience in area of service proposed to provide:	20
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 3 years 11 months
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	SCMRC 1989-1993 Substance Abuse Counselor CTTC 1993 Family Counselors HCADA 2000-2011 Substance Abuse Couselor, Clinical Supervisor
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Facilitated MAT In-Services for Staff as a Medicated Assisted Recovery Specialist

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides

	individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:Michelle Raine CADC	
Educational Degree (s): include college or university, major, and dates	N/A- GED
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CADC 10/31/17
Specialized Training Completed, Include dates and documentation of completion:	Vivitrol- 4/22/14 Documentation 3/1/15 Ethics I- 10/12/15 Ethics II- 10/12/15 MOCIS Healthcare 3-16-15
# of years experience in area of service proposed to provide:	5 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 5 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	Gateway Foundation March 2011 to present Counselor II .Preferred Family Heatlhcare 2004 - March2011
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	While at Preferred I received training in Co occurring disorders from from 2008 -2011

Staffing Methodology

Describe the person's planned duties/role proposed	Completes comprehensive assessments, and

herein:	prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person: Wendy G. Bryant	
Educational Degree (s): include college or university, major, and dates	5/5/2011 Master's of Art in Counseling, Missouri Baptist University, 4/25/2015 Master's of Science Criminal Justice Columbia College
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Provisionally Licensed Professional Counselor, valid through December 02, 2018, Certified Reciprocal Alcohol Drug Counselor 10/31/16, Medicated Assisted Recovery Specialist awarded on 12/11/15
Specialized Training Completed, Include dates and documentation of completion:	MAT-2015, Trauma Stress-2016, Ethics-2016, DSM 5 class
# of years experience in area of service proposed to provide:	10 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee- 8 years on June 26, 2008
Describe this person's responsibilities over the past 12 months.	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Previous employer(s), positions, and dates	Crider Mental Health 2002-2004 Case manager
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
	Research project for Master's program in Criminal Justice 2011- 8 weeks, 50 page thesis- Recidivism of offenders who receive treatment verses offenders who do not receive treatment while in prison

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures

	compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

Title of Position: Counselor II	
Name of Person:	A'ndrea Hyde
Educational Degree (s): include college or university, major, and dates	Not Applicable
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC, 2478, October 31, 2017 CCJP, 4545, October 31, 2017
Specialized Training Completed, Include dates and documentation of completion:	Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Abuse Disorders, March 2015 MACA Conference Ethics and Co-Occurring, April 2015 Dialectical Behavior Therapy, October 2015 Cultural Sensitivity, October 2015 MACA Conference, October 2015
# of years experience in area of service proposed to provide:	21 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 16 Years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	Hannibal Counsel Alcohol and Drug Abuse, Counselor, 1995-1998 Dr. C.A. Thompson, Secretary, 1993-1994 Appliance and Radio Shack, Administrative Assistant, 1990-1993
Identify specific information about experience in:	Board Member of the Missouri Addiction Counselors Association. Helps plan the MACA Conference.

√	Helps train new employees.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160 Hours

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor III	
Name of Person: Anna M. Wilson	
Educational Degree (s): include college or university, major, and dates	-Bachelor's in Social Work December 1997 Murray State University -Master's in Social Work May 2001 Saint Louis University -LCSW 2003
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	-LCSW renewal due September 2016 #2003020116 -Reiki Master Teacher; July 2006 with no expiration
Specialized Training Completed, Include dates and documentation of completion:	-DBT (Dialectical Behavior Therapy) 40 hours training 2003 -EMDR Part 1 2002-2003 -Understanding Craving: Managing the Physiology and Psychology of Compulsive Behaviors 8 hours 2005 Sexual Abuse and Sexual Trauma 8 hours 2005 and most recently the following: -Change, grief and loss 3 hours September 2015 -Ethical Perspectives on Older Adult Mobility Transitions 3 hours September 2015 -Integrating Yoga in SWK Practice 15 hours plus 3 ethic hours May 2016
# of years experience in area of service proposed to provide:	-Social work experience from 1996 to present; 20 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	-Employee, 2 years
Describe this person's responsibilities over the past 12 months.	-Conduct comprehensive mental health assessments for clients with dual diagnosis. -Conduct appropriate referrals to various professionals. -Consult with staff and other professionals regarding client's therapeutic needs. -Participate in staff trainings. -Facilitate trainings and/or in-services on DBT and Trauma. -Conduct Focus therapy groups as well as Seeking

	Safety group on weekly basis. -Serve as professional resource to other counselors in resolving complex case problems and provide clinical guidance as needed.
Previous employer(s), positions, and dates	Arkansas Counseling-Therapist 06-2008 to 07-2009 Sun Valley Behavioral Medical Center-Therapist 03-2007 to 09-2007 Imperial County Behavioral Health -Social Worker 02-2007 to 08-2007 Family Counseling Center and Wayne Medical Center-Therapist 05-2005 to 12-2006 Women Support and Community Services-Therapist 10-2003 to 05-2005 Camp Dragonfly -Asst Director of Grief Camp 11-2002 to 11-2005 The Wyman Center- Supervisory Staff 05-2006 to 10-2004 Chestnut Health Systems 05-2001 to 10-2003 Safe from the Start (Domestic Program for children ages 0-5) 03-2002 to 07-2003.
.Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Rape Victim Services On-call Volunteer 11-1995 to 05-1997 Stoddard County Detention Volunteer 12-1995 to 04-1996 Jr Achievement 01-1999 to 05-2001 Almost Home Volunteer with Babies 08-2004 to 05-2005 Big Bro and Big Sister of Greater St Louis 08-1998 to 03-2003 Community Talks for Women 2005-2006
√	Behavioral Health Talks on Trauma and DBT 2007
√	Fund raising 2015
√	In-service Presentations 2015-2016

Staffing Methodology

Describe the person's planned duties/role proposed herein:	-Complete comprehensive assessments and treatment planning of assigned clients who are a

	MH level 3 or greater. - Develop and facilitate in-services for staff. -Facilitate group for client's with dual diagnosis. -Serve as professional resource to other counselors in resolving complex case problems.
Specify the approximate number of hours per month this person is proposed for services	40

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Carol Anne Hays
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Reciprocal Alcohol Drug #3850 Counselor/October 2016
Specialized Training Completed, Include dates and documentation of completion:	Medication Assisted Treatment Specialist/ June 2015
# of years experience in area of service proposed to provide:	10
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Gateway Foundation Inc. 10 years
Describe this person's responsibilities over the past 12 months.	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Previous employer(s), positions, and dates	Meyer Implement Co 2000-2006/ Parts Manager Shelby County Implement 1997-2000/ Parts Manager Howard Bier Co 1994-1997/ Parts Manager
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Attended MARS training and am currently certified
√	Attended Clinical Supervisor training
√	Train new staff and supervisor
√	Helped set up men's program in Maryville

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Carrie Skinner
Educational Degree (s): include college or university, major, and dates	Not applicable. Will be returning to school 08/14/16
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC I, expires in 04/17
Specialized Training Completed, Include dates and documentation of completion:	I have attended training for the Department of Corrections, Pathways training, PREA, and Ethics training.
# of years experience in area of service proposed to provide:	I have 2, years experience prior to coming to Corrections/ Gateway.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 4 months
Describe this person's responsibilities over the past 12 months.	As Counselor I, I am responsible for completing comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/ charts.
Previous employer(s), positions, and dates	Ruth Jensen Village, PA 11/06/2013-08/26/15 Malcolm Eaton Enterprises 04/2009-07/2011 Simply Clean Cleaning Service 02/11-06/2016 WERDCC/ Gateway Counselor I 02/17/16-Currently Employed
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√Ruth Jensen Village	My job description included: taking clients and picking them up from work or the day program, preparing and passing medications, getting medications filled, communication between doctors and staff, cooking, cleaning and helping these individuals make life choices.

√Malcolm Eaton Enterprises	My job description included: taking clients to the day program, assisting with medications, cooking, cleaning, taking them out into the community, etc.
√Simply Clean Cleaning Service	Simply Clean is a small cleaning service that I work on the side. I am a key holding service and my job description includes: meeting with potential clients to learn their cleaning needs, giving quotes and making and or setting appointments.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Curtis Denham LPC SQP MARS
Educational Degree (s): include college or university, major, and dates	Master's of Arts in Professional Counseling Lindenwood University- May 2009 Bachelor's of Science in Recreation Southeast Missouri State Universtiy- August 1996
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Licensed Professional Counselor 2011027175 Valid through June 30th 2017 Medication Assisted Recovery Specialist (MARS) 8949, Valid through October 31st 2017 SATOP Qualified Professional, 7653, Valid through October 31st 2017
Specialized Training Completed, Include dates and documentation of completion:	Ethics- October 2015 Dialectical Behavior Therapy- October 2015 Strengthening People Skills in the Workplace- October 2015 Medication Assisted Recovery Specialist (MARS) December 2015 Pathway to Change Facilitator Training- March 2016 Trauma and PTSD- April 2016 Working with Criminal Justice Involved Clients in the Correctional Setting- May 2016
# of years experience in area of service proposed to provide:	12
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 18 months
Describe this person's responsibilities over the past 12 months.	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective

	actions; assumes caseload in staff shortages.
Previous employer(s), positions, and dates	**Eastern Missouri Alternative Sentencing Services INC. (EMASS) December 2013-January 2015** SATOP Administrator managing all SATOP personnel as well as implementation of policy and procedures in preparation for CARF accreditation. Corporate Compliance Officer. **Bridgeway Behavioral Health- Counselor, September 2005-December 2013** Serious/Repeat Offender Program (SROP) Bridgeway Behavioral Health's Outpatient Chemical Dependency Program Bridgeway Behavioral Health's Men's Residential Program **Mercy Behavioral Health- Counselor, November 2011-October 2012** Conducted dual diagnosis groups with adult and adolescent populations at the inpatient facility.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Developed a comprehensive mental health evaluation for ITC clients that replaced what had been in use previously. (2015)
√	Composed a narrative outlining how Gateway will begin to address eating disorders among ITC clients. (2016)

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per	160

month this person is proposed for services	

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Cynthia Johnson
Educational Degree (s): include college or university, major, and dates	High school diploma, Community R-VI, 08/2001-05/2005
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC #6636 Exp. 10/2016 MARS #8530 Exp. 10/2016 Clinical Supervision Foundations #1224
Specialized Training Completed, Include dates and documentation of completion:	Trauma and PTSD, April 20, 2016, certificate; Traumatic Stress: new mechanisms and effective treatment, March 9-10, 2016, certificate; Working with Female Offenders and Domestic Violence & Family Issues, March 29-30, 2016, certificate; Medicated assisted recovery, February 19, 2016, certificate; Cultural Sensitivity Training, October 14, 2015, certificate; Vivitrol, August 10, 2015, certificate; Leadership and supervisory skills for women, August 28, 2015, certificate; Discrimination, Harassment, and Retaliation Training, August 21, 2015, certificate; Ethics, May 6, 2015, certificate; Gender issues; March 17-18, 2015, certificate; Empowering mandated reporters to protect children, February 17, 2015, certificate; Anti-Harassment Training, January 21, 2015; certificate; Clinical supervision foundations, October 23, 2014, certificate
# of years experience in area of service proposed to provide:	7 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 5 years
Describe this person's responsibilities over the past 12 months.	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.

Previous employer(s), positions, and dates	Gateway Foundation, began as a Counselor I, moved to Counselor II, currently Clinical Supervisor, 2010 – present Hannibal Council on Alcohol & Drug Abuse, began as a detox aide, promoted to detox manager, 2009 - 2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Served on different volunteer committees on sight; 2012-2013 and 2015 – present; helped with ideas to provide team building with all employees, organized events
√	Presented in-service training; 2015; educated staff how to use and document Texas Christian University assessment data with clients

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: COUNSELOR II	
Name of Person: Deanna Dawn McMorris	
Educational Degree (s): include college or university, major, and dates	B.A. PSYCHOLOGY/SOCIOLOGY WILLIAM WOODS UNIVERSITY 5/1998
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC: #4596 Exp: 10/31/2017 Clinical Supervision: #1185
Specialized Training Completed, Include dates and documentation of completion:	Trauma Based Training 2010 and 2016 Suicide Awareness and Prevention 2010 Dual Diagnosis Training 2010 CRADC: Certified Reciprocal Alcohol Drug Counselor #4596 Clinical Supervision Training #1185 Grant Writing 2004 Budget Development/Implementation 2003 SATOP Training/Facilitator 2007 Federal Urine Analysis Training 2008 PWTC (Pathway To Change) 2012 Parenting Class Teacher 2001-2006 Licensed: Up to 99 Children (Day Care Setting) Motivational Interviewing ongoing 10 years of Director/ Supervisory/ Administration/ Management Experience Dialectical Behavior Therapy 10/12/15, Cultural Sensitivity Training 10/14/16, Vivitrol 8/10/15, Ethics I 7/29/15, 6/10/14, Ethics II 5/27/15, DSM 5 5/13/15, PREA 10/01/14, Documentation 4/15/15, Practical Application of the TCU Assessments 11/11/14, Pathway to Change refresher training 8/2014, Ethics in Corrections 7/18/13, Non-Adversarial Confrontation and the Continuum of Therapeutic Intervention 11/06/13, Medication Assisted Treatment (Vivitrol) 4/22/14, Foundations of the Corrections Based Therapeutic Community: Theory, Process and Practice 4/16/14, Medication Assisted Treatment and Recovery 11/22/13
# of years experience in area of service proposed to provide:	15 years

Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee: Employee, 4.5 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	**GATEWAY FOUNDATION INC.** 12/17/2011-Present Vandalia, MO Counselor II **PREFERRED FAMILY HEALTHCARE INC.** 12/2010-12/2011 Hannibal, MO Community Support Specialist/ Substance Abuse Counselor **HANNIBAL COUNCIL ON ALCOHOL AND DRUG ABUSE** 2008-2010 Hannibal, MO Counselor: CSAC I (CADC) **DOUGLASS COMMUNITY SERVICES** 2006-2008 Bowling Green, MO Center Manager/Family Resource Advocate **PATCH DIRECTOR OF WERDCC** 2000-2006 Vandalia, MO PATCH Director (Parents And Their Children)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Organized weekly activities for clients to celebrate recovery month 2014
√	Multiple Committees to help enhance Gateway's vision for both Staff and Clientele (presently active)
√	Committee for Phase III to enhance recognition
√	Re-worked and updated Gateway's Staff training

	log to include schedules and current requirements

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person:	Elise Kay Cox
Educational Degree (s): include college or university, major, and dates	1999- Central Methodist College: graduated with a bachelor's degree in the science of nursing
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Alcohol Drug Counselor No. 7616 Expiration Date October 31, 2016
Specialized Training Completed, Include dates and documentation of completion:	Trauma & PTSD 4/20/16, Clinical Supervision Foundations 4/15/16, Clinical Supervision Training 4/22/16, DBT: Dialectical Behavior Therapy 10/12/15, Cultural Sensitivity Training 10/14/16, Vivitrol 8/10/15, Compassion Fatigue 7/14/16, Ethics I 7/29/15, 6/10/14, Ethics II 5/27/15, DSM 5 5/13/15, PREA 10/01/14, Documentation 4/15/15, Practical Application of the TCU Assessments 11/11/14, Pathway to Change Facilitator Training 4/11/14, Pathway to Change refresher training 8/2014, Ethics in Corrections 7/18/13, Non-Adversarial Confrontation and the Continuum of Therapeutic Intervention 11/06/13, Medication Assisted Treatment (Vivitrol) 4/22/14, Foundations of the Corrections Based Therapeutic Community: Theory, Process and Practice 4/16/14, Medication Assisted Treatment and Recovery 11/22/13
# of years experience in area of service proposed to provide:	12 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 4 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	2013- Present Certified Alcohol and Drug

	Counselor in a women's prison Gateway Foundation, WERDCC 2012-2013 Assistant Manager in an assisted living home for developmentally disabled clients Finck & Associates, INC 2007-2011 Community Support Worker Arthur Center 2004-2007 Psychosocial Rehabilitation Worker Arthur Center 1997-2000 Nurse's Assistant Audrain Medical Center 1995-1997 Nurse's Assistant Missouri Veteran's Home
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Organized weekly activities for clients to celebrate recovery month in September, 2015.
√	Gave an in-service on Compassion Fatigue
√	Completed clinical supervision training in April, 2016

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160 hours

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

Title of Position:	**Counselor I**
Name of Person:	Jo Ann Myers
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC # 9013, expires 12-28-2016
Specialized Training Completed, Include dates and documentation of completion:	Training Certificates in the following: Ethics 12-7-15, Pathway to Change Facilitator 3-3-16, Learning to Love Groups 2-4-16, Documentation 2-17-16, Documenting the Treatment Process, 1-24-2016, Understanding Recovery 1-29-16, Anger Management 2-9-16, Confidentiality 2-1-16, Working with Criminal Justice Clients 5-4-16
# of years experience in area of service proposed to provide:	6 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 6 months
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Previous employer(s), positions, and dates	
Missouri Department of Corrections, Corrections Officer Feb 1, 2009 – Nov 16, 2015	Maintained security in buildings and other posts of an adult correctional facility; intervened during emergencies or altercations and gained physical control of offenders. Supervised movement of offenders inside and outside the correctional facility, conducted periodic counts of offenders, and searched offenders and their living quarters for contraband. Escorted and/or transported offenders to predetermined locations. Prepared and submitted reports on offender

	violations of divisional or correctional facility rules, unusual offender behaviors. Discussed minor adjustment problems with offenders; referred serious problems to proper correctional facility staff and promoted rehabilitation by attempting to modify offender's social attitudes, discouraging undesirable behaviors, and encouraging worthwhile activities. Supervised visits with offenders families.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Complete comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	160 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor II CRADC	
Name of Person: Julia Price	
Educational Degree (s): include college or university, major, and dates	2003 B. S. in Human Services – Hannibal La Grange College
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC #7978 October 2016
Specialized Training Completed, Include dates and documentation of completion:	Clinical Supervision Training Supervision #1386, Ethics Training, TAP 21 trainings (certificate), Vivitrol, MAT, Trauma & PTSD, PREA training, Discrimination, Harassment, and Retaliation training, Application of TCU assessment, Anti Harassment training, Empowering Mandated Reporters to Protect Children, DSM 5, Bullying & Cyber-bullying: Together We Can Make a Difference, Basic Encounter training, Compassion Fatigue, Cultural Sensitivity Training, Dialectical Behavior Therapy, Hepatitis C, and Working with Criminal Justice Involved Clients in the Correctional Setting
# of years experience in area of service proposed to provide:	9 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 9 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	Gateway 2003 – 2010 Counselor 1, Counselor II CCJP, Northeast Independent Living Services 2012 - 2014, Community Service Worker, In-home director
Identify specific information about experience in:	Clearly identify the experience, provide dates,

	describe the person's role and extent of involvement in the experience
√	Helped set up new program in Maryville.
√	Help train new employees
√	Serve on committees on site
√	Attend Clinical Supervision training

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position:Counselor II (Assessment Counselor)	
Name of Person:	Marilyn Post
Educational Degree (s): include college or university, major, and dates	Graduated High School in 1955 with straight A's Attended some college, Certified CRADC, CCJP, completed many trainings in Domestic Violence and Substance Abuse.
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC, 10/31/2016 CCJP, 10/31/2016
Specialized Training Completed, Include dates and documentation of completion:	Trauma & PTSD, 4/20/2016 6 hours Ethics 1/17 & 1/24/2014
# of years experience in area of service proposed to provide:	37+
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 17 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, does all assessments for probation and parole board referrals and CODS referrals, provides individual and group counseling, teaches educational programs, and maintains related records for all assessments.
Previous employer(s), positions, and dates	Counselor 12 years with Family Life Skills/Domestic Violence program and was director 3 years, 8 years with Recovery Resources Residential/Detox unit as Counselor part time.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√Ethics	Teach the 3 or 6 hour Ethics classes to all new hires and anyone else needing Ethics for certification for past 3 years
√Domestic Violence	Meet with anyone at their assigned counselors request that has experienced domestic violence, due to my training in that field as I have over 50,000 hours working with both men and women individually and doing workshops and seminars in that field.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments for all probation and parole referrals and all CODS referrals and provides results to DOC, provides individual and group counseling, and educational programs. Documents and maintains related records for all assessments completed.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Marisa Echternkamp
Educational Degree (s): include college or university, major, and dates	Bachelor of Social Work May 1999 Western Illinois University Macomb, Il 61455 Associate of Arts December 1996 John Wood Community College Quincy, Il 62301
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Criminal Justice Addiction Professional July 7, 2008-Present No. 4166 Renewal April 2017
Specialized Training Completed, Include dates and documentation of completion:	Clinical Supervision: Building Chemical Dependency Counselor Skills Training (21 hours) May 30-June 1, 2007 No. 351 Suicide Prevention 3.29.12 Suicide assessment 3.16.12 PREA training 1.3.13 Non-Adversarial Confrontation and the Continuum of Therapeutic Intervention 11.6.13 Empowering Mandated Reports to Protect Children 2.17.15 Missouri Credentialing Board Overview Training 2.23.15 Medication Assisted Recovery Specialist (38 hours) December 11, 2015
# of years experience in area of service proposed to provide:	16 years 9 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 16 years
Describe this person's responsibilities over the past 12 months.	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages and assures compliance with the contract.
Previous employer(s), positions, and dates	Great River Recovery Resources April 1999-April 2000
Identify specific information about experience in:	Clearly identify the experience, provide dates,

	describe the person's role and extent of involvement in the experience
√	I developed the current program schedule and re-created the relapse prevention plan we currently use. In the past, I developed the training schedule for new staff, a chart audit form and re-organized and updated the orientation material.
√	I have provided trainings and in-services to the staff on cognitive restructuring and documentation.
√	
√	

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages and assure compliance with the contract.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

Title of Position: Counselor I	
Name of Person:	Mary Rogenia Calvin
Educational Degree (s): include college or university, major, and dates	Bachelor of Arts in Criminal Justice Administration, Columbia College, March 2006
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC II, 8302, October 31, 2016
Specialized Training Completed, Include dates and documentation of completion:	Cultural Sensitivity, October 2015 Dialectical Behavior Therapy October 2015
# of years experience in area of service proposed to provide:	8 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1 ½ Years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Previous employer(s), positions, and dates	City of Louisiana, Patrol Officer, February 2013 to 2015 Bowling Green Police Department, Police Clerk/Dispatcher, April 2012 to 2015 Missouri Department of Social Services, Investigator, February 2007 to February 2012 City of Louisiana, Patrol Officer, May 2006 to January 2007 Missouri Department of Corrections/Northeast Correctional Center, Corrections Officer I, July 2004 to August 2005
Identify specific information about experience in:	Not Applicable

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	160 Hours

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Administrative Assistant I	
Name of Person:	Michelle Brooks
Educational Degree (s): include college or university, major, and dates	N/A
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	N/A
Specialized Training Completed, Include dates and documentation of completion:	Ethics-2010-2016 M.A.T.-2013 Working With Female Offenders-2013, Cultural Sensitivity 2014
# of years experience in area of service proposed to provide:	6.5 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 6.5 Years
Describe this person's responsibilities over the past 12 months.	Performs office and administrative support duties including composing and typing correspondence and documents, compiling data and preparing summary reports, processing routine financial transactions and billing information, maintaining record systems, scheduling meetings, and receiving and screening phone calls; assists with collection and compilation of program evaluation data.
Previous employer(s), positions, and dates	BOA Teller Specialist August 2007-October 2009
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	N/A

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Performs office and administrative support duties including composing and typing correspondence and documents, compiling data and preparing summary reports, processing routine financial transactions and billing information, maintaining record systems, scheduling meetings, and receiving and screening phone calls; assists with collection and compilation of program evaluation data
Specify the approximate number of hours per	160

month this person is proposed for services	

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor III	
Name of Person:	Rose Cox
Educational Degree (s): include college or university, major, and dates	Truman State University (Northeast Missouri State University) Master's of Arts- Social Science May 1986
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Criminal Justice Addictions Professional, 4211 Valid through April 30th 2017 Certified Co-Occurring Disorders Professional-Diplomate, 5115 Valid through April 30th 2017
Specialized Training Completed, Include dates and documentation of completion:	PREA- 10-13-14, Attachment Theory- 11-11-14, Anti Harassment- 1-21-15, DSM-V-5-13-15, Ethics-5-6-15, MACA Spring Conference 2016 including 7 hours of Co-Occurring education.
# of years experience in area of service proposed to provide:	27 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 15 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments and treatment planning for assigned clients. Develops and implements treatment and discharge plans for clients with dual diagnoses, social or mental health issues. Serves as professional resource to other Counselors in resolving complex case problems, and provides clinical supervision and guidance as needed. Conducts in-service and continuing education programs for treatment staff; assists with overseeing staff in absence of supervisor.
Previous employer(s), positions, and dates	Wexford Health Sources INC-Western Illinois Correctional Center-1999-2001 Supervising Psychologist Correctional Medical Services (Spectrum Health Care Services) Western Illinois Correctional Center-1997-1999 Supervising Psychologist Correctional Healthcare Solutions-Western Illinois

	Correctional Center-1995-1997 Supervising Psychologist
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	N/A

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments and treatment planning for assigned clients. Develops and implements treatment and discharge plans for clients with dual diagnoses, social or mental health issues. Serves as professional resource to other Counselors in resolving complex case problems, and provides clinical supervision and guidance as needed. Conducts in-service and continuing education programs for treatment staff; assists with overseeing staff in absence of supervisor.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor II CRADC	
Name of Person: Stacy Donhardt	
Educational Degree (s): include college or university, major, and dates	2007 John Wood Community College, Associates in Science 2010 Quincy University, Bachelor's in Human Services
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC #7227, Exp. October 2016
Specialized Training Completed, Include dates and documentation of completion:	Clinical Supervision Training Supervision #1374 (April 2016), Ethics Training, TAP 21 trainings (certificate), Domestic Violence 62 hour training (2006)
# of years experience in area of service proposed to provide:	8 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 8 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	**Quanada**, Domestic Violence Counselor, September 2011-November 2012 **Gateway Foundation**, Counselor I, RASAC II, September 2008-September 2011 **Quincy Public Schools**, Security Guard, August 2006-August 2008 **Home Daycare**, Licensed Daycare Provider, October 2002-January 2008 **Gateway Foundation**, Counselor I, RASAC I, November 2000-May 2002

Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Help train new employees
√	Serve on committees on site
√	Attend Clinical Supervision training (April 22-23) with online training to prepare for in class

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Tiffany Tice
Educational Degree (s): include college or university, major, and dates	High school diploma, Community R-VI, 08/2005-05/2008 Sanford Brown College, (Medical Assistant) 1/2010-12/2010
License(s)/Certification(s), #(s), expiration dates(s), if applicable.	RASAC I # 8173 11/9/2015-11/9/2016
Specialized Training Completed, Include dates and documentation of completion:	Trauma and PTSD, April 20, 2016, certificate; Professional Boundaries, May 17,2016 certificate; Working with Criminal Justice Involved Clients in the Correctional Setting, May 4, 2016; PathwayTo Change Facilitator's Training, March 1-3,2016 Certificate; Working with Female Offenders, Domestic Violence, and Family Issues, February 23-24 Certificate; Documentation, February 17,2016 Certificate; Cultural Sensitivity Training, October 14, 2015 Certificate; Dialectical Behavior Therapy, October 12, 2015 Certificate; Vivitrol, August 10, 2015, certificate; Discrimination, Harassment and Retaliation Training, September 28, 2015; Vivitrol Training, August 10, 2016 Certificate; Compassion Fatigue Training July 14,2015 Certificate; Ethics, June 25, 2015, certificate; Gender Issues; February 2-3, 2015, certificate; Empowering mandated reporters to protect children, February 17, 2015, certificate; Anti-Harassment Training, January 21, 2015; certificate
# of years experience in area of service proposed to provide:	2.5
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1.5 years
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in

	accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Previous employer(s), positions, and dates	Gateway Foundation, began as a Counselor I, in August of 2014 to present Boone Hospital Center, began in 2012 to 2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Presented Compassion Fatigue to staff during 2015 to explain what Compassion Fatigue is, side effects of having it, what can cause it, and how to avoid it, etc.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person: Trisha Ogden	
Educational Degree (s): include college or university, major, and dates	University of Missouri-Columbia 08/08-07/11 Bachelor's of Science-Respiratory Therapy Missouri Baptist University 01/13-04/15 Master's of Arts in Counseling
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Provisionally Licensed Professional Counselor-04/25/19 RASAC II- 10/31/2016
Specialized Training Completed, Include dates and documentation of completion:	Pathways to Change training- 03/16 CPR 12/2015, PTSD training 04/16
# of years experience in area of service proposed to provide:	1 year and 2 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee. I have been employed for 1 year and 2 months.
Describe this person's responsibilities over the past 12 months.	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Previous employer(s), positions, and dates	Hannibal Regional Hospital. Respiratory Therapist, 04/13-Present Bowling Green School District. Paraprofessional 08/13-04/15.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	I am currently a Provisional Licensed Professional Counselor and I am working under a Licensed Professional Counselor to obtain my supervision hours so I can receive my Licensed Professional Counselor certification.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Complete comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

Title of Position: Office Manager	
Name of Person: Candace Lower	
Educational Degree (s): include college or university, major, and dates	Not Applicable
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Not Applicable
Specialized Training Completed, Include dates and documentation of completion:	Cultural Awareness, October 2015
# of years experience in area of service proposed to provide:	18
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 15 Years
Describe this person's responsibilities over the past 12 months.	Performs office and administrative support duties including composing and typing correspondence and documents, compiling data and preparing summary reports, processing routine financial transactions and billing information, maintaining record systems, responsible for operation of the Business Office; assists the compilation of program evaluation data.
Previous employer(s), positions, and dates	Correctional Medical Services, Medical Records Clerk, May 2000 to June 2001. Betty Davis Insurance, secretary, August 1999 to January 2000. Bankers Life and Causality Company, Sales Representative, November 1997 to October 1998,
Identify specific information about experience in:	Startup team for Cook County Jail, Startup team for Maryville Treatment Center, Startup team for Ozark Correctional Center, Startup team for Chillicothe Correctional Center, Startup team for 5 Wyoming Correctional Centers. Setup personnel charts, help setup system for billing, helped setup necessary reports, assisted in implementing the client Individual Evaluation Process, helped train the Office Manager or Administrative Assistant at each site.
√	Serve as liaison with Dr. Knight as needed for the

	completion of the Individual Evaluation Process.
√	Setup the scan tron machine and trained staff at Ozark Correctional Facility, Chillicothe Correctional Facility, St. Louis Free and Clean and Wyoming sites.
√	Assists in the Data collection with State and Division-wide with collection, scanning and monitoring the uploading of the ENGFORM data used for Client Engagement and Satisfaction ratings.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Performs office and administrative support duties including composing and typing correspondence and documents, compiling data and preparing summary reports, processing routine financial transactions and billing information, maintaining record systems, responsible for operation of the Business Office ; assists the compilation of program evaluation data.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Program Director	
Name of Person: Micah Brown	
Educational Degree (s): include college or university, major, and dates	Missouri Baptist University, Bachelor's of Science in Psychology, 2002 Missouri Baptist University, Master's of Arts in Counseling, 2013
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Licensed Professional Counselor, #2015023144, expiration 6/30/17 Certified Reciprocal Alcohol and Drug Counselor (CRADC), #3265, expiration 10/31/17 Medication Assisted Recovery Specialist, #8112, expiration 10/31/17
Specialized Training Completed, Include dates and documentation of completion:	Completion of required training for MARS Coaching and Mentoring Skills for Managers and Supervisors 9-25-15 Vivitrol 8-10-15 Cultural Sensitivity 10-14-15 DBT: Dialectical Behavior Therapy 10-12-15 Trauma and PTSD 4-20-16 Overview of Cognitive Processing Therapy for PTSD in Veterans and Military Personnel 5-18-2016
# of years experience in area of service proposed to provide:	13 years, (2 ½ years as Program Director)
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 13 years
Describe this person's responsibilities over the past 12 months.	Responsible for planning, organizing, and managing the delivery of quality client services and related administrative and support activities within the program; reviews treatment activities, results and documentation; ensures compliance with program/agency standards and objectives, and applicable contracts and regulations; develops and implements program budgets, goals, and policies.
Previous employer (s), positions, and dates	Gateway Foundation, Clinical Supervisor, 2011-2013 Gateway Foundation, Counselor II, 2005-2011

	Gateway Foundation, Counselor I, 2002-2005
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	Served as lead in starting a Women's Treatment Program within the Wyoming Department of Corrections July, 2015
√	Facilitated a workshop on the "Specific Needs of Women" in Treatment at the Missouri Re-Entry Conference in 2016
√	Co-facilitated a workshop "Effective Collaborations to Incorporate MAT and Enhance the Continuity of Care for Corrections Involved Clients" at the Mental Health Spring Training Institute 2016
√	Passed the National Counselor Exam and completed supervision hours to obtain licensure 2016

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for planning, organizing, and managing the delivery of quality client services and related administrative and support activities within the program; reviews treatment activities, results and documentation; ensures compliance with program/agency standards and objectives, and applicable contracts and regulations; develops and implements program budgets, goals, and policies.
Specify the approximate number of hours per month this person is proposed for services	160

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	**Amanda Lee**
Educational Degree (s): include college or university, major, and dates	Associate of Applied Science at NCMC from 2002-2007
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASACII exp. Oct. 31,2016/ working CADC
Specialized Training Completed, Include dates and documentation of completion:	Pathway to Change
# of years experience in area of service proposed to provide:	3 years and 5 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee – 3 years and 5 months
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and

	documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month.

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Amanda Scott
Educational Degree (s): include college or university, major, and dates	Associates in Liberal Arts, DMACC May 2009
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC I #8763 Exp Date-9/4/2016 Substitute Certification Exp Date-11/1/2017
Specialized Training Completed, Include dates and documentation of completion:	Facilitator Disciplines that maximize participation andlearning 11/6/15
# of years experience in area of service proposed to provide:	1 year
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1 year
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and

	documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Gateway Foundation-- Counselor 1 07/2015 PRESENT Preferred Family Healthcare-- Behavioral Technician 07/2014-07/2015 Princeton School District-- Substitute Teacher 08/2013-03/2015 Premier Eyecare-- Clinician 08/2012-09/2013 Farmland Food-- Laborer 05/2011-08/2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor II	
Name of Person: Blake C. Reed	
Educational Degree (s): include college or university, major, and dates	High School Diploma Chillicothe High School August 2006-May 2010
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Alcohol Drug Counselor (CADC) #7911 Expires 10/31/2017 Certified Gambling Disorder Counselor (CGDC) #9109 Expires 10/31/2017 Medication Assisted Recovery Specialist (MARS) #8546 Expires 10/31/2017
Specialized Training Completed, Include dates and documentation of completion:	Pathway to Change Facilitator Training 2015, MCB Medication Assisted Recovery Specialist Training 02/2015-06/2015
# of years experience in area of service proposed to provide:	3 years 6 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee - 2 Years 3 Months
Describe this person's responsibilities over the past 12 months.	Provide individual & group counseling services to clients on caseload, as well as facilitate didactic learning groups and encounter group in the modified Therapeutic Community modality. Develop individualized treatment plan to help client's address substance abuse problems and prepare for release & reintegration, document treatment & discharge summaries, monitor client's progress and responses to treatment in accordance with TCU Assessments, maintain related records and charts including individual session notes in DAP format, and complete intake assessments in the Gateway Drug Evaluation Network system. Oversee facilitation of case management services on counselor caseloads, ensuring that Case Management meetings are ran effectively and in accordance with company policy. Facilitate staff in-services specializing in medication assisted treatment, pedagogy, facilitation of TCU interventions, effective

	communication skills and working with LGBTQ clientele, and drugs of abuse.
Previous employer(s), positions, and dates	Preferred Family Healthcare Behavioral Health Technician 01/2013-03/2014 Sonic Drive-In 3017 Assistant Manager 02/2013-01/2013 Sonic Drive-In 1032 Associate Manager 03/2010-02/2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√ Substance Abuse Prevention Services	Counselor II has submitted and received approval from Gateway Foundation to partner with Chillicothe R-II School District to provide prevention services the the districts secondary and intermediate school buildings. Counselor II serves as Chairmen of the Prevention Services Committee and is currently in the process of communicating with district personnel to work out agreements of partnership and presentations.
√ Program Creation	Counselor II currently serves as the Chairmen of the Oversight Committee for Chillicothe Correctional Center tasked with the creation and implementation of a feline adoption program. Currently the program is in its proposal stage and is awaiting response from the Department of Corrections Central Office in Jefferson City, MO.
√ Program Development	Counselor II served as a member of the Designated Wing Counselor Committee tasked with exploring feasibility of counseling staff being assigned specific wings to provide services too on a regular basis. Committee has achieved its goal and having met its purpose submitted proposal to Program Director to which was approved and implemented.

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized treatment plan; provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Caseload typically includes cases requiring intensive services.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Office Manger	
Name of Person:	Brandy S. Wedlock
Educational Degree (s): include college or university, major, and dates	A.A; North Central Missouri College – May 2008 Persuing BS in Business Management from Northwest Missouri State University – 85 hours earned – 18 hours in progress
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	N/A
Specialized Training Completed, Include dates and documentation of completion:	N/A
# of years experience in area of service proposed to provide:	13 years of clerical, reception, and bookkeeping 4 years of management experience 4 years of experience with Substance Abuse Treatment and Theraputic Community Model
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee – 4 years
Describe this person's responsibilities over the past 12 months.	Document accurate fluctuation in census for treatment facility for billing and for staff caseload management; compile and report data specific to monthly reports required by DORS; compile and report data for TCU Assessments; track attendence and approve payroll; Keep accurate documentation and record of personnel; Keep accurate documentation of meetings for supervisory staff; supervise administrative staff to ensure tasks are completed as assigned and within the scope of program proceedures and expectations; Assist Program Director in daily operations and smooth functioning of the facility as a whole; Maintain knowledge of policy, proceedures, and contract expectations to ensure compliance; serve as treatment facility receptionist and field phone calls to appropriate staff; track and order supplies as needed
Previous employer(s), positions, and dates	Chillicothe Township, Clerk, 4/2008 – present Botts and Tye Heating and Air Conditioning, Receptionist/ Service Dispatcher, 11/2010 –

	6/2012 Livingston County Office of The Clerk, Deputy Clerk, 5/2006 – 11/2010 WireCo, Receptionist/ HR Assistant, 5/2005-9/2005 York International, Senior Accounting Clerk, 11/2003 – 05/2005 Northwest Medical Center, Nursing Secretary/Ward Clerk, 2/2003 – 11/2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√ Payroll	Keep time and Process Payroll for employees, monthly reports, check runs, quarterly and yearly tax payments to state and federal government Experience gained through current and previous employment (11/2003- present); Knowledge through coursework through North Central Missouri College and Northwest Missouri State University (Fall 2007 to present)
√ Management	Supervise Administrative Assistant; Assist Program Direct to ensure smooth operations; Knowledge of policy, proceedures, and contract expectations to ensure compliance (Current posistion with Gateway 7/2012- present) Business Management coursework through North Central Missouri College and Northwest Missouri State University (Fall 2007 to present)
√ Data collecting/ reporting	TCU Assessments -administration, data collecting, and data interpretation (training on 10/25/2012 and 2/24/2016) Training in Microsoft Excel – coursework through Northwest Missouri State University (Fall 2013) and self – paced training with York International (11/2003-5/2005)
√ Theraputic Community Model/ Substance Abuse Treatment	Hands on training through employment experience, inservices, and e-learning moduals (Current posistion with Gateway 7/2012- present)

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Processes information and data for billing of services (50% or more of work time) by entering client and treatment information into computer database, and logging and posting treatment

	services and hours. Sorts and files documents and records, and maintains filing systems. Types a variety of correspondence, memos, forms, and logs. Records data and information on various logs, charts, and indexes; and compiles data for regular summary reports. Performs related office duties such as sorting and distributing mail, answering telephones, greeting and directing visitors, photocopying and assembling documents, and so forth.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Emily Harbert
Educational Degree (s): include college or university, major, and dates	Bachelor of Science in Criminal Justice at Missouri Western State University, May 2013 Paralegal Certificate, May 2013
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC II October 31, 2016
Specialized Training Completed, Include dates and documentation of completion:	Pathway to Change 2015, TCU Assessment and Planning in February 2016.
# of years experience in area of service proposed to provide:	2 years and 4 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee - 2 years and 4 months
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans

	Creates and maintains inmate records and documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Applebees, Waitress, May 2011 to May 2014 Kranitz & Kranitz PC, Paralegal August 2012 to May 2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month.

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Jessica Zeger
Educational Degree (s): include college or university, major, and dates	Ultimate Medical Academy Associates Degree in Healthcare Management Currently Enrolled at Aspen University working towards my Bachelor's Degree in Criminal Justice
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC Expires 10/31/16 Clinical Supervisor MSACB Certified Since 02/15
Specialized Training Completed, Include dates and documentation of completion:	Trauma Training - April 26th Attended The Beyond Trauma training with Stephanie Covington. How to Excel as a Manager / Supervisor December 11th 2015 Clinical Supervisor Training February 25th 2015 and 26th.
# of years experience in area of service proposed to provide:	4 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Gateway Employee since July 31st 2012.
Describe this person's responsibilities over the past 12 months.	Provides clinical supervision to staff delivering treatment to individuals with substance abuse and/or mental health disorders. Oversees client services and ensures compliance with established program standards and service delivery objectives, including auditing client records. Responsible for orientation, training, scheduling, and evaluation of assigned staff. Serves as a resource to assigned staff in identifying and resolving complex case problems.

	Involved in recruitment, interviewing, and selection of counselors. Assumes client caseload in response to work load or staffing shortages.
Previous employer(s), positions, and dates	Hometown Pharmacy CPhT 2008 to 2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√	3 years' experience in a recognized substance abuse disorder treatment agency.
√	1 year supervisory experience
√	Therapeutic Community experience
√	Experience in a corrections environment

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Assessment Counselor	
Name of Person:	Kim Ellis
Educational Degree (s): include college or university, major, and dates	North Central Missouri College 8/2005-5/2007 A.A.S. Criminal Justice
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	CRADC #7953 exp 10/31/17 MARS #6919 exp 10/31/17
Specialized Training Completed, Include dates and documentation of completion:	NA
# of years experience in area of service proposed to provide:	5 ½ years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee-- Gateway Foundation 4 years
Describe this person's responsibilities over the past 12 months.	Assessments for Institutional probation and parole program called: Woman's Substance Abuse Assessments (board). I am responsible for creating the call out docket for every referral sheet received within the allotted time frame and am responsible for completing comprehensive treatment needs assessments for the General population offenders. Call outs and assessments for all incoming treatment offenders along with comprehensive and individualized treatment plans. Once assessments are completed a list of goals chosen by the clients are made into the treatment plan and a copy of that treatment plan is given to client. I have completed Offender Management Teaming hearings in the last year as well. When a client is referred to an Offender Management Teaming due to conduct violations, pull-ups or various other reasons it is my duty along with a case worker to see these individuals and give them referrals to other sanctions or behavior contracts.
Previous employer(s), positions, and dates	October 2010-June 2012 Kansas City Community Center, I was a counselor over Partial Day

	Treatment and Relapse Prevention 30 day program. April 2010 – October 2010 Laundry/housekeeping aide and Eastview Manor Care Center August 2009 – January 2010 Manager Great Western Dining College dining hall in Trenton, Missouri May 2007 – August 2009 Library assistant at North Central Missouri College August 1997 – 1998 Certified Nurses Aide Crestview. 1998-2000 Gumdrop Books Bethany Missouri 1995-1997 United States Navy
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessments, and prepares individualized initial treatment plans incorporating information gained from the Gender Responsive Assessment (GRA) to ensure comprehensive service delivery.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Program Director	
Name of Person:	Kyra Haney
Educational Degree (s): include college or university, major, and dates	Missouri Western State University – Bachelor of Science in Psychology in 2009; Magna Cum Laude. Missouri Western State University – Bachelor of Science in Sociology in 2009; Magna Cum Laude. California Southern University – Master of Science in Psychology, anticipated graduation 2017.
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Reciprocal Alcohol and Drug Counselor - #3763; expires 10/31/17.
Specialized Training Completed, Include dates and documentation of completion:	• Beyond Trauma, 04/26/16; 5.75 CEUs • Supervisor's Role as Trainer and Coach, 01/11/16; 6 CEUs • Facilitator Disciplines That Maximize Participation and Learning, 11/06/15; 3 CEUs • Therapeutic Community Immersion Training, 10/13/15 to 10/15/15; 24 CEUs • Counseling Suicidal Clients, 09/20/13; 6 CEUs • Clinical Supervision Foundations Course, 09/27/11 to 09/29/11; 16 CEUs • Clinical Supervision: Building Chemical Dependency Counselor Skills Training, 06/16/10 to 06/18/10, 21 CEUs • Understanding Medicated Assisted Treatment, 11/09/10, 3 CEUs • Pathway to Change Training, 12/09; 24 CEUs • Therapeutic Community Immersion Training, 10/05/09 to 10/09/09; 33 CEUs • Motivational Interviewing Advanced Clinical Training, 05/23/08; 12 CEUs • Motivational Interviewing, 02/07/07; 5 CEUs

# of years experience in area of service proposed to provide:	I have been working within the Substance Use field for 11 years.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	I have been an employee with Gateway Foundation since July 1, 2012.
Describe this person's responsibilities over the past 12 months.	Position has been unchanged over the past 12 months. Responsible for the oversight of the substance use treatment programs in Chillicothe Correctional Center.
Previous employer(s), positions, and dates	• Gateway Foundation, Program Director, 07/2012 to Current • Kansas City Community Center, Program Director, 02/2012 to 07/2012 • Kansas City Community Center, Clinical Supervisor 07/2010 to 02/2012 • Kansas City Community Center, Counselor II, 09/2009 to 07/2010 • Preferred Family Healthcare, Substance Use Counselor, 09/2006 to 09/2009 • Preferred Family Healthcare, Behavioral Health Technician, 05/2005 to 09/2006
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√ Chillicothe Correctional Center Safety Committee Member	This committee's aim is to assess safety concerns for the Chillicothe Correctional Center and develop and implement process to improve safety and security.
√ Gateway Leadership Institute Design Team Member	This is a newly developed team whose aim is to assist in identifying and building superior training for Gateway leaders.
√ Program Failure Committee Member	This committee was initiated by the Assistant Director of DORS and is responsible for reviewing all unsuccessful program exits from each substance use program within the Missouri Department of Corrections facilities to ensure policy and procedures are being followed and excessive unsuccessful exits are being monitored.
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for planning, organizing, and managing the delivery of quality client services and related administrative and support activities within the program; reviews treatment activities, results and documentation; ensures compliance with program/agency standards and objectives, and applicable contracts and regulations; develops and implements program budgets, goals, and policies.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month/2080 per year.

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Lydia Shiflett
Educational Degree (s): include college or university, major, and dates	B.S. Psychology, Minor in Criminal Justice Northwest Missouri State University, April 2011
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Reciprocal Alcohol Drug Counselor, #6518, exp: 10/31/2016; Clinical Supervisor, #1200
Specialized Training Completed, Include dates and documentation of completion:	• Non-Custody Basic and Institutional Basic Training – October 2011 • Pathway to Change Facilitator Training – April 4, 2013 • Therapeutic Community Training – October 13, 2014 • Coaching and Mentoring in the workplace – November 3, 2015 • Facilitator Disciplines that Maximize Participation and Learning – November 6, 2015 • Excelling as a Manager or Supervisor – December 11, 2015 • Attitudes at Work – January 13, 2016 • Conflict Management – January 13, 2016
# of years experience in area of service proposed to provide:	5 years (in August)
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 4 years. Began on July 1, 2012 as a counselor 1, promoted to a counselor 2 in December 2012 and promoted to a Clinical Supervisor in January 2014.
Describe this person's responsibilities over the past 12 months.	Provides daily clinical supervision of certified and non-certified substance abuse counselors who provide treatment to 256 clients Oversee client services and ensure compliance with established program standards and service delivery objectives Recruit, orientate, train, schedule and evaluate the performance of assigned staff Serve as a resource to assigned staff in identifying and resolving complex case problems

	Maintain a case load of approximately 35 co-occurring clients; initiating treatment plans and education groups Complete comprehensive assessments of clients' substance abuse history and treatment requirements, and developing individualized treatment plan Provide substance abuse counseling and educational services Implement follow-up and aftercare programs
Previous employer(s), positions, and dates	• KCCC – Substance Abuse Counselor, August 2011- June 2012 • Orscheln Farm and Home – Cashier – November 2010 – August 2011 • Children and Family Center of NW MO – Intern; January 2011- April 2011
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per month this person is proposed for services	Approximately 160 hours

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Max Roberts
Educational Degree (s): include college or university, major, and dates	Bachelors of Science in Psychology from Culver-Stocketon College, graduated May 2015
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC II aquired 1/7/2016
Specialized Training Completed, Include dates and documentation of completion:	TCU Assessment and Planning; February 2016
# of years experience in area of service proposed to provide:	Six months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee - Six months,
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and

	documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Chicks on the River, Kitchen lead May 2014 – Novemeber 2015 Krieger's Bar and Grill November 2011-September 2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Clinical Supervisor	
Name of Person:	Natalie Hutchison
Educational Degree (s): include college or university, major, and dates	Master in Psychology with emphasis in Career Management, University of the Rockies Colorado Springs, Colorado (2011-2013) Bachelors in Social Science with Minor in Psychology Honors and Member of Alpha Sigma Lambda Chapter, Ashford University Clinton, Iowa (2008-2010)
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Certified Reciprocal Alcohol & Drug Counselor (CRADC) #6391 Certified IC&RC Clinical Supervisor (IC&RC) #1081
Specialized Training Completed, Include dates and documentation of completion:	Traumatic Stress New mechanisms and Effective Treatment March 9-10, 2016. Texas Christian University Brief Intervention Training February 24, 2016 Excelling as a manager or a Supervisor December 11, 2015 Therapeutic Community Immersion Training October 13-15, 2015 Pathway to Change 2011
# of years experience in area of service proposed to provide:	3 years as Clinical Supervisor 3 years as Substance Abuse Counselor
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee – 3 years

Describe this person's responsibilities over the past 12 months.	• Certified Reciprocal Alcohol & Drug Counselor (CRADC) • Certified IC&RC Clinical Supervisor • Clinical Supervisor responsible for providing daily clinical supervision of a wing of a women's in-custody treatment program specializing in treating women who have co-occurring disorders, and the certified and non-certified substance abuse counselors who provide treatment to these 228 clients • Oversees client services and ensures compliance with established program standards and service delivery objectives • Recruits, orients, trains, schedules and evaluates the performance of assigned staff • Serves as a resource to assigned staff in identifying and resolving complex case problems • Conducted department meetings and served as a resource person for department • Assures adequate staffing from day-to-day making staffing adjustments • Assumes client caseload in response to work load or staffing shortages • Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices • Provide counseling to individuals regarding the use and effects of alcohol and drugs; including to pregnant women about the effects of drugs and alcohol on the child • Maintains a case load of 48 co-occurring client initiating treatment plans and education • Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan • Performs case management and contributes to client care monitoring • Provides substance abuse counseling and

	educational services; and implements follow-up and aftercare programs • Conducts group counseling sessions • Oversees and audits certified and non-certified substance abuse counselors' client caseloads; reviewing offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans • Oversees and audits certified and non-certified substance abuse counselors' client caseloads; reviewing inmate records and documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs • Maintains strict confidentiality guidelines regarding all clients, conversations and referrals • Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Kansas City Community Center: Chillicothe Correctional Center November 2010-July 2012 Substance Abuse Counselor, RASAC II Lowe's Home Improvement August 2007-November 2010 Customer Service and Kitchen Cabinet Designer Field School: Grand River Technical School August 2008-August 2009 Para-Professional
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Responsible for providing direct supervision to clinical staff; oversees client services and ensures compliance with established program standards and delivery objectives; audits client records; assists in interviewing, selecting, supervising assigned staff; trains staff; serves as resource on complex cases; enforces policies/procedures; initiates corrective actions; assumes caseload in staff shortages.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	**Richard Zuptich**
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC II – expires 10/31/17
Specialized Training Completed, Include dates and documentation of completion:	Pathway to Change, TCU Brief Interventions,
# of years experience in area of service proposed to provide:	5.5 Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Gateway employee – 1.5 years
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and

	documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Preferred Family Healthcare-07/15/12 – 12/31/14 Preferred Family Healthcare-09/11/09 – 4/15/11
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Shawn Autry
Educational Degree (s): include college or university, major, and dates	High school GED, some College 28 credit hrs in Criminal Justice.
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC II Expires 10/31/2017
Specialized Training Completed, Include dates and documentation of completion:	Pathways to change, TCU Assessment and Planning; February 2016
# of years experience in area of service proposed to provide:	2 years 9 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 1 year and 9 months
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and

	documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Preferred Family Healthcare as behavior health technician in substance abuse - 1yr Grundy County Sheriff's Department as a jailer. 3yrs
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	**Shelby Guilford**
Educational Degree (s): include college or university, major, and dates	High School Diploma May, 2009
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Recognized Associate Substance Abuse Counselor I, #8904; expires on November 18, 2016
Specialized Training Completed, Include dates and documentation of completion:	Facilitator Disciplines That Maximize Participation and Learning: 11/06/2015 TCU training: 2/24/2016 Online Relias Training: Cognitive Behavioral Therapy 2/10/2016 De-Escalating Hostile Client's 2/10/2016 Documenting the Treatment Planning Process 2/12/2016 HIV: Basic 5/9/2016 Infection Control: The Basics 3/28/2016 Motivational Interviewing 2/16/2016 Substance Use and Violence Against Women 3/31/2016 The Twelve Steps 3/31/2016 Therapeutic Boundaries 3/5/2016 Treating Substance Use Disorders in Older Adults 3/28/2016 Understanding Recovery 3/30/2016
# of years experience in area of service proposed to provide:	8 Months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee – 8 months
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services

	Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Sonic Drive-In: Car Hop, Shift Leader, Assistant Manager, and Co Manager. April 2013-October 2015
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√ October 2015 through the end of November 2015, I experienced the training process the bidder has to offer. They were good at giving good detail about what the job entailed. All staff helped by giving positive feedback and suggestions on how the job is supposed to be done the correct way.	
√ October 2015 through present, the bidder is very good about how the supervisor's do their jobs. The supervisor's offer a supervision once a week to talk about any issues, concerns or questions I have	

to help me become a better counselor each day.	
√ October 2015 through present, the bidder was able to provide me with a handbook that I use on a day to day basis.	
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 Hours per Month.

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Administrative Assistant	
Name of Person:	**Tameka Dahlberg**
Educational Degree (s): include college or university, major, and dates	North Central Missouri College: Associate in Arts (2011)
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	N/A
Specialized Training Completed, Include dates and documentation of completion:	N/A
# of years experience in area of service proposed to provide:	3 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee - 3 years
Describe this person's responsibilities over the past 12 months.	• File documentation • Orientate new clients into the treatment program • Provide assistance to fellow staff members • Provide clients with paperwork for SATOP • Compile and track canteen phase limitations • Facilitate client phase testing and TCU Assessments • Record minutes for formal staff meetings • Provide client records to Department of Rehabilitative Services upon request
Previous employer(s), positions, and dates	• Gateway Foundation-Administartive Assistant (October 2012- Present) • Maurices- Sales Associate (July 2009 – October 2012) • Chillicothe R-II School District- Substitute Teacher (January 2012- October 2012) • Bailey Studio- Office Assistant (May 2008- August 2008)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
√ TCU Assessment Training	Training was conducted on February 24, 2016 to

	Gateway staff. Staff member has a clear understanding on how to read and evaluate TCU Assessments.
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Aids Office Manager in performing office and administrative support duties including composing and typing correspondence and documents, compiling data and preparing summary reports, processing routine financial transactions and billing information, maintaining record systems, scheduling meetings, and receiving and screening phone calls; assists with collection and compilation of program evaluation data. Facilitates the TCU assessments.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Tessa Rick
Educational Degree (s): include college or university, major, and dates	High School Diploma 2010
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Substance Abuse Counselor 1 November 24th 2015 – November 24th 2016
Specialized Training Completed, Include dates and documentation of completion:	TCU Assessment and Planning; February 2016
# of years experience in area of service proposed to provide:	9 Months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee – 9 months
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and

	documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Sonic Drive Inn, Crew Member from end of September 2014 – September 2015
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	**Tiffany Autry**
Educational Degree (s): include college or university, major, and dates	North Central Missouri College August 2009-December 2013 Missouri Western State University January 2014-December 2014 Currently still working on obtaining Bachelors Degree in Psychology. Had to take time off due to personal issues.
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	RASAC II LIC # 8259
Specialized Training Completed, Include dates and documentation of completion:	Pathway to Change April 2015 Texas Christian University Brief Intervention Training February 24th 2016
# of years experience in area of service proposed to provide:	1 year and 6 months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1 year and 6 months.
Describe this person's responsibilities over the past 12 months.	Certified as a Recognized Associate Substance Abuse Counselor II (RASACII) Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of 21 to 40 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and

	educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes, discharge summaries, and discharge plans Creates and maintains inmate records and documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	Trenton Police Department Communications Officer April 2008 – December 2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

EXHIBIT D

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Counselor I	
Name of Person:	Tiffany Eckert
Educational Degree (s): include college or university, major, and dates	Associates of Arts: North Central Missouri College May 2014---- Bachelors of Elementary Education; Graceland University
License(s)/Certification(s), #(s), expiration dates(s), if applicable:	Recognized Associate Substance Abuse Counselor I Expiration December 28, 2016. Iowa Elementary Teaching Certificate
Specialized Training Completed, Include dates and documentation of completion:	05/20/2016-Group Therapy with Hands-On Exploration and Tools
# of years experience in area of service proposed to provide:	7 Months
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee; 7 Months
Describe this person's responsibilities over the past 12 months.	Provides confidential addictions counseling, education and support to individuals, families and the community and for promoting health lifestyles and healthy choices Provide counseling to individuals regarding the use and effects of alcohol and drugs Maintains a case load of approximately 22 clients initiating treatment plans and updating gradually through the clients services Completes comprehensive assessments of clients' substance abuse history and treatment requirements, and develops individualized treatment plan Performs case management and contributes to client care monitoring Provides substance abuse counseling and educational services; and implements follow-up and aftercare programs Conducts group counseling sessions Creates and maintains offender records to include assessments, treatment plans, progress notes,

	discharge summaries, and discharge plans Creates and maintains inmate records and documents pertaining to the services provided, to include, inmate attendance, progress, and additional needs Maintains strict confidentiality guidelines regarding all clients, conversations and referrals Maintains security and/or order among inmates of the institution through direct supervision; assisting to prevent escapes and maintain order, discipline and a safe environment
Previous employer(s), positions, and dates	State of Missouri Children's Division- Children's Service Worker; February 2015-September 2015 Golden Corral-Waitress; July 2004-April 2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
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Staffing Methodology

Describe the person's planned duties/role proposed herein:	Completes comprehensive assessment of clients' substance abuse history and treatment requirement, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and maintains records/charts.
Specify the approximate number of hours per month this person is proposed for services	Approximately 173 hours per month

JOB DESCRIPTIONS OF VACANT POSITIONS

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Clinical Supervisor **FLSA STATUS:** Exempt

GENERAL SUMMARY:

Responsible for providing direct supervision to Counselors and other clinical staff delivering developmentally appropriate client treatment. Oversees client services and ensures compliance with established program standards and service delivery objectives. Audits client records. Assists in interviewing, selecting, evaluating, scheduling and disciplining assigned staff. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures, and initiates corrective actions. Assumes client caseload in response to work load or staffing shortages.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Provides direct supervision to Counselors and other clinical staff involved in delivering individualized client treatment that addresses developmental and maturation levels. Oversees assigned treatment program activities, operations and delivery of services; and ensures client needs and contractual obligations for quality and quantity of care are met.

2. Develops and monitors a therapeutic environment to foster positive client interactions and communications. Trains subordinate staff to monitor and document client therapeutic interactions in accordance with program expectations.

3. Oversees client services by reviewing all client treatment and discharge plans, conducting client case reviews to ensure consistent and timely treatment, and, where applicable, approving client learning experiences and privileges or restrictions. Reviews compliance with established program standards, and adherence to group schedules and formats. Redirects or motivates counselors to meet service delivery objectives and compliance standards, or initiates corrective actions.

4. Responsible for auditing client records and documentation to ensure same is timely, accurate, complete and in accordance with regulatory and accreditation guidelines, and funding agency requirements. Authorizes or signs off client admissions and discharges.

5. Assists with staff selection and retention by interviewing, selecting, evaluating the performance of, and recommending disciplinary action, up to and including discharge. Responsible for recommending work and time off schedules for assigned staff, and completing caseload assignments, to ensure optimal clinical operations.

6. Responsible for promoting professional growth, and the development of clinical skills among assigned staff, by planning and scheduling in-services and workshops, motivating active participation and involvement by staff, documenting education activities and results, and so forth.

7. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serves as resource to staff in resolving complex case problems, and performing crises interventions.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 10/25/04

8. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures, and orients clients and staff to facility rules and regulations. Investigates client, staff or employee incidents and concerns, documents findings, and takes necessary immediate corrective action. Notifies supervisor and/or funding agency representatives of unusually complex or sensitive enforcement situations.

9. Oversees discharge planning for clients during course of treatment. Ensures community referral sources are used effectively as aftercare services to discharged clients.

10. Performs related supervisory or administrative duties such as assisting in developing and refining area policies and procedures; maintaining up to date procedures manual; assisting with budget planning and expenditure approvals as needed; and completing various special reports and memos regarding program results and activities, and recommendations to improve program quality and effectiveness.

11. Directs individual, group and, where applicable, family counseling sessions; and assumes client caseload as necessary in response to workload or staffing shortages, and to maintain quality and continuity of care within assigned center. Assumes responsibilities of supervisor in his/her absence and as requested.

12. Maintains and fosters cooperative working relationships with funding or contracting agencies, current and potential referral resources and services, community organizations, and criminal justice and social services agencies. May conduct formal community presentations on disease of addiction and treatment, and/or provide court testimony.

13. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees, such as Utilization Review, as assigned.

14. Participates in performance improvement activities as appropriate.

Residential:

15. Assists in managing the milieu, which includes the physical and social environment within the Center, and in supervising subordinate staff who may be assigned to direct aspects of the milieu, such as client work assignments.

16. Performs on-call or staff on duty responsibilities as required, which includes administering breathalyzer to clients to detect alcohol use; performing client searches and client property searches; and collecting client urine specimens.

MISA clients:

17. Ensures clients exhibiting MISA symptomalogy are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

2. Ability to supervise and monitor assessments, treatment planning, and counseling; serve as resource in resolving complex case problems; and participate in scheduling and evaluating the work of others; at a level normally acquired through three to five years prior experience in substance abuse field, with at least twelve hours supervisory training. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, within assigned treatment program (adult residential, corrections, outpatient, or youth care) required.

3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

   - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.

   - Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.

   - Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See employment guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical and problem solving abilities necessary to plan and schedule the work of others, resolve conflicts, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.

2. Ability to record and proofread information on forms and charts.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 10/25/04

3. Ability to respond to telephones and pages, and hear speech.

4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Program Manager/Director or designee.

2. Responsible for leading and following-up on the work of four to eight clinical staff employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
Name	Title	Date
Name	Human Resources	Date

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 07/01/02
Approved: 12/01/04
Revised: 10/25/04

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor I **FLSA STATUS:** Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.

2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.

3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.

4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.

5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.

6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.

7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.

8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor I

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.

10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.

11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.

12. May be required to perform urine collection from clients for laboratory screening.

13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomalogy to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

2. Ability to perform assessment, treatment planning, and counseling at a level normally acquired through six months prior experience in substance abuse field, and/or successful completion of in-house staff training program.

3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

- Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.

- Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.

- Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor or intern; as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.

2. Ability to record and proofread information on forms and charts.

3. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.

2. Has no responsibility for leading or supervising the work of others.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor I

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
Name	Title	Date
Name	Human Resources	Date

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

Exhibit E: Expertise of Personnel

EXHIBIT E

EXPERTISE OF PERSONNEL

PERSONNEL	Background and Expertise of Personnel and Planned Duties
1. Stephen Doherty (Name) Regional Director (Title) Management oversight (Proposed Role/Function)	Mr. Doherty has over 25 years managing various behavioral health programs, and for the past 13 he has managed corrections based treatment programs for Gateway Foundation. He will have administrative oversight of all of these 3 programs, and provide supervision to Directors' Haney and Brown at CCC and WERDCC/NECC respectively.
2. Gregg Dockins (Name) Vice President, Corrections Division (Title) Sr. Management oversight (Proposed Role/Function)	Mr. Dockins has over 20 years of experience as a licensed clinician and program manager in the community-based and correctional treatment fields, with proven results in quantitative and qualitative performance measures. Mr. Dockins will provide Senior management oversight of all Gateway programs including those at CCC, WERDCC and NECC.
3. Kevin Gilmartin (Name) Service Desk Manager (Title) Information Services oversight (Proposed Role/Function)	Mr. Gilmartin has worked in the information technology field for over 12 years and for 10 years at Gateway Foundation where he now manages support services to the over 40 program sites within Gateway Foundation. Mr. Gilmartin will oversee all aspects of technology and information services that support the programs at CCC, WERDCC and NECC.
4. Yolanda Johnson-Davis (Name) Human Resources Director (Title) Personnel Support Oversight (Proposed Role/Function)	Ms. Johnson-Davis has over 17 years of experience as a Human Resources Professional and for the past 15 years at Gateway Foundation, now as Human Resources Director where she manages six H.R. Professionals who support over 1100 Gateway Employees. Ms. Johnson-Davis will have oversight of the H.R. and Personnel matters for Gateway's employees at CCC, WERDCC and NECC.
5. Lynn Noyes-Yamout (Name) Supply Management Director (Title) Oversight of supplies and equipment purchases (Proposed Role/Function)	Ms. Noyes-Yamout has been Director of Supply Management for Gateway Foundation for over 13 years, where she manages vendor accounts and has oversight of three full-time Supply Management Specialists who support all of Gateway's Missouri programs in the purchasing and management of vendors who provide goods and services for all of Gateway's programs.
6. Dwayne Lee (Name) Controller (Title) Oversight of all fiscal departments (Proposed Role/Function)	Mr. Lee has worked in the finance department of Gateway Foundation for over 22 years, including all functions of accounting, receivables and payables and the payroll departments. He will provide oversight to the accountants and payroll specialists who support CCC, WERDCC and NECC.

EXHIBIT E

EXPERTISE OF PERSONNEL

7. Jordan Robertson (Name) Re-entry Case Worker (Title) Supportive services and MAT coordination (Proposed Role/Function)	Mr. Robertson has provided community based case management and social services for five years, prior to beginning his position with Gateway Foundation in November 2015 as a Re-entry Case Worker. His duties include providing education about MAT to clients at **CCC,** acting as a liaison between Gateway's treatment and the medical contractor for clients interested in pre-release MAT; and providing them with comprehensive needs assessments. He assists those clients who return to the Kansas City area, providing continuous reentry services for women receiving community based treatment at ReDiscover's Alt-Care program.
8. Alan Johnson (Name) Re-entry Case Worker (Title) Supportive services and MAT coordination (Proposed Role/Function)	Mr. Johnson has provided resource development and community based social services for over 15 year prior to joining Gateway Foundation in October of 2015. His duties include providing education about MAT to clients at WERDCC and NECC, acting as a liaison between Gateway's treatment and the medical contractor for clients interested in pre-release MAT; and providing them with comprehensive needs assessments and identification of community resources to meet identified social support needs.

LICENSES AND CERTIFICATIONS

No. 8157

Missouri Credentialing Board

Hereby recognizes that

Shawn T. Autry

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor II

Awarded on October 27, 2015

Missouri Credentialing Board, Inc.
MCB

Stacy Langendorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original instrument on website

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Shawn T. Autry
LEVEL RASAC II
CERTNO 8157
CERTDATE 10/27/2015
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 8259

Missouri Credentialing Board

Hereby recognizes that

Tiffany D. Autry

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor II

Awarded on February 2, 2016

Missouri Credentialing Board, Inc.
MCB

Stacy Langendorfer
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original 12/1/11

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Tiffany D. Autry
LEVEL RASAC II
CERTNO 8259
CERTDATE 2/2/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 9012

Missouri Credentialing Board

Hereby recognizes that

Tiffany L. Eckert

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

December 28, 2015-December 28, 2016

Missouri Credentialing Board, Inc.
MCB

Stacy Langendorf
Executive Director

Scott Breedlove
Assistant Executive Director

viewed original 1/4/16
Breedlove

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
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help@msapcb.com

Name Tiffany L. Eckert
LEVEL RASAC I
CERTNO 9012
CERTDATE 12/28/2015
STATUS Active
EXPDATE 12/28/2016
MSAPCB Supervision Number

Print This Page

No. 7953

Missouri Credentialing Board

Hereby Certifies that

Kimberly S. Ellis

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date **October 31, 2017**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kimberly S. Ellis
LEVEL CRADC
CERTNO 7953
CERTDATE 5/19/2014
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 6919

Missouri Credentialing Board

Hereby Certifies that

Kimberly S. Ellis

Continues to meet the standards and qualifications
of a Medication Assisted Recovery Specialist
as determined by the Board.

President

Expiration Date **October 31, 2017**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kimberly S. Ellis
LEVEL MARS
CERTNO 6919
CERTDATE 10/29/2015
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

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No. 8904

Missouri Credentialing Board

Hereby recognizes that

Shelby L. Guilford

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

November 18, 2015-November 18, 2016

Missouri Credentialing Board, Inc.
MCB

Stacy Langendorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original 11/28/15

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Shelby L. Guilford
LEVEL RASAC I
CERTNO 8904
CERTDATE 11/18/2015
STATUS Active
EXPDATE 11/18/2016
MSAPCB Supervision Number

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No. 3763

Missouri Credentialing Board

Hereby Certifies that

Kyra Haney

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date **October 31, 2017**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Kyra B. Haney
LEVEL CRADC
CERTNO 3763
CERTDATE 10/5/2009
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number 875

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No. 7908

Missouri Credentialing Board

Hereby Certifies that

Emily Harbert

Continues to meet the standards and qualifications
of a Recognized Associate Substance Abuse Counselor II
as determined by the Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed original
BSedlak 10/26/15

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Emily A. Harbert
LEVEL RASAC II
CERTNO 7908
CERTDATE 4/17/2014
STATUS Active
EXPDATE 10/31/2016
MSAPCB Supervision Number

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No. 6391

Missouri Credentialing Board

Hereby Certifies that

Natalie E. H. Hutchison

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2016

Viewed on file 11/1/16

Missouri Substance Abuse Professional Credentialing Board

P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Natalie E.H. Hutchison
LEVEL CRADC
CERTNO 6391
CERTDATE 3/20/2013
STATUS Active
EXPDATE 10/31/2016
MSAPCB Supervision Number 1081

Print This Page

No. 7402

Missouri Credentialing Board

Hereby Certifies that

Amanda Lee

Continues to meet the standards and qualifications
of a Recognized Associate Substance Abuse Counselor II
as determined by the Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Amanda M. Lee
LEVEL RASAC II
CERTNO 7402
CERTDATE 5/20/2014
STATUS Active
EXPDATE 10/31/2016
MSAPCB Supervision Number

Print This Page

No. 7911

Missouri Credentialing Board

Hereby recognizes that

Blake C. Reed

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Alcohol Drug Counselor

Awarded on December 19, 2015

Missouri Credentialing Board, Inc.
Protecting the Citizens of Missouri
MCB

Stacy Langendorf
Executive Director

Scott Beedlove
Assistant Executive Director

Viewed Original
12/31/15 [illegible]

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Blake C. Reed
LEVEL CADC
CERTNO 7911
CERTDATE 12/19/2015
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 9109

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Blake C. Reed

has met all the standards and qualifications required of a gambling counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Gambling Disorder Counselor

Awarded on March 9, 2016

Missouri Substance Abuse Professional Credentialing Board, Inc.
MSACCB
Inc. June 1977

President

Alicia Ozenberger MACSAPP

Secretary

Viewed signed Blake Reed 2/11/16

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Blake C. Reed
LEVEL CGDC
CERTNO 9109
CERTDATE 3/9/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 8546

Missouri Credentialing Board

Hereby recognizes that

Blake Reed

has completed the required Medication Assisted Recovery Specialist Training Program
and is hereby conferred the title of

Medication Assisted Recovery Specialist

Awarded on June 16, 2015

Stacy Langendorf
Executive Director

Scott Breedlove
Assistant Director

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Blake C. Reed
LEVEL MARS
CERTNO 8546
CERTDATE 6/16/2015
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 8909

Missouri Credentialing Board

Hereby recognizes that

Tessa K. Rick

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

November 24, 2015-November 24, 2016

Missouri Credentialing Board, Inc.
Protecting the citizens of Missouri
MCB

Stacy Lingendorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original
11/25/15
Breedlove

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Tessa K. Rick
LEVEL RASAC I
CERTNO 8909
CERTDATE 11/24/2015
STATUS Active
EXPDATE 11/24/2016
MSAPCB Supervision Number

Print This Page

No. 9026

Missouri Credentialing Board

Hereby recognizes that

Max B. Roberts

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor II

Awarded on January 7, 2016

Missouri Credentialing Board, Inc.
Protecting the citizens of Missouri
MCB

Stacy Langendorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original
Alice Bluedler

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Max B. Roberts
LEVEL RASAC II
CERTNO 9026
CERTDATE 1/7/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

No. 8763

Missouri Credentialing Board

Hereby recognizes that

Amanda R. Scott

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

September 4, 2015-September 4, 2016

Stacy Langndorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original 9/11/..

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Amanda R. Scott
LEVEL RASAC I
CERTNO 8763
CERTDATE 9/4/2015
STATUS Active
EXPDATE 9/4/2016
MSAPCB Supervision Number

Print This Page

No. 6518

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Lydia Shiflett

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Missouri Substance Abuse Professional Credentialing Board

P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Lydia C. Shiflett
LEVEL CRADC
CERTNO 6518
CERTDATE 2/28/2014
STATUS Active
EXPDATE 10/31/2016
MSAPCB Supervision Number 1200

Print This Page

No. 7726

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Jessica R. Zeger

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on February 11, 2015

Missouri Credentialing Board, Inc.
Protecting the citizens of Missouri
MCB

President

Secretary

Viewed original 2/10/15 Bredlock

No. 7726

Missouri Credentialing Board

Hereby Certifies that

Jessica R. Zeger

has met the standards and qualifications required of a
Certified Reciprocal Alcohol Drug Counselor
as determined by the Credentialing Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 7726

Missouri Credentialing Board

Hereby certifies that

Jessica R. Zeger

has met all the standards and qualifications
required of an alcohol drug counselor as
determined by the Credentialing Board and is
hereby conferred the title of
Certified Reciprocal Alcohol Drug Counselor
Awarded on February 11, 2015

Clif Johnson
President
Alicia Ozenberger
Secretary

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name	Jessica R Zeger
LEVEL	CRADC
CERTNO	7726
CERTDATE	2/11/2015
STATUS	Active
EXPDATE	10/31/2016
MSAPCB Supervision Number	1259

Print This Page

No. 8296

Missouri Credentialing Board

Hereby recognizes that

Richard A. Zuptich

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor II

Awarded on January 19, 2016

Missouri Credentialing Board, Inc.
Protecting the citizens of Missouri
MCB

Stacy Langendorf
Executive Director

Scott Reedlove
Assistant Executive Director

Viewed original 1/25/16 Reedlove

Missouri Substance Abuse Professional Credentialing Board
P.O. Box 1250, Jefferson City, Missouri 65102-1250
573-751-9211, fax: 573-522-2073
help@msapcb.com

Name Richard A. Zuptich
LEVEL RASAC II
CERTNO 8296
CERTDATE 1/19/2016
STATUS Active
EXPDATE 10/31/2017
MSAPCB Supervision Number

Print This Page

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Committee for Professional Counselors

Provisional License Professional Counselor

VALID THROUGH DECEMBER 02, 2018
ORIGINAL CERTIFICATE/LICENSE NO. 2015042360

WENDY BRYANT
LAURA RAUSCHER-2005009025
GATEWAY FOUNDATION
13698 AIRPORT RD
BOWLING GREEN MO 63334
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Viewed original 11/8/14 MB Mical Brown Cerro Drug Dr.

No. 4613

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Wendy Bryant

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2016

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 6872

Missouri Credentialing Board

Hereby Certifies that

Angela Moro

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

viewed original
11/19/15

No. 4771

Missouri Credentialing Board

Hereby Certifies that

Michelle Raine

Continues to meet the standards and qualifications
of a Certified Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

NBT NOV. 12015

No. 3323

Missouri Credentialing Board

Hereby Certifies that

Mary Vest

Continues to meet the standards and qualifications
of a Registered Substance Abuse Professional
as determined by the Board.

President

Expiration Date April 30, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Wendy Barnes NCC Director 5/11/15

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Committee for Professional Counselors

Licensed Professional Counselor

VALID THROUGH JUNE 30, 2017
ORIGINAL CERTIFICATE/LICENSE NO: 2015023144

MICAH D BROWN

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Copy
viewed original
5-31-16
Candace Lown, Office manager

Viewed original 2-25-15 Michelle Brooks AAI

No. 8302

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Mary R. Calvin

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor II

Awarded on February 19, 2015

Missouri Substance Abuse Counselors Certification Board, Inc.
MSACCB
Inc. June 1977

President

Alicia Ozenberger MACSAPP
Secretary

No. 7616

Missouri Credentialing Board

Hereby Certifies that

Elise K. Cox

has met the standards and qualifications required of a
Certified Alcohol Drug Counselor
as determined by the Credentialing Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 7616

Missouri Credentialing Board

Hereby certifies that

Elise K. Cox

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of
Certified Alcohol Drug Counselor
Awarded on September 17, 2015

Clif Johnson
President
Alicia Ozenberger
Secretary

Viewed original
10-8-15
Michelle Brooks AAI

No. 4211

Missouri Credentialing Board

Hereby Certifies that

Rose Cox

has met the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.

President

Expiration Date April 30, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed original 12-21-15
Michelle Brooks AAI

No. 5115

Missouri Credentialing Board

Hereby Certifies that

Rose Cox

Continues to meet the standards and qualifications
of a Certified Co-Occurring Disorders Professional-Diplomate
as determined by the Board.

President

Expiration Date April 30, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed original 12-21-15
Michelle Brooks
AAI

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Committee for Professional Counselors

Licensed Professional Counselor

VALID THROUGH JUNE 30, 2017
ORIGINAL CERTIFICATE/LICENSE NO. 2011027175

CURTIS E DENHAM

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Viewed original 6-6-16
Michelle Brooks AAI

Viewed original 12-30-15 M Michelle Brook AAI

No. 8949

Missouri Credentialing Board

Hereby Certifies that

Curtis Denham

has met the standards and qualifications required of a
Medication Assisted Recovery Specialist
as determined by the Credentialing Board.

President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 8949

Missouri Credentialing Board

Hereby certifies that

Curtis Denham

has met all the standards and qualifications
required of a medication assisted recovery specialist as
determined by the Credentialing Board and is
hereby conferred the title of
Medication Assisted Recovery Specialist
Awarded on December 11, 2015

Clif Johnson
President
Alicia Ozenberger
Secretary

No. 7227

Missouri Substance Abuse Professional Credentialing Board

Hereby recognizes that

Stacy J. Donhardt

has met all the standards and qualifications required of an alcohol drug counselor as determined by the Credentialing Board and is hereby conferred the title of

Certified Reciprocal Alcohol Drug Counselor

Awarded on July 21, 2015

Missouri Credentialing Board, Inc.
Protecting the Citizens of Missouri
MCB

Cliff Johnson
President

Alicia Ornbeyn MACSAPP
Secretary

Viewed original July 30, 2015 Michelle Brook AAI

No. 4166

Missouri Credentialing Board

Hereby Certifies that

Marisa Echternkamp

has met the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.

President

Expiration Date April 30, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed
May 15, 2015
Michelle Brooks
AAI

No. 3850

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Carol Hays

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2016

Viewed Original 11-3-14
Michelle Brooks AAI

No. 8521

Missouri Credentialing Board

Hereby Certifies that

Carol Hays

has met the standards and qualifications required of a
Medication Assisted Recovery Specialist
as determined by the Credentialing Board.

President

Expiration Date **October 31, 2016**

Viewed originals
7-17-15
Michelle Brooks
AAI

No. 4545

Missouri Credentialing Board

Hereby Certifies that

A'ndrea Hyde

has met the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.

President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed
Original
November 4th
2015
Michelle
Brooks MAI

No. 2478

Missouri Credentialing Board

Hereby Certifies that

A'ndrea Hyde

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date **October 31, 2017**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed original November 4th
Michelle Brooks A

No. 8530

Missouri Credentialing Board

Hereby Certifies that

Cynthia Johnson

has met the standards and qualifications required of a
Medication Assisted Recovery Specialist
as determined by the Credentialing Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 8530

Missouri Credentialing Board

Hereby certifies that

Cynthia Johnson

has met all the standards and qualifications
required of a medication assisted recovery specialist as
determined by the Credentialing Board and is
hereby conferred the title of
Medication Assisted Recovery Specialist
Awarded on June 16, 2015

Clif Johnson
President
Alicia Ozenberger
Secretary

Recieved
7-17-15
Michelle Brooks
AAI

No. 6636

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Cynthia Johnson

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2016

Michelle Brooks AAI
Viewed original 11-13-14

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 4596

Missouri Credentialing Board

Hereby Certifies that

Deanna McMorris

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2017

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed
Original
11-4-15
Michelle
Brooks AAI

No. 9013

Missouri Credentialing Board

Hereby recognizes that

Jo Ann Myers

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

December 28, 2015-December 28, 2016

Missouri Credentialing Board, Inc.
MCB

Stacey Langendorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed Original December 30th 2015 Michelle Brooks AAI

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Committee for Professional Counselors

Provisional License Professional Counselor

VALID THROUGH APRIL 25, 2019
ORIGINAL CERTIFICATE/LICENSE NO. 2016013568

TRISHA OGDEN
CURTIS DENHAM - 2001027175
GATEWAY FOUNDATION
1101 E HWY 54
VANDALIA MO 63382
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Viewed original
5/10/16
Michelle Brooks AAI

No. 2426

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Marilyn Post

Continues to meet the standards and qualifications
of a Certified Reciprocal Alcohol Drug Counselor
as determined by the Board.

President

Expiration Date October 31, 2016

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Viewed original 11-5-14
Michelle Brooks AAI

No. 4298

Missouri Substance Abuse Professional Credentialing Board

Hereby Certifies that

Marilyn Post

has met the standards and qualifications
of a Certified Criminal Justice Addictions Professional
as determined by the Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

Mailed original 11-5-14
Michelle Brooks AAI

No. 7978

Missouri Credentialing Board

Hereby Certifies that

Julia L. Price

has met the standards and qualifications required of a
Certified Reciprocal Alcohol Drug Counselor
as determined by the Credentialing Board.

President

Expiration Date **October 31, 2016**

Above is a 5x7 mini certificate to be displayed with your large certificate. This mini certificate indicates your renewal/expiration date. This certificate will be replaced after each renewal.

No. 7978

Missouri Credentialing Board

Hereby certifies that

Julia L. Price

has met all the standards and qualifications
required of an alcohol drug counselor as
determined by the Credentialing Board and is
hereby conferred the title of
Certified Reciprocal Alcohol Drug Counselor
Awarded on December 9, 2014

Clif Johnson
President
Alicia Ozenberger
Secretary

Viewed original
11-10-15 Michelle Brooks
AAII

Viewed original 5/2/16 Michelle Brooks HAI

No. 9166

Missouri Credentialing Board

Hereby recognizes that

Carrie M. Skinner

has met all the standards and qualifications required of a recovery support specialist as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

April 27, 2016-April 27, 2017

Missouri Credentialing Board, Inc.
Protecting the citizens of Missouri
MCB

Stacy Langendorf
Executive Director

Scott Deedlove
Assistant Executive Director

No. 8173

Missouri Credentialing Board

Hereby recognizes that

Tiffany J. Tice

has met all the standards and qualifications required of an associate substance abuse counselor as determined by the Credentialing Board and is hereby conferred the title of

Recognized Associate Substance Abuse Counselor I

November 9, 2015-November 9, 2016

Missouri Credentialing Board, Inc.
MCB

Stacy Langendorf
Executive Director

Scott Breedlove
Assistant Executive Director

Viewed original 12-22-15 Michelle Brooks AAI

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
State Committee for Social Workers

Clinical Social Worker (LCSW)

VALID THROUGH SEPTEMBER 30, 2016
ORIGINAL CERTIFICATE/LICENSE NO. 2003020116

ANNA MICHAELE WILSON
141 MORGAN LANE
EOLIA, MO 63344
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

APPENDIX:

TCU Trauma Form (TCU TRMAForm)

TCU Physical and Mental Health Status Screen (TCU HLTHForm)

Addiction Severity Index

Expanded Mental Health Assessment

Orientation Test

Training Policies & Documentation

Re-Entry Needs Assessment- Service Plan

DMH Exception Waivers

TCU Trauma Form

Client ID#	Today's Date	Facility ID#	Zip Code	Administration

TCU TRMAFORM

Instructions: Below is a list of PROBLEMS and COMPLAINTS that people sometimes have in response to stressful experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the PAST MONTH.

	Not at all (1)	*A little bit (2)*	*Moder-ately (3)*	*Quite a bit (4)*	*Extre-mely (5)*
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?	O	O	O	O	O
2. Repeated, disturbing dreams of a stressful experience?	O	O	O	O	O
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	O	O	O	O	O
4. Feeling very upset when something reminded you of a stressful experience?	O	O	O	O	O
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when reminded of a stressful experience?	O	O	O	O	O
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	O	O	O	O	O
7. Avoiding activities or situations because they reminded you of a stressful experience?	O	O	O	O	O
8. Trouble remembering important parts of a stressful experience?	O	O	O	O	O
9. Loss of interest in activities that you used to enjoy?	O	O	O	O	O
10. Feeling distant or cut off from other people?	O	O	O	O	O
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	O	O	O	O	O

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Client ID#	Today's Date	Facility ID#	Zip Code	Administration

	Not at all (1)	*A little bit* (2)	*Moder-ately* (3)	*Quite a bit* (4)	*Extre-mely* (5)
12. Feeling as if your future will somehow be cut short?	O	O	O	O	O
13. Trouble falling or staying asleep?	O	O	O	O	O
14. Feeling irritable or having angry outbursts?	O	O	O	O	O
15. Having difficulty concentrating?	O	O	O	O	O
16. Being "super-alert" or watchful or on guard?	O	O	O	O	O
17. Feeling jumpy or easily startled?	O	O	O	O	O

From Weathers, Litz, Huska, Keane (1994). National Center for PTSD: Boston, MA

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TCU Physical and Mental Health Status Screen

Client ID#	Today's Date	Facility ID#	Zip Code	Administration

TCU HLTHFORM

1. How many TIMES IN THE PAST YEAR have you gone to a hospital or clinic or seen a doctor or nurse for health problems?

   O None O 1 time O 2-3 times O 4-10 times O Over 10 times

	None of the time (1)	*A little of the time (2)*	*Some of the time (3)*	*Most of the time (4)*	*All of the time (5)*
During the PAST YEAR, how often have you had any of these problems or types of diseases –					
2. stomach problems or ulcers?	O	O	O	O	O
3. bone/joint problems?	O	O	O	O	O
4. kidney infection or problems?	O	O	O	O	O
5. bladder infection or problems?	O	O	O	O	O
6. liver or gall bladder problems?	O	O	O	O	O
7. intestinal or bowel problems?	O	O	O	O	O
8. heart disease or problems?	O	O	O	O	O
9. sexually transmitted disease (STD)?	O	O	O	O	O
10. skin disease or skin problems?	O	O	O	O	O
11. other medical or physical problems?	O	O	O	O	O
During the PAST 30 DAYS, how often did you feel –					
12. tired out for no good reason?	O	O	O	O	O
13. nervous?	O	O	O	O	O
14. so nervous that nothing could calm you down?	O	O	O	O	O
15. hopeless?	O	O	O	O	O
16. restless or fidgety?	O	O	O	O	O
17. so restless that you could not sit still?	O	O	O	O	O
18. depressed?	O	O	O	O	O
19. so depressed that nothing could cheer you up?	O	O	O	O	O
20. that everything was an effort?	O	O	O	O	O
21. worthless?	O	O	O	O	O

*From Kessler, Barker, Colpe et al. (2003). *Archives of General Psychiatry, 60*(2), 184-189.

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Addiction Severity Index

Addiction Severity Index 5th Edition

DENS Clinical/Training Version

A. Thomas McLellan, Ph.D.
Deni Carise, Ph.D.
Thomas H. Coyne, MSW

Remember: This is an interview, not a test.

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:
- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not to give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. Terminate interview if client misrepresents two or more sections.
4. When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:
- ⇒ Last two items in each section.
- ⇒ Do not over-interpret.
- ⇒ Denial does not necessarily warrant misrepresentation.
- ⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/ proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsperson, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes, Dalmane, Halcion
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:
- Antidepressants,
- Ulcer Meds = Zantac, Tagamet
- Asthma Meds = Ventoline Inhaler, Theodur
- Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- ⇒30 day questions only require the number of days used.
- ⇒Lifetime use is asked to determine extended periods of use.
- ⇒Regular use = 3 or more times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, or 5 or more drinks in one day defines "intoxication".
- ⇒How to ask these questions:
  - → "How many days in the past 30 have you used....?"
  - → "How many years in your life have you regularly used....?"

GENERAL INFORMATION

General Client Information | General Info (G14-G15) | General Info (G16-G20)

General Information

G4. Date of Admission:

G5. Date of Interview:

G6. Date/Time Begun: G7. Date/Time Ended:

G8. Class:

G9. Contact Code:

G10. Gender: G11. Interviewer Code

G12. Special: (Code if interview not completed)

General Client Information | General Info (G14-G15) | General Info (G16-G20)

General Information

First Middle

Address

Apt/Suite

City: State: Zip:

G14. For how long have you lived at your current address? yrs mos

G15. Is this residence owned by you or your family?

Site 0001

General Client Information | General Info (G14-G15) | General Info (G16-G20)

General Information

G16. Date of Birth: 01/12/1977

G51. Of what race do you consider yourself? (select one or more)

- American Indian
- Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

Other Specify:

G52. Of what ethnic category do you consider yourself?

G18. Do you have a Religious Preference?

G19. Have you been in a controlled environment in the past 30 days?

G20. How many days?

G50. Expected treatment modality most appropriate for patient:

GENERAL INFORMATION COMMENTS

(Include question number with your notes)

HINTS

G4-G5. These dates often differ. If you do not know when the person will be admitted, enter XX/XX/XXXX. If date of admission and date of interview are same date fill in both with same date. Clicking on the small arrow will produce a pop-up calendar.

G8. Most ASIs for the DENS study will be coded "intake". ASI's done on or near admission are "intakes" even if the person has been in your treatment program before. Follow-up ASIs are generally completed by interviewers completing follow-up studies.

G9. All intake ASIs should be completed in person. Many follow-up ASI's are done on the telephone after a client leaves treatment.

G14. This refers to the address listed above. Answers to this question may indicate stability and longevity of living arrangements, or could be used in determining recovery environment.

G15. This helps assess the stability of the living arrangement. Additional probes could include questions about who owns the home, etc. The patient does not have to be the owner.

G51. Ask "of what race or races do you consider yourself?" To prompt, read the racial category list. If the client says they are multi-racial, prompt them to select from the racial category list. Record Hispanic or Latino in G52, NOT as OTHER in G51.

G52. Ask "of which ethnic category do you consider yourself, Hispanic or Latino, or NOT Hispanic or Latino?" This question does not allow for specifying other ethnicities because it corresponds to the US Census 2000 questions.

G18. Ask, "do you have a religious preference?" This does not simply refer to their childhood religion. Recommended Probes: Do you have any other spiritual belief system? Are you currently active/ practicing this religion?

G19. A place, theoretically, without access to drugs/alcohol. If they have been in two controlled environments, record the one they have been in the longest. We recognize that clients may have access to alcohol and other drugs in these facilities.

G20. Refers to the total number of days in any controlled environments in the past 30 days. If they have been in two environments total the number of days in both and clarify in the comments. Code "N" if Question G19 is "No."

MEDICAL INFORMATION

MEDICAL COMMENTS
(Include question number with your notes)

Medical (M1-M5) | Medical (M6-M11)

Medical Status

M1. How many times in your life have you been hospitalized for medical problems? [ ]

M2. How long ago was your last hospitalization for a physical problem? [ ] yrs [ ] mos

M3. Do you have any chronic medical problems which continue to interfere with your life? [ ]

Specify: [ ]

M4. Are you taking any prescribed medication on a regular basis for a physical problem? [ ]

Specify: [ ]

M5. Do you receive a pension for a physical disability? [ ]

Specify: [ ]

Medical (M1-M5) | Medical (M6-M11)

Medical Status

M6. How many days have you experienced medical problems in the past 30? [ ]

M7. How troubled or bothered have you been by these medical problems in the past 30 days? [ ]

M8. How important to you now is treatment for these medical problems? [ ]

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment? [ ]

CONFIDENCE RATING

Is this information significantly distorted by:

M10. patient's misrepresentation? [ ]

M11. patient's inability to understand? [ ]

Section Comments: [ ]

HINTS

M1. Include ODs and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. Probe: Dates of the hospitalizations and what for?

M2. This question asks: "How long ago was your last hospitalization, not how long was the hospitalization. If never hospitalized (Question M1=00) then this should be "N".

M3. Chronic: refers to a medical condition (i.e. Hepatitis, Asthma, Diabetes) that requires ongoing attention (i.e. medication, dietary restriction) preventing full advantage of their abilities. Code even if the patient has adjusted to the condition.

M4. Medication prescribed by a physician for medical conditions, not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Include Workers' compensation, exclude psychiatric disability. If yes, specify type and amount of pension in the comments. Crosscheck with E15.

M6. Includes days with chronic medical problems (from M3), flu, colds, etc. Include ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.). Exclude hangovers.

M7. Prompt client with problems already discussed. Ask M7 even if client has not identified days in M6. If M6=0, and the answer for M7 is greater than zero, go back to M6 and code how many days they have been bothered by the problem.

M8. If client is currently receiving medical treatment, this can refer to need for additional treatment. Prompt client with identified problems (i.e. How interested are you in receiving treatment for the back pain you experienced the past 10 days?)

M9. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! If the client is currently receiving medical treatment, this can refer to the patient's need for additional treatment.

M10. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the patient is falsifying information throughout the entire section.

M11. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

EMPLOYMENT INFORMATION

Employ (E1-E5) | Employ (E6-E10) | Employ (E11-E18) | Employ (E19-E24)

Employment Support Status

E1. Education completed: yrs [ ] mos [ ] [redacted]

E2. Training or technical education completed: [ ] mos [redacted]

E3. Do you have a profession, trade or skill? [ ] [redacted]

Specify: [ ]

E4. Do you have a valid driver's license? [ ] [redacted]

E5. Do you have an automobile available for use? [ ] [redacted]

Employ (E1-E5) | Employ (E6-E10) | Employ (E11-E18) | Employ (E19-E24)

Employment Support Status

E6. How long was your longest full time job? [ ] yrs [ ] mos [redacted]

E7. Usual or last occupation: [ ] [redacted]

Specify: [ ]

HOLLINGSHEAD CATEGORY EXAMPLES

1.) Higher execs, major professionals, owners of large business.
2.) Business managers if medium sized businesses, lesser professions, i.e. nurses, opticians, pharmacists, social workers, teachers.
3.) Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., baker, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4.) Clerical and sales, technicians, small business (bank teller, bookkeeper, clerk, drafts person, timekeeper, secretary.)
5.) Skilled manual - usually having had training (baker, barber, brake person, chef, electrician, fire person, line person, machinist, mechanic, paperhanger, painter, repair person, tailor, welder, policeman, plumber).

E8. Does someone contribute to your support in any way? [ ] [redacted]

E9. Does this constitute the majority of your support? [ ] [redacted]

E10. Usual employment pattern, past three years: [ ] [redacted]

EMPLOYMENT COMMENTS
(Include question number with your notes)

HINTS

E1. Enter the number of years and months of education. GED = 12 years, note in comments, 16 years = bachelors degree, etc. This includes traditional schooling, and structured home-based schooling.

E2. Formal/organized training providing certificate or marketable skill only. For military training, only include training that can be used in civilian life (i.e. electronics, artillery).

E3. This refers to an employable, transferable skill acquired through training (i.e. prostitution is not considered "a profession").

E4. Valid license; not suspended/revoked. Can be from out of state. If the patient was pulled over by police while driving, would their license be considered valid? If so-code yes.

E5. If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.

E6. Full time = 35+ hours weekly; does not necessarily mean most recent job. Ask, "what was the longest you ever worked in one job full time?"

E7. Use the Hollingshead scale to record the occupation category they have worked in most of their adult life. If there is no usual occupation, record the category of the last occupation they had.

E8. Is patient receiving any regular support (i.e. cash, food, housing) from any family members or friends. Include spouse's contribution; exclude support by an institution. If living with family or friends and not paying rent, code yes.

E9. If E8 is "No", then E9 is "N/A". If E8 is yes, probe to find out if it is the majority of their support. Generally, if someone provides their food and shelter, this constitutes the majority of their support. Probe sufficiently and do not assume.

E10. Code the category that best describes their employment pattern for the last 3 years, not just the most recent employment. If there are equal times for more than one category, select the category that best represents the current situation.

Employ (E1-E5) | Employ (E6-E10) | **Employ (E11-E18)** | Employ (E19-E24)

Employment Support Status

E11. How many days were you paid for working in the past 30? [ ]

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income)? $[ ].00

E13. Unemployment compensation? $[ ].00

E14. Welfare ? $[ ].00

E15. Pension, benefits or social security? $[ ].00

E16. Mate, family or friends (money for personal expenses)? $[ ].00

E17. Illegal? $[ ].00

E18. How many people depend on you for the majority of their food, shelter, etc.? [ ]

Employ (E1-E5) | Employ (E6-E10) | Employ (E11-E18) | **Employ (E19-E24)**

Employment Support Status

E19. How many days have you experienced employment problems in the past 30? [ ]

E20. How troubled or bothered have you been by these employment problems in the past 30?

E21. How important to you now is counseling for these employment problems?

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling?

CONFIDENCE RATING

Is this information significantly distorted by:

E23. patient's misrepresentation?

E24. patient's inability to understand?

Section Comments:

EMPLOYMENT COMMENTS

(Include question number with your notes)

HINTS

E11. Total number of days paid for working. Include days not worked but paid for (i.e. paid days vacation, personal, holidays and/or sick days) Include "under the table work" (i.e. helping friends move, cutting lawns etc.).

E12. Net or "take home" pay, earned income. Include any "under the table" money (i.e. delivering pizza, cutting lawns, etc.). Do not include money from drug dealing, prostitution, etc, this will be included in E17.

E13. Unemployment Compensation. Money received after being laid-off or fired from a job.

E14. Welfare income includes cash, food stamps, and transportation money provided by an agency. This is the only place on the ASI where we include, as cash, the value of a non-cash item (i.e. food stamps).

E15. Include disability, pensions, retirement, veteran's benefits, SSI, SSDI, & workers' compensation. Do not include unemployment compensation, that was coded in E13.

E16. Include cash provided for personal expenses, (i.e. clothing). Also include unreliable sources of income, windfalls (unexpected), money from legal gambling, inheritance, tax returns, etc. Must be cash given to the patient. Crosscheck with E8.

E17. Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs received for illegal activity to a dollar value (i.e. patient engages in sex for drugs instead of cash).

E18. Must be regularly depending on patient financially. Include alimony/child support, if it is the majority of the spouse or child's support. Do not include the patient or a self-supporting spouse.

E19. Include inability to find work, if they are actively looking for work (actively going on interviews, knocking on doors, completing applications, etc.) or problems with present job such as lateness, job probation, argument with the boss, etc.

E20. Ask E20 even if patient has not identified problems in E19. If the patient is troubled by employment problems, probe what those problems are and how many days they experienced them. Go back and fill in E19 if necessary.

E21. Stress that counseling could include help in finding or preparing for a job (resume writing, job preparation and readiness evaluation and/or skills training, etc.), not giving them a job.

E22. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! Treatment for employment problems could include job training, help applying to school, a back-to-work conference with a current employer, etc.

E23. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the patient is falsifying information throughout the entire section.

E24. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

ALCOHOL AND DRUG INFORMATION

D/A (D1-D13)	D/A (D14-D18)	D/A (D19-D25)	D/A (D26-D33)	D/A (D34-D35)	Addl. Drugs

Drug / Alcohol Use

	Days in past 30	Years in Lifetime	Route of Administration
D1. Alcohol - any use at all			
D2. Alcohol - to intoxication			
D3. Heroin			
D4. Methadone			
D5. Other opiates/analgesics			
D6. Barbiturates			
D7. Other sedatives/hyp./tranq.			
D8. Cocaine			
D9. Amphetamines			
D10. Cannabis			
D11. Hallucinogens			
D12. Inhalants			
D13. More than one substance per day			

HINTS

D1a. PAST 30 DAYS: Any alcohol use at all, includes beer, wine, and liquor. Enter the number of days, not the number of times in the past thirty days. Recommended probe: Approximately how much do you drink each day?

D1b. LIFETIME USE = years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.

D1c. ROUTE OF ADMINISTRATION: The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.

D2a. PAST 30 DAYS: To intoxication is defined as 3 drinks in a sitting or 5 in a day even if the patient reports not feeling intoxicated. Drinking to "feel" the effects, catch a buzz, drinking with intention to alter a state of being are also included.

D2b. LIFETIME USE = How many years of the regular use (from D1b) did the patient drink heavily? Prompt client (i.e. "Of the 22 years you were drinking, how many were you drinking more than 3 drinks in a sitting, or to feel the effects?").

D2c. ROUTE OF ADMINISTRATION: The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.

D3-D13

- PAST 30 DAYS- Record the number of days of use. Probe for quantity and amount spent and note in comment section.
- LIFETIME USE= years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.
- ROUTE OF ADMINISTRATION- If more than one route is used, code most severe route, (i.e. shooting IV is considered more severe than intranasal use). Routes of administration are listed in order of least (oral) to most (IV) severe. Pills are usually coded as oral.

CODING HINTS

- **D3**- Speedballing (use of heroin and cocaine together) is recorded here and in the cocaine column.
- **D4**- Probe to see if client is on a Methadone program and record in the comment section. Count any Methadone use whether or not on program. Methadone is usually taken orally.
- **D5**- Prompt client with drugs in this classification (i.e. Have you ever used opiates like, Dilaudid, Vicodan, Tylenol with Codeine, Percodan, Percocet or any other opiates?). Pills are usually coded as oral.
- **D6**- Prompt client with examples of drugs in this classification.
- **D7**- Prompt with examples of drugs in this classification (i.e. Have you ever used Xanax, Valium, Klonopin, Ativan, Serax, etc.) Ask whether medications were prescribed or were they using illicit drugs.
- **D8**- Prompt with, have you ever used cocaine, crack.
- **D9**- Prompt with drugs in this classification.
- **D10**- Prompt with Marijuana, Pot, Hash etc. Cannabis is usually smoked or used orally
- **D11**- Prompt with drugs in classification.
- **D12**- Inhalants are, by definition, used nasally.
- **D13**- Help client by framing the question (i.e. you said you used Alcohol on ten days and cocaine on five days were they the same days?) Help anchor the client (i.e. you said you used alcohol for 10 years and heroin for 10 years, were these the same years?)

DRUG AND ALCOHOL INFORMATION

D/A (D1-D13) | D/A (D14-D18) | D/A (D19-D25) | D/A (D26-D33) | D/A (D34-D35) | Addl. Dru

Drug / Alcohol Use

D14. According to the interviewer, which substance(s) is/are the major problem?

D15. How long was your last period of voluntary abstinence from this major substance (in mos.)?

D16. How many months ago did this period of abstinence end?

How many times have you:

D17. Had alcohol DT's?

D18. Overdosed on Drugs?

ALCOHOL/ DRUG COMMENTS
(Include question number with your notes)

D/A (D1-D13) | D/A (D14-D18) | D/A (D19-D25) | D/A (D26-D33) | D/A (D34-D35) | Addl. Drugs

Drug / Alcohol Use

D19. How many times in your life have you been treated for alcohol abuse?

D21. How many of these were detox only (alcohol)

D23. How much money would you say you spent during past 30 days on alcohol? $ .00

D20. How many times in your life have you been treated for drug abuse?

D22. How many of these were detox only (drugs)

D24. How much money would you say you spent during past 30 days on drugs? $ .00

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?

HINTS

D14. Determine the major drug/alcohol problem. Could be just one drug, or more likely, alcohol & one or more drugs, or more than one drug but no alcohol. You could also code "no problem".

D15. How long, not how long ago. Last period of at least 1 month voluntary abstinence. Periods of hospitalization/incarceration/inpatient do not count. Periods of antabuse, methadone, or naltrexone use during abstinence does count. "00" = never abstinent.

D16. How many months ago did this abstinence end? If D15 = "00", then D16 = "N".
If patient is still abstinent, D16="00".

D17. Differentiate between "shakes" and DT's. Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

D18. Define Overdose for client. Differentiate between OD's and passing out. Overdoses (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

D19– D20. Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). Exclude psychiatric and medical treatments. Include and code dual diagnosis unit in this section and in psychiatric section. If treated in the same place for alcohol and drugs count in both D19 and D20 and make appropriate notation in the comment section.

D21-D22. If D19 = "00", then question D21 is "N". If D20 = "00", then question D22 is "N". Note: Not how many included detox, but how many were detox treatment only.

D23-D24. Only count actual money spent. Cash out of pocket. Do not count the dollar amount of drugs used. The intent of the question is to ascertain the financial burden caused by drugs/alcohol.

D25. Number of days treated. Include AA/NA. If AA and NA occurred the same days as other treatment do not count twice. Two AA/NA meetings in one day, correct coding = 1 day.

DRUG AND ALCOHOL INFORMATION

D/A (D1-D13) | D/A (D14-D18) | D/A (D19-D25) | **D/A (D26-D33)** | D/A (D34-D35) | Addl. Drugs

Drug / Alcohol Use

D26. How many days in the past 30 have you experienced alcohol problems?

D28. How troubled or bothered have you been in the past 30 days by alcohol problems?

D30. How important to you now is treatment for alcohol problems?

D27. How many days in the past 30 have you experienced drug problems?

D29. How troubled or bothered have you been in the past 30 days by drug problems?

D31. How important to you now is treatment for drug problems?

INTERVIEWER SEVERITY RATING

D32. How would you rate the patient's need for alcohol treatment?

D33. How would you rate the patient's need for drug treatment ?

D/A (D1-D13) | D/A (D14-D18) | D/A (D19-D25) | D/A (D26-D33) | **D/A (D34-D35)** | Addl. Drugs

Drug / Alcohol Use

CONFIDENCE RATING

Is this information significantly distorted by:

D34. patient's misrepresentation?

D35. patient's inability to understand?

Section Comments:

ALCOHOL/ DRUG COMMENTS

(Include question number with your notes)

HINTS:

D26-D27. Prompt client with and define problems. Include: Urges, craving, thoughts about using, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

D28-D27. Ask question even if client has not identified any days of problems in past 30. If you get a response other than "Not at all", probe to find out what they are bothered by, and record in comments. Then ask how many days and code correctly in D26 and D27.

D30-D31. If patient is in treatment, question refers to additional treatment, regardless of availability. If inconsistent, probe for clarification (i.e. troubled and bothered = "Extremely", need for treatment = "Not at all").

D32-D33. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! Treatment for alcohol or drug problems could include group or individual counseling or a support group or educational lectures.

D34. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the patient is falsifying information throughout the entire section.

D35. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

LEGAL INFORMATION

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)

Legal Status

L1. Was this admission prompted or suggested by the criminal justice system (judge, prob/parole officer, etc.)? ☐

L2. Are you on probation or parole? ☐

How many times in your life have you been arrested and charged with the following:

L3. Shoplifting/Vandalism ☐	L8. Burglary/ Larceny/ ☐	L13. Homicide/Manslaughter ☐
L4. Probation/Parole Violations ☐	L9. Robbery ☐	L14. Prostitution ☐
L5. Drug Charges ☐	L10. Assault ☐	L15. Contempt of Court ☐
L6. Forgery ☐	L11. Arson ☐	L16. Other ☐
L7. Weapons Offense ☐	L12. Rape ☐	specify:

L17. How many of these charges resulted in convictions? ☐

LEGAL COMMENTS

(Include question number with your notes)

HINTS

L1. If any member of the criminal justice system (judge, probation or parole officer, etc.) prompted the client's current admission or generally, if the client will suffer undesirable legal consequences as a result of refusing or not completing treatment.

L2. Enter "yes" if the client is currently on probation or parole. Note what they are on probation/parole for, how long have they been on it and time remaining, and the name and number of their P.O. officer if they are willing to provide it.

L3– L16. Record the number of times the client was arrested and charged (not necessarily convicted). Do not include juvenile (prior to the age of 18) crimes, unless the client is tried as an adult.

CODING HINTS

- Forgery includes attempted forgery, forgery of checks and prescriptions.
- Robbery is always a crime "against a person", not a property crime.
- Assault includes domestic violence.
- Arson includes attempted arson.
- Rape includes attempted rape.
- Homicide or manslaughter includes attempted homicide or manslaughter.
- Prostitution includes pimping.
- Contempt of court- In some states "contempt of court " is the charge levied against someone who has failed to pay support or alimony payments.
- "Other" charges cannot be those offenses covered in L18 – L20.

L17. Convictions include fines, probation, suspended sentences, incarcerations, and guilty pleas. Charges for parole and/or probation violations are automatically convictions. Do not include the misdemeanor offenses (18 – 20) in this item.

LEGAL INFORMATION

Legal (L1-L17) | **Legal (L18-L23)** | Legal (L24-L27) | Legal (L28-L32)

Legal Status

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations (reckless driving, speeding, no license, etc.)

L21. How many months were you incarcerated in your life?

L22. How long was your last incarceration? mos

L23. What was it for?

Legal (L1-L17) | Legal (L18-L23) | **Legal (L24-L27)** | Legal (L28-L32)

Legal Status

L24. Are you presently awaiting charges, trial or sentence?

L25. What for (If multiple charges, use most severe)

L26. How many days in the past 30 were you detained or incarcerated?

L27. How many days in the past 30 have you engaged in illegal activities for profit?

Legal (L1-L17) | Legal (L18-L23) | Legal (L24-L27) | **Legal (L28-L32)**

Legal Status

L26. How serious do you feel your present legal problems are?

L29. How important to you now is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services

CONFIDENCE RATING

Is this information significantly distorted by:

L31. patient's misrepresentation?

L32. patient's inability to

Section Comments:

LEGAL COMMENTS

(Include question number with your notes)

HINTS:

L18. Charges in item #L18 category may include those which generally relate to being a public annoyance without the commission of a particular crime in addition to disorderly conduct, vagrancy, and public intoxication.

L19. Includes driving under the influence, driving while impaired, as well as intoxicated.

L20. Driving violations counted in #20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc). This does not include vehicle violations, registration infractions, parking tickets, etc.

L21. Enter the total number of months the client spent in jail, prison, or detention center (whether or not the charge resulted in a conviction).

L22. Note: the question does not ask how long ago rather how long the last incarceration of two weeks or more was. Count as one month any period of incarceration two weeks or longer. Enter "N" if client has never been incarcerated.

L23. If incarcerated for several charges, enter the most serious on the "pop-down" list. If never incarcerated, enter "N". Enter "X" if the client will not discuss the charges.

L24. Enter "yes" if the client is awaiting any sort of charges, trial, or sentencing. Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

L25. If awaiting charges, trial, or sentencing for several charges, enter the most serious on the "pop-down" list. If not awaiting charges, enter "N". Enter "X" if the client will not discuss the charges.

L26. Enter number of days detained or incarcerated, even if released on the same day. Including being put in jail to sleep off a drunk, or detained and questioned by the police because s/he looked like someone who had committed a crime, etc. Only count time served is the client was charged and served time as an adult.

L27. Enter the number of days the client engaged in crime for profit. NOTE: Profit is not limited to CASH. Include drug dealing, prostitution, burglary, selling stolen goods, etc. Do not count days of drug possession or drug use.

L28. Ask L28 even if client has not identified any criminal behavior in L27. Record the client's feelings about how serious s/he feels their legal problems are, and the importance of getting (additional) counseling or referral.

L29. The client is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

L30. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! "Treatment" for legal problems generally includes the involvement of legal counsel.

L31. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

L32. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

FAMILY SOCIAL INFORMATION

F/S (F1-F6) | F/S (F7-F11) | F/S (F12-F17) | F/S (F18-F26) | F/S (F27-F35) | F/S (F36-F38)

Family / Social Relationships

F1. Marital Status:

F2. How long have you been in this marital status (If never married, then since age 18)? Yrs Mos

F3. Are you satisfied with this

F4. Usual living arrangements (past 3 years)

F5. How long have you lived in these arrangements (if with parents or family, since age 18)? Yrs Mos

F6. Are you satisfied with these arrangements?

F/S (F1-F6) | F/S (F7-F11) | F/S (F12-F17) | F/S (F18-F26) | F/S (F27-F35) | F/S (F36-F38)

Family / Social Relationships

Do you live with anyone who:

F7. Has an alcohol problem?

F8. Uses non-prescribed drugs?

F9. With whom do you spend most of your free time?

F10. Are you satisfied with spending your free time this way?

F11. How many close friends do you have?

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

HINTS

F1. Enter the code for present legal marital status. If married, probe to see if this is his/her first marriage, if not code "Remarried". Consider common law marriage "Married", with a notation in the comment section.

F2. Enter number of years and months client has been in the current marital status. If never married, (from F1), the number of years from age 18 will automatically be entered.

F3. This question refers to the marital status coded in F1. A "satisfied" response must indicate that the client generally likes the situation, not that he/she is merely resigned to it.

F4. Code the situation in which the client spent most of the last three years, even if it is different from his or her most recent living arrangement. If the client lived in several arrangements choose the most representative of the past 3 years.

F5. Refers to the arrangement coded above, not necessarily the most current. For clients who usually live with parents, enter the number of years residing there since age 18 in item #5.

F6. This question refers to the living arrangement coded in F4. A "satisfied" response must indicate that the client generally likes the situation, not that he/she is merely resigned to it.

F7. Code "yes" if the client reports that an individual with an active alcohol problem lives with them (in the case of most outpatient treatment settings) or in the environment the client expects to return to following inpatient treatment.

F8. Code "yes" if the client reports an individual with any form of drug use lives with them, or for inpatients, in the environment the client expects to return to. This includes abusers of prescribed drugs.

F9. Immediate and extended family, in-laws, are coded under "Family". "Friends" can be any of the client's associates other than family members, and related problems with friends will be considered "Social" problems in later questions.

F10. A "Yes" response must indicate that the client generally likes the situation, not that s/he is merely resigned to it. Merely resigned to a situation is coded as "Indifferent". A "No" response indicates the client generally dislikes the situation.

F11. Stress "close". Exclude family members. These are reciprocal relationships or mutually supportive relationships. Determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship.

FAMILY/ SOCIAL INFORMATION

F/S (F1-F6) | F/S (F7-F11) | **F/S (F12-F17)** | F/S (F18-F26) | F/S (F27-F35) | F/S (F36-F38)

Family / Social Relationships

Would you say you've had a close reciprocal relationship with any of the following people:

F12.Mother: [ ]

F13. Father: [ ]

F14. Brothers/Sisters: [ ]

F15. Sexual Partner/ Spouse: [ ]

F16. Children: [ ]

F17. Friends: [ ]

HINTS

F12-F17. Define "reciprocal" by meaning that you would do anything you could to help this person out and vice versa. Is this relationship valued (beyond simple self-benefit)? Code "no" if there never was the opportunity for this relationship.

F14-F17. Code "Never had" option if you don't have any brothers or sisters.

F/S (F1-F6) | F/S (F7-F11) | F/S (F12-F17) | **F/S (F18-F26)** | F/S (F27-F35) | F/S (F36-F38)

Family / Social Relationships

Have you had significant periods in which you have experienced serious problems getting along with:

	PAST 30 DAYS	LIFETIME
F18. Mother	[ ]	[ ]
F19. Father	[ ]	[ ]
F20. Brothers/sisters	[ ]	[ ]
F21. Sexual Partner/Spouse	[ ]	[ ]
F22. Children	[ ]	[ ]
F23. Other Significant Family	[ ]	[ ]
F24. Close Friends	[ ]	[ ]
F25. Neighbors	[ ]	[ ]
F26. Co-workers	[ ]	[ ]

NO, YES, N

(specify) [ ]

HINTS

F18-F26. Serious problems are those that endanger the relationship.

- PAST 30 DAYS- If the client has not been in contact with the person in the past 30 days, or if the person is deceased, it should be coded as "N/A." Problems require contact either in person or on the phone.
- LIFETIME- If the client has not been in a relationship with the person during their lifetime, it should be coded as "N/A." Problems require contact either in person or on the phone.

CODING HINTS

- If the client has never been in contact with their mother or father, F18/F19 should be coded as N/A.
- If the person is deceased, the question should be coded as "N/A."
- If the client has never had brothers, sisters, a sexual partner, children, significant family, close friends, neighbors or co-workers (ie: they have never worked), the question should be coded as N/A.
- The term "Sexual Partner/ Spouse" includes any regular, important sexual relationship.

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

FAMILY/ SOCIAL INFORMATION

F/S (F1-F5) | F/S (F7-F11) | F/S (F12-F17) | F/S (F18-F26) | **F/S (F27-F35)** | F/S (F36-F38)

Family / Social Relationships

Has anyone ever abused you?

	PAST 30	LIFETIME
F27. Emotionally (through harsh words)		
F28. Physically (cause you physical harm)		
F29. Sexually (force sexual advances or sexual acts)		

F30. How many days in the past 30 have you had serious conflicts with your family?

F32. How troubled or bothered have you been in the past 30 days by family problems?

F34. How important to you now is treatment or counseling for family problems?

F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?

F33. How troubled or bothered have you been in the past 30 days by social problems?

F35. How important to you now is treatment or counseling for social problems?

F/S (F1-F5) | F/S (F7-F11) | F/S (F12-F17) | F/S (F18-F26) | F/S (F27-F35) | **F/S (F36-F38)**

Family / Social Relationships

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATING

Is this information significantly distorted by:

F37. patient's misrepresentation?

F38. patient's inability to understand?

Section Comments:

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

HINTS

F27. Emotional abuse includes belittling the client, harsh verbal abuse, etc. This will generally be coded by what the client reports. It will be difficult to judge whether the abuse reported (or lack of it) would be considered abuse to another person.

F28. Include any level of physical harm inflicted on the client, regardless of the relationship to the abuser. Simple spankings or other punishments should not be counted as abuse unless they were (in the eyes of the client) extreme and unnecessary.

F29. Sexual abuse is not confined to intercourse, but should be counted if the client reports any type of unwanted/forced advances of a sexual nature by a member of either sex, including their sexual partner.

F30 -F31. Conflicts require personal (or at least telephone) contact. Stress number of days of serious conflicts (e.g., arguments, verbal abuse, etc.) with family or non-family members. Conflicts usually jeopardize the relationship with the person involved.

F32 -F33. Use the Patient Rating Scale to record the client's feelings about how bothersome any previously mentioned family or social (non-family) problems have been in the last month including any dissatisfaction, conflicts, etc., reported in the Family/Social section.

F34-F35. Use the Patient Rating Scale - how interested would they be in receiving counseling or additional counseling for Family or Social problems. Not necessarily family therapy, could be just counseling for them to deal with their family problems. Could include anger management, counseling around trust issues, etc.

F36. Use your interviewer range. Remember your scale is 0-9; don't use the client's 0-4 scale! "Treatment" for family/social problems can include family counseling, anger management, building networks of sober friends, couples counseling, etc.

F37. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

F38. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

PSYCHOLOGICAL INFORMATION

Psychological (P1-P11) | Psychological (P12-P20) | Psychological (P21-P23) | Additional Questions

Psychiatric Status

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital?

P2. As an Out Patient or Private Patient?

P3. Do you receive a pension for a psychiatric disability?

Have you had a significant period of time in which you have:	PAST 30 DAYS	LIFETIME
P4. Experienced serious depression?		
P5. Experienced serious anxiety or tension?		
P6. Experienced hallucinations-saw things/heard voices that others didn't see/hear?		
P7. Experienced trouble understanding, concentrating or remembering?		
P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?		
P9. Experienced serious thoughts of suicide?		
P10. Attempted suicide?		
P11. Been prescribed medication for psychological and emotional problems?		

HINTS

P1. Include treatment for any type of psychiatric problem while inpatient. This includes inpatient substance abuse treatment if psychiatric treatment was received while in this setting. The client does not have to be on an inpatient psychiatric unit.

P2. This includes any type of treatment for any type of psychiatric problem on an outpatient basis. Exclude substance abuse, employment, or family counseling (unless psychiatric treatment was received in these settings).

P3. This includes only pensions (money) received for support because of a psychiatric disability. Do not include medical disability here.

P4-P7: PAST 30 DAYS- Last 30 days. Not due to the biochemical effects of drug or alcohol intoxication, or withdrawal
LIFETIME- Duration at least 2 weeks. Not due to the biochemical effects of drug or alcohol intoxication, or withdrawal.

CODING HINTS

- Serious depression usually includes hopelessness, loss of interest in daily activities, etc.
- Serious anxiety includes unreasonable tension, inability to relax, pacing, etc.
- Hallucinations include "hearing or seeing things other people don't see or hear".
- Trouble understanding, concentrating, or remembering includes serious difficulties with these symptoms.

P8- P10: PAST 30 DAYS and LIFETIME- These problems are of sufficient importance that their brief existence warrants that they be recorded even if caused by or associated with alcohol or drug use.

CODING HINTS

- Problems with violence Include violence towards people, animals, or objects.
- Problems with thoughts of suicide Include any serious thoughts, especially if the client made a plan for how they would commit suicide.
- Suicide attempts Include any attempt the client identifies even if you don't think the attempt was potentially lethal.

P11: PAST 30 DAYS- Last 30 days.
LIFETIME- Duration at least 2 weeks.

CODING HINTS

- Must have been prescribed by a physician for a psychiatric or emotional problem for use. Record yes if the medication was prescribed, even if the client did not take it. Probe for name of medication, illness, etc.

PSYCHOLOGICAL COMMENTS
(Include question number with your notes)

PSYCHOLOGICAL INFORMATION

Psychological (P1-P11) | **Psychological (P12-P20)** | Psychological (P21-P23)

Psychiatric Status

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P14. How important to you now is treatment for these psychological problems?

At the time of the interview is the patient:

P15. Obviously depressed/withdrawn

P16. Obviously hostile

P17. Obviously anxious/nervous

P18. Having trouble with reality testing, thought disorders, paranoid thinking

P19. Having trouble comprehending, concentrating, remembering

P20. Having suicidal thoughts

Psychological (P1-P11) | Psychological (P12-P20) | **Psychological (P21-P23)**

Psychiatric Status

INTERVIEWER SEVERITY RATING

P21. How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATING

Is this information significantly distorted by:

P22. patient's misrepresentation?

P23. patient's inability to understand?

Section Comments:

PSYCHOLOGICAL COMMENTS
(Include question number with your notes)

HINTS:

P12. Record the number of days that the client has experienced the previously mentioned psychological or emotional problems. Be sure to have the client restrict his/her responses to those problems counted in questions 4 through 10.

P13. Use the patient rating scale to record the client's feelings about how bothersome any previously mentioned psychological or emotional problems have been in the last month. Include those symptoms from questions P4 through P10.

P14. Use the patient rating scale to record how interested they would be in receiving counseling or additional counseling for psychiatric or emotional problems. Not necessarily medications, could be individual or group therapy.

P15– P20. Rating is based on interviewer observations of the client. The interviewer should use clinical judgment based upon the client's behavior and answers during the interview.

CODING HINTS

Count only the presence of:

- P15- Overt depression or withdrawn behavior.
- P16- Overtly hostile behavior or attitude.
- P17- Obvious anxiety or nervousness.
- P18- Overt psychotic symptoms.
- P19- Serious trouble understanding, concentrating, or remembering.
- P20- Include if the client is having any type of suicidal thoughts. *** *If "Yes," please inform your supervisor****

P21. Use your interviewer range. Remember your scale is 0-9; don't use the client's 0-4 scale! "Treatment" for psychiatric or emotional problems can include group or individual therapy, and may not always include medications.

P22. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

P23. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

DSM-IV Dependence Questions | DSM-IV Abuse Qu

YES, NO X

	Alcohol	Drugs
1. During the past year, did you ever notice that the same amounts of drugs or alcohol don't have the same effect as they used to or that you had to drink more alcohol or use more drugs to get the same effect?		
2. During the past year have you either experienced physical distress when you have quit drinking or taking drugs or have you found yourself taking alcohol or a drug to avoid withdrawal symptoms?		
3. During the past year have you used more alcohol or drugs or used over a longer period of time than you had originally planned?		
4. During the past year have you wanted or tried unsuccessfully to cut down or control your substance use?		
5. During the past year have you spent a great deal of time either obtaining, using, or recovering from the effects of alcohol or drugs?		
6. During the past year have you given up any work, family or leisure activities because of your use of substances?		
7. During the past year have you continued to use alcohol or drugs despite knowing that you have a physical or emotional problem that is either caused by or made worse by your substance use?		

DSM-IV Dependence Questions | DSM-IV Abuse Questions

	Alcohol	Drugs
1. During the past year has your use of drugs or alcohol contributed to difficulty or inability to meet responsibilities at home, school or work?		
2. During the past year have you used drugs or alcohol even when your use could be putting yourself in physical danger (use while driving, participating in sports, operating heavy machinery, etc.)		
3. During the past year has your drug or alcohol use led to any problems with the legal system such as drunk and disorderly arrests, being pick-up for drug possession, etc?		
4. During the past year have you continued to use drugs or alcohol even though this use has contributed to problems with others such as arguments with friends or family, physical fights, etc?		

YES, NO X

DSM IV COMMENTS
(Include question number with your notes)

Hints For Dependence.

1. The need to use more of a substance to get "high/buzzed," or using the same amount, but getting less of an effect indicates tolerance – this is very important for treatment because it usually means the patient has some level of physical dependence.
2. This question is asking about withdrawal symptoms - signs of physical dependence, a very important issue in deciding on a course of treatment. Probe to insure the symptoms are due to ending or reducing prolonged substance use, not a medical condition.
3. This questions looks at possible increases in the amount of a substance(s) used or an increase in the amount of time spent using substances. Probe and note the nature of the increase in substance use.
4. This question looks it assessing the patient's inability to control the amount of substance use, it also assess' their awareness of a need to use less or use less frequently. Probe and note what methods the patient used in trying to control or cut down their substance use.
5. This question is to assess the amount of time spent getting, using, or recovering from substance use.
6. This question is used to assess the extent to which substance use has interfered with work, family, or leisure activities, such as spending less time with family members, quitting hobbies, or working fewer hours.
7. This question assess the patient's knowledge of mental or physical problems caused or worsened by continued use, such as worsening depression or schizophrenia, or increased problems with physical illness' such as diabetes or hepatitis.

Hints for Abuse

1. Probe for consequences of substance use such as: repeated absences or poor work performance related to substance use; absences, suspensions or expulsions from school; neglect of family, household chores, etc.
2. Asses if the patient has used in situations that could be physically hazardous (possible activities include driving, rock climbing, working with machinery, employment in healthcare delivery, as a lifeguard, etc.) Code even if nothing adverse occurred.
3. Probe for the types of legal problems during the past year that were connected to the patient's substance use including: property crimes to obtain money to buy drugs, possession and sale, prostitution, etc.
4. Probe for continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substances, such as arguments with family, friends, or coworkers.

CLOSING QUESTIONS

Final Questions

G50. Expected treatment modality most appropriate for patient:

G12. Special: (Code if interview not completed)

G50

- Detox (Hospital Inpatient)
- Detox (Non- Hospital Residential)
- Detox (Outpatient)
- Treatment (Hospital Inpatient)
- Treatment (Non- Hospital Residential)
- Treatment (Outpatient)
- Treatment (Outpatient Methadone Maintenance)

G12

- "Patient terminated" if the interviewer ended the interview,
- "Patient refused" if the patient ended the interview,
- "Patient unable to respond" if interview ended due to intoxication, language barrier, etc.,
- "N/A" if interview is completed.

HINTS

G50. This item can be coded after the interview is completed. Enter the type of the treatment the client will be referred to.

G12. Code:

- "Patient terminated" if the interviewer ended the interview,
- "Patient refused" if the patient ended the interview,
- "Patient unable to respond" if interview ended due to intoxication, language barrier, etc.,
- "N/A" if interview is completed.

GENERAL COMMENTS

(Include question number with your notes)

Expanded Mental Health Assessment

MENTAL HEALTH ASSESSMENT

Name: _____ Date:_____DOC Number: _____ DOB:_____

Age: _____Marital Status: Married___ Single___ Divorced___ Widowed___ Separated___ Past Marriages:_____

Past Jobs or Line of Work (Last 5 years)_____

_____

Family

Spouse / Significant Other: Age_____ Occupation_____Currently Employed_____ How long? _____

Children Age / City / State

Male_____

Female_____

Recent Moves (Last 5 years)_____

Mother Occupation:_____ City/State_____ Age_____ Age at Death_____

Father Occupation:_____ City/State_____ Age_____ Age at Death_____

Brothers Age/ City/ State_____

Sisters Age/ City/ State_____

Education

Grades K - 6 Average Grades (A . F)_____ Good Friendships: 1 2 3 4 More_____

Behavioral Problems?_____ Academic Problems?_____

Grades 7 - 9 Average Grades (A . F)_____ Good Friendships: 1 2 3 4 More_____

Behavioral Problems?_____ Academic Problems?_____

Grades 9 . 12 Average Grades (A . F)_____ Good Friendships: 1 2 3 4 More_____

Behavioral Problems?_____ Academic Problems?_____

College Years 1 2 3 4 Degree_____ Major_____ Advanced Degrees_____

Trade/Technical School_____ Area(s) of Training_____

Military Service Branch_____ Years_____ Highest Rank_____ Honorable Discharge Yes No

Behavioral/Academic Problem Details_____

_____

_____

_____

Legal History

Arrests: Number_____ Charges:_____

Convictions: Number_____ Charges:_____

Driving Under the Influence: Charged_____ Convicted:_____

Probation: Present:_____ Past:_____ Probation Officer:_____

What Offenses?_____

Suspended Drivers License: Present:_____ Past Number of Times:_____

Are you a party to any lawsuits?_____ Is this causing stress for you?_____

Are you presently involved in: Divorce Proceeding? Yes No Child Custody Dispute? Yes No

Family History

Have any of your biological relatives (mother, father, sisters, brothers, children, aunts, uncles, grandparents) suffered from any of the following conditions? Please specify which family member and whether it is a paternal (father.s side) or maternal (mother.s side) relative. (For example, maternal grandmother, paternal uncle.)

Depression_____ Alcohol Problems_____

Hyperactivity (ADD)_____ Drug Problems_____

Bed Wetting_____ Schizophrenia_____

Bipolar Disorder_____ Seizures_____

Attempted Suicide_____ Completed Suicide_____

Physical Abuse_____ Sexual Abuse_____

Problems with the Law_____ Panic Attacks_____

Learning Disability_____
Anxiety_____

Tic Disorder_____ Obsessive Compulsive Behavior_____

Thyroid Disorder_____ Diabetes_____

Mood Swings_____ Anger Problems_____

Cancer_____ Heart Issues_____

Relationships

Spouse: Poor_____ Average_____ Good_____ Parents: Poor_____ Average_____ Good_____

Brothers: Poor_____ Average_____ Good_____ Sisters: Poor_____ Average_____ Good_____

Children: Poor_____ Average_____ Good_____ Ex-Spouse: Poor_____ Average_____ Good_____

Close Friends: I can call on if in trouble: Number_____ Visit times: Weekly_____ Monthly_____ Yearly_____

Acquaintances: Number_____ Visit times: Weekly_____ Monthly_____ Yearly_____

Childhood/Family/Marital History Pertinent to Problem:

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

Who will be involved in treatment?_____

_____

Environmental Stressors
Have there been any major changes in your life or your family?

Death of friend or family member_____

Divorce_____

Moves_____

Significant Medical Problems_____

Ill Health of Family Member_____

Financial Problems_____

Abuse in Family_____

Addiction in Family_____

Violence in Family_____

Other Stressors_____

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

Description of medical conditions and/or connection with mental health issues:_____

_____

_____

_____

_____

_____

Past Psychiatric History and/or Past Mental Health Counseling (Client's assessment of problem(s), duration and precipitant.)

_____

_____

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_____

_____

Mental Status Screen

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

Mental Screen Status Details:

_____

_____

_____

_____

_____

Risk Assessment:

	No evidence of risk	Client denies evidence of risk	Evidence of risk or potential risk	Family History
Suicide	____	____	____	____
Violence/ Physical Abuse	____	____	____	____
Sexual Abuse	_____	_____	_____	_____

Risk Assessment Details:_____

_____

_____

APPROPIATENESS OF AGENCY SERVICES FOR CLIENT

Is the client appropriate for agency services? yes___ no___

If NO, please explain and identify referral resource: _____

_____

Are any of the following additional evaluations recommended?

(If YES, please note referral, date of referral, or if referral was declined)

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

Stages of Change/Developmental Model of Recovery:

Substance Use:_____

Criminality/Personality Disorders:_____

Mental Health Disorders:_____

Therapist preliminary assessment and symptoms supporting diagnosis. Please include possible areas of focus for treatment:

_____

_____

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Clinician's Signature_____ **Date**_____

Orientation Test

Name DOC Number

Wing Date

1. Clients in Phase I need to be given Verbal Pull Ups only until they phase up.

   A. True
   B. False

2. The primary goal of the Therapeutic Community is to

   A. Foster personal growth and positive change.
   B. Share information and reinforce positive change.
   C. Foster personal growth and share information.
   D. Address behaviors and provide feedback.

3. In the Therapeutic Community each client represents what?

   A. Rational authority
   B. An agent of change
   C. Part of the treatment team
   D. None of the above

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

   A. Each client will earn what she receives; you get out what you put in.
   B. Each client has to spend your canteen money once a week.
   C. Each client pays a monthly fee for meals from food service.
   D. Each client has a choice in participating or not participating.

5. Why are Wrap-Up meetings held?

   A. Community Management
   B. To take up time
   C. Structure
   D. Intervention Purposes

6. Coming off sideways is an indirect comment, being clever or witty at someone else's expense. It is the same as the phrase "coming out your neck."

Revised 04/23/2014

A. True
B. False

7. Negative contracting means what?

A. To conspire with others to circumvent rules.
B. Allowing others to break rules or exhibit negative behaviors.
C. To allow your sister to drown by saying nothing and not using house tools.
D. All of the above.

8. Taking sides with an individual who is being confronted by another individual. Giving the person being confronted an excuse for her behavior. This is an example of what?

A. Red Crossing
B. Selling wolf tickets
C. Shooting a curve
D. Silent contracting

9. The Social Norms include:

A. You will use your TC Rules and Tools in the manner intended
B. You will comply with Phase level privilege limitations and LOP.
C. You will show respect toward staff
D. A & B
E. All the above

10. To introduce yourself, the appropriate dialogue is

A. Good morning/afternoon/evening class my name is_____.
B. Hello family my names is
C. Good morning/afternoon/evening family my name is_____.
D. Hello everyone my name is_____.

11. You can not be encountered for the same issue that you may have been TPR'd for?

True or False

12 What are the components of an encounter?

A. Caring, Correction, Conviction
B. Concern, Conversation, Chocolate
C. Confrontation, Consideration, Conviction
D. Confrontation, Conversation, Closure, Social

Revised 04/23/2014

13. Which of the following is a basic component of the TC?

A. Community Activities
B. A Structured Day
C. Peers as Role Models
D. Peer Encounter Groups
E. All of the above are basic components of the TC
F. None of the above are basic components of the TC

14. Which of the following is *not* a Cardinal Rule Infraction?

A. Theft or Stealing
B. Gambling
C. Engaging in Sexual Misconduct
D. Violation of Confidentiality
E. None of the above is a Cardinal Rule Infraction
F. All of the above are Cardinal Rule Infractions

15. Which of the following is the second phase of the encounter process?

A. The Social Phase
B. The Confrontation Phase
C. The Conversation Phase
D. The Commitment phase
E. None of the above

16. Which structure position is responsible for training new crew members?

A. The Chief Expeditor
B. The Client on Duty
C. The Wing Strength
D. The Ramrod
E. No one may directly access the Program Director
F. All of the above may directly access the Program Director

17. If you are on Loss of Privileges which of the following rules must you follow

A. You must be in TC attire except for weekends and holidays
B. You may not use the Law Library
C. You may only participate in Recreation with your Big Sister
D. No TV, Radio and Tape Player Privileges
E. You must follow all of the rules above
F. None of the rules above apply to LOP

18. If you fail to successfully accomplish the goals of your Behavior Contract in a timely fashion which of the following actions may your primary counselor take?

A. Continuation of your behavior contract
B. Referral to the OMT
C. Referral to the PRC
D. Clinical Staffing
E. All of the above are possibilities of actions your primary counselor might take
F. None of the above are possibilities of actions your primary counselor might take

19. Which Therapeutic Tools should be used first when addressing a peer's behaviors?

20. Encounter addresses feelings and Written Pull Ups address behaviors.

True or False

21. The key to being a successful member in any community you must:

Show _____ and _____. Be responsible by following the

_____ and _____. Make realistic changes in your _____,

_____, and _____. _____ others learn to act with

_____ concern.

22. What does S.M.A.R.T. stand for?

A. Specific Measurable Attainable Realistic (Relevant) and Time Bound.
B. Special Mindful Allowable Recurrent Treatment
C. Serious Made up Attainable Recovery Time sensitive.

23. Your Chain of Command is: Your Big Sister (first seven days), Ramrod of your crew, Department Head, Coordinator, Chief Expeditor, Senior Coordinator, SOD, and DOC.

True or False

24. It is appropriate to approach staff any time you have a problem.

True or False

25. Name three of the eleven "right living" concepts.

Revised 04/23/2014

26. If you are unable to resolve your concerns through your Community Structure members, you may fill out an LOC attach it to a thinking report with three solutions, to your counselor.

True or False

27. All clients are expected to be silent and in single file in all lines.

True or False

28. How many hours of programming are Phase I and Phase II expected to maintain weekly? _____ hours. How many hours of programming should Phase III maintain weekly? _____ hours.

29. PROPS stands for: **P**_____ **R**_____ **O**_____ **P**_____ **S**_____

30. Name four interventions used by staff.

31. The following are examples of Community Tools?

A. Pull up, push up, scratch sheet, phone voucher, LOC
B. Written LOC, relating tables, Encounter slips, TPR's
C. Pull up, push up, encounter slip, written pull up, relating table
D. None of the above

32. How many hours of caseload/therapy group are there weekly? _____

33. List the eight treatment team members.

34. If you receive a CDV, an LOC to your primary counselor needs to be completed and turned in within 24 hours.

True or False

Revised 04/23/2014

Training Policies and Documentation

SUBJECT: EMPLOYEE ORIENTATION

Policy

A comprehensive orientation program for new employees is required in order to maintain the highest quality of care and treatment associated with Gateway Foundation programs.

Scope

All Gateway Programs and Departments.

General Policy/Procedure

1. New Employee Orientation will include information required by Gateway Foundation policy and procedure, applicable accreditation requirements, and federal and state regulations.

2. The employee's supervisor or designee will be responsible for determining what is applicable, as well as directing the new employee orientation.

3. All applicable subjects covered during orientation shall be documented on the New Employee Orientation Checklist for the state of employment (see Exhibit 1). The required timeframe for completion of each portion of the Orientation is indicated on the Checklist. To complete the New Employee Orientation Checklist:

   3.1 The individual conducting each portion of the training will date and initial the space entitled "reviewer."

   3.2 The employee will verify that he/she has received the required training by initialing in the space entitled "employee."

   3.3 Upon completion of the orientation, the employee's supervisor or designee will sign the checklist and send it to Human Resources for inclusion in the employee's personnel file.

4. All Gateway employees who will have access to Protected Health Information (PHI) will receive training on the policies and procedures regarding the maintenance and confidentiality of PHI within seven (7) days after beginning employment.

   4.1 Upon revision of any policies and procedures regarding PHI, all employees who have access to PHI will receive updated training within 90 days.

4.2 Training will be documented and include the potential consequences of violating PHI and/or other policies and procedures pertaining to confidential information.

5. For the Community Services Division, prior to a new employee providing services independently, he or she must complete orientation on the items contained on the portion of the checklist entitled "within first 7 days."

Approved By: _____

TITLE: Staff Orientation and Development

EFFECTIVE DATE: March 9, 2015

Contract Reference: Training Requirements; Personnel Requirements

Policy:

All staff shall participate in an orientation program. Direct care staff will also participate in ongoing in-services and continuing education programs as required, and as a part of the development process

Procedure:

1. All staff members will receive orientation as described in Policy #203A Staff Training and Documentation, which details the requirements.

2. All orientation instruction is to be documented on the New Employee Orientation Form (Policy 203A Staff Training & Documentation Att. A), and placed in the training binder. A copy will also be placed in the employee Personnel File.

3. All staff presenting Pathway to Change must complete the initial three (3) day facilitator training prior to initiating facilitation and annual training (within one (1) year of initial training), thereafter. Verification of training must be placed in the employee training file.

4. All direct care staff shall receive training on non-violent crisis intervention in accordance with Gateway training requirements.

5. Annual and continual training is provided to current and new personnel as described in Policy #203A.

6. Additionally, all Gateway personnel working in a Department of Corrections facility will comply with Department mandatory orientation training and annual training.

Approved By: _____

TITLE: Staff Training and Documentation

EFFECTIVE DATE: March 9, 2015

Contract Reference: Certification Requirements; Training; Personnel Requirements

Policy:

Each Program Director will ensure that in-service and Continuing Education training(s) meet the minimum requirements defined by our contract, licensure and Missouri Certification Board standards. The in-service/Continuing Education training may be conducted by Gateway professional staff members or by non-Gateway professionals (when necessary). The Program Director will ensure that all trainers selected to provide the in-service/Continuing Education training have the proper credentials and experience. In addition, these trainings will be documented as outlined in this policy and maintained for a period of five (5) years. All training costs will be allocated to the appropriate unit. No training costs will be incurred by MODOC.

Procedure:

1. In accordance with the Missouri Department of Corrections contracts, corrections-based programs shall provide 40 hours of training per year to their employees. (See New Employment Orientation {Attachment A}, which reflects all mandatory in-service hours including this requirement)

2. Each Gateway program will develop an annual training schedule. The Regional Director, Area Treatment Coordinator and the Facility Warden or designee will receive a copy of the scheduled training.

3. The annual schedule of training submitted will include:

   - Dates of training
   - Duration of training
   - Topic(s) of training
   - A brief synopsis of each topic; and,
   - Staff positions to be trained
   - Identity of the training facilitator
   - Participant sign-in sheet

Training File

A Training File will be completed for each employee in a designated Employee Training File. The training file will be maintained as an on-going document and will include the following:

- New Employment Orientation Checklist (Att. A).
- Employee Professional Development Plan
- Record (or certificate) of all internal and external training completed
- Copy of all DOC required training certificates
- Documentation of training facilitated by the employee

The Training Files may be contained in a Training Binder maintained by the Office Manager/Administrative Assistant or designated Supervisor in an organized manner, and updated as trainings are completed.

Should an employee terminate, the Training Record will be retained for a five-year period.

EMPLOYEE ORIENTATION CHECKLIST
MISSOURI

Employee Name *(please print)*:	
Date of Hire:	State:
Job Title:	Program/Department:

GATEWAY EMPLOYEE GUIDE:			
Absence/tardiness policy and reporting			
Time card/time clock/timesheets, hours of work, lunch periods, pay dates, PTO, CAT			
Code of Conduct/Corporate Compliance Program			
Professional Ethics/Boundaries			
Gateway mission, vision & history overview			
Job description, PEP form & review process			
Benefits overview (for eligible employees)			
Smoking, visitors, solicitation			
Dress code			
Prohibition of Discrimination and Harassment			
Equal Employment Opportunity			
Gateway property; computers/E-mail/voice mail, use & reporting problems			
CONFIDENTIALITY: HIPAA privacy regulations, and 42 CFR - Part 2			
EMERGENCY PROCEDURES:			
Medical, psychiatric, suicide prevention/ intervention			
Fire alarm system, fire extinguisher, exit routes, emergency phone numbers, & emergency/disaster plan			
First aid kit location(s)			
ORGANIZATION:			
Site/Facility tour			
Introduction to other personnel			
Organizational chart – Gateway & program/department			

Description of services (program specific)			
Organizational Strategic Plan			
Units and/or hours of services required at site			
Office supplies/purchasing supplies			
Parking / transportation (if applicable)			
SECURITY AND SAFETY:			
Security procedures			
Infection Control & Standard Precautions			
Workers' Compensation / employee injuries			
OSHA Hazard Communication Plan			
Staff backup and support systems			
Personal belongings			
HIV: etiology, transmission, symptomology & testing			
CORRECTIONS PROGRAMS:			
Organizational chart: Department of Corrections			
CLINICAL POLICY REVIEW:			
Client behavior & consequences			
Child abuse & neglect reporting/exploitation			
Client Consent to Treatment			
Confidentiality – HIV/AIDS Status			

ALL EMPLOYEES:			
Quality Management Plan			
Unusual Incident Reporting			
Client Rights			
REGULATIONS:			
Missouri ADA Rules & Regulations			
Staff Development Plan			
CORRECTIONS PROGRAMS:			
Department of Corrections training/orientation (may not occur within first 30 days)			
Department of Corrections policies			
CLINICAL STAFF ONLY:			
Admission Procedure			
Admission criteria			

Client Orientation			
Client Privileges System; restriction of privileges			
Client records & record-keeping			
Clinical Assessment			
Current version of DSM or ICD Diagnosis			
Treatment Planning			
Continuing Care			
Discharge planning & criteria			
Didactic material (literature, film, videos)			
Referral information/resources			
ADMINISTRATIVE OFFICE STAFF ONLY:			
Billing requirements & procedures			
Mail and cash receipts			
MAINTENANCE STAFF ONLY:			
Fire alarm system			
Storage & disposal of hazardous material			
Equipment inventory & preventative maintenance			
Vehicle maintenance schedules			
SITE SPECIFIC:			

Employee Signature _____ Date Completed _____

Supervisor/Designee Signature _____ Date Completed _____

GATEWAY NEW HIRE TRAINING CHECKLIST

					WEEK 1 (40 hrs)
					Facility Tour, ID Badge and Fingerprinting, New Hire Orientation, Meet Staff
					Gateway Employee Handbook/Guide
					Safety and Security
					Treatment Handbook and Program Review
					Observe Groups (Counseling, Encounter, Education, Morning and Wrap-Up Meetings)
					Review Active Files
					Review Discharge Files
					Observe Documentation Completion/Begin Documentation Training
					Review RASAC Application
					Complete DOC Documentation to Receive Computer Login and Email
					Observe Assessment Completion
					Attend Case Management/Staffing
					Begin Completing HR New Hire Checklist
					Receive Relias Login
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 2 (80 hrs)
					Observe Groups (Counseling, Encounter, Education)w
					Documentation Training (D.A.P. Format; MOCIS)
					Observe Assessment Completion
					Complete Assessment
					Attend Case Management/Staffing
					Observe Individual Session
					Observe 1 Intake, continue taking notes
					Complete Relias Training Feeding and Eating Disorders: Diagnosis and Treatment
					Continue Completing HR New Hire Checklist
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 3 (120 hrs)
					Observe Groups (Counseling, Encounter, Education)
					Observe Individual Session
					Attend Case Management/Staffing
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)

					Complete Relias Training: Introduction to Trauma Informed Care
					Continue Completing HR New Hire Checklist
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 4 (160 hrs)
					Observe Groups (Counseling, Encounter, Education)
					Observe Individual Session
					Attend Case Management/Staffing
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Continue Completing HR New Hire Checklist
					Complete DOC DOCOTA Training: Discrimination, Harassment, Retaliation
					Complete DOC DOCOTA Training: Employee Handbook
					Complete DOC DOCOTA Training: PREA
					Complete DOC DOCOTA Training: Cybersecurity
					Meet with Supervisor/Trainer to Complete and Submit Certification Application
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 5 (200 hrs)
					Observe Groups (Counseling, Encounter, Education)
					Co-Facilitate an Education Group
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Complete Additional Relias Trainings as Determined by Supervisor/Trainer
					Finish Completing HR New Hire Checklist
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 6 (240 hrs)
					**If Certification Received
					Observe Groups (Counseling, Encounter, Education)
					Co-Facilitate an Education Group
					Co-Facilitate a Counseling Group with Supervisor/Trainer **
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete an Individual Session with Supervisor/Trainer **

					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Complete Additional Relias Trainings as Determined by Supervisor/Trainer
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 7 (280 hrs)
					**If Certification Received
					Co-Facilitate an Education Group
					Co-Facilitate a Counseling Group with Supervisor/Trainer **
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete an Individual Session with Supervisor/Trainer **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 8 (320 hrs)
					**If Certification Received
					Co-Facilitate an Education Group
					Co-Facilitate a Counseling Group with Supervisor/Trainer **
					Co-Facilitate an Encounter Group
					Observe Individual Session
					Complete an Individual Session with Supervisor/Trainer **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)
					Attend Case Management/Staffing
					Meet With Supervisor/Trainer Daily (certification review, Q&A, schedule planning, ethics training, mental health referrals, program review, job expectations and evaluation)
					WEEK 9 (360 hrs)
					**If Certification Received
					Receive Caseload **
					Facilitate Education Group
					Facilitate Counseling Group **
					Facilitate Individual Session **
					Complete Documentation; Must Be Reviewed by Supervisor/Trainer (Initial Treatment Plan, Treatment Plan Review, Discharge, Case Evaluation)

					Attend Case Management/Staffing
					Meet With Supervisor/Trainer As Needed For Continued Guidance; or for Required Weekly Supervision

Approved By: _____

TITLE: Staff Orientation and Development

EFFECTIVE DATE: March 9, 2015

Contract Reference: Training Requirements; Personnel Requirements

Policy:

All staff shall participate in an orientation program. Direct care staff will also participate in ongoing in-services and continuing education programs as required, and as a part of the development process

Procedure:

1. All staff members will receive orientation as described in Policy #203A Staff Training and Documentation, which details the requirements.

2. All orientation instruction is to be documented on the New Employee Orientation Form (Policy 203A Staff Training & Documentation Att. A), and placed in the training binder. A copy will also be placed in the employee Personnel File.

3. All staff presenting Pathway to Change must complete the initial three (3) day facilitator training prior to initiating facilitation and annual training (within one (1) year of initial training), thereafter. Verification of training must be placed in the employee training file.

4. All direct care staff shall receive training on non-violent crisis intervention in accordance with Gateway training requirements.

5. Annual and continual training is provided to current and new personnel as described in Policy #203A.

6. Additionally, all Gateway personnel working in a Department of Corrections facility will comply with Department mandatory orientation training and annual training.

Approved By: _____

TITLE: Staff Training and Documentation

EFFECTIVE DATE: March 9, 2015

Contract Reference: Certification Requirements; Training; Personnel Requirements

Policy:

Each Program Director will ensure that in-service and Continuing Education training(s) meet the minimum requirements defined by our contract, licensure and Missouri Certification Board standards. The in-service/Continuing Education training may be conducted by Gateway professional staff members or by non-Gateway professionals (when necessary). The Program Director will ensure that all trainers selected to provide the in-service/Continuing Education training have the proper credentials and experience. In addition, these trainings will be documented as outlined in this policy and maintained for a period of five (5) years. All training costs will be allocated to the appropriate unit. No training costs will be incurred by MODOC.

Procedure:

1. In accordance with the Missouri Department of Corrections contracts, corrections-based programs shall provide 40 hours of training per year to their employees. (See New Employment Orientation {Attachment A}, which reflects all mandatory in-service hours including this requirement)

2. Each Gateway program will develop an annual training schedule. The Regional Director, Area Treatment Coordinator and the Facility Warden or designee will receive a copy of the scheduled training.

3. The annual schedule of training submitted will include:

   - Dates of training
   - Duration of training
   - Topic(s) of training
   - A brief synopsis of each topic; and,
   - Staff positions to be trained
   - Identity of the training facilitator
   - Participant sign-in sheet

Training File

A Training File will be completed for each employee in a designated Employee Training File. The training file will be maintained as an on-going document and will include the following:

- New Employment Orientation Checklist (Att. A).
- Employee Professional Development Plan
- Record (or certificate) of all internal and external training completed
- Copy of all DOC required training certificates
- Documentation of training facilitated by the employee

The Training Files may be contained in a Training Binder maintained by the Office Manager/Administrative Assistant or designated Supervisor in an organized manner, and updated as trainings are completed.

Should an employee terminate, the Training Record will be retained for a five-year period.

Re-Entry Needs Assessment - Service Plan

REENTRY NEEDS ASSESSMENT- SERVICE PLAN

CLIENT INFORMATION:	
Client Name:	
Client I.D:	
Date:	
Do you have a valid driver's license?	
Do you have a state I.D? What state?	
Do you have a social security card?	
Do you have your birth certificate?	
Do you need assistance in obtaining any of these documents?	

HOME PLAN:	
What is your current home plan?	
What are your other home plan options?	
Home plan contact information:	
Who are you positive supports when you go home?	
What are potential challenges with your home plan?	

EMPLOYMENT/VOCATION/EDUCATION:	
Do you have any job leads or ideas for yourself upon release?	
Do you plan on working part-time or full-time?	
What is your highest level of education?	
Do you have a G.E.D./HiSTAT? Are you interested in obtaining one?	
Have you had any technical or vocational training?	
What skills and/or qualifications do you hold that may be useful in the work field?	
Briefly provide past work history:	
What kind of problems or issues have you experienced in the past with employment?	

Would you like assistance with finding employment?	
Would you like assistance with employment readiness skills, such as, resume writing, interviewing skills, personal presentation, work expectations, training on answering questions related to your background, etc.?	
Would you like assistance with finding training or education to assist you with employment?	
Additional Information:	

INCOME:	
Upon release, will you have any source of income?	
Is there anyone who will be assisting you with income and expenses?	
What expenses do you expect to have upon release?	
Have you ever been on disability (SSI/SSDI)?	
Do you plan on applying for disability? Will you need assistance with applying for social security, disability?	
Additional Information:	

MEDICAL/DENTAL/MENTAL HEALTH:	
What are your current medical, dental, or health problems or concerns?	
Will you have the means or resources to see a doctor for these or any other health issues?	
What clinic have you used in the past? Will you continue there?	
Do you have any mental health or emotional problems that may require assistance? (Provide diagnosis)	
Have you been connected to a mental health provider in the past? If so, who?	
Will you have the means or resources to see a doctor or clinic for these issues?	

What medication/s are you currently taking (medical or psychiatric)? (List below)	
Medication:	*What is it for?:*
Do you, or will you have medical insurance after release?	
Would you like assistance in obtaining medical insurance, or support?	
If needed, which Gateway to Better Health clinic you would like to use:	
Additional Information:	

CHILDREN/CHILD SUPPORT:	
How many children do you have and what are their ages?	
Is more than one mother/father involved?	
Do you currently support this child, or children?	
How many will be living with you?	
Are there any children you plan on supporting/living with besides your own?	
What is your current status of child support payments and responsibilities?	
Would you like resources for addressing your child support payment(s) and/or responsibilities?	
Additional Information:	

TRANSPORTATION:	
Will you have reliable transportation upon release?	
Will you have transportation to and from treatment and a job?	
Will the bus or Metro Link be an option for you?	
Additional Information:	

MISC:	
Will you need assistance with obtaining clothing?	
Will you need assistance with obtaining food?	
Will you need any assistance with obtaining hygiene products?	
Will you need any other type of assistance in obtaining everyday items pertaining to your basic needs?	
Do you have any legal issues that may cause problems upon your release? What are they?	
Would you like resources for community support centers, groups, or sponsors in your area?	
Recreation and/or leisure opportunities within the community?	
Spiritual or religious congregations or groups?	

CASE MANAGER SUMMARY OF NEEDS:

1) Identification 2) Employment 3) Education/GED 4) Housing 5) Medical

6) Dental 7) Mental Health 8) Medical Insurance 8) Child Support

9) Transportation 9) Clothing 10) Food 11) Additional Concerns

POST-RELEASE UPDATE/CHANGES:	
CLIENT INFORMATION:	
EMPLOYMENT/EDUCATION:	
INCOME:	
MEDICAL/DENTAL/MENTAL HEALTH:	
CHILDREN/CHILD SUPPORT:	
TRANSPORTATION:	
ADDITIONAL NEEDS/CONCERNS:	
Post Release Casemanager:	Date:

ACTION PLAN TO ADDRESS NEEDS:

Date Initiated:	Goal:	Pre-Release Tasks:	Post-Release Tasks:	Person responsible-client/staff:	Date completed:

RE-ENTRY SERVICE PLAN SIGNATURE PAGE

I have participated in the development of my Re-Entry Service Plan and Action Plan. I have received a copy of the Action Plan. I will stay in communication with my caseworker about any changes in my plans and participate in carrying out this plan.

_____
Client Name (Printed)

_____
Client Signature Date

_____
Pre-Release Case Worker Signature Date

DMH Exception Waivers

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR

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

April 6, 2015

Stephen Doherty, LPC, CRADC, CCJP
Regional Director
Gateway Foundation
1430 Olive St., Suite 300
St. Louis, MO 63103

Re: *Gateway Foundation – Request for Waiver*

Dear Mr. Doherty:

On April 6, 2015, the Department of Mental Health Exceptions Committee ("Committee") reviewed your request for a waiver to provide one hour of counseling per client per month, in the treatment programs for which your agency is contracted with the Department of Corrections. After careful consideration of the information you submitted, the Committee decided to approve your request for a waiver.

This waiver becomes effective as of the date of this letter. I encourage you to maintain a copy of this letter in your files, in the event any questions arise about whether a waiver has been granted.

If you have any questions, please contact me at 573-751-8202.

Sincerely,

Lisa Limbach
Paralegal
Department of Mental Health

/ll

An Equal Opportunity Employer; services provided on a nondiscriminatory basis.

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR

MARK STRINGER
DIRECTOR
DIVISION OF
BEHAVIORAL HEALTH
(573) 751-8700
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STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

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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,

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

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Address 55 E. Jackson Blvd., Suite 1500
CHICAGO, IL 60604

Type Nonprofit Corporation

Charter No. E00049525

Domesticity Foreign

Home State IL

Registered Agent C T CORPORATION SYSTEM
120 SOUTH CENTRAL AVENUE
CLAYTON, MO 63105

Status Good Standing

Date Formed 2/3/1994

Duration Perpetual

Report Due 8/31/2016

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