STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN August 12, 2016 TO:
Beth Lambert, Procurement Officer II
Beth.Lambert@doc.mo.gov
(573) 526-6494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
July 15, 2016	Gateway Foundation, Inc. dba GFI Services 55 E. Jackson Blvd., Suite 1500 Chicago, IL 60604	Amendment #003 SDA411064	Assessment and Substance Abuse Treatment Services Program for Maryville Treatment Center

CONTRACT SDA411064 IS HEREBY AMENDED AS FOLLOWS:

Due to the Governor's budget withholdings, the Missouri Department of Corrections desires to decrease the per day per offender firm fixed price to the original contract amount of $9.13 per Exhibit A, Pricing Page, on page 39 of the above referenced contract for the period of July 1, 2016 through June 30, 2017.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: Gateway Foundation, Inc.

Mailing Address: 55 Jackson, Suite 1500

City, State Zip: Chicago, IL 60604

Telephone: 312-663-1130

E-Mail Address: tbritton@gatewayfoundation.org

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

Authorized Signature: _____ **Date:** 07/15/16

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

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

STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN June 17, 2016 TO:
Beth Lambert, Procurement Officer II
Beth.Lambert@doc.mo.gov
(573) 526-6494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
May 17, 2016	**Gateway Foundation, Inc. dba GFI Services 55 E. Jackson Blvd., Suite 1500 Chicago, IL 60604**	**Amendment #002 SDA411064**	**Assessment and Substance Abuse Treatment Services Program for Maryville Treatment Center**

CONTRACT SDA411064 IS HEREBY AMENDED AS FOLLOWS:

Based on new budget information, the Missouri Department of Corrections desires to increase the per day per offender firm fixed price to the first renewal period amount of $9.31 per Exhibit A, Pricing Page, on page 39 of the above referenced contract for the period of July 1, 2016 through June 30, 2017.

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: _____

Mailing Address: _____

City, State Zip: _____

Telephone: _____

E-Mail Address: _____

Authorized Signer's Printed Name and Title: _____

Authorized Signature: _____ **Date:** 5/18/16

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

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

STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN January 13, 2016 TO:
Beth Lambert, Procurement Officer II
Beth.Lambert@doc.mo.gov
(573) 526-6494 (Phone)
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
December 9, 2015	Gateway Foundation, Inc. dba GFI Services 55 E. Jackson Blvd., Suite 1500 Chicago, IL 60604	Amendment #001 SDA411064	Assessment and Substance Abuse Treatment Services Program for Maryville Treatment Center

CONTRACT SDA411064 IS HEREBY AMENDED AS FOLLOWS:

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

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

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

Mailing Address: 55 East Jackson Blvd., Suite 1500

City, State Zip: Chicago,IL 60604

Telephone: 312-663-1130

E-Mail Address: tbritton@gatewayfoundation.org

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

Authorized Signature: _____ **Date:** December 11, 2015

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

_____ 12-3-15

Matt Sturm, Director, Division of Offender Rehabilitation Services **Date**

INVITATION FOR BID

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

IFB SDA411064
AMENDMENT 001

Substance Abuse Programming Services

FOR

Department of Corrections
Maryville Treatment Center

Contract Period: July 1, 2015 – June 30, 2016
Date of Issue: May 13, 2015
Page 1 of 61

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

Bids Must Be Received No Later Than:

2:00 p.m., May 21, 2015

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 Boulevard, 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: Dr. Thomas P. Britton, President & CEO

Authorized Signature: **Bid Date:** May 18, 2015

NOTICE OF AWARD:

This bid is accepted by the Missouri Department of Corrections as follows: **In its entirety.**

Contract No. **SDA411064**

Matt Sturm, Director, Division of Offender Rehabilitative Services Date 5-29-15

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

Gateway Foundation | Corrections

GFI SERVICES, INC.
Proposal in Response to
IFB SDA411-064

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SECTION 4.1

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Contract Cover Page Signed by CEO

Amendment 001 Signed by CEO

INVITATION FOR BID

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

IFB SDA411064

Substance Abuse Programming Services

FOR

Department of Corrections
Maryville Treatment Center

Contract Period: July 1, 2015 – June 30, 2016
Date of Issue: April 27, 2015
Page 1 of 61

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

Bids Must Be Received No Later Than:

2:00 p.m., May 21, 2015

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 East Jackson Boulevard, Suite 1500
City, State, Zip: Chicago, Illinois 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:** May 18, 2015

NOTICE OF AWARD:

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

Contract No.

Matt Sturm, Director, Division of Offender Rehabilitative Services *Date*

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

SECTION 4.5

COST

CONTENTS:

4.5 Cost

Exhibit A, Pricing Page

4.5 COST (p. 34 of 61)

4.5.1 Firm, Fixed Pricing
GFI Services has prepared firm, fixed pricing for the initial contract period and each subsequent renewal period. The Exhibit A form is provided on the following page.

4.5.2 Pricing Warranty
GFI Services warrants that the price quoted does not exceed our current fees charged to the general public for equal or similar services available in the community.

4.5.3 No Other Costs
GFI Services attests that no costs associated with any other contracts have been included in the quoted pricing.

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

4.5.5 Objective Evaluation of Cost
GFI Services understands and agrees with the methodology utilized for the evaluation of cost under this contract.

4.5.6 Usage
GFI Services understands that the Department does not guarantee that the evaluation of cost is a reflection of the actual usage of the program.

Exhibit A, Pricing Page

GFI Services has prepared its pricing based on a per diem rate for residential services, as described in the IFB. Exhibit A is provided on the following page.

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

- 300 Intermediate and Long-Term beds for 301 billable days (M-S, less holidays, Leap Year).

This results in a total number of billable per diem units of 90,300. Subsequent years of the contract are bid at 2% increases to the per diem rate in order to support salary and fringe benefit cost increases.

GFI Services understands that the Department will not expend more than $824,000 per year on this contract, as indicated in Section 1.4.8 of the IFB, unless such time as additional funds are appropriated for this contract in future years.

EXHIBIT A, Pricing Page

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

Line #	Description	Original Contract Period *Firm, fixed price*	First Renewal Period *Maximum Price*	Second Renewal Period *Maximum Price*	Third Renewal Period *Maximum Price*
001	Assessment and Substance Abuse Treatment Services	$ 9.13 per day, per offender	$ 9.31 per day, per offender	$ 9.49 per day, per offender	$ 9.68 per day, per offender

Employee Bidding/Conflict of Interest:

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

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

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

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

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

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

Authorized Signature: Printed Name: Thomas P. Britton, President & CEO

Date: May 18, 2015 Email: tbritton@gatewayfoundation.org

SECTION 4.6

BIDDER'S EXPERIENCE AND RELIABILITY

CONTENTS:

4.6.1: Prior Experience of Bidder

Organization Capabilities, Goals, and Purposes

Gateway Foundation History

Notable Past Performance and Outcomes

Experience Treating Criminal Justice Populations

Internal Assessment & Process Evaluation Protocol

Similar Services for Other Institutions

Current Gateway Correctional Treatment Programs

Past and Present Gateway Correctional Treatment Programs Similar to Maryville Treatment Center

Why Gateway is Best Suited for Selection

EXHIBIT B Forms

SECTION 4.6 BIDDER'S EXPERIENCE AND RELIABILITY (p. 34 of 61)

4.6.1 Organizational Experience and Reliability Exhibit B (p. 34 of 61)

ORGANIZATION CAPABILITIES, GOALS, AND PURPOSES

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

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

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

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

SUCCESSFUL EXPERIENCE PROVIDING SIMILAR SERVICES

Established in 1968, today Gateway has 35 treatment sites in five states, including Illinois, Texas, Delaware, Missouri and New Jersey, serving 36,798 persons in FY 14. 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. Gateway has over 1,100 employees, with an annual volume of business of $83.782 Million in FY 14.

Gateway's **mission** is reducing substance abuse and co-occurring mental health problems through effective and efficient treatment programs. We are actively engaged in the following types of business:

- Residential substance abuse treatment programs in correctional facilities
- Outpatient substance abuse treatment for correctional participants
- Community-based substance abuse treatment, including residential treatment, intensive outpatient treatment, and drug court programs

- Community-based adult/adolescent/child outpatient mental health treatment and adult residential rehabilitation for substance abuse and co-occurring mental health disorders

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

- **Corrections Division:** Consists of 24 institutional treatment programs (8,065 beds) in three states (Texas, Missouri, New Jersey) and an outpatient program in St. Louis, Missouri.

- **Community Services Division:** Consists of eight outpatient and six inpatient centers throughout Illinois and in the St. Louis Metro area, as well as a residential program in a state facility in Delaware. The sites in Illinois offer adults and adolescent residential rehabilitation, co-occurring disorder residential and day treatment, adult and adolescent intensive outpatient treatment, substance abuse day treatment, adult recovery home, adult transitional housing, adult and adolescent aftercare, and DUI treatment.

HISTORY OF PROVIDING THE SERVICES DESCRIBED IN THE RFP

Gateway Foundation has addressed the connection between criminal activity and substance abuse since it began providing services in 1968. Over the past 47 years, Gateway has become one of the largest and most trusted providers of substance abuse and co-occurring treatment services in the United States. Gateway is a private, not-for-profit organization incorporated in the State of Illinois. Throughout over four decades of service, our mission has been, and continues to be, the provision of substance use and co-occurring disorders treatment programs that are therapeutically effective and cost efficient. Gateway specifically targets underserved populations in the areas served, including the indigent and the incarcerated.

ILLINOIS EXPERIENCE AND GROWTH

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 offenders as they entered the Jail.

As a result of the success of the men's program at Cook County Jail, Gateway began providing services in the **Women's Division** of the Jail in 1986. Gateway established treatment services within the Illinois Department of Corrections for women at **Dwight, Logan, and Kankakee Correctional Centers** in 1988, and for men at **Graham, Sheridan, Lincoln, Taylorville, and Jacksonville Correctional Centers**. The **Sheridan Correctional Center** was re-opened in 2004 as a National Model Correctional Therapeutic Community, and Gateway operated the fully-dedicated 1,100 bed facility from 2004 through 2006. Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period evidenced outstanding success in reducing recidivism for those served.

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, Illinois.

NATIONAL EXPANSION

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 projects in Arizona, Indiana and Virginia were de-funded due to political and budgetary considerations, but Gateway continues its service in Missouri, New Jersey, and Texas.

NEW JERSEY

In **New Jersey**, Gateway is the sole provider of in-prison substance abuse 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, further evidence of the outstanding services provided for the State of New Jersey.

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. Although TDCJ's budget cuts in 2003 forced closure of several of these treatment units, Gateway's performance at these sites was exemplary. When these facilities were reopened, Gateway was again awarded the contracts to provide treatment.

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 operator of vendor contracted in-custody therapeutic community treatment services in Texas, with 4,765 beds under contract at this time.**

MISSOURI

The Gateway Foundation, Inc., now doing business in Missouri as GFI Services, Inc., began serving Missouri offenders in September 1994. It was in that year that Gateway began operating is first Corrections Division program, the St. Louis Free and Clean program. Operating in Missouri under the dba GFI Services, Gateway quickly expanded across the state, and in 1996, opened the Kansas City Free and Clean program. Two years later, in July 1998, Gateway was awarded its first in-custody treatment contract with the Missouri Department of Corrections (MDOC) 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.

In 2007, Gateway submitted its first successful bid to MODOC for the in-custody treatment contract at the Maryville Treatment Center (MTC), in Maryville, MO. After a successful integration of our program design with the program operated by the state at that same location, Gateway soon expanded its base of operations throughout the state. In 2008, Gateway replaced the incumbent contractor at the 650-bed Ozark Correctional Center (OCC) in Fordland, MO, and in the following year won the contract at the Western Reception, Diagnostic and Correctional Center (WRDCC) in St. Joseph, MO 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 October 2012, Gateway was also awarded the contract for Assessment Services at the Eastern Reception, Diagnostic and Correctional Center (ERDCC), in Bonne Terre, MO, making Gateway the sole contract provider of substance abuse assessment services for MDOC.

As of Fiscal Year 2014, Gateway Foundation operates all but one of the contracted in-custody treatment programs in Missouri institutions, which together total over 2,000 treatment beds. Gateway has provided life-changing treatment for nearly 22,000 Missouri offenders in the past 4 years. Our commitment is to provide Missouri offenders with effective, evidence-based treatment services that ***reduce recidivism, and rebuild lives!***

As a large, national not-for-profit corporation, Gateway Foundation has a wealth of management and administrative resources it is able to commit to this project. The organization has extensive experience in the administration of contracts, grants, and awards for substance abuse program services within correctional settings, including state and county correctional institutions, community or transitional correctional facilities, and secured criminal justice facilities operated 24-hours per day, 7-days per week. Gateway has been delivering substance abuse treatment services for the state of Texas for over 20 years, for the state of Missouri for 20 years, and for the state of New Jersey for 12 years. **Gateway has never had a contract terminated because of program or administrative deficiencies or the lack of administrative controls.**

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

NOTABLE PAST PERFORMANCE AND OUTCOMES

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

Success Rates of Programs

The combination of relevant program content, qualified and competent staff, relationships with department personnel, and a well-developed quality management system have produced programs motivate participants to fully engage in the complete treatment process. One indicator of the success of Gateway corrections-based treatment programs is the **high participant completion rate**. Below are aggregate (Texas, Missouri, New Jersey) completion rates for the previous five (5) years.

	2010	2011	2012	2013	2014
TX/MO/NJ	91.53%	90.05%	89.08%	90.54	89.36%

Another important measure of success is offenders' post-discharge recidivism rate. In 1991, the Texas Legislature established substance abuse treatment programs as alternatives to incarceration. Funding was appropriated for 2000 In-prison Therapeutic Community (IPTC) beds and 12,000 Substance Abuse Felony Punishment (SAFP) beds. The SAFPFs provided intensive Therapeutic Community treatment programs for offenders under community supervision, as a parole modification, or court-sentenced to this treatment program. The IPTCs served offenders serving their prison sentence; incarcerated offenders are recommended to the treatment program by the Texas Board of Pardons and Paroles.

In 2007, the Texas Criminal Justice Policy Council, at the request of the 78th Texas legislature produced an "*Outcome Evaluation of Offenders Released from the Substance Abuse Felony Punishment (SAFPF) and the In-Prison Therapeutic Communities (IPTC) programs in FY 2004* (Eisenberg, 2007) which evaluated the recidivism rate for offenders discharged from these programs. The majority of the cohort studied was participants in Gateway programs released in 2004 and followed for two years post-incarceration. The 2007 study demonstrated that offenders completing treatment in the IPTC (15.9%) and SAFP (32.8%)programs had significantly lower recidivism rates than offenders not completing these programs.

A more recent study, *Statewide Criminal Justice Recidivism and Revocation Rates* (Legislative Budget Board staff, January 2013) presented to the 83rd Texas legislature in January 2013, included the SAFPFs and IPTC in the summary of recidivism (re-arrest and re-incarceration) for adults released from TDCJ facilities during fiscal years 2008-2009, within three years of release from incarceration or after beginning supervision. As in the evaluation cited above, the majority

of offenders evaluated received treatment services in Gateway programs. **This study found that offenders released from a SAFPF during the timeframe of this study (three years post-release) were re-incarcerated at a rate of 9.8% (n=6,662) and from the IPTC at a similar rate of 9.6% (n=2,470).** These rates become most noteworthy when compared to overall re-incarceration rates compared in Texas and other states in this same study (although the profiles and reason for return to prison are not identical among the states cited). For example, in 2005, California Department of Corrections and Rehabilitation had a return rate of 58.9%. The 3-year recidivism rate for the Texas Prison system in 2009 was 22.6% (Appendix A: Texas and Other States' Re-incarceration Rates, Table 68: Comparison of Three-Year Re-incarceration Rates by State, p. 112).

These evaluations strongly support that offenders participating and completing Gateway's prison-based Therapeutic Community treatment programs have success reintegrating into the community, having learned and internalized the principles of right-living that pervade every aspect of our TCs.

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 this population and our expertise in working with offenders is well-known and appreciated throughout the Departments of Corrections in the states in which we provide treatment services.

Through Gateway's commitment to innovative service delivery, we developed this first iteration of the Cognitive Intervention Program based on the knowledge and expertise acquired from over 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.

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

PATHWAY TO CHANGE

Gateway has partnered with the Department to co-facilitate the *Pathway to Change* curriculum from the beginning of its introduction in the Missouri prison-based treatment programs. Gateway counseling staff has participated in the facilitator training as required 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 has developed. *Pathway to Change,* in conjunction with Gateway's Cognitive Self-Change curriculum offers offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

Gateway will continue to implement the *Pathway to Change* cognitive skills program for offenders who are screened as needing cognitive skills programming to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community.

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

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

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

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

Dr. De Leon is a consultant to Gateway and has personally conducted numerous trainings at Gateway prison programs and is available to provide his expertise to Gateway. In 1999, The Executive Office of the President, Office of National Drug Control Policy (ONDCP) published a report entitled "Therapeutic Communities in Correctional Settings, The Prison Based TC Standards Development Project." This important work resulted from field-testing conducted by Therapeutic Communities of America, with ONDCP support, and sets forth a comprehensive set of operating standards for prison-based TCs. These standards were based in large part on Dr. De

Leon's theoretical writings on the TC treatment model and method. These TC model standards have long ago been adopted by Gateway and implemented at our prison-based TC programs, described as follows. Our Mountainview, New Jersey men's program participated in the final field trials of the new ACA standards.

Gateway currently operates modified therapeutic community substance abuse treatment programs in six (6) Missouri prisons; eleven (11) Texas prisons; and seven (7) New Jersey prisons. 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!"

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

SIMILAR SERVICES FOR OTHER INSTITUTIONS

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

GATEWAY'S CURRENT CORRECTIONAL TREATMENT PROGRAMS BY STATE

MISSOURI PROGRAMS
IN-CUSTODY TREATMENT

MISSOURI PROGRAMS				
PROGRAM NAME AND ADDRESS	**SERVICES PROVIDED**	**SETTING**	**START DATES**	**BED CAPACITY**
In-Custody—Prisoners				
Chillicothe Correctional Center 3151 Litton Road Chillicothe, MO 64601 TEL: 660-646-4032	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 TEL: 573-594-6686	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 TEL: 660-582-6542	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 TEL: 417-767-4491	Substance Abuse Modified TC	State Correctional Institution	07/08 To Present	650 Male
Western Reception, Diagnostic & Correctional Ctr. 3401 Faraon St. Joseph, MO 64506 TEL: 816-387-2158	Substance Abuse Modified TC; Partial Day Treatment; Assessment Svcs.	State Correctional Institution	07/10 To Present	325 Male
TOTAL MO IN-CUSTODY				**2,058 Beds**

OUTPATIENT CARE

MISSOURI OUTPATIENT CARE PROGRAMS				
PROGRAM NAME AND ADDRESS	**SERVICES PROVIDED**	**SETTING**	**START DATES**	**BED CAPACITY**
St. Louis Outpatient Program 1430 Olive Street, Suite 300 St. Louis, MO TEL: 314-421-6188	Basic & Intensive Outpatient Treatment	Federal/State Outpatient	3/94 to present	1000+ co-ed outpatient
TOTAL MO OUTPATIENT				**1,000**

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 TEL: (908) 735-2070	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	60 Female
Garden State Correctional Facility P.O. Box 11401 Yardville, NJ TEL: (609) 324-7759	Substance Abuse Modified TC	State Correctional Institution	10/02 To present	238 Male
Mountainview Youth Correctional Facility P.O. Box 944 Annandale, NJ TEL: (908) 638-4614	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	132 Male
Mountainview Youth Corr. Facility II (FMU) P.O. Box 944 Annandale, NJ TEL: (908) #-TBD	Substance Abuse Modified TC	State Correctional Institution	8/05 to present	96 Male
Northern State Prison 168 Frontage Road Newark, NJ TEL: (973) 589-1147	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	272 Male
South Woods State Prison 215 Burlington Road South Bridgeton, NJ TEL: (856) 459-8445	Substance Abuse Modified TC	State Correctional Institution	10/02 to present	124 Male
Southern State Prison P.O. Box 150 Delmont, NJ TEL: (856) 785-2247	Substance Abuse Modified TC	State Correctional 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	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	320 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
TOTAL TEXAS IN-CUSTODY				**4,765 Beds**

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

The follow table includes a complete list of past and current programs similar to MTC operated by Gateway.

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

Reference Name, Title and Contact Information	Contracts / Texas
Southwestern Correctional, LLC Mr. Tim Kurpiewski, CFO 26228 Ranch Road 12 Dripping Springs TX 78620 512-858-7202 Burnet County Jail Bruce Armstrong, Warden 900 County Lane Burnett, TX 78611 254-290-4299	**Southwestern Correctional Burnet County Jail** 6/1/09 to 08/31/11 120-bed men's, 96-bed women's substance abuse modified TC (SAFPF) 144-bed men's, 96-bed women's ISF

Reference Name, Title and Contact Information	Contracts / Illinois
Illinois Department of Corrections Ms. Dona Howell, Coordinator Addiction Recovery Management IDOC State Regional Office Building 2309 W. Main Ste. 128 Marion, IL 62959 (618) 993-6692	**Dwight Correctional Center CJIA Dual Diagnosed** 1/1/03 – 9/30/2006 26-bed female dual diagnosis modified TC **Dwight Correctional Center** 7/1/98 -9/30/06 120-bed female substance abuse modified TC **Graham Correctional Center** 7/1/98 – 9/30/06 90-bed substance abuse modified TC **Graham Correctional Center CJIA** 8/1/00 – 9/30/06 80-bed substance abuse modified TC **Jacksonville Correctional Center** 8/1/97 -9/30/06 80-bed substance abuse modified TC **Kankakee Correctional Center CJIA** 8/1/01- 9/30/06 40-bed substance abuse modified TC **Kankakee Correctional Center** 7/1/98 -9/30/06 60-bed substance abuse modified TC **Lincoln Correctional Center** 8/1/97 – 9/30/06 40-bed substance abuse modified TC **Lincoln Correctional Center CJIA Program** 3/1/02 – 5/19/06 94-bed substance abuse modified TC

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

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

WHY GATEWAY IS BEST SUITED TO BE SELECTED

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

EXCELLENT RECORD OF CONTRACT RENEWALS AND CONTRACT AWARDS

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

ABILITY TO ADAPT TREATMENT ACCORDING TO IDENTIFIED NEEDS

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

ABILITY TO MANAGE LARGE PROGRAMS IN CORRECTIONAL INSTITUTIONS

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

DATA COLLECTION/MONITORING SYSTEMS IN PLACE

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

REASONABLE, STABLE GROWTH OVER TIME AND FINANCIAL STABILITY

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

GATEWAY'S EXPERIENCE WITH CORRECTIONAL INSTITUTION PROTOCOL

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

Respect for Institutional Scheduling

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

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

Respect for Institutional Security Issues

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

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

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

Seamless Integration into Institutional Activities and Lines of Communication

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

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

RESEARCH SUPPORT FOR SUCCESS OF GATEWAY PROGRAMS

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

INTERNAL ASSESSMENT & PROCESS EVALUATION PROTOCOL

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RESEARCH PARTICIPATION

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

- **Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS)**
  In conjunction with the Texas Christian University Institute of Behavioral Research (TCU/IBR), Gateway served as one of IBR's lead partners in an important NIDA-funded project called CJ-DATS. This multi-year project has led to substantial improvements in the way CJ agencies assess offenders' risks and needs and in the way they target the delivery of treatment services. Gateway will continue to participate in studies involving the implementation and sustainability of evidence-based screening and assessment tools, targeted interventions, and a comprehensive HIV/AIDS continuum of risk-reduction approaches.

- **New Jersey Department of Corrections (NJDOC)**
  This internal substance abuse process evaluation examines the impact of service delivery on client motivation, psychosocial functioning, criminal thinking, and criminogenic behaviors. Through ongoing monitoring of client performance, Gateway is gaining a better understanding of which treatment components are benefiting which clients the most. The results are leading to a more targeted and efficient treatment approach that allows Gateway to be in a unique position to provide services that more effectively meet individual client needs.

- **Sustainable HIV Risk Reduction Strategies for CJ Systems**
  As the lead partner with TCU IBR on this large, 5-year NIDA-funded project, Gateway participated in this study intended to reduce HIV and other addiction-related disease risks in CJ populations. The first phase of the study included a Disease Risk Reduction (DRR) intervention effectiveness study, and the second addressed its implementation in community supervision settings. Unlike traditional didactic approaches, the manual-guided DRR planning and decision-making strategy is based on cognitive tools that focus on an evidence-based, visual-spatial communication approach.

ADDITIONAL PAST RESEARCH

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

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

EXPERIENCE AND EXPERTISE OF GATEWAY STAFF

As the incumbent treatment provider for the facilities identified in the solicitation, **Gateway already has well qualified staff in place to deliver the required services.** In addition, our management team is highly competent, with years of experience. The breadth and experience and amount of expertise they bring to the new contract are evident in the table contained in Section 4.7, Expertise of Personnel.

EXHIBIT B

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

- **Texas Department of Criminal Justice**
  - **Covers 11 separate contracts in Texas, totaling 4,741 beds under contract**
- **New Jersey Department of Corrections**
  - **Covers statewide contract that includes 7 programs totaling 1,356 beds under contract; and general population services in 13 institutions statewide**
- **Missouri Department of Corrections**
  - **Ozark Correctional Center**
  - **Maryville Treatment Center**
  - **Women's Eastern Reception, Diagnostic, and Correctional Center**
  - **Chillicothe Correctional Center**

EXHIBIT B
CURRENT/PRIOR EXPERIENCE VERIFICATION

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:	Sonny Collins, Warden 660-582-6542 Sonny.Collins@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 B
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 B
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** 11 SAFP/IPTC/ISF Treatment Programs contracted with the State of Texas (See Individual listing of each program in the Table provided above.)
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	Mary Vickery, CTPM Contract Specialist III Client Services & Governmental Contracts Contracts and Procurement **Texas Department of Criminal Justice** 2 Financial Plaza Suite 525 Huntsville, TX 77340 936-437-7130 325-223-0310 Fax Email: Mary.Vickery@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 B
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** 7 Treatment Program contracted with the State of New Jersey) (See Individual listing of each program in the Table provided above.)
Name, Title, Telephone Number, and Email Address of Reference Contact Person:	**New Jersey Department of Corrections** Herbert A. Kaldany, D.O. Statewide Director of Psychiatry Asst. Dir. Office of Addictions Services NJ Department of Corrections P.O. Box 863 Whittlesey Road Trenton, NJ 08625 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.

SECTION 4.7

EXPERTISE OF BIDDER'S PERSONNEL

CONTENTS:

Management Personnel Supporting the MTC Program

Corrections Management Personnel Assigned to MTC

Proposed Project Staffing for MTC

Administrative Services Support

Staff Recruitment, Retention, and Professional Enhancement

Program Transition

Exhibit H, Personnel Control Listing

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

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

EXECUTIVE MANAGEMENT TEAM

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

Note: After 46 years of service to Gateway Foundation, Michael Darcy will be retiring June 30, 2015. In the interest of full disclosure, we wish to indicate that a new President and CEO will be in place at the time the contract is scheduled to begin.

Thomas P. Britton, Dr.PH

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.

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 abuse 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 completed graduate coursework in Sociology 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.

Martha Yount

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

She previously served as Associate Director, Human Resources at the University of Chicago Hospitals and Assistant Director, Human Resources at Baylor University Medical Center in Dallas where she was responsible for managing human resources programs and strategies.
Ms. Yount has a Master of Business Administration from the University of North Texas.

Michelle Dickerson

Michelle Dickerson, Vice President of Finance, began her employment with Gateway Foundation in 1997 as the organization's Controller. In this role, she established and enforced financial policies, internal controls, and reporting systems to protect the organization's assets and limit risks. She supervised the development and performance of a team of accounting professionals and developed department goals to increase efficiency and advance skills. Her role including preparing annual department budgets, implementing process improvements, monitoring cash results and investment performance, and participating in due diligence for potential mergers and acquisitions. She oversaw the preparation of tax returns and coordinated and managed the external audit.

Ms. Dickerson served Gateway in her role as Controller until 2014, at which time she was named Acting Chief Financial Officer. In 2015, she was made Vice President of Finance. In her current position, she provides executive leadership and oversight on the financial position and direction of the agency; minimizes risk through key analysis and controls; maintains solid financial discipline through change management and growth; provides strategic insight to promote financial viability and profitability; and develop effective cross-functional teams.
Prior to her employment at Gateway Foundation, Ms. Dickerson was the Director of Financial Operations for Better Boys Foundation (Chicago, IL); Corporate Budget Management for Canteen Corporation (Chicago, IL); and positions of increasing responsibility ending as Payroll Tax Analyst for McDonald's Corporation (Oak Brook, IL).

Ms. Dickerson has an MBA from the Kellogg Graduate School of Management at Northwestern University and a Bachelor of Science degree (Accounting) from the Krannert School of Management at Purdue University.

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 MTC

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 Maryville Treatment Center.

Mr. Doherty has worked in the field of substance abuse and mental health treatment for over 24 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 abuse, 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 the 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 abuse 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.

Jerry Peters

Jerry Peters, Program Director at the Maryville Treatment Center since November of 2012, brings 40 years of experience working in the fields of corrections and addiction. He formerly served as the Program Manager in Gateway Foundation's Kansas City Free & Clean outpatient program and the Missouri Department of Correction's Kansas City Community Release Center. Mr. Peters provided Interim Director Services in Gateway Foundation's correctional center programs in Sheridan, Illinois, Orange County, Florida and Houston, Texas.

In his capacity as a private therapist and as the senior staff clinician with Research Mental Health Services, Mr. Peters worked with a variety of clientele, addressing the needs of children, families and developed significant experience with patients suffering from co-occurring disorders. Mr.

Peters oversaw a Missouri Department of Corrections funded program providing treatment services to parolees with co-occurring disorders. His responsibilities included assessing the quality of treatment services provided, understanding and implementing a recovery oriented system of care and ensuring that needed services were properly delivered.

Mr. Peters began his career in 1975 as a Probation & Parole officer for the state of Missouri, and holds a Masters' degree in Social Psychology from the University of Missouri. He is a Licensed Clinical Social Worker, Certified Reciprocal Alcohol Drug Counselor, and a Medication Assisted Recovery Specialist.

PROPOSED PROJECT STAFFING FOR MTC

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

STAFFING PATTERN

POSITION TITLE	FTE
Program Manager	1
Administrative Assistant	1
Clinical Supervisors	3
Counselor I/II	13
ES/LS Instructor	1
TOTAL	**19**

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

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

The **Clinical Supervisors** will manage the day-to-day operations of the proposed program services, including the clinical approach. These positions will be responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and other Department or other state agency personnel. The Clinical Supervisors will coordinate meetings among program staff, corrections staff, and parole officers, and ensure that clients are receiving the type and intensity of services they need. They will review client records and treatment plans to ensure appropriate service provision and consistent documentation of services provided. The Clinical Supervisors may provide services as a backup for staff absences or vacancies.

Counselor IIs (certified) and Counselor Is (non-certified) assume primary responsibility for engaging the client in treatment and providing treatment services. They assess clients' treatment needs; develop treatment plans (in conjunction with the clients and Department personnel); provide individual and group counseling; provide group education; and meet with other clinical and Department staff to review client progress and develop strategies for engaging clients who are treatment-resistant. Counselors will work with the institutional case workers and may work with clients' families, when feasible, and with clients' parole agents to help create support networks for offenders returning to the community. They will assist clients in identifying and developing community resources for continued treatment in the community after release. All counselors will have the necessary qualifications and experience to provide substance abuse counseling services to adult male incarcerated offenders, including two (2) who have additional experience in working with co-occurring disorders.

ORGANIZATIONAL CHART

Gateway proposes the following organizational structure for these services.

Maryville Treatment Center Organizational Chart

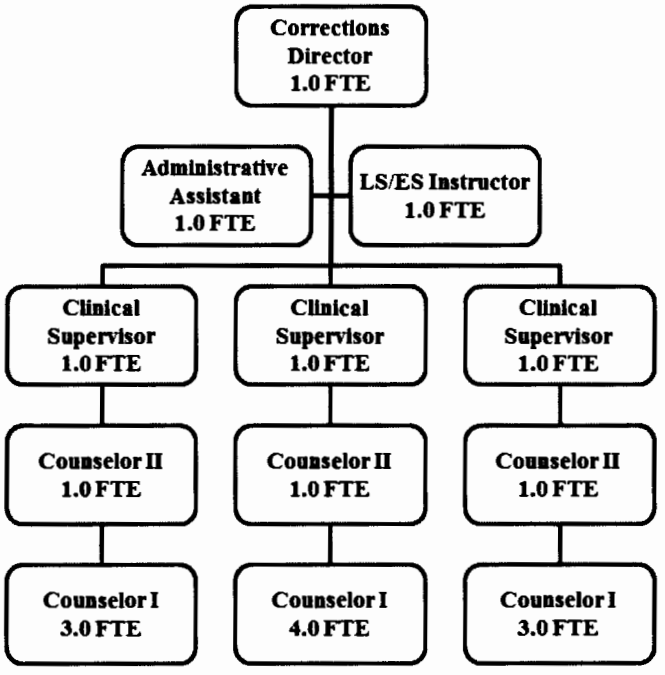


EXHIBIT H

Exhibit H: Personnel Control Listing is included as Appendix 1 to this proposal. This Exhibit includes data regarding the education/field of study, certification/licenses, and length of experience of the incumbent staff at MTC. Retaining this contract will ensure that program services will continue without lapse. Current staff members are trained and will be able to maintain their current caseloads and schedules, thus ensuring consistency and continuity of care for all clients.

ADMINISTRATIVE SERVICES SUPPORT

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

Human Resources

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

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

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

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

Fiscal Oversight/Management

- **Receipt and Disbursement of Funds**

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

- **Purchasing**

  - Solicitation and bids for services are carried out for purchases $5000 and up—primarily capital equipment or improvements. Requisitions, purchase order preparation, and receiving functions are carried out using an automated accounting system.

- Goods are received, inspected and checked off against packing list and original request or purchase order. The packing list is signed and any discrepancies are noted. Some purchases are carried out through the use of procurement cards. Authorized users and authorized purchases using the procurement cards are administered through the corporate office. Purchasers using the procurement cards are required to account, document and secure approvals for their purchases. Approval authority is assigned to managers and those with budget responsibilities.

- **Payroll**

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

- **Internal Controls**

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

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

- **Information Systems**

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

- **Accounting**

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

Financial Statements are generated every month by 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.

Budgeting

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

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

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

Contract/Grant Administration Experience

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

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

STAFF RECRUITMENT, RETENTION, AND PROFESSIONAL ENHANCEMENT

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

PLAN FOR STAFF RECRUITMENT AND STAFF RETENTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Methods of Advertising Job Opportunities

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

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

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

Newspaper/College/Organizational Advertisements

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

Websites:
Careerbuilder.com
Monster.com
Recoverytoday.net
Stjoejobs.net

Newspapers:
St. Joseph News Press - www.stjoenews-press.com
Nodaway New Leader, Maryville - www.nodawaynews.com
Maryville Daily Forum - www.maryvilledailyforum.com
Mound City News – www.moundcitynews.com
Kansas City Star - www.kansascity.com

Colleges and Universities:

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

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

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

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

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

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

Internet Job Postings

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

- www.careerbuilder.com
- www.monster.com

Oversight to Improve Quality of Services

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

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

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

Supervisory measures include the following:

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

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

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

- Integration of key service functions of assessment, treatment planning and engagement of the consumer and family: All treatment planning is driven by the assessment and addresses issues which the assessment reveals. Treatment goals are established with input from the client and with client permission, family members as well.

- Continuation of assessment, treatment planning, and engagement through the continuum of decreasing levels of treatment: Clinical staff employ the principles of Motivational Interviewing to enhance treatment success. Treatment goals are modified on an ongoing basis to address changes in a client's circumstances. To facilitate a client's engagement in treatment, the counselor plays a key role in modifying the treatment design.

- Appropriate resolution of ethical dilemmas: All clinical staff participate in ethics training at least annually. With several levels of on-site and organizational supervision and management, Gateway is able to expeditiously resolve ethical issues before they become a potential problem. Gateway also provides a "Corporate Compliance" officer in our Central office for consultation regarding ethical issues or concerns about the organization.

Striving for cultural competence

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

- **Gateway acknowledges and respects culture as a predominant force in shaping behavior and values.** Culture shapes attitudes and behaviors about oneself and others. Thus, culture becomes the starting point for program design and intervention strategies.

- **Gateway believes diversity within cultures is as important as diversity between cultures.** Race and ethnicity are often the dominant elements of culture, but people often belong to one or more subgroups that affect the way they think, feel, and behave. Continuing and enhanced awareness of diversity within cultures shape our treatment plans and interventions, and help ensure that we are providing culturally appropriate services.

- **Gateway believes that cultural differences affect service delivery.** Purposeful and vigilant self-assessment is necessary to respond appropriately to the dynamics that result from cultural differences, especially since interactions that stem from cultural differences (among clients, among staff, and between staff and clients) strongly influence the therapeutic process.

- **Our commitment to hiring culturally appropriate staff and recruiting culturally appropriate individuals for boards and advisory committees is ongoing.** However, hiring clinicians who reflect the racial/ethnic composition of the client population does not, by itself, ensure cultural sensitivity or competence; training and ongoing self-assessment are needed, and incorporated into practice and enhances our chances for effective cultural interactions and, ultimately, successful treatment.

- **Gateway recognizes that cultural norms may serve as barriers to treatment and recovery.** Patterns of socioeconomic oppression, access to health and human services, perceived stigma, victimization, willingness to acknowledge substance abuse-related problems, and ability to openly engage the treatment and rehabilitation process all vary greatly across cultures (Brown, 1992; Ruiz, et. al, 1992; Westermeyer, 1992).

- **Cultural competence of the treatment program staff, and the specific program interventions, together have a significant effect on client retention and treatment outcomes.** Individuals who are chemically dependent are likely to experience addiction and recovery differently depending on their cultural background, and they may understand addiction or the disease model differently. Cultural diversity in the treatment setting impacts on treatment efficacy in many ways. Clients may find that they:
  - identify with different sources of strength or patterns of support,
  - utilize different models of healthy families, extended families, or healthy intimate relationships, or
  - are received differently by individuals with different cultural backgrounds and beliefs.

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

At all levels of the organization, we focus on the following:
- awareness, acceptance, and respect for cultural differences;
- awareness of personal cultural values;
- understanding the dynamics of difference and its impact on service delivery; and
- organizational development.

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

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

COMMITMENT TO STAFF CULTURAL DIVERSITY

Diversity Initiatives

Gateway has long recognized the value of diversity in the work environment and with respect to service provision. As part of our recruitment strategy, we make efforts to focus on recruiting and hiring minorities and individuals who represent our client population. As detailed elsewhere in this proposal, our HR Department takes care to post available positions with local agencies that cater to various ethnic groups that reflect the demographics of our client population. This is to ensure that our job vacancies reach qualified individuals with various ethnic backgrounds and experiences to increase our opportunities for hiring diverse staff members.

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

Gateway has developed Affirmative Action Programs (AAP) for each region in the United States in which we provide services. Each AAP is structured and calculated as required by the Office of Federal Contract Compliance Programs (OFCCP), and conforms to all guidelines and requirements both in letter and spirit. The data in the following table are evidence of the success of our diversity initiatives in hiring. The numbers represent how employees represented themselves by category (1, 119 total employees).

Male

Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total	Percent of Total
26	206	135	1	2	0	4	4	378	34%

Female

Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total	Percent of Total
59	453	201	3	11	0	7	7	741	66%

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

Males

Positions	Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total
Clinical Supervisor	**1**	**10**	**2**	**0**	**0**	**0**	**0**	**0**	**13**
Counselor Supervisor	0	3	0	0	0	0	0	0	3
Counselor III	0	1	1	0	0	0	0	0	2
Counselor II	2	25	11	0	0	0	0	0	38
Counselor I	9	34	18	0	1	0	1	0	63

Females

Positions	Hispanic or Latino	White	Black	Native Hawaiian/ other Pacific Islander	Asian	American Indian/ Native Alaskan	Two or More	Not Identified	Total
Clinical Supervisor	1	19	4	0	1	0	0	0	25
Counselor Supervisor	5	9	1	0	0	0	0	0	15
Counselor III	0	7	1	1	0	0	0	0	9
Counselor II	4	59	15	0	2	0	0	0	80
Counselor I	19	82	39	0	0	0	0	1	141

STAFF RETENTION

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

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

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

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

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

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

FRINGE BENEFITS

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

- Health insurance
- Dental insurance
- Flexible Spending Accounts
- Commuter Reimbursement Accounts
- Life insurance
- Long-term disability insurance
- Accidental death and dismemberment insurance

- Defined contribution plan
- Tax deferred annuity
- Tuition reimbursement
- On-line learning tool
- Employee assistance program
- Professional liability insurance
- Workers' Compensation
- Credit Union
- Paid time off
- Catastrophic absence time off
- Holidays

VACATION AND LEAVE POLICY

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

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

FINANCIAL INCENTIVES

Gateway offers the following financial incentives to retain good employees.

- **Equity adjustments** are salary increases granted to maintain fair compensation between employees in similar jobs with similar qualifications. Equity adjustments may be used to compensate an employee for additional credentials or education received when a promotion is not possible. .

- **Merit increases** are salary increases designed to reward employees who achieve or exceed performance expectations.

- **One-time bonuses** may be granted to compensate employees for additional efforts or work performed outside of their normal duties.

- **Salary incentives** for certification is a promotion from Counselor I to Counselor II and an increase in pay

POLICY ON PAY RAISES/PROMOTIONS

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

- Salary grades
- Salary ranges

- Salary changes
- Change in status
- Demotions
- Equity adjustments
- Merit increases
- One-time bonuses
- Promotional increases
- Transfers

RETIREMENT PLAN

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

PROFESSIONAL DEVELOPMENT

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

STAFF CERTIFICATION POLICY

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

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

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

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

SUPERVISION OF STAFF

Gateway recognizes that in order to ensure optimal service delivery to clients, we must prepare staff on many levels to provide knowledgeable, skillful, competent, confident, and efficient staff who have the appropriate training and oversight for a correctional setting. We place significant responsibility on our managers/supervisors to furnish the leadership necessary to engage, motivate and oversee staff development.

SUPERVISION OF MANAGER DEVELOPMENT

In 1999, Gateway contracted with Qwest Consultants to design a Management Development Program to address key management skills, training, and methods that would ensure that Gateway have high-performing and functional teams under the supervision and oversight of an effective site management team. A curriculum was developed for managers with training modules and activities that would achieve six core areas introduced in 2000. These included:

- Communication Effectively
- Building Effective Teams
- Managing Performance
- Coaching
- Managing Employee Relations
- Managing Conflict

This program established the framework for the overarching model for developing managers and supervisors who understand the importance of developing supportive relationships through use of effective communication, problem solving, and interaction. Gateway's focus is development of "teams" as opposed to a "group" of workers. This model provides the methods and tools that managers/supervisors have available to create an environment of engagement, motivation, learning, and accountability.

Gateway's characteristics of a "high performing" team would include goals, roles, procedures, and interpersonal relationships. Managers/supervisors and staff develop common **goals** within the context of Gateway's mission, policies and practices, as well as those of the funding organization, and other relevant state and/or regulatory agencies. Methods for achieving these goals are based on institutional and contractual requirements as well as input from the Gateway team. As **roles** of the team are defined, clear and conflict free, **procedures**, such as planning, solving problems, making decisions, communication, meetings, managing conflict, and managing performance are implemented. As each of these, **goals**, **roles**, and **procedures** are developed and refined, **interpersonal relationships** become more positive and cooperative. This Supervision model has proven extremely effective in preparing Gateway managers/supervisors to establish and maintain productive teams.

SUPERVISION OF JOB PERFORMANCE

Managers/staff construct guidelines for acceptable work performance in the various areas of responsibility; Clinical Documentation would include completion time frames, appropriate and thorough content, group facilitation, and other areas for compliance with contractual and clinical best practices. The instrument used for evaluating staff job performance, administered monthly, is the "Staff Supervision Form," which is used for all staff, including managers/supervisors, clinical and administrative staff. The Form offers opportunity for the manager/supervisor to give feedback, including high performing areas, as well as those areas in which the staff person has not met standards. In those cases, the manager/supervisor develops a plan for improvement, with goals and target dates, including resources provided to assist the staff person to improve or correct the task or behavior. Areas reviewed include:

- Customer Service
- Sharing Knowledge
- Helping Others
- Team Communication
- Documentation
- Personal Qualities
- Human Relations Skills
- Job Requirement/Performance Standards
- Clinical Observation
- Ethics
- Boundaries

SUPERVISION OF CLINICAL STAFF

Development and enhancement of knowledge and skills of the clinical team is another critical responsibility of the management/supervisory staff. To accomplish this, each year a training/in-service schedule is submitted; these schedules include mandatory training as required by contract, state/regulatory and Gateway, such as Ethics, Policy and Procedures, Confidentiality, Boundaries, Working with Offenders, Clinical Documentation, etc.; unit specific topics, such as gender-specific issues, institutional guidelines; and, topics specifically requested by staff, such as Engagement of Clients, Gangs, etc.; topics related to identified areas for improvement, such as Treatment Planning, Group Facilitation, etc.

Each manager/supervisor meets with their team at least weekly to discuss case issues, phase changes, and offender job changes (within the Therapeutic Community). All staff meetings are held, usually monthly, to discuss program issues; corporate issues; and to disseminate information relevant to the staff and program. Often, an in-service is scheduled for this time, as well.

SUPERVISION OF NON-CREDENTIALED/LICENSED STAFF

Each state has specific requirements for developing and monitoring their non-credentialed/licensed staff. In general, all provide weekly supervision based on the TAP 21 guidelines for Knowledge, Skills, and Attitude development for counselors. All Gateway Missouri non-credentialed staff receive supervision via the Staff Development Form. The form, included below, includes all areas required for credentialing. All Gateway staff are strongly encouraged to pursue their credentials.

STAFF SUPERVISION FORM

Month/Year: _____

Staff Name: _____ Date: _____

☐ Counselor I (Non /Credentialed / Licensed) ☐ Counselor 2 Credentialed / Licensed) ☐ Transition / Re-entry Coordinator ☐ Office Manager / AA / Outcomes Data Specialist ☐ Senior Counselor ☐ Recreation / Activity Specialist ☐ Clinical Training Director

Summary: Check appropriate box (If Requires Improvement, maximum of 3 problems with comment / explanation for each problem).

Area	Performance	Comments
☐ Customer Service		
☐ Sharing Knowledge		
☐ Helping Others		
☐ Team Communication		
☐ Documentation		
☐ Personal Qualities		
☐ Human Relations Skills		
☐ Job Requirement / Performance Standards		
☐ Clinical Observation		
☐ Ethics		
☐ Boundaries		

Other Comments:

Plan: Must be a plan for each area that needs improvement (maximum of 3). **A follow-up will be required on next supervision for each area above that needed improvement.** Leave blank if no areas need improvement.

1	
2	
3	

(Each target date will apply to 1 specific identified problem area / issue)

Problem #:	Target Date:	Evaluation:	Completion:	Comments:
1		☐	☐	
2		☐	☐	
3		☐	☐	

Next Monthly Supervision:

_____ _____

Qualified Clinical Supervisor Signature & Credentials Date

_____ _____

Signature of Staff Supervised & Credentials (if applicable) Date

ANNUAL PERFORMANCE EVALUATION/ALL STAFF

Each year, all Gateway staff receives a Performance Evaluation. The scoring in the individual sections is based on the monthly supervision and observations gathered during the year. Areas evaluated include (these may vary depending on position):

- Team Development
- Organizational Mindset
- Accountability
- Communication Excellence
- Individual Contributions and Skill Assessment
- Action Plans for Enhancing & Improving Performance, Skills, and/or Behaviors
- Oversight of Assignment of Treatment Program Activities, Operations and Delivery of Services
- Clinical Record Oversight & Compliance

Gateway's supervision model is well developed and has evolved during the 43 years of service delivery. We believe we have designed a balanced model that includes training, development, oversight, and accountability. Each of these has contributed to knowledgeable, competent and efficient staff in each of our treatment facilities.

STAFF TRAINING STRATEGIES

Internal Training Efforts

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

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

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

Training Record

A training record will be completed for each employee. The training record will be maintained as an on-going document and will include the New Employment Orientation Checklist. Training records will be maintained by the program administrative support staff and updated as training opportunities are offered. Certificates of completion will be placed in each employee's training record as verification of course completion.

ORIENTATION/PRE-SERVICE TRAINING

New Employee Orientation occurs during the first 90 days after the employee begins at the program. The orientation includes general Gateway categories, as well as program specific items. The following orientation items must be reviewed prior to any new employee working without immediate supervision An exact training schedule will be provided once the contract is awarded and Gateway has the opportunity to collaborate with the department.

- Policy and Procedure Manual
- Program Standard Operating Procedures
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Confidentiality of Client Identifying Information
- HIV/AIDS/ Tuberculosis and Sexually Transmitted Diseases
- training
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Emergency/Evacuation Procedures
- Specific Job Duties

New Gateway staff will be oriented to specific Gateway procedures and processes, including:

Gateway Employee Guide:

- Attendance policy
- Kronos time clock; paid time off
- Code of Conduct/Corporate Compliance Program
- Gateway mission, vision & history overview
- Job description; Performance Evaluation and review process
- Benefits overview
- Smoking; visitors; solicitation;
- Dress Code
- Gateway property; computers/voice mail; use and reporting problems
- Orientation to Working in a Correctional Environment
- Client Rights

- Client Grievance Procedure
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Specific Job Duties

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

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

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

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

HIV:
- Etiology, transmission, symptomology, and testing

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

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

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

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

- Billing requirements & procedures
- Mail

Additional New Employee Training

This section of the training plan includes other training items required within 90 days of hire for each member of the treatment staff

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

Supervisory Expectations and Related Training for Supervisors

Supervisors and managers at Gateway participate in the Missouri Certification Board required three (3)-day Clinical Supervision prior to advancement or as soon thereafter, as possible.

As the incumbent, Gateway Foundation has a fully trained complement of staff, which is something no other vendor can offer. We will continue to provide initial training for new hires, and ongoing training for existing personnel according to the approved training schedule.

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

- Therapeutic Communities—History, Traditional model, Issues for New TC Counselors, Counselor Role, Basic TC Tools/Rules, Skills and Concepts, and Counselor Competencies.
- Clinical Documentation—including, Assessment, Master Treatment Plan
- Special Needs Clients
- Quality Management/Performance Measures
- Program Topics—Criminal Thinking Patterns, Life Skills, CD Education, Cognitive Self-Change, Anger/Aggression Management, Relapse Prevention, Problem Solving Skills, Pro-Social Values

Training during the past year has included:

- Cognitive Restructuring Programming
- Group Facilitation
- Interventions
- Client's Tactics to Avoid Accountability
- Castles in the Sky
- Medication Assisted Treatment
- Assessments and Treatment Planning
- DENS and ICAS-SA Scoring
- Mental Health Services and the Referral Process

- Teamwork
- Motivational Interviewing
- Boundaries
- Understanding and Interpreting TCU Survey Data

Planned training for 2015 includes:

- Writing Summary Progress Notes
- Ethics
- Cultural Diversity
- Encounter Training
- Creating Therapeutic Relationships in Caseload Group

These topics, among others, will be presented as ongoing training in seminar format in addition to daily practical experience guided by, initially, seasoned Gateway transition team members. Gateway's practice is to ensure that certified staff annually receives the required 30 hours of continuing education. In addition, the topics listed above will be included in these seminars and provided by either Gateway staff with expertise in these topics (from other Gateway facilities) and/or by persons contracted with Gateway.

PROGRAM TRANSITION

As the incumbent treatment provider for the facilities identified in the solicitation, **Gateway already has well qualified staff and highly competent infrastructure already in place to deliver the required services July 1, 2015.** As previously noted, Gateway currently employs qualified clinical staff in all of its Missouri units, as well as in other correctional-based facilities where Gateway provides treatment services. In addition, our management team is competent, with years of experience. **Re-awarding this contract to Gateway would ensure the continuation of the experience and amount of expertise they bring to the new contract and ensure a seamless entrance into the new contract.**

SECTION 4.8

PROPOSED METHOD OF PERFORMANCE
CONTENTS:

4.8.1: PLAN FOR PERFORMING THE REQUIREMENTS OF THE IFB

*PART TWO SCOPE OF WORK *

***2.1 General Requirements ***

2.2 General Operational Requirements

***2.3 Specific Service Requirements ***

2.4 Assessment Services

2.5 Treatment Service Requirements

2.6 Individual Counseling

2.7 Group Counseling

2.8 Recovery Centered Education

2.9 Offenders with Co-Occurring Substance Abuse and Mental Health Disorders

2.10 Treatment Plan

2.11 Clinical Records and Documentation

2.12 Personnel Requirements

2.13 Interpretive/Translation Services

2.14 Meeting, Reporting, and Audit Requirements

2.15 – 3.21 Other Requirements

EXHIBIT C

SECTION 4.8 METHOD OF PERFORMANCE

4.8.1 PLAN FOR PERFORMING THE REQUIREMENTS OF THE IFB

In the sections that follow, Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2. CONTRACTUAL REQUIREMENTS.

The Substance Abuse Treatment Center currently consists of 525 beds. The Department is seeking contracted services for 300 of those offenders. Eighty (80) beds are designated for the Long Term Treatment Program, and 445 beds are designated for the Intermediate Treatment Program participants. Additionally, thirty-six (36) beds are utilized for offenders who have completed the program and are awaiting release and offenders who are waiting to enroll in treatment. Gateway will continue to work closely with the Department to ensure that services are delivered in an integrated treatment model in which the Division of Rehabilitative Services (DORS) staff and contracted staff work as one treatment team for the entire 525-bed facility.

Our program will consist of a modified therapeutic community approach that retains a "family" structure with emphasis on positive peer culture, opportunities for peer leadership, group process, motivational enhancement, and cognitive restructuring as the basis of treatment. Gateway shares the Department's goal of increasing the success of offenders who are transitioning from prisons to community. All clinical services will be provided under the direction of the Department of Corrections Clinical Director and Gateway's Program Director.

The remainder of this proposal will contain our response to "Section 2. Contractual Requirements," followed by Exhibit C.

2.0 CONTRACTUAL REQUIREMENTS

2.1 General Requirements (p. 6 of 61)

2.1.1 ASSESSMENT AND EVIDENCE-BASED SUBSTANCE ABUSE SERVICES (p. 6 of 61)

As the incumbent, Gateway is fully prepared to provide assessment and evidence-based services at the Maryville Treatment Center (MTC) and will **begin the contract with sufficient staff** to provide services under this contract. In the event that Gateway must fill a position, we fully expect to comply with the Department's expectation that the program will be fully staffed and operational by January 2, 2016 or within six (6) months from the effective date of the contract, whichever is sooner.

2.1.2 SERVICES PERFORMED TO THE DEPARTMENT'S SOLE SATISFACTION

Gateway understands and agrees that all services will be performed to the sole satisfaction of the Department and that the Department is the final judge of the quality of Gateway's performance of the contract. In the event of disputes regarding conflicts with Departmental policy and/or clinical practice, the disputes will be resolved by the Assistant Division Director, Division of Rehabilitative Services for Substance Abuse Services in consultation with the Warden. Gateway further agrees to the following:

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

b. To establish, in conjunction with the Department, standardized operating procedures governing the provision of services consistent with Department Policy and Procedures, to be submitted for approval to the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services within 90 days after receipt of the Notice of Award before implementation.

c. To designate a contact person who will coordinate all aspects of the services with the Warden and the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services and who will be responsible for the oversight of the contracted services.

2.1.3 CAPABILITY TO PERFORM ALL SERVICES

As the incumbent provider of all services described in the IFB, Gateway is fully prepared to continue providing these services in a manner satisfactory to the Department. Although we will request reinstatement of previously approved exceptions pertaining to the number of hours of individual counseling sessions and to qualified substance abuse professionals, we are confident that we are capable of providing all services to a level of quality satisfactory to the Department.

2.1.4 Reallocation of Populations (p. 6 of 61)

Gateway is aware and agrees that during the course of the contract, the department may reallocate populations in an attempt to better serve offenders' needs. In the event that this occurs and with at least 30 days advance notice, we will make necessary adjustments to our staffing and programming that are developed and instituted at the request and direction of the Assistant Division Director of DORS in Substance Abuse Services. We understand that we will be afforded flexibility in the timelines for implementation of required changes, provided reasonable efforts to meet the new requirements are made.

2.1.5 Collaborative Policies, Management Issues, Transitional Services, and Operations (p. 6 of 61)

Gateway understands and agrees that all operational policies and procedures, offender management issues, transitional services and facility and program operations will be determined in a collaborative manner under the direction of the Warden.

2.1.6 Department Requests for Modifications to Curricula and Program Structure (p. 6 of 61)

Gateway understands that the Department may request modifications to curricula and program structure to better serve the assessed needs of offenders. Gateway also may request such modifications but must obtain prior approval of the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and must review the proposed changes with the Warden to ensure that any facility operational matters can be identified and addressed prior to implementation.

2.2 General Operational Requirements

2.2.1 Single Source of Referral (p. 7 of 61)

Gateway understands that the Department will be the single source of referral for all program participants and agrees that the department alone retains the right to terminate any participant it deems necessary in order to maintain program integrity, continuity of treatment, and/or a safe and secure environment.

2.2.2 Access to Persons of Faith and No Faith (p. 7 of 61)

All programming provided by Gateway is accessible to persons of all faiths and to persons of no faith who are atheist, agnostic or undecided. Programming includes presentation of reasonable alternatives wherever the program incorporates ideations of "God" or a "higher power." Our approach to this type of programming and the alternatives we offer are described in detail in a later section of this proposal. No offender will be terminated as a result of failure to participate in treatment activities or assignments associated with the above ideations.

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

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

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

2.2. 3 TIMELY START-UP OF SERVICES (p. 7 of 61)

As the incumbent treatment provider at MTC, Gateway offers the opportunity to continue to provide all services immediately upon contract approval, unless otherwise desired or required by the Department. **We are prepared to continue seamless service delivery with no interruption of services to MTC clients.**

In the extremely unlikely event that we would be unable to begin providing services by the startup time period specified by the IFB, we understand that we may request an extension of time at least thirty (30) days prior to the startup date, determined by examining the number of lapse days from the date of contract award.

2.2.4 PROVISION OF EQUIPMENT, SUPPLIES, AND MATERIALS (p. 7 of 61)

Gateway understands that, unless otherwise specified, Gateway will furnish all program curricula, written materials and handouts, DVDs, CDs, and other supplies, as well as the labor, necessary to perform the services required. Our proposed budget reflects our inclusion of all these costs.

2.2.5 FAIR LABOR STANDARD (p. 7 of 61)

Gateway will comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders to the extent that these may be applicable and further agrees to insert the foregoing provision in any subcontracts awarded.

2.2.6 COSTS FOR PROVIDING SERVICES (pp. 7 - 8 of 61)

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

a. Gateway will provide private telephone lines, fax lines, or fax equipment and scanners. Due to administrative systems in place, however, Gateway will require a private fax line and a private phone line for connecting to our time clock. Gateway obtained permission from the Department at the initiation of the current contract for each of these and we are requesting that MTC continue to allow Gateway to use these lines as installed for administrative purposes. We understand that approval or rejection of this request is at the sole discretion of the Department, and we will request approval via a formal written request upon award of this contract. We understand that these lines become the property of the Department when the contract is completed.

b. The Department will assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishing (i.e., desks, chairs, furniture), and utilities except as listed in 2.2.6 a. In addition, Gateway has prepared its proposal under the assumption that clinical staff will be allowed to continue to use DOC-owned computers for clinical work under this contract as under the current contractual provision of services.

    1) The Department will provide the contractor with classrooms and offices for service implementation on the 4th and 5th floors of the treatment housing unit, including offices, day rooms, process group rooms, conference room, orientation room, and a flexible use room as currently used.

    2) 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.

    3) A key component of Gateway's Modified Therapeutic Community program is the offenders' performance of "jobs" necessary for the upkeep and functioning of the community and the environment. Therefore, as a part of the integrated clinical program, Gateway has developed a system that utilizes the service crew (offenders) on each floor, and through this arrangement and as allowable by the Department, Gateway will collaborate with the Department in supervising offenders in the performance of general housekeeping.

4) Treatment participants will be placed in designated institutional work positions that, whenever possible, will be scheduled around treatment services hours. Gateway believes that as a part of treatment, an integrated TC provides offenders with the ability to develop their "work ethic" while contributing to the upkeep of their environment. We have extensive experience in developing and coordinating the job function hierarchy in this manner and will coordinate any such implementation with the Department's Clinical Director and the Maryville Warden.

2.2.7 SECURITY OF CONTRACTOR STAFF (p. 8 of 61)

Gateway understands that the first priority in a correctional is security. Although the Department will provide and be entirely responsible for the security of Gateway staff while in the department facility, Gateway will ensure that all of our staff adheres to all policies and procedure regarding security, custody, and control of offenders. The level of security provided will be consistent and according to the same standards of security afforded to department personnel.

Gateway's treatment programming has been designed to accommodate a myriad of established rules, regulations, policies, procedures, and schedules designed to enhance security. Gateway will continue to ensure that effective substance abuse treatment is implemented without compromising the safety and security of staff, offenders, or the facility and that internal policies, procedures and rules required to operate the program in conformity with the state agency's regulations are strictly followed. Gateway understands that the Department will also provide security and security procedures to protect Gateway-owned equipment.

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.

2.2.8 COMPUTERS AND COMPUTER ACCESS (pp. 8 - 9 of 61)

Gateway understands that access to the Department's database and to the Missouri Corrections Integrated System (MOCIS) when implemented is provided by the department only on a need-to-know basis, and that approval for access will be obtained through the program Warden and will be limited to Gateway staff members who have been approved by the Assistant Client Services Manager, Office of Administration, Information Technology Services Division (ITSD). The Department will provide a limited number of computers to Gateway for on-site services. Gateway will indicate the number of computers needed and the proposed use of each computer. The actual quantity of computers provided will be subject to the Department's approval based upon availability, proposed usage, and proposed location of the computer. Gateway will not provide computer equipment for this program.

Gateway will provide for the assessment software and any necessary hardware in order to implement and utilize the Department approved assessment services. It is important to note that as the incumbent service provider, all necessary DENS software and hardware is already in use.

There would be no lag in services due to selecting, ordering approval and purchasing these. Gateway has provided a server at MTC for efficient management of the DENS assessment instrument.

We understand that the Department will provide toner and ink cartridges for Department owned printers when funding permits. Gateway will provide pre-printed materials when possible and provide supplies if requested by the Department. In addition, Gateway will provide copy paper for program materials and treatment file materials.

2.2.9 WRITTEN COMMUNICATIONS (p. 8 of 61)

Gateway agrees that the department will have the right, at any time, to review and approve all written communications and materials developed and used by Gateway to communicate with offenders. Gateway will continue to coordinate all communication materials, treatment materials and curriculum development with the Department Clinical Director and Warden/designee. In addition, we understand that all forms must either be standardized Departmental forms or receive approval prior to implementation. As Gateway is the current contractor, all materials produced to date have been vetted and approved by the Clinical Director; therefore, review time will not be required and, thus, there will be no delay in providing services.

Any new materials—including standardized forms used by Gateway that are not official Department forms--developed after the contract is implemented will be coordinated with and submitted for approval of both content and format to the Assistant Division Director, Offender Rehabilitation Services for Substance Abuse prior to their use. Gateway and the Department 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 and 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.

2.2.10 PROVISION OF SERVICES (p. 9 of 61)

Gateway will provide services six days per week (Monday – Saturday) and optional evening programming for all services provided, if required by the Department. Gateway will not be required to provide services on state holidays.

Gateway currently completes all required services Monday through Saturday during daytime hours, as there is limited custody staff on duty in the evenings but will provide services during evening hours if required by the institution.

Assessment services will occur as needed and within the time frames as required by the Department and the Department of Mental Health. The ASI will be completed within ten (10) calendar days from admission.

2.3 Specific Service Requirements

2.3.1 Plan For Seamless Integration (p. 9 of 61)

Should Gateway be privileged to be re-awarded the MTC contract, we propose to continue our partnership with the Department of Corrections (DOC) and the DORS staff in operating a highly successful Therapeutic Community (TC) within the prison setting.

As the incumbent provider of treatment services at MTC, Gateway is in the unique position to be able to ensure the Department that there will be no interruption of service during contract transition—and further, that it will be a seamless transition. We currently have the personnel, treatment materials, supplies, and equipment **to ensure the Department that the program services/schedule offered as the solution to this solicitation will be implemented on Day One of the contract**--an assurance that no other provider can make.

2.3.2 Service Modifications

Should there be a need for service modifications to adequately address offender needs, Gateway will collaborate with the DORS Clinical Staff, institutional staff and the Area Treatment Coordinator to identify necessary modifications and develop a plan to address this need. No plan will be implemented prior to approval by the Area Treatment Coordinator and the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services. Gateway will maintain ongoing consultative communication with facility staff regarding special considerations pertaining to each offender.

2.3.3 Trained Backup Staff (p. 9 of 61)

Gateway understands that services that meet both Department requirements and institutional needs for timeliness must be covered consistently during the work week. Our staffing pattern assures that this occurs and that trained back-up staff are available as needed to administer services and assessments according to the timelines required by the IFB and contract. Our proposed staffing plan that ensures that service needs are covered consistently during the work week was presented in Section 4. 7 Expertise of Personnel. **Exhibit H** contains the personnel listing with position, employment date, hours of service, certification/license number, ADA/QSAC, degree/field of study, and salary.

2.3.4 Emergency/Crisis Counseling (p. 9 of 61)

Gateway's Program Manager, the DORS Clinical Director, and designated management staff have recognized that emergencies and crises occur and must be addressed as immediately as possible. To meet that requirement, Gateway and the DORS Clinical Director have designated the Clinical Supervisors to provide emergency counseling when an acute crisis occurs for offenders in instances when support services are needed until institutionally-contracted mental health services are available. This program's crisis response system will be implemented throughout the treatment day, providing in-person crisis response when an emergency occurs.

Gateway staff will continue to work collaboratively with Department's mental health staff to suggest psychiatric interventions that may address both acute and longer-term mental health problems for offenders. Gateway will provide a formalized, written plan to provide emergency/crisis counseling for those offenders in need and submit to the department within thirty (30) calendar days after receipt of the Notice of Award should the Department require it.

2.3.5 GENDER-RESPONSIVE, EVIDENCE-BASED SUBSTANCE ABUSE TREATMENT SERVICES (p. 9 of 61)

Gateway understands and is prepared to offer the following required services.

a. Assessment Services for offenders at MTC who have been referred by the Board of Probation and Parole or are court-ordered for institutional substance abuse treatment.

b. Intermediate Treatment Program and Offenders Under Treatment Program (6 months) for offenders referred by the Board of Probation and Parole for substance abuse treatment.

c. Long Term Treatment Program (12 months) for offenders referred by the Board of Probation and Parole for substance abuse treatment.

Detailed descriptions of each of these programs are provided in the remainder of this proposal.

2.3.6 PATHWAY TO CHANGE (p. 10 of 61)

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

The Gateway approach to changing offenders' thinking patterns provides them with a straightforward protocol for systematically identifying criminogenic cognitions and effective corresponding interventions and then supports them in generalizing this clinical experience to life in the therapeutic community and ultimately, to post-release life.

Gateway draws from all research-based studies and programs and proceeds in a manner that is commensurate with our long-standing reputation for effective and ethical treatment of under-served populations such as those found in the Missouri correctional system.

Gateway will implement the Department's screening instrument to identify offenders most in need of cognitive skills programming as soon as the Department provides it.

Gateway will continue to implement the *Pathway to Change* cognitive skills program for offenders who are screened as needing cognitive skills programming to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognate skills to criminal offenders and is written in language that accommodates the educational levels offenders may have. The lessons allow self-examination by the offenders to identify their own thought and decision-making processes and learn new skills to correct faulty thoughts and behaviors that lead to criminal conduct.

Pathway to Change consists of twelve lessons. The program is designed for one (1) or two (2) two-hour modules per week. We understand that the Division of Offender Rehabilitative Services will consider a written request for a time-limited waiver of the requirement for 12 modules if adequate justification exists.

Pathway to Change, in conjunction with Gateway's Cognitive Self-Change curriculum, will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

2.3.7 CERTIFICATION REQUIREMENTS (p. 10 of 61)

Gateway will continue to comply with the certification requirements set forth by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse as may be applicable.

Maryville Treatment Center is currently certified until May 31, 2016 according to the Certification Standards for Alcohol and Drug Abuse Programs 9CSR 10 Chapter 7 Core Rules for Psychiatric and Substance Abuse Programs. **As the current vendor, there will be no delay in certification and compliance with these requirements.**

2.4 Assessment Services (p. 10 of 61)

2.4.1 ADDICTION SEVERITY INDEX (p. 10 of 61)

The **Addiction Severity Index (ASI),** the **Initial Classification Analysis – Substance Abuse (ICA-SA),** and the **University of Rhode Island Change Assessment Scale (URICA)** will be utilized. In addition, Gateway will also use standardized assessments developed by the Texas Christian University Institute of Behavioral Research (TCU/IBR).

The assessment instruments 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 or supervised by a Clinical Supervisor.

When possible, assessments will be conducted in offenders' preferred language by someone culturally sensitive to the racial/ethnic characteristics of specific offenders. Persons identified with special needs, (e.g., individuals with disabilities) will have treatment structured so that the

timing, level of communication and physical plant arrangements are conducive to accurate assessment. When necessary, Gateway will ask the Department to provide interpreters for the hearing impaired or those with specific language needs will be provided, as well as support for the visually impaired, as needs dictate.

A description of the required assessment instruments is provided as follows:

Criminal Justice--Addiction Severity Index

Gateway will use the **Criminal Justice Addiction Severity Index (CJ-ASI) and the Initial Standardized Assessment Protocol (ISAP)** to assess all offenders. The CJ-ASI assesses the nature and extent of offenders' substance abuse history, treatment history, offenders' strengths and recovery capabilities, and specific treatment needs. The assessment includes the following bio/psycho/social data:

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

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

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

- substance abuse history and current pattern of use

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

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

All counselors currently have access to the DENS assessment tool on their computers, as Gateway provided all personnel (including DORS counselors) with access to its assessment software.

Gateway requests that the Department continue to allow Gateway to use the DENS software version of the ASI for this project in lieu of the department's version. Gateway's computerized ASI assessment tool offers "added value" over other assessment instruments.

- Clients' progress narrative notes may be done with the Gateway clinical software. This makes the notes legible and uniform.

- Any field in the ASI is a reporting field. We will be able to modify any reports that the Department may need.

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

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

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

As an added enhancement to the standard assessment process, Gateway is pleased to include the use of the **Texas Christian University (TCU) Assessment System** in the MTC program.

GATEWAY'S INTERNAL EVALUATION PROTOCOL (IEP)

To enhance the quality of our treatment services, Gateway has instituted the **Internal Evaluation Protocol (IEP) using the TCU Assessment System**, which we propose to continue in response to this contract. The TCU Assessment forms provide a framework for examining a variety of treatment dimensions that lead to **participant engagement, retention, and favorable treatment outcomes**. Gateway's IEP offers the following **VALUE ADDED** advantages:

- **Early identification of participants' readiness and motivation** for treatment: Deficits identify participants for whom intensified services to increase program engagement and retention may be needed.
- **Focus on criminogenic factors** (behavioral, attitudinal) that identify participants at high risk of recidivism (CTS). Data from several assessment forms permit clinicians to identify participants at high risk of recidivism and provide intensified, specific treatment services to address this problem (IPASS).
- Provision of data for Gateway's **self-monitoring and quality assurance** efforts: The TCU Assessment Forms provide insight into the effectiveness of the treatment process during treatment that could affect treatment outcomes. This permits Gateway to take immediate self-correcting actions to improve outcomes.
- The IEP supports the emphasis that Gateway places on client engagement and satisfaction, as it is designed specifically to measure participants' engagement in the treatment process as well as the construct known as "Counselor Rapport." These measures and the resultant findings are stressed and used in conjunction with quality assurance reviews and continuous quality improvement activities. Research by Miller and Moyers (2014) has demonstrated that "relational factors" such as therapist empathy and therapeutic allegiance "can be significant determinants of addictions treatment outcomes."

We believe that the combination of these assessments, the ASI, the ICA-SA and the administration of the TCU assessments provide a thorough and complete initial evaluation of the

offender. In addition, the re-administration of the TCU instruments provides continuous assessment of the offender during treatment, which allows adjustment to the treatment plan and/or services to ensure the offender is receiving individualized services. As the incumbent, Gateway has already implemented this process; re-awarding this contract to Gateway will ensure that the client will continue to receive un-interrupted attention to their progress or areas requiring modification.

Gateway agrees that the ASI assessment instrument and interview will be completed by a qualified Substance Abuse Professional as defined by the Department of Mental Health's Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

2.4.2 ASSESSMENT OF OFFENDERS WITH SPECIAL NEEDS (p. 10 of 61)

Gateway understands that during the intake/classification process, entering offenders receive screening and assessment by the Department's Mental Health providers. In addition, Gateway will administer the **TCU Health Form** to screen offenders for co-occurring mental health needs that may prohibit their participation in the Therapeutic Community programming as well as the **TCU Trauma Form**, which is a version of the PTSD Civilian Checklist to assess for trauma related risks/needs.

Based on these assessments, Gateway has devised a process specifically to establish methods for referrals for more intensive psychiatric services, the need to reassess at a designated time and/or the need to address particular diagnoses during the treatment episode. Gateway staff will ensure that the appropriate referrals are provided (i.e., referring cases to Mental Health Management, Inc. for psychological and/or psychiatric screening as needed).

In addition, clients presenting with lower cognitive functioning, learning disabilities, or deficits will be referred to the Mental Health Department for assessment. Should the Mental Health Department determine that these offenders can participate in the treatment program, treatment assignments and other interventions can be modified after collaboration with all departments. Clients with physical disabilities will be referred to the medical department for evaluation of their ability to participate in the treatment program.

2.4.3 RELEASES (P. 10 OF 61)

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

2.4.4 WRITTEN NARRATIVE SUMMARIES (p. 10 of 61)

At a minimum, a written narrative summary of the assessment 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."

2.5 Treatment Service Requirements (p. 11 of 61)

2.5.1 Intermediate Treatment Program and Long-Term Treatment Program Requirements (p. 11 of 61)

a. Cognitive Behavioral approach

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

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

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

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

General Principles

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

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

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

Specifically, participants learn to:

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

These techniques are particularly effective because the participant incorporates the therapeutic techniques into his own repertoire, learns to question his conclusions or actions, and eventually begins to constantly monitor thoughts and associated behaviors.

Specific program goals include:

- **Cooperation** between staff and offenders to enhance the effectiveness of the program, and as a significant end in itself
- **Self-understanding** of how personal attitudes, beliefs and thinking patterns lead to criminal behavior, and how to control and change these attitudes, beliefs and thinking patterns
- **Motivation** to change behaviors based on a conscious choice and the realization that alternative ways of thinking and behaving are within our control
- **Reduction of Antisocial Behavior** by application of cognitive self-change principles

Thinking Reports and Journals

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

With ***thinking reports***, participants:

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

Participants use ***journals*** to:

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

By writing about their thoughts and behaviors, and perhaps sharing their journal entries with their peers, participants develop new habits of thinking, behaviors and attitudes. The focus is on learning, developing, and practicing the skills needed to build a healthy, responsible life.

b. Stages of Change Approach

Gateway substance abuse treatment programs incorporate the Stages of Change Model (SCM) developed in the late 1970s and early 1980s by James Prochaska and Carlo DiClemente at the University of Rhode Island. The SCM is based on the theory that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change, and they progress through the stages at their own rate. Therefore, simply telling people in the "precontemplation" stages 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.

The SCM consists of five stages, each with a different set of issues and tasks that relate to changing behavior. Therefore, different interventions are used at each stage to help people move through the stages to achieve lasting change. The stages of change are as follow:

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

The characteristics of clients at each stage are summarized in the table provided on the following page.

STAGE	CLIENT CHARACTERISTICS
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
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
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
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
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

PROGRESSIVE LEVELS OF THE TREATMENT INTERVENTION

As previously described, Gateway's programming is based upon a three-level Modified Therapeutic Community model of treatment (an additional level for Long Term clients was established by the Gateway Program Director and DORS Clinical Director and is described later in this proposal). The criteria for movement to the successive level of the modified therapeutic community model of treatment focus on specific improvements in clients' behaviors and attitudes. Staff is experienced at both engaging clients in treatment and identifying clients who are not progressing appropriately.

In a mature therapeutic community, senior clients are also adept at identifying clients who need to make additional changes in order to succeed and will confront such clients, using the tools of the therapeutic community.

Gateway's modified therapeutic community programming consists of highly structured, progressive and cohesive levels. Movement from one level to the next occurs as clients progress in treatment and accomplish specific tasks in each level. Tasks may include attitude or behavior changes, active participation in treatment activities and in the larger community, becoming a role model to lower-level members, completion of assignments related to that level and successful

passing of level tests. Clients' accomplishment of level requirements is closely monitored by staff to ensure that clients meet the criteria for passage of each level and continue to move forward through the program.

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

In accordance with the traditional methodology, there are three primary phases in a Gateway therapeutic community: Orientation (Engagement and Persuasion), Primary/Active Treatment, and Re-Integration (Relapse Prevention) and an additional phase, Maintenance, designed specifically for MTC's long-term clients. Phase I is designed to acclimate offenders to the TC and to provide an overview of the expectations for participation and progression through the program, as well as an explanation of the TC methodology. Phase II challenges offenders to achieve personal application of the therapeutic principles presented with the program interventions. Phase III prepares offenders for a return to the community through a focus on relapse prevention and recovery maintenance activities that revolve around the social application of the principles taught in the TC. Phase IV focuses on maintaining the progress made during treatment; demonstrating relapse prevention and re-entry skills learned; and providing mentoring, leadership, and role modeling for participants in Phases I-III.

c. Daily Therapeutic Activities

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

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

Gateway agrees to provide therapeutic community activities that **accommodate clients' schedules and ensure maximum participation.** Sample Daily/Weekly Activity Schedules depicting the activities required by the IFB are included in a later section of this proposal; however, Gateway acknowledges that the program schedule 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 Maryville TC is a uniform and integrated treatment environment.

d. THERAPEUTIC ASSIGNMENTS

Treatment issues are dealt with actively through the client's participation in all aspects of the TC, including didactic education, skills training, offender lifestyle conflict resolution, twelve-step groups, relapse prevention education, education about family dynamics, group counseling, individual counseling and cognitive restructuring experiences. Clients also receive educational/ vocational assignments and complete work assignments inherent to each offender's assigned job responsibility, as well as "homework" that may include completion of Journal entries on relapse, health and nutrition, leisure activities or workbook assignments, essays regarding the day's learning, and completion of the Internalization of Gateway Philosophy workbook.

CLIENT WORK

All Gateway TC programs incorporate a hierarchical structure of job functions, organized according to levels of responsibility. Community members are assigned specific jobs by use of a posted structure board, which clearly delineates job assignments according to the TCs specific, organized job structure. Community members perform all available chores within the TC, including cleaning, maintenance, meal preparation, recreation planning, decorating, among others, all depending on permission obtained from the specific Department of Corrections that houses the TC. In the course of performing work responsibilities, community members support their individual program goals, gain a sense of community and further enhance their self-esteem. Clients also learn to respect themselves and others by working together within the job structure.

Not only do clients earn the general benefits of a feeling of accomplishment, they also learn vocational skills. Many clients have few job skills, and resistance to authority is common among the criminal justice population. The job functions structure models appropriate work-related behavior, including following or giving instructions and putting forth a genuine effort.

The jobs assigned to clients provide an opportunity to model appropriate work-related behavior, including following or giving instructions and putting forth a genuine effort. When clients demonstrate a positive and appropriate work ethic, they are rewarded with promotion, advancement, privileges and respect within the community. It is important to note that **Gateway staff pays particular attention to clients with special needs when constructing a job structure board**. Available duties will accommodate any impairment, and assignments will recognize the individual client's talents or limitations and be geared toward providing the highest possible benefit.

e. and f. PARTICIPATION IN TREATMENT ACTIVITIES

Gateway also understands that sentencing guidelines prohibit transitioning clients in the Intermediate Treatment Program to the Long Term Program and therefore approaches each program as separate from the other, although clients in each may participate in the same treatment services and schedule. Clients in the Long Term treatment program will have additional curricula and treatment activities. Long Term clients enter Phase 4, Maintenance after

completion of the first three phases. Relapse and re-entry issues are among the emphases for these clients. The Phase 4 schedule delineates the additional activities, and includes:

- Understanding Relapse
- Staying Sober
- Cost/Benefit Worksheets
- Challenging Addictive Thinking
- Substitute Addictions and Relapse
- Identifying/Challenging Criminal Thinking
- Separating Thoughts from Feelings

2.5.2 INTEGRATED SUBSTANCE ABUSE TREATMENT AND MODIFIED THERAPEUTIC COMMUNITY (p. 11 of 61)

a. PHASES OF PROGRESS

Gateway's integrated substance abuse treatment and modified therapeutic community will contain three (3) phases of progress that incorporate evidence-based treatment services. Gateway will provide services for both the long-term (12-month) and intermediate (6-month) programs utilizing the phases described in the following sections. Recognizing that clients in the Long Term Phase would complete the prescribed three (3) phases of treatment before conclusion of their in-prison sentences, Gateway and DORS introduced a fourth phase for Long Term clients, Phase IV Maintenance. This phase has been in place for the duration of the current contract and provides the Long Term clients a purpose for continuing engagement in the treatment program, as well as recognizing their accomplishments during the first three phases and their senior status.

Long Term treatment clients who have successfully completed the three basic phases of treatment enter the fourth phase during which they receive services focused on re-entry work, act as mentors and role models, and assist clinical staff by facilitating selected educational and/or orientation groups as appropriate and approved. The additional curricula modules and activities are described later in this section. With the Department's permission, Gateway proposes to continue this established additional phase of treatment upon award of this contract.

The criteria for movement between phases of the modified therapeutic community model of treatment focus on specific improvements in clients' behaviors and attitudes. Staff is experienced at both engaging clients in treatment and identifying clients who are not progressing appropriately.

In a mature therapeutic community, senior clients are also adept at identifying clients who need to make additional changes in order to succeed and will confront such clients, using the tools of the therapeutic community.

Gateway's modified therapeutic community programming consists of highly structured, progressive and cohesive phases. Movement from one phase to the next occurs as clients

progress in treatment and accomplish specific tasks in each phase. Tasks may include attitude or behavior changes, active participation in treatment activities and in the larger community, becoming a role model to lower-phase members, completion of assignments related to that phase, and successful passing of phase tests. Clients' accomplishment of phase requirements is closely monitored by staff to ensure that clients meet the criteria for passage of each phase and continue to move forward through the program.

Gateway understands that the Department has prescribed a minimum period of time a client is to remain in a specific phase. Currently, because of space and staffing considerations, Long Term clients remain in the specific phases the same length of time as the Intermediate and OUT clients. However, Gateway will be prepared to adjust the schedule to accommodate the different period of time specified in this IFB for phase completion for the Long Term clients.

Each phase is described in detail in section 2.5.5.

a. PHASE I: ENGAGEMENT AND PERSUASION (p. 11 of 61)

Phase I Engagement and Persuasion is a minimum of two (2) weeks for the Intermediate Treatment Program and Offenders Under Treatment (OUT) Program and a minimum of four (4) weeks for the Long-Term Treatment Program. Phase I provides offenders with comprehensive assessment, orientation to the institutional rules, and orientation to TC principles and practices,

b. PHASE II: ACTIVE TREATMENT PHASE (p. 11 of 61)

Phase II Intensive Treatment for the intermediate and OUT programs is approximately nineteen (19) weeks, whereas the long-term program is approximately 39 weeks in length and provides immersion in modified therapeutic community intensive treatment of substance use disorders and continued training of skills relevant to community reentry. Within the context of the integrated program, Gateway agrees to the following terms:

Each offender will receive thirty (30) hours of intensive therapeutic activities per week which will include, but not be limited to:

- Small group counseling
- Recovery-focused educational classes/discussion in substance use disorders, criminogenic thinking, and relapse prevention
- Community meetings
- Relapse prevention, including the initiation of a relapse prevention plan for substance abuse and criminality
- 12-Step and alternative recovery support group participation
- A continuing care/aftercare plan containing a structured, holistic approach initiated during this phase.
- Individual counseling as required in the revised Institutional Corrections Programs Standards as reflected by the Department of Mental Health.

- Family-focused education materials provided to offenders to share with their significant others and family.

These therapeutic activities are discussed in detail in the appropriate sections of this proposal.

All individual and group counseling sessions, educational classes, oversight of modified therapeutic community, relapse prevention, and reentry services will be provided by substance abuse counselors.

c. PHASE III: RELAPSE PREVENTION (p. 12 of 61)

Phase III Relapse Prevention for the Intermediate and OUT programs will be a minimum of four (4) weeks in length, and the long-term program will be a minimum seven (7) weeks in length. Phase III focuses primarily on the acquisition of life skills, employment skills, re-entry planning, and relapse prevention and provides some opportunity for work release. Offenders not participating in work release will receive additional services deemed appropriate for re-entry preparation in cooperation with the Department. Offenders will receive fifteen (15) hours of therapeutic activities per week. Offenders participating in work release will have their treatment services designed around their work release activities. Offenders not participating in work release will receive additional re-entry services, as necessary.

Phase III therapeutic activity will include, but not be limited to the following:

- Recovery skills and relapse prevention for substance abuse and criminality, at least two (2) hours per week
- Interventions to address identified criminogenic needs
- Community meetings
- Family focused education classes/activities
- Group counseling/process group
- Individual counseling contacts, one hour per month
- Continued full involvement and role-modeling in modified therapeutic community
- 12-Step and alternative recovery support groups
- Completion of Continuing Care/Aftercare Plan, including a thorough relapse prevention plans for both substance abuse and criminal behavior

Gateway assures the Department that every offender will have an individualized, structured plan for recovery prior to release that will be forwarded to the field Probation and Parole officer and the community provider by the date of the offender's discharge, as required.

During this phase, Gateway will facilitate one (1) family education group activity per week for offenders and once per month a two-hour session to include family visitor or non-family significant other to assist offenders with integration into the community upon release.

At the conclusion of Phase III, Gateway staff will work with the Department to re-administer the TCU assessments in order to identify risks and needs at discharge. This will provide information relative to placement needs and will provide a measurement of changes that occurred in each individual over the course of the treatment episode.

Gateway understands there are approximately thirty-six (36) saturation beds for offenders awaiting either admission into the program or discharge from their sentence. As these offenders are not enrolled in the treatment program, the Department has sole responsibility for their schedule and activities; they are not included in any treatment activities.

2.5.3 PHASE ADVANCEMENT CRITERIA (p. 12 of 61)

Gateway, in collaboration with the Department, has established criteria and processes for advancing from one phase to the next. The process for advancement includes the client completing an application that is reviewed by the counselor and the assigned Department floor staff; if approved, the application is submitted to the Phase Review Panel which consists of a rotation of Gateway and DORS supervisors

Decisions regarding phase movement will be made through a "formal clinical staffing process" that includes at least one Department staff member specified by the Department.

In addition to the specific criteria and activities listed below, clients are evaluated for overall participation, attitude, accountability, responsibility, and willingness to address and change problem behaviors. Specific criteria are described in the table below:

PHASE ADVANCEMENT CRITERIA / MARYVILLE TREATMENT CENTER

PHASE	PHASE FOCUS	PHASE ACTIVITIES
PHASE I **ENGAGEMENT AND PERSUASION**	• Comprehensive assessment and diagnosis of all offenders • Individualized treatment planning (TAP) • Initial discharge and community re-entry planning • Preparation of clients for intensive treatment • Develop therapeutic engagement and TC assimilation • Assimilate offenders through involvement in all activities, including the structure board	• Assessment of treatment readiness • Development of Transition Accountability Plan (TAP) • Intro to TC structure, rules and tools; review of orientation manual • Orientation group • Substance abuse education • Process of change education • Big Brother mentorship • TC job assignment • Comply with stipulations of probation or parole • HIV Education/Hepatitis C/STI • Cognitive interventions • Intro to Self-Help • 12-Step Groups • Life Story / Inventory • Introduction to school for educational needs • Completion of level-appropriate TCU assessment
PHASE II **ACTIVE TREATMENT**	• Full active commitment to and engagement in the treatment process • Challenging anti-social and self-destructive behaviors • Learning and practicing pro-social behaviors • Obtaining knowledge/skills for autonomous decision-making and self-management • Promotion of less reliance on authorities • Abstinence from substance abuse and criminal behavior • Development of well-formed peer support groups	• TC work assignments • TC therapeutic groups • Individual and group counseling • Didactic group sessions based on individual needs (Note: See extensive menu of topics) • Cognitive restructuring • Motivational interviewing • Behavior modification • 12-step programming • Peer support groups/mentoring • Educational programs • Job readiness/vocational programming • Peer support groups • Facility-wide meetings, evening seminars, house meetings, general meetings • Family services • Leisure learning • Faith-based services • Discharge/aftercare planning-Relapse Prevention Plan development • Address educational/employment needs • Practice social skills by use of encounter groups • Completion of level-appropriate TCU assessment

PHASE III **RELAPSE PREVENTION**	• Integration/enhancement of behavior and attitudinal changes gained during main treatment • Opportunities to practice learned skills • Continuing care/aftercare planning • Community linkages (treatment, jobs, faith-based groups, 12-step programs, etc.) • Development of social skills, personal growth skills, and psychological awareness • Relapse prevention planning • Family services • Secured community AA/NA sponsor	• Coordinator and/or mentor roles • Relapse prevention techniques • Relapse prevent plan completion • Discharge planning groups • Re-entry issues; Housing, family reunification, employment, legal issues, restitution, etc. • Family support groups • Identification of community 12 step program • Rank goals for discharge in a continuum of care • Comply with stipulations of probation or parole • Work Release • Completion of level-appropriate TCU assessment
PHASE IV **MAINTENANCE** **(For Long Term Clients)**	• Practice skills learned in Primary Treatment • Continuing pro-social behaviors • Continuing care/aftercare planning • Community linkages (treatment, jobs, faith-based groups, 12-step programs, etc.) • Development of social skills, personal growth skills, and psychological awareness • Relapse prevention planning • Family services • Secured community AA/NA sponsor	• Coordinator and/or mentor roles • Relapse prevention techniques • Relapse prevent plan completion • Discharge planning groups • Re-entry issues; Housing, family reunification, employment, legal issues, restitution, etc. • Family support groups • Identification of community 12 step program • Rank goals for discharge in a continuum of care • Comply with stipulations of probation or parole • Work Release • Completion of level-appropriate TCU assessment

The criteria for advancement will be clearly articulated in the offender handbook.

Once approved for movement to the next Phase, clients may apply for approval to receive the next set of Privileges.

DOTS AND PRIVILEGES

Offenders will have the opportunity to earn privileges as they progress through the treatment program. As they progress, they are expected to take on more responsibility. Family coordinators submit requests for privilege advancement to their floor staff. Floor staff reviews each request to ensure completion and criteria for the privilege level requested has been met. Clients seeking privilege advancement are asked four (4) questions (test is oral only); questions are specific to the level advancement requested. Clients must reply correctly to three of the four questions to obtain a passing score of 75%.

Level of privileges can be easily identified by the color of DOT on the State ID badge.

- When entering the program, offenders will have NO DOT level of privileges.
- When offenders have met the criteria posted on their Housing Units, they will apply for Privilege Advancement to RED DOT, then GREEN DOT Privilege Level.
- If remaining in treatment at MTC beyond 180 days and meeting criteria, offenders may apply for advancement to BLUE DOT level of privileges
- Department Heads will receive privileges in ADDITION to the current Privilege Level.

The privilege levels are as follow.

NO DOT – PRIVILEGES

- Four hours total recreation per week during free time
- Access to Library for treatment assignments or legal needs and to order from catalogs, per FUM approval
- May possess treatment and legal materials
- One 15-minute block of phone time within 7 days of signing into the program, per FUM approval.
- In bunk area at 9:30 p.m. weekdays, weekends, and holidays

RED DOT – PRIVILEGES

- Recreation during free-time
- Team sports
- Unlimited access to Resource Room
- Full access to Library
- Use of musical equipment
- 45 minutes of phone calls per week
- May possess walkman, batteries, headphones and 5 approved CDs/tapes
- In bunk area at 10:30 p.m. weekdays & 11:00 p.m. weekends and holidays

GREEN DOT – PRIVILEGES

- Recreation during free-time
- Team sports
- Unlimited access to Resource Room
- Full access to Library
- Use of musical equipment
- 90 minutes of phone calls per week

- May possess walkman, batteries, headphones and 10 approved CDs/tapes
- In bunk area at 10:30 p.m. weekdays & 11:00 p.m. weekends and holidays

BLUE DOT – PRIVILEGES

- Recreation during free-time
- Team sports
- Full access to Library
- Unlimited access to Resource Room
- Use of musical equipment
- 150 minutes of phone calls per week
- May possess walkman, batteries, headphones and 15 approved CDs/tapes
- In bunk area by 11:00 p.m. weekdays & 11:30 p.m. weekends and holidays

TESTING FOR PRIVILEGE ADVANCEMENTS

Family Coordinators will turn in requests for advancements to floor staff on Monday at AMC. Floor staff will review each request on date of receipt to ensure criteria for the privilege level requested has been met.

ONLY THOSE OFFENDERS WHO HAVE MET ALL OTHER CRITERIA FOR ADVANCEMENT WILL BE ALLOWED TO TEST.

Testing will occur at 9:00 and 1:30 on Fridays for those requesting Red Dot privileges.
Testing will occur at 9:30 and 2:00 on Fridays for those requesting Green Dot privileges.
Testing will occur at 10:00 and 2:30 on Fridays for those requesting Blue Dot privileges.

Group 1	Group 2	Group 3
2C1 - Red Dots	2C1 - Green Dots	2C1 - Blue Dots
2C2 - Red Dots	2C2 - Green Dots	2C2 - Blue Dots
2C3 - Red Dots	2C3 - Green Dots	2C3 - Blue Dots
3A3 - Red Dots	3A3 - Green Dots	3A3 - Blue Dots
3A4 - Red Dots	3A4 - Green Dots	3A4 - Blue Dots
3C3 - Red Dots	3C3 - Green Dots	3C3 - Blue Dots
3C4 - Red Dots	3C4 - Green Dots	3C4 - Blue Dots

As testing will be oral, pens and paper will not be needed and are not allowed in the testing room Offenders are to turn in their pass to the testing panel when they arrive.

Each candidate for privilege advancement will be asked four (4) questions. A passing score is three questions (75%) answered correctly. Results will be given immediately after each family group completes testing.

If any offender does not achieve this score, the entire group for that privilege level from his family will be denied advancement and must resubmit their request to advance.

This will not apply if that offender has been addressed by his peers through written pull ups or been encountered for lack of effort in preparing for testing. This must be done prior to the group's test date.

Offenders who do not report at the time indicated on their passes will automatically be denied advancement, along with the rest of their peer group. The only exclusion will be if they have a medical pass for the same time.

After each group completes testing, offenders will be given passes to return directly to their scheduled activity or housing unit. No smoke or restroom break is permitted.

2.5.4 System Collaboration and Integration (p. 13 of 61)

As the current contractor, Gateway has worked with the Department to develop and incorporate a detailed plan for system collaboration and integration into the MTC structure and its delivery of treatment services to all targeted groups.

Gateway's plan to integrate the treatment process into the Department of Corrections is comprehensive and effective and based on our successes in the past. We believe that Gateway and the Department must continue to work together closely as a team for the treatment experience to succeed and that the best in-prison treatment occurs when the institution as a whole is the "community," and not only the treatment program (i.e., time in group). Various aspects of our plan to integrate our program with the Department's program can be seen throughout this proposal. This integration is one of our highest priorities.

Gateway's Team Approach to Service Delivery

At the Maryville TC, a team approach with representatives of the Department is an essential tenet of the therapeutic milieu that ensures an "integrated" treatment environment. Gateway staff works closely with the Clinical Director, other department representatives, correctional counselors, case workers, and probation and parole officers to determine clients' needs and to develop treatment plans and social service linkages that address clients' needs. Counselors work closely with Department staff to develop effective sanctions and treatment strategies. We provide extensive opportunities for interaction and discussion of client progress (or lack thereof). Meetings or conferences with Probation and Parole officers include clients and significant others, as appropriate.

Our experience has been that this team approach prevents clients from "falling through the cracks" and results in fewer clients disengaging from the treatment process, although we know that many clients will remain resistant to treatment and that it may take several tries to truly engage the client in the recovery process.

With respect to coordinated efforts, Gateway has developed and maintains an excellent relationship with the administration and staff at the treatment site. We communicate and interact with DOC staff in a variety of ways and at all levels. The methods of integration with the

Department are described as follows, and Gateway is committed to continuing and improving on these procedures based on the Department's needs and recommendations.

Daily communication takes place between Gateway staff members and Department staff onsite. Gateway currently holds a weekly meeting with our clinical supervisors and the DORS clinical supervisors. Gateway clinicians communicate with Department staff whenever there is an issue with a client, such as behavior management or treatment progress.

Gateway also holds a bi-weekly clinical staff meeting that is attended by Gateway and Department (DORS) staff. During this meeting, client progress is reviewed for the appropriateness of level changes, discharges, and behavior issues. Everyone provides input into the decisions on clients.

Our general approach to treatment planning involves a comprehensive team effort with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates our intention 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. In addition, Gateway staff participates in the Offender Management Team and Program Review Committee with the DOC Classification staff Mental Health, as well as security staff. These meetings review negative offender conduct activities and jointly decide the appropriate intervention for the offender.

Gathering information from all aspects of the facility allows the team to gain a holistic picture of each client. The information is important in aiding the clinical staff in making effective treatment recommendations and decisions. Information compiled includes the following: 1) basic information on clients who have progressed through treatment, 2) the client-driven social perspective of the client's progress; 3) assignment and performance as a positive role model within the TC; and 4) overall activity in the living quarters. This information is taken quite seriously by clinicians as indicators of progress or for evaluating the need for intervention.

Additional feedback is collected from various departments at the facility that support treatment. This information includes security violations; appointments missed at the medical department; or clients missing a session without proper notice; and similar information from available sources. Of course, Gateway staff pursues specific information on *any issue* pertaining to the clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

Ongoing communication occurs in several ways. Gateway staff utilizes the DOC communications notebook to convey pertinent information from shift to shift. Both program staff and corrections officers take part in the review committee process when evaluating client applicants for jobs within the job hierarchy. Gateway staff members encourage corrections officers to participate in as many therapeutic activities as they are able. This results in greater knowledge of many officers about the treatment process and the treatment continuum.

Input from corrections officers may be entered in a client's treatment record by the clinical staff. As clients prepare for release, counselors confer with other treatment staff, probation or parole officials, and appropriate Department officials to insure the most appropriate placement and effective case management for the clients' transitional needs. This collaboration ensures continued attention to clients' needs during the transition from treatment to aftercare placement.

Gateway recommends that our clinicians and Department representatives on site meet jointly at least once each week to discuss program issues and individual client progress. This joint staffing goes far to ensure that Gateway and the Department continue to communicate and provide services in a consolidated manner.

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

In any event, Gateway works closely to adapt program schedules that best serve the interests of the Department and the program participants at each facility. All activities are scheduled according to institutional restrictions, and the current phase-specific schedules are subject to adjustment based on ongoing collaboration with the department.

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

In addition to the strategies previously mentioned, Gateway will continue to participate in an **Oversight Committee** to oversee the treatment program at MTC. Oversight Committees facilitated by the Warden or designee meet every month. The Program Director will fully participate in the Oversight Committee in conjunction with the Warden, the state agency Monitor, and representatives from the Board of Probation and Parole, Medical Department, Mental Health Department, Security, and Education Department in attendance.

An 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 is very useful for the joint management of the MTC program.

2.5.5 Modified Therapeutic Community (p. 13 of 61)

a. Cognitive Behavioral Approach

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

General Principles

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

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

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

Specifically, participants learn to:

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

These techniques are particularly effective because the participant incorporates the therapeutic techniques into his or her own repertoire, learns to question his or her conclusions or actions, and eventually begins to constantly monitor thoughts and associated behaviors.

Specific program goals include:

- **Cooperation** between staff and offenders to enhance the effectiveness of the program, and as a significant end in itself
- **Self-understanding** of how personal attitudes, beliefs and thinking patterns lead to criminal behavior, and how to control and change these attitudes, beliefs and thinking patterns
- **Motivation** to change behaviors based on a conscious choice and the realization that alternative ways of thinking and behaving are within our control
- **Reduction of Antisocial Behavior** by application of cognitive self-change principles

Thinking Reports and Journals

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

With ***thinking reports***, participants:

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

Participants use ***journals*** to

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

By writing about their thoughts and behaviors, and perhaps sharing their journal entries with their peers, participants develop new habits of thinking, behaviors and attitudes. The focus is on learning, developing, and practicing the skills needed to build a healthy, responsible life.

PATHWAY TO CHANGE

Gateway will continue to implement the *Pathway to Change* cognitive skills program as part of the reentry process in the Therapeutic Community to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognate skills to criminal offenders and is written in language that accommodates the educational levels offenders may have. The lessons allow self-examination by the offenders to identify their own thought and decision-making processes and learn new skills to correct faulty thoughts and behaviors that lead to criminal conduct.

Pathway to Change, in conjunction with Gateway's Cognitive Self-Change curriculum, will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

Cognitive-behavioral programs have been used in a wide variety of correctional settings (state correctional systems, local jails, community-based corrections programs, and probation and parole departments) and with a wide range of offenders (both adults and juveniles, and males and females). The Cognitive Self-Change module has been and is currently an important part of all of Gateway's corrections-based treatment programs since 1998.

STAGES OF CHANGE APPROACH

Gateway substance abuse treatment programs incorporate the Stages of Change Model (SCM) developed in the late 1970s and early 1980s by James Prochaska and Carlo DiClemente at the University of Rhode Island. The SCM is based on the theory that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change, and they progress through the stages at their own rate. Therefore, simply telling people in the "precontemplation" stages 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.

The SCM consists of five stages, each with a different set of issues and tasks that relate to changing behavior. Therefore, different interventions are used at each stage to help people move through the stages to achieve lasting change. The stages of change are as follow:

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

The characteristics of clients at each stage and the appropriate corresponding interventions are summarized in the following tables.

STAGE	CLIENT CHARACTERISTICS
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
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
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
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
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

STAGE	STAGE-APPROPRIATE INTERVENTIONS
Precontemplation/ Contemplation	Typically Phase I • Assessment/diagnosis • Treatment orientation • Assimilation into the treatment process
Preparation/ Determination/ Action/Will Power	Typically 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 abuse relapse prevention • Criminality relapse prevention • Continuing care planning • Group education
Maintenance	• Typically Phase III • Individual/group counseling • Family support group • Substance abuse relapse prevention • Criminality relapse prevention • Self-help group participation • Aftercare planning

MOTIVATIONAL ENHANCEMENT

One of the most critical tasks for during the first phase of treatment is engaging clients and motivating them to remain in treatment. During the early stage of the treatment process, there often is a degree of resistance and denial. Additionally, participants may be insecure about their ability to make the necessary changes expected of them and perhaps a little frightened about confronting the issues related to their substance abuse, behavior, and thinking. Staff uses proven **motivational techniques** to encourage awareness of problems and needs and to facilitate participation in treatment activities and program interventions.

Engagement and assessment are the beginning of the process and the foundation of the relationship between program counselors and participants. Motivational techniques are employed to promote treatment engagement and retention. Continuation of assessment, treatment planning, and engagement through the continuum of decreasing levels of treatment are important functions

to measure the participants' interest and level of involvement and are fundamental to retention of participants.

Gateway will incorporate motivational enhancement techniques into the Orientation phase of treatment. Gateway proposes to utilize the TCU Brief Intervention "Getting Motivated to Change" as the foundational curriculum of our general motivational enhancement strategies. This module includes the following:

- **Motivation 101:** This module assists participant begin to consider aspects of motivation that govern decisions to change behavior through utilizing node-link mapping and related cognitive strategies. The four (4) sessions in this module will allow participants to identify a behavior or behaviors they are willing to work on to change. Information in this module is predicated on a strength-based perspective that encourages participants to choose their own goals.

- **The Art of Self-Motivation:** Progress and challenges related to reaching the participant-selected goals are the focus of this module. Thought processes and action phases of motivation and change are introduced. Participants continue to use mapping worksheets to illustrate how their decisions and commitment to change actions affect reaching their goals.

- **Staying Motivated**: Participants will continue to learn a variety of strategies to strengthen their commitment to change, including developing personal responsibility and self-efficacy.

- **Making it Second Nature:** By this time, participants will learn how to maintain their changes, once they reach their goals, incorporating violence and criminal behavior replacement strategies, identification of triggers, and warning signs of returning to their old behaviors.

As participants move through each of these modules, they begin to understand how their thoughts and choices either move them toward reaching their goal or prevent them from becoming more personally responsible (and therefore empowered) to achieve their goals. They recognize in "The Art of Self-Motivation" that they themselves have the power and capacity to produce their desired effect, that of self-efficacy—changing their destructive thinking patterns and negative behaviors into patterns and behaviors that allow them to become productive, positive citizens. As they reach the final module, "Making it Second Nature," they will develop the habit of being thoughtful and wiser about the choices they make.

b. PROGRESSIVE LEVELS OF THE TREATMENT INTERVENTION

As previously described, Gateway's programming is based upon a three-level Modified Therapeutic Community model of treatment. The criteria for movement between levels of the modified therapeutic community model of treatment focus on specific improvements in clients' behaviors and attitudes. Staff is experienced at both engaging clients in treatment and identifying clients who are not progressing appropriately.

In a mature therapeutic community, senior clients are also adept at identifying clients who need to make additional changes in order to succeed and will confront such clients, using the tools of the therapeutic community.

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

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

In accordance with the traditional methodology, there are three primary phases in a Gateway therapeutic community: Engagement and Persuasion/Orientation, Primary/Active Treatment, and Relapse Prevention/Re-Integration. Phase I is designed to acclimate offenders to the TC and to provide an overview of the expectations for participation and progression through the program, as well as an explanation of the TC methodology. Phase II challenges offenders to achieve personal application of the therapeutic principles presented with the program interventions. Phase III prepares offenders for a return to the community through a focus on relapse prevention and recovery maintenance activities that revolve around the social application of the principles taught in the TC.

To accommodate the longer length of stay for the Long Term Treatment Program and provide the extra exposure to curricula and treatment activities, Gateway, DORS and the institutional staff designed and incorporated Phase IV, the Maintenance Phase. The focus of this phase is on maintaining progress , demonstrating skills learned to prevent return to criminal thinking and behaviors, and to serve as a mentor and role model for newer community members. This Phase is described later in this section.

PHASE I: ORIENTATION PHASE--INFORMATION DISSEMINATION (ENGAGEMENT AND PERSUASION)

Purpose of the Orientation Phase:

Clients remain in Phase I for a minimum two (2) weeks for Intermediate and OUT programs and four (4) weeks for clients in the Long-Term program. The purpose of the Orientation Phase of the Therapeutic Community is to acclimate offenders to the community processes implemented in the overall treatment environment. The phase is referred to as the "information dissemination" phase; as such, the objective of this initial phase is to provide foundational expectations for the treatment episode from the community perspective while allowing for the development of 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 therapeutic techniques, and the expectations for participation and progression through the program, accomplished through a variety of orientation seminars. In addition, the Orientation Phase provides the community with the opportunity to establish the environmental framework within which each individualized treatment episode is developed. This is done through comprehensive assessment and screening processes, as outlined below.

Functions in the Orientation Phase

The collective treatment functions in the Orientation Phase include two primary objectives: comprehensive assessment of offender treatment needs and 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 results in appropriate treatment placement. The ASI and the URICA will be completed within 10 calendar days of admission.

Addiction Severity Index (ASI)—A comprehensive psychosocial assessment, focusing on alcohol and drug use history and impact on major life areas. Results are used to develop alcohol/drug treatment goals.

Initial Classification Analysis-Substance Abuse (ICA-SA)—An assessment instrument that aids in the appropriate placement of offenders into differing phases of need for substance abuse treatment.

Initial Administration of TCU Assessments—Gateway will implement the use of the TCU assessments for measuring client engagement and motivation, psychological functioning, social functioning, and criminal thinking. In subsequent phases, Gateway will re-administer these instruments and include an instrument on treatment participation and satisfaction that provides measureable evidence of changes in risks and needs throughout treatment.

The comprehensive assessments are compiled and disseminated to the entire treatment team in preparation for treatment plan completion, based on the results of the assessment and treatment recommendations. Gateway understands that treatment planning will be completed in the Department's MOCIS once implemented at MTC.

The focus in Phase I is orientation to the therapeutic community. Clients are expected to learn the rules and tools of the community and use them correctly, attend 12-step or other self-help groups, and complete a continuing care plan. Staff and senior clients will confront clients who are resistant to treatment and in denial about their substance abuse problems for the purpose of identifying negative and inappropriate attitudes and behaviors and ensuring that clients understand acceptable alternative behaviors. During orientation, there typically is a degree of resistance and denial. Additionally, clients often are insecure about their ability to make the necessary changes expected of them and perhaps a little frightened about confronting the issues related to their substance abuse, behavior, and thinking.

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

- **assessment and diagnosis** of the client's condition
- **development of an individualized treatment plan** (TAP) which includes measurable and behavioral goals, objectives and activities to be addressed in treatment
- **orientation** to the therapeutic community by staff and peers
- **assimilation** of the treatment process

Orientation activities include the following:

- Senior members of the community are assigned to new clients to assist in the adjustment process by spending time with the new member, explaining TC activities, rules and tools, and addressing concerns.
- Staff members address the orientation needs of each client, and intervene consistently and frequently on specific issues of concern which may hamper a client's ability to trust the process and acclimate to the community.
- The new TC member is assigned a job function immediately and is oriented to the structure board, the list of jobs needed to have an effective TC structure.
- The new client also is required to engage in all treatment activities and events, and is expected to form some investment into the community and begin utilizing the rules and tools.
- Staff members conduct assessments which include evaluation of the client's strengths and weaknesses, complicating factors, risk assessment, particular problem areas, family or other intimate relationships, and vocational experiences and interests, among other issues.
- Gateway will ensure that our clinicians are trained to conduct thorough assessments using established and appropriate assessment and screening techniques. We will provide assessments and documentation within the time frame and format required by the Department.

- **The counselor and client develop the client's individualized treatment plan (TAP) based on information obtained during the assessment period**. The treatment plan highlights specific treatment issues and provides the client with a "road map" or guide for accomplishing treatment goals, meeting treatment needs and successfully resolving treatment issues.
- Clients are provided an **Orientation Manual (Client Handbook)**, which provides comprehensive information to clients on the expectations placed on them during treatment. The manual contains information on the basic methods and philosophy of the TC, orientation activities, rules (Cardinal, Major, Group, etc.), tools of the program, (means for following TC procedures), and the concepts and slogans inherent in the TC, such as cognitive self-change techniques, 12-step and secular support and the values of right living. The Orientation Manual, developed by Gateway in conjunction with the Missouri Department of Corrections Clinical Director, is provided to MTC clients.
- Clients attend a regularly scheduled **orientation group** during their first weeks of treatment. The group focuses on teaching the information contained in the orientation manual and assisting clients to understand the basic tenets, rules and tools of the treatment program.
- During this phase staff members focus on **engaging** the client into the treatment process and **motivating** the client in terms of his need to participate in treatment and address his individualized treatment issues.
- Clients are given a TC Mastery Test to determine whether they understand the basic concepts of the therapeutic community. Clients who do not pass the test participate in refresher courses to assist the client in his understanding of the treatment community.
- Gateway will re-administer the TCU assessments at the end of Phase I to identify changes in functioning and measure client engagement during the Orientation phase. This information will be used to modify treatment plans as needed as clients enter Phase II of the program.

Individualized Treatment Plan (TAP) Development

The comprehensive assessment data collected during the first few weeks of the Orientation Phase is designed to drive the development of an individualized treatment plan. The information gleaned from the array of clinical, behavioral and educational assessments is collated into an integrated service delivery plan. This information is assimilated into an individualized treatment plan—the TAP.
Treatment plans reflect offenders' needs and treatment goals identified during the assessment process. The plans are reviewed with offenders in an effort to structure their participation in therapeutic and institutional activities as they proceed into the Intensive Treatment Phase of the program.

PHASE II: INTENSIVE/ACTIVE TREATMENT PHASE (p. 13 of 61)

Phase II Intensive Treatment for the intermediate and OUT programs is approximately nineteen 19 weeks, while the long-term program is approximately 39 weeks in length and provides immersion in modified therapeutic community intensive treatment of substance use disorders and continued training of skills relevant to community reentry. Within the context of the integrated program, Gateway agrees to the following terms:

Each offender will receive thirty (30) hours of intensive therapeutic activities per week which will include, but not be limited to:

- Small group counseling
- Educational classes/discussion in substance use disorders, criminogenic thinking and relapse prevention
- Experiential social learning through immersion in modified therapeutic community practices and activities
- Development of a personalized Relapse Prevention Plan for substance abuse and criminality that will be incorporated into the TAP
- Family Skills Education
- 12-Step and other support groups

These therapeutic activities are discussed in detail in the appropriate sections of this proposal.

All individual and group counseling sessions, educational classes, oversight of modified therapeutic community, relapse prevention, and reentry services will be provided by substance abuse counselors.

The purpose of the second phase of the Therapeutic Community (TC) is to promote individual change within the structure and interventions of the community/prison. This phase is traditionally referred to as the "Personal Application" phase of the program, as it is here that 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 in the eyes and hearts of others,"* thereby discovering the aspects, qualities, and characteristics of their lives that require change according to the TC principle of Right Living." The community objective, therefore, is to provide each offender with a structured plan for addressing the needs that are identified through their comprehensive assessments and the subsequent opportunities to make those life changes via the programming and/or experiential interventions implemented within the community.

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

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

Treatment goals and issues include the following:

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

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

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

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

Interventions in the Intensive Phase:

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

- **Didactic Groups**—chemical dependency and life skills education (curricula-based activities)

- **Process Counseling Groups**—predominantly known as "caseload static group," these groups are designed to allow offenders a small group context in which to discuss, review, and challenge individual issues and needs. This therapeutic intervention technique employs a "community as method" approach, however, as the counselors *facilitate* the exploration of issues within the group context

- **Encounter Groups**—structured peer-confrontation groups designed to address negative behaviors in peers and provide a forum for appropriate identification, expression, and resolution of feelings

- **Cognitive Restructuring Program Groups**—an experiential/didactic approach to learning how thoughts relate to behaviors, how to identify criminal thinking errors and how to develop alternative cognitive processes that impact behaviors in a positive manner

- **Emotions Management Groups – an experiential/didactic group where** clients are taught the destructive nature of inappropriate and impulsive expressions of emotions; how to identify prior "feelings management" problems related to their alcohol or drug use; and have opportunities learn and to practice the skill of identifying emotions and expressing them appropriately.
-
- **Behavior Management Program**—a structured, peer-driven process by which offenders are held accountable for negative behaviors and provided individual and social "learning experiences" in order to correct such behaviors

- **TC Structure**—the offender hierarchy of task responsibility inherent in the TC methodology, including the resident roles of Coordinator, Department Head, Expeditors, Ramrods, and General Worker/Crew Members, integrated throughout the housing units and other departments within the prison milieu

- **Support Groups**—the offender is provided with didactic and experiential application of 12-Step Meetings (e.g., AA/NA held regularly) in preparation for their inclusion upon re-entry to the community.

The primary counselor assigned to each offender is responsible for managing the individual goal attainment as per the Individualized Treatment Plan. Each offender receives a regular Treatment Plan Review to identify specific progress (and lack thereof) noted and addressed in terms of ongoing participation requirements and recommendations. An integrated treatment team case staffing is held regularly 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.

THERAPEUTIC COMMUNITY WORK STRUCTURE AND FACILITY MANAGEMENT (SYSTEM INTEGRATION)

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

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

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

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

All offenders are given a work assignment somewhere in the facility based on their clinical, educational, vocational, and behavioral progress. In the Core Treatment Phase, offenders are provided with opportunities for upward mobility in each department or Housing Unit as their clinical progress is manifested through correct behavior and responsible completion of assigned tasks.

Opportunities to apply for more responsible and rewarding positions are integrated into the process through formal interviews for the higher-level positions (Department Heads and Coordinators). This provides further metaphorical application of the real-life skills needed for successful re-entry into the workforce upon discharge to the community on parole.

OFFENDER BEHAVIOR MANAGEMENT PROCESS (SYSTEM INTEGRATION):

Although the primary delivery of therapeutic services occurs during the "treatment schedule" time of the daily activities, the true strength of the TC is the experiential implementation of these principles throughout the entire prison environment. Gateway staff fulfill liaison functions between the prison departments (e.g., Dietary, School, Vocational, etc.) and the counseling staff, in an effort to ensure that treatment becomes an integral part of everything that happens within the environment, i.e., 24/7.

Gateway ensures consistent communications between departments through use of the Communication and Behavior Management Logs that are placed in each department throughout the prison in order to engage all facility staff in holding offenders accountable for individual and collective change. Gateway liaison staff is responsible for regular collection of information regarding offender behavior (negative *and* positive), delivery of it to the treatment team for clinical intervention, and the communication of outcome/disposition back to the reporting department.

During the Primary Treatment Phase, behavioral infractions, though initially addressed by treatment staff, are handled in a manner that engages offenders in support of therapeutic interventions, not just from the standard perspective for consequences to in-prison infractions. In another example of system integration, the Gateway staff and correctional staff intervene in negative behavioral infractions in a coordinated effort that provides offenders with maximum accountability, but in a way that offers the greatest opportunity for internalized change.

As offenders develop a pattern of corrected behavior and appropriate interaction and investment in the treatment process, they demonstrate preparation for movement into the next phase of programming, the Relapse Prevention Phase of the TC program, known as Phase III at MTC. In preparation for advancement to that phase, the Relapse Prevention Plan is begun for inclusion into the TAP.

During Phase II, clients will receive a minimum of 30 hours per week of the therapeutic activities described above. At the conclusion of Phase II, Gateway will re-administer the TCU assessments in order to identify changes to individual risks and needs in preparation for movement to Phase III.

PHASE III: RELAPSE PREVENTION (p. 13 of 61)

Phase III Relapse Prevention is a minimum of four weeks in the Intermediate Treatment Program and the Offenders Under Treatment program, and a minimum of seven weeks in the Long-Term Program. Phase III focuses primarily on the acquisition of life skills, employability, employment skills, and provides some opportunity for work release.

Phase III Relapse Prevention for the Intermediate and OUT programs will be a minimum of four (4) weeks in length, and the long-term program will be a minimum seven (7) weeks in length. Phase III focuses primarily on the acquisition of life skills, employability, employment skills, re-entry planning, and relapse prevention and provides some opportunity for work release. Offenders not participating in work release will receive additional services deemed appropriate for re-entry preparation in cooperation with the Department.

Phase III therapeutic activity will include, but not be limited to the following:

- Recovery skills and relapse prevention for substance abuse and criminality, at least two (2) hours per week
- Interventions to address identified criminogenic needs
- Community meetings
- Family focused education classes/activities
- Group counseling/process group
- Individual counseling contacts, one hour per month
- Continued full involvement and role-modeling in modified therapeutic community
- 12-Step and alternative recovery support groups
- Completion of Continuing Care/Aftercare Plan, including a thorough relapse prevention plans for both substance abuse and criminal behavior

Gateway assures the Department that every offender will have an individualized, structured plan for recovery prior to release that will be forwarded to the field Probation and Parole officer and the community provider by the date of the offender's discharge.

During this phase, Gateway will facilitate one (1) family education group activity per week for offenders and once per month a two-hour session to include family visitor or non-family significant other to assist offenders with integration into the community upon release.

At the conclusion of Phase III, Gateway staff will work with the Department to re-administer the TCU assessments in order to identify risks and needs at discharge. This will provide information relative to placement needs and will provide a measurement of changes that occurred in each individual over the course of the treatment episode.

VALUE ADDED

As a **value-added component**, Gateway has collected TCU assessment data at MTC that has been compiled and evaluated by Dr. Kevin Knight, Associate Director of TCU/IBR. The data provide process evaluation data for the Department that **no other vendor can provide**.

Data compiled by Dr. Knight and summarized by Dr. Duane Cummins for the Intermediate Treatment Program at MTC from Intake averages from the second calendar quarter of 2014 (April-June) compared to exit numbers from the fourth calendar quarter of 2014 (October – December) reveal that services at MTC have been effective in improving the psychological functioning of clients as measured by the TCU battery of assessments.

Surveys indicate:

- a 20% increase in self-esteem,
- a 16% decrease in depression,
- 10% decrease in anxiety,
- 10% increase in decision making and,
- an 8% increase in expectancy (likelihood of refraining from substance use in the next few months.)

TCU scores also indicate **progress related to social functioning**. Clients completing services at MTC exhibit decreased hostility and risk taking tendencies, while at the same time exhibit improved scores in social support. This combination of changes indicate that clients are internalizing information related to social skills needed for successful continuation of treatment and recovery and also have developed an increasingly effective network of support from family and friends.
Criminal thinking patterns appear to have been successfully impacted through participation in the program at MTC. TCU surveys indicate reductions in justification, power orientation (need for power and control), criminal rationalization, and irresponsible tendencies. Affecting the thoughts and thought patterns that result in criminal behavior is essential to the interruption of the criminal offending cycle.

b. DEVELOPMENTAL MODEL OF RECOVERY

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

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

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

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

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

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

Transition Stage

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

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

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

Early Recovery Period

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

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

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

Middle Recovery Period

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

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

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

Late Recovery Period

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

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

For criminal offenders, this is when they learn to change self-defeating behaviors that may trigger a return to alcohol or drug use. These self-defeating behaviors often come from psychological issues starting in childhood, such as childhood physical or sexual abuse, abandonment, or cultural barriers to personal growth.

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

Maintenance Stage

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

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

Stuck Points in Recovery

Although some clients progress through the stages of recovery without complications, most chemically dependent people do not. They typically get stuck somewhere. A "stuck point" can occur during any period of recovery. Usually it is caused either by lack of skills or lack of confidence in one's ability to complete a recovery task. Other problems occur when 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 client to cope less and less well. This will result in relapse.

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

Developmental Model Stage(s)	Treatment Level	Treatment Protocols/Curricula/ Program Materials Used
Transition Stabilization	**Level I**	• Assessment/diagnosis • Treatment plan development • TC structure orientation • Treatment orientation • Assimilation into the TC • Job assignments
Early Recovery	**Level 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 abuse relapse prevention • Criminality relapse prevention • Continuing care planning • Group education
Middle Recovery Late Recovery	**Level III**	• Individual/group counseling • Family support group • Effects of DUI • Victims' rights • Substance abuse 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)

CURRICULA

In addition to selections from Gateway's Core Curriculum drawn from the CD Education information and the Cognitive Restructuring modules, Gateway proposes to continue to utilize the following curricula as part of the treatment interventions at MTC. All materials described below are currently in use at Maryville Treatment Center and have been selected by Gateway's Program Manager and the DORS Clinical Director. Each was approved by the Area Treatment Coordinator and the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services prior to their implementation.

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. These interventions are manual-based and employ "node-link mapping." This strategy 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 all programs as applicable to participant needs.

TCU's Brief Interventions are designed for substance abuse treatment counselors and group facilitators. The following table presents the ten Brief Interventions that we propose to use selectively by program based on participants' needs.

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 clients 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 • StarCharts 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: Materials for leading counseling sessions to address thinking patterns that 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

TCU Mapping-Enhanced Counseling

Mapping is a cognitive enhancement that helps organize information and ideas spatially. TCU's *"node-link mapping"* is a means of graphically displaying information for better understanding and recall.

Mapping serves two major functions in the counseling process. First, it provides a communication tool for clarifying information and sharing meaning between counselor and client. Second, regular use of mapping-based strategies helps with continuity of care. As part of the counseling process with clients, this material can be discussed jointly in supervision.

When mapping is used to engage clients, counselor- client collaboration is naturally facilitated. Maps serve as focal points for counselors to discuss what should be written down, what should be noted in passing, and what should be addressed next. Clients begin to clarify the changes in themselves that they would like to see as an outcome of treatment. This serves as the basis for establishing goals and the resources available to achieve the goals.

The maps provide a basis for collaboration between counselors and clients as the clients develop clear goals and counselors assist them in identifying their resources to achieve them. Even though goals may change according to changes in clients' individual situations, they can be amended and new goals established.

Partners in Parenting

The focus of parenting skills training is to assist clients to develop appropriate skills and methods to be better parents. This curriculum, *Partners in Parenting,* developed by TCU IBR, is an 8 week program with an emphasis on parenting skills building. Topics include:

- 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

COGNITIVE BEHAVIORAL

Living in Balance

Gateway proposes to incorporate the *Living in Balance: Moving from a Life of Addiction to a Life of Recovery* curriculum developed by the Hazelden Foundation. The *Living in Balance* (LIB) curriculum consists of 12 core sessions with participant worksheet sets that can be used either in individual or group sessions. Twenty-one supplemental worksheets are also available. The worksheets consist of information and exercises designed to reinforce the information.

Sessions will be facilitated by trained addiction professionals. The twelve core sessions that comprise the curriculum are identified in the table below.

Session	Topic
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

Lifestyle Choice: A Curriculum for Responsible Living

Maryville Treatment Center utilizes a curriculum developed by Wisconsin therapists, Ron Fawcett and Dave Koerner (Fawcett, & Koerner, 1994). This material was developed for a criminal justice population to "interrupt and change the criminal thought process." (p. 8). The curriculum focuses on criminal thinking patterns, tactics for making appropriate choices, and "key signals" that identify noncompliance choices. The model contains lesson plans for group activities to identify the tactics used to avoid accountability and prevent productive and healthy change. Clients are asked to establish an "absolute" code of conduct for group participation; select consequences for violating this code; and develop a "thinking log," among other tasks.

Units discussed include:

- Initiating Change
- The Continuum of Criminal Thinking
- Closed Thinking
- The "Victimstance"
- View Self as a Good Person
- Closed Thinking Review
- On the Power Thrust
- Uniqueness
- Ownership Attitude.

Gateway Thinking Reports/Journaling

The ***Lifestyle Choice*** manual enhances and supports Gateway's approach to correcting criminal thinking patterns using Thinking Reports and Journaling, which are essential techniques for identifying the feelings, attitudes, beliefs, and behavior patterns associated with offenders' target behaviors and identifying thinking errors. By chronicling a specific situation, the thought processes and feelings, attitudes, and beliefs that provide the basis for their and behaviors, participants will have a visual map of how these feelings, attitudes and beliefs are faulty and distorted, leading to the consequences experienced. Processing this report with peers and clinical staff will allow opportunity for learning to interrupt the dysfunctional thought patterns and ways to change the pattern into a positive, appropriate one.

By writing their thoughts and behaviors in journals and perhaps sharing their journal entries with their peers in process groups, participants develop new habits of thinking, behaviors, and attitudes. The focus is on learning, developing, and practicing the skills needed to build a healthy, responsible life.

In addition to these cognitive-based curricula, Gateway proposes to continue to present selections from its Core Curriculum Manuel, Module 4 ***Cognitive Restructuring (CRP).*** CRP is a state-based transtheoretical model for intervening in and modifying criminal thinking.

RELAPSE PREVENTION

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

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

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

In addition to the Gorski CENAPS model, Gateway will enhance the relapse prevention intervention through use of the Change Cos. Interactive Journals, Relapse and Re-Entry.

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.

RELAPSE PREVENTION JOURNAL

The subtopics for the relapse prevention module include the following:

Life Skills related to Relapse Prevention

- Managing Stress
- Anger Management
- Health issues
- Financial Health and Budgeting
- Temptation Thinking
- 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

RE-ENTRY PROGRAMMING

The Change Companies—Gateway Interactive Journal on Re-Entry

Gateway will incorporate a curriculum, developed by The Change Companies, that employs the use of the evidence-based intervention "interactive journaling." The re-entry preparation module includes life skills and transition planning and emphasizes Stages of Change reference points.

RE-ENTRY JOURNAL

The Re-Entry Module addresses topics 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
- Overcoming Employment Barriers

- Exploring Your Interests
- Exploring Your Skill Sets
- Beginning Your Job Search
- 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

MENTAL HEALTH AND CO-OCCURING DISORDER PROGRAMMING

CO-OCCURRING DISORDERS TREATMENT WORKBOOK

Gateway currently uses the *Co-occurring Disorders Treatment Workbook* developed by the Department of Mental Health law & Policy Louis de la Parte Florida Mental Health Institute University of South Florida (2002). This Workbook provides information to help clients with co-occurring disorders understand the relationship between substance use disorders and mental health issues. The workbook contains an overview of the biological (e.g. genetic) and environmental (e.g. stressors) factors that may affect the individual's risk factors for developing these issues, as well as protective (e.g. coping) factors that contribute to alleviating and/or managing the symptoms of the disorder. Modules presented in Phases II and Phase IV, include:

- What is the Connection between Substance Use and Mental Health?
- Depression and Substance Abuse
- Bipolar Disorder and Substance Abuse
- Anxiety Disorder and Substance Abuse
- Substance Use: Motives and Consequences

ADDITIONAL CURRICULUM/MATERIAL

CASTLES IN THE SKY

As an adjunct to the evidence-based curricula, a new and innovative model is currently included at Maryville, as well as in several of our other prison-based programs in Texas and Missouri. The model was designed and developed by Dr. 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.

INSIDEOUT DAD

InsideOut Dad is a fatherhood re-entry program designed to connect inmates to their families and prepare them for release. Research shows that inmates who are connected to their families are more likely to successfully re-enter society. Connecting inmates to their families is an essential part of the re-entry process, and the *InsideOut Dad* program is designed to help change participants' lives and repair broken relationships. This curriculum will be used as an adjunct to our re-entry program; it reaches men on the Inside and prepares them for life when they get Out by helping them explore and heal from their pasts, while developing healthy emotions, reconnecting to their families, and planning for the future.

InsideOut Dad is a curriculum for incarcerated fathers that bridges the gap between 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.

INTERNALIZING THE GATEWAY PHILOSOPHY

Recitation of Gateway's philosophy is viewed as a bonding mechanism and a means of reaffirming the value of the collective struggle toward recovery and life change. A method for internalizing the Gateway philosophy was developed by a Gateway Clinical Supervisor at Maryville. This manualized material provides an opportunity to discover Life Principles that guide participants' choices in recovery. This method is also applicable to internalizing the House Philosophy and applies the R.E.F.L.E.C.T. model to achieve the purposes. Philosophies allow participants to:

- **R**e-visit their past
- **E**xamine their choices
- **F**orm an opinion of their observations
- **L**earn from their past and discover life principles
- **E**nvision a different future
- **C**ommit to pursuing alternatives by applying life principles
- **T**ell others about his/her reflection

The manual is presented during Phase I Engagement and Persuasion/Orientation.

Although we propose the use of these curricula, Gateway will obtain the approval from the Assistant Division Director DORS or Area Substance Abuse Treatment Coordinator, prior to implementation or utilization of all services and personnel provided for the Program.

STRUCTURED TREATMENT OFFERINGS

Gateway will offer evidence-based curricula, individual and group counseling, psychoeducational and/or cognitive-behavioral groups, work assignments, daily meetings, and other activities. The proposed curricula and interventions are presented below. Each is described individually in other sections of this proposal.

Curricula/Interventions	Phase I	Phase II	Phase III	Phase IV
Castles in the Sky	X	X	X	
Living in Balance	X	X	X	X
TCU Brief Interventions	X	X	X	
Getting Motivated to Change	X	X	X	X
Mapping Your Treatment Plan	X	X	X	X
Contingency Management Strategies and Ideas	X	X	X	X
Understanding and Reducing Angry Feelings	X	X	X	X
Unlock Your Thinking, Open Your Mind	X	X	X	X
Mapping the Journey	X	X	X	X
Ideas for Better Communication	X	X	X	X
Building Social Networks	X	X	X	X
HIV Prevention and Sexual Health	X	X	X	X
Interactive Relapse Prevention journal	X	X	X	X
Interactive Reentry journal	X	X	X	X
Motivational Interviewing	X	X	X	X
Managing Co-occurring Disorders	X	X	X	X
Self-help/recovery support groups	X	X	X	X

MOTIVATIONAL INTERVIEWING TECHNIQUES

Motivational Interviewing is a directive, participant-centered counseling style for eliciting behavior change by helping participants to explore and resolve ambivalence. It is more focused and goal-directed than nondirective counseling in an effort to help participants examine and resolve ambivalence. Therefore, counselors are intentionally directive in pursuing this goal.

Motivational Interviewing is supported by the following main premises:

- Ambivalence about substance use and change is normal. Ambivalence constitutes an important motivational obstacle that needs to be addressed early on.
- Ambivalence can be resolved by working with the participants' intrinsic motivations and values. Ambivalence is often the central problem, and lack of motivation can be the result of this ambivalence.

- The alliance between the participant and clinician is a collaborative partnership to which each brings expertise.
- An empathetic, supportive, yet directive counseling style provides conditions within which change can occur. (Direct argument and aggressive confrontation tend to increase participant defensiveness, reducing the likelihood of change).

Gateway counselors will be trained to use motivational interviewing techniques. When dealing with offenders suffering from co-occurring disorders, these techniques focus on dual recovery issues for both the mental illness and substance abuse diagnoses. The key techniques include the following:

- Empathy—counselors work diligently to display empathy for how participants must deal with, and recover from their substance use disorders.
- Discrepancy—counselors point out differences in current coping behaviors and participants' goals for recovery, focusing on any discrepancy between how participants deal with their diagnoses.
- Roll with resistance—counselors use participant resistance to confrontation as a signal to change their approach in addressing issues.
- Support self-efficacy—counselors strive to get participants to believe in the possibility of change, and encourage them to take the steps to actualize that belief.

2.5.6 KEY SERVICE FUNCTIONS (p. 13 of 61)

Key service functions are described below.

a. THERAPEUTIC COMMUNITY ACTIVITIES

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

Family meetings (or AMC/PMC), encourage members of the community to improve and maintain communication with each other. Typically, clients fulfill Learning Experiences, share a thought for the day, deliver Push-ups or Pull-ups, introduce new clients on the unit, make announcements and participate in a group recitation of the Gateway Philosophy. These activities encourage clients' to support and confront each other in a recovery-oriented manner and to otherwise help each client to assimilate into the therapeutic community. Family meetings help to motivate the community and set the tone for the day. Family meetings help to motivate the community floor meetings, involving only clients in a particular wing, depending on the presenting issues which need to be discussed.

Process, or static, groups are facilitated by each counselor with his or her assigned caseload. These groups are conducted according to traditional group therapy principles, and are structured

to encourage each client to process his unique treatment issues as identified in his treatment plan. Process groups are smaller in size than family meetings and educational groups in general, and allow clients to establish trust and comfort with each other. This lends for greater disclosure and meaningful discussions as group members "process" their personal treatment issues.

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

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

CLIENT WORK

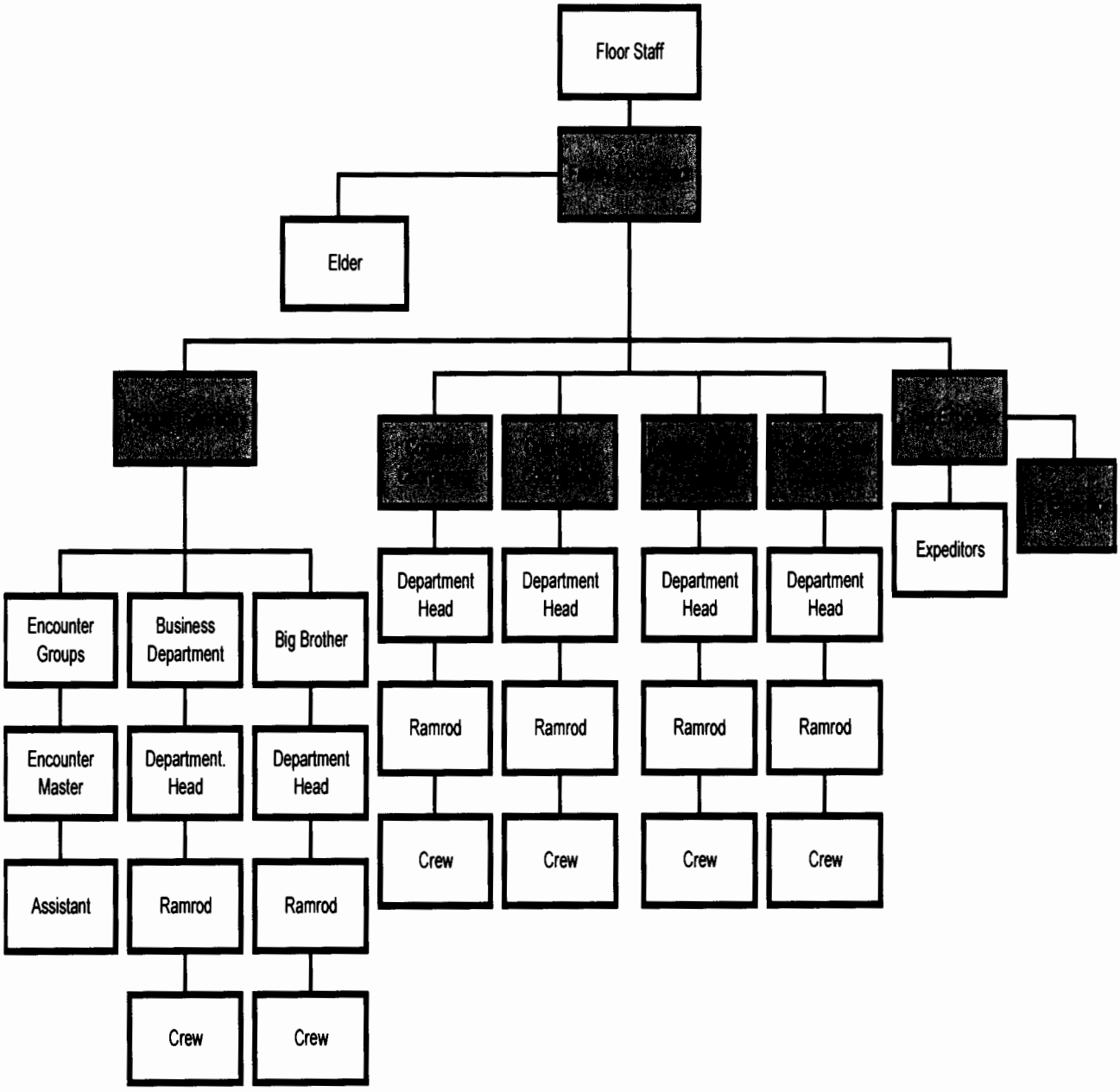
All Gateway TC programs incorporate a hierarchical structure of job functions, organized according to levels of responsibility. Community members are assigned specific jobs by use of a posted structure board, which clearly delineates job assignments according to the TCs specific, organized job structure. Community members perform all available chores within the TC, including cleaning, maintenance, meal preparation, recreation planning, decorating, among others, all depending on permission obtained from the specific Department of Corrections that houses the TC.

In the course of performing work responsibilities, community members support their individual program goals, gain a sense of community and further enhance their self-esteem. Clients also learn to respect themselves and others by working together within the job structure.
The jobs assigned to clients provide an opportunity to model appropriate work-related behavior, including following or giving instructions and putting forth a genuine effort. When clients demonstrate a positive and appropriate work ethic, they are rewarded with promotion, advancement, privileges and respect within the community.

It is important to note that **Gateway staff pays particular attention to clients with special needs when constructing a job structure board**. Available duties will accommodate any impairment, and assignments will recognize the individual client's talents or limitations and be geared toward providing the highest possible benefit.

The following page contains the current Structure Board designed by both Gateway and the DORS Clinical Director.

Maryville Treatment Center
Therapeutic Community Structure
By Floor



Job Functions are integral to the TC structure. All residents in the TC have an assigned job at all times. The structure parallels the job structure of society in general. A person begins at an "entry level" with little responsibility and little status. As one acquires more skills and develops leadership ability, they progress in the job hierarchy. Upward mobility in a free society as well as in the TC requires hard work, discipline, and good work skills. However, within the TC, psychological growth and progress toward treatment goals are also necessary to progress in the hierarchy. TC job functions are designed to teach specific work skills and to foster mastery of broad social and psychological competencies.

Substance abusing offenders typically have poor work habits, low self-esteem, a disorganized lifestyle, a "street" image, need for immediate gratification, and rebelliousness toward authority, weak interpersonal skills, and poor impulse control. As the client moves through the treatment episode, these attitudes and deficits are encountered and positive change is affected.

Each level of job function within the hierarchy entails specific and increasingly complex psychological, social, occupational, and managerial tasks that must be mastered to acquire higher "status." Each also offers specific challenges that can be used as a clinical tool to help clients to master particular skills.

JOB FUNCTIONS IN THE THERAPEUTIC COMMUNITY

- **ELDER**—The most senior role models in the Family. They serve as mentors/consultants to others in their Family. They help to train new structure members and assist existing structure board members to maintain consistency in performing all job duties on the floor and to identify problems in the floor's structure that may need staff attention.
- **FAMILY COORDINATOR**—Oversees and ensures that the house functions in accordance with department & TC rules. The Family Coordinator along with staff, structures Encounters, Job Assignments, Learning Experience assignments, and Resident Schedules. The Family Coordinator helps to create and maintain adherence to the daily schedule approved by staff.
- **COORDINATOR**—Oversees specific Departments, i.e., Service Crew, Creative Energies, Orientation, Cognitive, and Business.
- **CHIEF EXPEDITOR**—Oversees and directs the Support Team in facilitating the daily operation of the house. As a rule, the Support Team is the "eyes and ears of the house."
- **DEPARTMENT HEAD**—Works with Coordinators over their specific departments. Department Heads act as assistants to Coordinators. They pass along information and instructions to their crew members.
- **RAMRODS**—Act as third-level tier resident managers within specific departments. Ramrods oversee all functions of crewmembers.
- **CHIEF EXPEDITOR**—Accountable to report problems to the Family Coordinator to consistently communicate with Floor Staff, to investigate pull-ups (at direction of staff) and to sit on the TPR Panel. They schedule and oversee all work assignments of the LE Expeditor and other Expeditors. In the absence of the Family Coordinator, he is expected to act in his capacity.
- **PROGRAM SECRETARY-** Report to the Floor Staff and the Family Coordinator and work in close cooperation with the Chief Expeditor and the LE Expeditor. Responsible for planning future structure board needs, for completing or delegating all record-keeping, for tracking dot changes and job applications, for Privilege Advancement requests and Privilege Advancement denials, posting memos, etc., and updating Bulletin Boards.

- **EXPEDITOR**—Primarily responsible for client movement from one function to another; make and follow up on announcements; and oversee all Learning Experiences (LE).
- **CREWMEMBER**—Responsible for carrying out/executing the various functions of their particular crews, i.e., Service Crew, Support Team, Staff Clerks, Creative Energies, and Orientation.
- **CREATIVE ENERGIES**—Schedules activities for the family; structures resident seminars and plays; makes sure that the families hall is appropriately decorated with signs, concepts, family songs, Gateway Philosophy; makes sure that the families structure board is correct and updated consistently; makes sure that the family is kept abreast of current events including support group information; and keeps up with all family members birthdays for birthday songs and celebrations.
- **SERVICE CREW**--Responsible for the cleanliness of the house. Work on the Service Crew builds character as every new family member, regardless of age or social status, is assigned to the crew and begins functioning immediately after arriving on any particular unit. Duties include sweeping, mopping, dusting, emptying of garbage receptacles, and cleaning the bathrooms on a daily basis.
- **ORIENTATION EXPEDITOR**--Responsible for keeping information on all Orientation level clients. The Orientation Clerk keeps track of how many clients are in Orientation at any given time and also records who has taken and passed the Orientation test. The Orientation clerk is also partially responsible for attending to the Orientation materials, i.e., Orientation booklets, Orientation test, Orientation logs, and copies of Orientation material

In addition, Gateway has implemented a **Family Coordinator Council**. One Family Coordinator is designated the Senior Family Coordinator. He is expected to represent the Community and is the single point of contact for impromptu information and directions. He may be contacted by any Administrative Staff to assign tasks and to pass along duties to other Family Coordinators and their floors. The Program Manager meets weekly with the Council of Family Coordinators to facilitate the flow of information, provide direction and address concerns of their Family members. Each member of the Family Coordinator Council is assigned the duty of overseeing each of the Coordinators assigned to each floor.

In accordance with the TC goal of "responsibility for self and environment" and department expectations, the TC work structure is integrated within the operation of the institution. Each department throughout the prison is responsible for its internal management, with the assistance of offender labor as per DOC protocol and directives. The unique nature of the TC is the integration of the TC principles into the work structure. TC work structure is used as one method to reach the goals of achievement and responsibility for the environment. As a general rule, "work ethic" is part of "right living;" it is, unfortunately foreign to the basic value system of many offenders.

To that end, the *treatment* objectives of work structure implementation include the following: learning the value of labor; learning to work within a team structure; learning the value of task accomplishment (achievement); and learning individual and collective responsibility for those individuals under their leadership. Job duties within a TC environment are organized according to department and function and range from the entry-level position to progressively more responsible (and rewarding) positions, in accordance with treatment level advancement.

In a fully integrated treatment institution, the hierarchy of these TC job positions is woven into the fabric of departmental operations throughout the prison and will be implemented according

department policy. As described in the Orientation Level, offenders begin as Crew Members, typically assigned to Dietary. The mid-level positions are tied to performance responsibilities inherent in each department, e.g., Dietary, Housing Units (clinical treatment positions), Laundry, etc. The upper-level TC positions (Coordinators) are reserved for those who have actively applied themselves to the treatment regimen as evidenced by movement into Level III programming or above. The work structure at MTC will incorporate the TC structure, but always within the confines of regulations related to offender labor.

All offenders in the program are given a work assignment somewhere in the facility based on their clinical, educational, vocational, and behavioral progress. In the Primary Treatment Level, offenders are provided with opportunities for upward mobility in each department or Housing Unit as their clinical progress is manifested through correct behavior and responsible completion of assigned tasks.

DAILY STRUCTURED PROGRAMMING AND CLIENT EDUCATION

Gateway recognizes that clients' ability to identify their feelings and express them appropriately, to resolve conflicts responsibly and to develop healthy decision making skills are important aspects of a comprehensive personal recovery program, and our programming and education efforts focus on these important issues. Our treatment education and program curricula include seminars and group process sessions on substance abuse and recovery, relapse prevention, life skills, interpersonal skills, offender lifestyle confrontation and family dynamics. A detailed description of Client Education topics is set forth in the Group Education section below. Our Client Education program will address all topics required by the IFB. Gateway understands that all 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 clients' substance abuse, criminal attitudes and behaviors, and special needs, when applicable. Scheduled group activities include **family meetings,** which are held as **floor meetings** or **facility-wide meetings, process (or static) groups,** and **conflict resolution (or encounter) groups**. These activities are described in detail in other sections of this bid.

Gateway currently is providing therapeutic community activities such as those described above **six (6) days per week** and schedules such activities to **accommodate clients' schedules and ensure maximum participation.**

Our Daily Activity Schedule developed jointly between Gateway and the Department depicting the activities required by the IFB is included on the following pages. The goal of all clinical programming is to ensure that the Maryville TC is a uniform and integrated treatment environment. The clinical schedule below is the current schedule.

SCHEDULE OF ACTIVITIES

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-6:30a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
6:30-7:30a	Count Wing Clean-up	Count Wing Clean-up	Count Wing Clean-up	Count Wing Clean-up	Count Wing Clean-up	Breakfast Count / GI House Coordinator Meeting
7:30-8:00a						
8:10-9:00	TCU Surveys Support Groups *InsideOut Dads*	Interventions (TPR /LEs OMT/PRC)	Phase I See note below Phase II See note below Phase III See note below Phase IV See note below	Interventions (TPR /LEs OMT/PRC) Mapping/A/O Cycles Resolution Tables	Phase I See note below Phase II See note below Phase III See note below Caseload Groups	DWI/DUI Class* Family Education Family Coordinator Mtg Support Group SMART Recovery
9:00-9:50a	Phase I Group Mandatory Assignments / Work Groups	Caseload Groups				
9:00-10:50a	Pathway to Change					LOP Class Pre-Re-lease Discussion Group
10:00-10:50a	Open Rec Study Groups					
11:00a-12:30p						
12:30-1:20P	TCU Surveys Support Groups *InsideOut Dads*	Interventions (TPR /LEs OMT/PRC) Caseload Groups	Phase I See note below Phase II See note below Phase III See note below Phase IV See note below	Interventions (TPR /LEs OMT/PRC) Mapping/A/O Cycles Resolution Tables	Phase I See note below Phase II See note below Phase III See note below Caseload Groups	LOP Class DWI/DUI Class* Orientation Surveys Family Education
1:30-2:20p	Phase I Group Mandatory Assignments / Work Groups Pathway to Change	MH Groups Caseload Groups				Support Group SMART Recovery
2:30p-3:20p	Open Rec Study Groups					
3:30p-4:20p	All Family Encounters	All Family Meetings	All Family Encounters	All Family Encounters	All Family Encounters	GI in all Areas
4:20P-4:50P	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	
5:00p-6:20p						
7:00p-7:50	Support Groups SMART Recovery	Support Groups SMART Recovery	Support Groups SMART Recovery Catholic Group	Support Groups SMART Recovery	Support Groups SMART Recovery	

NOTES: A discussion of the Cognitive Re-structuring and Recovery Centered Topics is contained in the narrative.

- Individuals are scheduled throughout the week according to requirements

b. ADDICTION SEVERITY INDEX AND MOTIVATION FOR CHANGE INSTRUMENTS

The Department-approved Addiction Severity Index, will be provided if not completed in a diagnostic center, and a motivation for change assessment—i.e., TCU MOTFORM--and narrative summary will be completed within ten (10) calendar days of admission by a qualified substance abuse professional, as defined by Certification Standards for Alcohol and Drug Abuse Programs, Division of Alcohol and Drug Abuse. Gateway also will utilize TCU's Treatment Needs and Motivation Form (MOTFORM) as a baseline for understanding the client's interest and motivation as he enters treatment.

A Gateway qualified substance abuse professional will administer the **Addiction Severity Index (ASI) and Initial Classification Analysis Substance Abuse (ICA-SA)**. We understand that the Assistant Director must review the ASI software for consistency with the department-approved version.

Gateway will administer the computerized, modified DENS Addiction Severity Index (ASI) and Psycho-Social History for assessment of all clients. This instrument is a comprehensive, highly structured clinical interview designed to obtain very detailed, important information about all aspects of the client's life and situation, including but not limited to the medical, social, psychological, vocational, legal, family, and alcohol/drug abuse aspects of the person's life. Ratings are based on responses to objective and subjective questions within each area. Because interviewer judgment is critical, only qualified counselors with appropriate training and experience will administer the ASI.

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

The ASI document is a matter of public domain, and while Gateway clinicians modified the instrument, its integrity has been maintained.

It is important to note that use of a computerized version does not detract from the counselor-client interview process, and produces treatment plans that are unique and individualized to each client's treatment needs. Use of this process allows us to ensure that treatment plans are comprehensive, and address all aspects of the information obtained during the assessment process. Gateway's use of the computers for assessment and treatment planning is dependent on the Department's permission and the availability of computers and work space to accomplish these tasks.

In addition to the ASI, Gateway assessment staff will administer the Initial Classification Analysis-Substance Abuse (ICA-SA), an assessment instrument developed by the Outcomes Assessment Workgroup comprised of state and private substance abuse treatment providers. The purpose of the (ICA-SA) is to aid in the appropriate placement of incarcerated individuals into

differing levels of need for substance abuse treatment ranging from "long term, intensive, inpatient treatment" to "no services required." Gateway's qualified professional counselors will easily be able to incorporate the (ICA-SA) into the Assessment procedure.

Because Gateway Foundation provides its license for the DENS ASI through participation in this program, there is no licensing cost to the state. This is one way in which Gateway minimizes the cost of treatment to the state. Although Gateway retains ownership of the license (it is nontransferable), the state owns the data produced.

c. ASSESSMENT SUMMARIES

Gateway will incorporate the substance abuse needs score as identified by the Initial Substance Abuse Classification Analysis (ICA-SA) and any pre-existing substance abuse testing into the assessment summary.

The Initial Classification Analysis-Substance Abuse (ICA-SA) is an assessment instrument developed by the Outcomes Assessment Workgroup, which was comprised of state and private substance abuse treatment providers. The purpose of the (ICA-SA) is to aid in the appropriate placement of incarcerated individuals into differing levels of need for substance abuse treatment ranging from "long term, intensive, inpatient treatment" to "no services required." The ICA-SA score and any pre-existing substance abuse testing will be incorporated to the extent possible into the assessment summary. Gateway's qualified professional counselors will easily be able to incorporate the ICA-SA into the Assessment procedure.

d. PATHWAY TO CHANGE CURRICULUM

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

The Gateway approach to changing offenders' thinking patterns provides them with a straightforward protocol for systematically identifying criminogenic cognitions and effective corresponding interventions and then supports them in generalizing this clinical experience to life in the therapeutic community and ultimately, to post-release life.

Gateway draws from all research-based studies and programs and proceeds in a manner that is commensurate with our long-standing reputation for effective and ethical treatment of under-served populations such as those found in the Missouri correctional system.

Gateway will continue to implement the *Pathway to Change* cognitive skills program as part of the reentry process in the Therapeutic Community to facilitate behavioral change and strengthen

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. Individual counseling sessions may also provide a forum for clients to identify or address problems that they are not yet willing to discuss or address in a group setting.

As clients begin to build a crime-free and drug-free life, individual counseling sessions provide the opportunity to address issues identified in the client's treatment plan, and to revise the treatment plan to address new issues. Throughout, the counselor helps the client make the connections between the problems he is experiencing and the materials presented in group education and group counseling sessions.

Individual counseling also is a forum for addressing issues that are sensitive to the client and perhaps too personal to bring up in group sessions. Counselors take care to carefully assess clients and provide an avenue for discussion in individual sessions. Appropriate referrals for ongoing counseling, psychiatric consultations and the like are made, if indicated.

2.7 Group Counseling (p. 14 of 61)

Group therapy, is defined as a face-to-face, goal oriented therapeutic interaction between a qualified professional or trainee under the supervision of Gateway, and three or more offenders. Group therapy is designed to promote an offender's self-understanding, self-esteem, insight into the addictive process, and resolution of personal problems with the guidance of a treatment plan, through personal disclosure and with interaction among group members.

a. Group therapy sessions will be limited to a maximum of twelve (12) offenders. Each offender will receive a minimum of two (2) hours of group counseling

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

Group counseling is a means to assist chemically dependent clients to identify and address the issues connected to their substance use and to accomplish the goals and objectives in their individualized treatment plans. The group setting is used to elicit peer feedback, foster trust, practice social skills, enhance communication, and teach by example. Many clients are resistant to treatment and in denial and/or will not understand the connections between their substance abuse and the difficulties they have faced and continue to face in their family, social, legal, financial and medical relationships.

cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognate skills to criminal offenders and is written in language that accommodates the educational levels offenders may have. The lessons allow self-examination by the offenders to identify their own thought and decision-making processes and learn new skills to correct faulty thoughts and behaviors that lead to criminal conduct.

Pathway to Change, in conjunction with Gateway's Cognitive Self-Change curriculum, will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

Cognitive-behavioral programs have been used in a wide variety of correctional settings (state correctional systems, local jails, community-based corrections programs, and probation and parole departments) and with a wide range of offenders (both adults and juveniles, and males and females). The Cognitive Self-Change module has been and is currently an important part of all of Gateway's corrections-based treatment programs since 1998.

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

2.6 Individual Counseling (p. 14 of 61)

Each offender will receive a minimum of one (1) hour per month of individual therapy, which 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 Gateway to address problems identified on the individual treatment plan at a frequency consistent with state program certification standards.

2.6.1 Individual counseling techniques focus on positive role modeling, personal sharing, redirecting members to the TC process and didactic approaches. Upon admission, clients are assigned by Clinical Supervisors to a primary counselor, who will provide assessment, treatment planning, group counseling, education, family services and individual counseling to clients assigned to their caseloads. Our staff is well-trained in the concepts of cognitive restructuring, and clinicians introduce these concepts in each interaction with their clients. Counselors meet with clients individually on a regular basis as needed and as indicated by the client's treatment plan.

Individual counseling is a goal-oriented, face-to-face session between the client and his primary counselor (or, in some cases, between the family member of a client and the client's primary counselor), conducted so as to assist the client in resolving problems related to the abuse of alcohol and other drugs, criminal lifestyles and all issues contained in the client's treatment plan. During individual counseling sessions, counselors help clients recognize that they are chemically

Groups engage in discussion of all aspects of their substance abuse, recovery skills, and treatment issues. Topics include relapse prevention, disease concept of addiction, self-help recovery programs, post-acute withdrawal syndrome, coping skills, relapse prevention, parenting skills, and skills necessary for continued recovery.

Group counseling sessions will be limited to a maximum of 12 offenders per group. Each offender will receive a minimum of two (2) hours per week of group counseling.

Group therapeutic activities take on a variety of formats, but each addresses client's substance abuse, criminal attitudes and behaviors and special needs, when applicable. Scheduled group activities include **family meetings** (also known as AM or PM Community groups), process (or static) groups, and conflict resolution (or encounter) groups.

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

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

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

2.8 Recovery-Centered Education (p. 14 of 61)

2.8.1 General Information

Gateway's group education sessions are didactic sessions that present information on a wide variety of topics related to substance abuse, criminal behavior, faulty thinking patterns, interpersonal relationships, relapse prevention, and other topics that are relevant to recovery. Group education is intended to give clients a factual base from which to make healthy, pro-social decisions about their lives.

Education about **substance abuse and chemical dependency** familiarizes clients with the disease concept of chemical dependency. Many clients do not understand or recognize the

connections between their legal and other life problems and their use of alcohol and other drugs; education about substance abuse and chemical dependency helps clients make these connections. Clients learn about denial and its effects; the behavioral and attitudinal patterns that accompany chemical dependency (e.g., manipulation, rationalization, disrupted personal relationships, limited emotional responses); and the signs, symptoms, and progression of the disease of chemical dependency.

Depending on clients' needs, didactic sessions may also address the effects of particular drugs of abuse, in order to help clients better understand their behaviors and their own recovery. Throughout, counselors help clients make the connections between what they learn in didactic sessions and the dysfunctional behaviors and relationships in their own lives.

As the incumbent, all curricula currently used have been approved by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services. Changes and/or additions to the curricula will be submitted for approval prior to implementation.

2.8.2 Recovery-Centered Education Topics

Recovery-centered education consists of classroom style didactic presentation of general information regarding substance abuse, criminality, and related topics, and the practical application of the information through group discussion as indicated by the offenders' treatment plan. Group education sessions will be limited to a maximum of 40 offenders

Gateway's specialized Education Curriculum consists of lecture series designed to encompass the key areas of concern for the population at MTC. It is designed to be educational, therapeutic, and interactive.

• ***Understanding Chemical Dependency***

Chemical Dependency 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 with the offenders and solicit feedback from group members. The disease model of addiction covers the signs, symptoms, stages and progression of the disease of alcoholism and chemical dependency. Clients process the information to identify their own symptoms and stages of the disease. Specific focus is given toward understanding the holistic nature of the illness, the potential for genetic predisposition, and information regarding specific drugs of abuse.

• ***Criminal Thinking***

Gateway's cognitive restructuring component directly deals with the identification of "criminal thinking" and "thinking errors" that make up the offender lifestyle and encourage abuse of substances. Offenders confront each other on a daily basis in education groups, group counseling sessions, or during other therapeutic activities regarding any occurrence of criminal

thinking or behaviors. Individuals' process thinking errors by writing thinking reports that they discuss with other participants. Healthy, alternative ways of thinking are identified and practiced.

• ***Relapse Prevention for Substance Abuse and Criminality***

This module utilizes a Relapse Prevention workbook designed specifically for Gateway corrections-based treatment programs by nationally-renowned substance abuse treatment expert Terrence Gorski. The workbook is organized into four categories, including self-assessment, warning sign identification, warning sign management, and recovery planning. Emphasis is placed on education about the specific dynamics of relapse and the development of relapse prevention plans. Clients identify possible reasons for relapse and ways to avoid them.

Gateway also uses relapse prevention workbooks designed for Gateway by The Change Companies. These are discussed in a later section of this proposal.

• ***Emotions Management***

Clients are taught the destructive nature of inappropriate and impulsive expressions of emotions. They learn to identify prior "feelings management" problems related to their alcohol or drug use, including the physical effect chemicals have on their emotional responses. Opportunities learn and to practice the skill of identifying emotions and expressing them appropriately.

• ***Codependency & Enabling***

Co-dependency is a dysfunctional pattern of living and problem solving that affects both men and women. They become "attached" and overly involved in others' lives. These dysfunctional relationships and their counterpart, healthy relationships, are discussed. After knowledge is gained about the components of healthy and unhealthy relationships, clients will learn to develop understanding and skills that lead to healthy interactions and pro-social behaviors.

• ***12 Step Programs & Other Self-Help Programs***

An introduction and overview of 12-step and other self-help support programs is covered within the SMART approach to recovery lecture series. In this approach, clients are given and discuss information about the various types of self-help programs, which allow them to make an informed selection of the program most effective for them. Although program participation is optional, clients are encouraged to select one of the groups. AA and NA and SOS groups are also provided. Outside representatives conduct twice weekly meetings. The importance of a sense of spirituality is also thoroughly discussed.

• ***Family Issues and Parenting***

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

Research has demonstrated that parenting skills education programs for incarcerated parents' impacts recidivism rates by providing inmates with knowledge and effective parenting skills that can result in positive behavior change. Because of offenders' separation from children, often long before arriving to prison, and because of extended drug usage or criminal activity, parenting is an important topic.

Topics include "normal" child development, family roles, the impact of drug use on children, overcoming the impact of violence with children, understanding children's upset feelings, appropriate discipline techniques, moral development of children, and special needs of children from chaotic homes.

Many drug abusing offenders were themselves raised by families in which drug/alcohol abuse affected the family. The focus of parenting skills training is to assist clients to develop appropriate skills and methods to be better parents. This curriculum, *Partners in Parenting,* developed by TCU IBR, is an 8 week program with an emphasis on parenting skills building. Topics include:

- 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

• ***Domestic/Family Violence***

All aspects of domestic violence are covered. Specific topics include victimization, aspects of control, violence impact on the family roles, dynamics of abuse, safety planning, being an abuser, surviving an abusive relationship, how to spot and avoid an abuser, warning signs of abuse, and the roles in abusive relationships. Anger management and violence intervention are also taught. Clients are encouraged to identify their responses to exposure to or delivery of violent behavior and the relationship of these feelings to their substance use and recovery. Gateway may also use SAMHSA/CSAT TIP 25, *Substance abuse Treatment and Domestic Violence.*

• ***Driving Under the Influence***

Gateway believes that Driving Under the Influence is a significant consequence for offenders with substance abuse histories that affects the substance abuser, the victims and victims' families. For this reason, we will include a component in our programming which addresses the effects of driving under the influence of alcohol or other drugs on victims and the community at large, and will specifically discuss the following topics
:

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

• ***Impact on Victims***

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

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

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

• ***Influence of Trauma on Substance Abuse***

Trauma is a natural byproduct of violence, whether physical, sexual, or emotional. Gateway's Violence Interruption modules are designed for offenders who have experienced some type of violence/trauma. Emphasis is on examining the relation between substance abuse and violence, identifying violence triggers, ways to avoid future violence. Forms of abuse with associated traumatic experiences are discussed as well as the ways in which substance use exacerbates maltreatment.

• ***Recreational/Leisure Skills Development and Health***

Offenders learn the importance and benefits of appropriate leisure activities and participate in structured recreation activities focus on community building. To reinforce the benefits of exercise as it pertains to good health, offenders also participate in routine and basic exercise activities such as calisthenics and stretching exercises. The need to incorporate healthy recreation and leisure activities to reduce stress and enjoy life is emphasized as the preferred alternative to alcohol and drug use as recreation.

• ***Smoking Cessation and Nicotine Addiction***

The health risks and addictive nature of nicotine are expressed and emphasized because substance abusers are particularly prone to use nicotine and tobacco products. The specific aspects of addiction to nicotine are discussed, as are the various health risks related to a number of tobacco products. Offenders are taught various means of smoking cessation and recovery from nicotine addiction.

• ***Gender-Related Issues in Recovery***

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

• ***Review of Effective Approaches to Recovery***

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

• ***Medication Assisted Treatment***

Offenders will receive information regarding MAT as part of their Life Skills groups. Opioid addiction and alcohol dependence are widely accepted as chronic brain diseases that are frequently characterized by relapse. Vivitrol is the only once-monthly, non-addictive, FDA-approved medication for the treatment of alcohol dependence and the prevention of relapse to opioid dependence following detoxification. Vivitrol is <u>not</u> a substitute for opioid maintenance and is not a controlled substance that requires special licensing to provide. The project intends to include Vivitrol as an integral part of the program for alcohol and opioid dependent offenders at risk of relapse and a return to criminal activity.

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

- ***Recovery Oriented Systems of Care (ROSC)***

ROSC was designed by SAMSHA in 2010 to provide a coordinated system of recovery-oriented activities to address the issues and needs clients confront as they re-enter the community. Community collaborations provide resources for a multitude of resources and services, including mental health, family services, education about substance use, employment assistance, etc. This module provides invaluable guideline for accessing available community resources to the returning offender.

2.9 Offenders with Co-occurring Substance Abuse and Mental Health Disorders (p. 14 of 61)

Offenders with Co-occurring Substance Use Disorders and Mental Health Disorders, including those on psychotropic medication, will be served in treatment programs if they have been classified as having a moderate (MH-3) need for mental health treatment.

Gateway understands and agrees that offenders with Co-occurring Substance Abuse and Mental Health Disorders, including those on psychotropic medication, will be served in treatment programs if they have been classified as mild to moderately impaired. If their mental health or cognitive difficulties are severe enough to limit treatment progress, they will be referred for a mental health evaluation. Offenders who are confirmed by mental health staff to have a co-occurring disorder will be allowed some modification of services if mental health staff and Gateway staff, in consultation with the Area Substance Abuse Treatment Coordinator, believe it is appropriate.

Gateway will continue to work closely with the Department's mental health contractor to coordinate services and programming for offenders with co-occurring substance abuse and mental health disorders and with the MTC Chief of mental health services to avoid duplication of services.

2.9.1 MENTAL HEALTH ASSESSMENTS (p. 15 of 61)

Offenders who are assessed as having mental health or cognitive difficulties will be referred for a mental health evaluation to the institution's Mental Health Staff. In such cases, substance abuse treatment staff will maintain an active, ongoing collaboration with the Department's mental health contractor regarding shared treatment goals and treatment modalities provided by Mental

Health. This includes periodic and/or as-needed participation by Mental Health in any staffing by the addictions treatment team and relevant non-treatment staff, when indicated.

2.9.2 MODIFICATION OF SERVICES (p. 15 of 61)

Offenders who are confirmed by mental health staff to have a Co-occurring Disorder will be allowed some modification of services if mental health staff and substance abuse treatment staff, in consultation with the DOC Clinical Director, believe it is appropriate.

We understand and agree that Gateway's Program Director will work cooperatively with the DORS Clinical Director and the MTC Warden to develop and implement necessary program modifications to best serve the needs of offenders with co-occurring disorders.

The following are general procedures that Gateway staff will apply in providing treatment services for clients who have mental illness diagnoses or symptoms. However, we will modify our procedures as needed to provide the most effective and efficient services for these offenders.

Upon admission, all clients are questioned about any previous mental health treatment and/or diagnoses. Clients who express symptoms during treatment are referred to the Mental Health Professional. The results of these interventions are provided to the treatment team to consider any necessary adjustments to that client's menu of services and/or treatment plan. This graduated protocol of observation, screening, review and referral is initiated any time a client participating in the program exhibits mental health symptoms.

Gateway currently uses *Co-occurring Disorders Treatment Workbook* developed by the Department of Mental Health Law & Policy Louis de la Parte Florida Mental Health Institute University of South Florida (2002). This Workbook provides information for clients with co-occurring disorders to understand the relationship between substance use disorders and mental health issues. The workbook contains an overview of the biological (e.g., genetic) and environmental (e.g., stressors) factors that may affect an individual's risk factors for developing these issues, as well as protective (e.g., coping) factors that contribute to alleviating and/or managing the symptoms of the disorder. Modules presented in Phases II and Phase IV, include:

- What is the Connection between Substance Use and Mental Health?
- Depression and Substance Abuse
- Bipolar Disorder and Substance Abuse
- Anxiety Disorder and Substance Abuse
- Substance Use: Motives and Consequences

Gateway will ensure that any adjustments or exceptions that are required to address the special needs clients will be approved by the Assistant Director DORS, the MTC Warden, and/or the ASATC and incorporated into the TAP and/or MOCIS, when implemented.

EXPERTISE IN TREATMENT FOR THE MENTALLY ILL SUBSTANCE ABUSER

Experience has shown us that clients with diagnosed special needs or multiple diagnoses may be found appropriate to participate in any number or combination of our various treatment programs, and therefore may appear for treatment at any given program site. Clients with special needs, particularly those clients with co-occurring substance abuse and psychiatric disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end. Gateway staff members all have a basic knowledge of both substance abuse disorders as well as psychiatric disorders. This is true for all of Gateway's programs, not only those programs specifically dedicated for treatment of clients with special needs.

We adhere to recent clinical literature which demonstrates that dually diagnosed clients "are best served in treatment settings which are Clinical Case Management (CCM) oriented, rather than based on treatment episodes and client participation in those episodes." (Robels, Bishop, Association House of Chicago, the Illinois *MISA Newsletter*, "Best Practice in Clinical Case Management," June 2001)

According to experts in the treatment of substance abusers with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the client's and family's needs, enrolling the client in the appropriate level of care and coordinating treatment regimen components according to the client's assessed needs and treatment environment.

Gateway is committed to providing effective integration of services for clients with special needs. We will assure that our staff will be specifically attuned to the special needs of offenders, and will carefully integrate services to meet each client's special needs.

Other modifications implemented by Gateway include the following:

Use of treatment practices and procedures more traditionally associated with the medical model of treatment. Many of our staff members have a basic knowledge of psychiatric diagnostic procedures, medications and therapeutic approaches appropriate for those who are mentally ill.

Emphasis on staff and client education pertaining to psychotropic medication. Specific emphasis is placed on training staff to assist and support the Mental Health liaison to educate clients about prescribed psychotropic medications. Clients are taught about the following:

- the therapeutic benefits of their medications
- side effects and ways to deal with these effects in healthy ways
- the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage
- the effect that their mental health diagnoses has on their substance abuse disorder, and vice versa

- the need to comply with medication regimens
- common misconceptions which lead to non-compliance and means to avoid these pitfalls
- specific medication doses and the times for taking medications
- Approaches which mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
- Use of more structured approaches in group settings than might be found in traditional therapeutic communities

Interventions Specific to Gateway's Programs

The following are general principles Gateway staff will apply in providing treatment services for clients who have mental illness diagnoses or symptoms.

Upon admission, all clients are questioned about any previous mental health treatment and/or diagnoses. Additionally all new clients are screened for any current symptoms of mental health problems by the Qualified Mental Health Professional. Those who express symptoms during treatment are referred to the Mental Health Professional.

The results of these interventions are provided to the Treatment Team to consider any necessary adjustments to that client's menu of services and/or treatment plan. This graduated protocol of observation, screening, review and referral is initiated any time a client participating in the program exhibits mental health symptoms.

MODIFICATIONS FOR CLIENTS WITH OTHER SPECIAL NEEDS

Accommodation of Special Needs

Staff members are trained to accurately assess for offenders' special needs and to make adjustments in treatment planning and treatment approaches to accommodate identified needs. Gateway's modified therapeutic community model is structured to adapt easily to meet the needs of various treatment populations. For instance, offenders with learning disabilities or whose cognitive abilities may be limited frequently require accommodation to improve their abilities to participate in the treatment program. Once these needs are identified, Gateway provides materials geared to accommodate each offender's abilities and to foster each offender's capacity to fully benefit from the treatment environment.

Examples of adjusted approaches include but are not limited to the following:

- **Provision of Didactic Information in a Variety of Formats**

Offenders who are blind, hearing impaired, illiterate or who are diagnosed with learning disabilities, mental retardation or other cognitive disorders are accommodated by use of specially tailored didactic information provided in a variety of formats. Available formats may include audio-tapes for the sight-impaired, written material or closed-captioned videos for the hearing-impaired, video- and audio-tapes for illiterate offenders and materials written simply and concretely for offenders diagnosed with learning disabilities, mental retardation or other

cognitive disorders. Offenders may be given art supplies to afford them the opportunity to illustrate their feelings and thoughts. In appropriate circumstances, offenders may be referred for educational assistance.

- **Assignment of Offender Tutors**

Senior offenders function as tutors for offenders with limitations to assist them in understanding treatment information. Offender tutors may help illiterate offenders by reading to the offender and by taking dictation from them to help with written assignments. Offender tutors may help peers locate materials offered on video- or audio-tape to facilitate learning. Offenders with learning disabilities, cognitive disorders or mental retardation are assisted by offender tutors who help them better understand treatment material. When indicated, offender tutors may read treatment material or provide pre- or post-tests verbally.

Staff members closely supervise all offender tutor activities to ensure that they are carried out appropriately and therapeutically. Staff works closely with offender tutors to assist them in determining appropriate interventions. Moreover, staff ensures that Learning Experiences assigned to disabled offenders accommodate the offenders' disabilities (e.g., offenders who experience problems with reading are not given Learning Experiences involving reading or writing).

Providing effective treatment for this population requires addressing the multiple issues each offender brings to treatment, a continuum of treatment services, and specialized services to address particular issues. Throughout this proposal, we have described Gateway's approach to meeting the diverse needs of a difficult-to-treat population.

While implementing the new contract, we will continue our efforts to stay abreast of new treatment approaches that have been proven effective through evidence-based research to best serve all targeted groups of offenders.

Gateway wishes to assure the Department that **offenders with special needs of any sort will be accommodated and will receive effective treatment and education services as previously described in appropriate sections.**

2.9.3 LENGTH OF TIME IN PHASES (p. 15 of 61)

Gateway understands and agrees that length of time and participation in phase activities may be affected by factors associated with the co-occurring symptoms and diagnosis of the client. In addition, clients' anticipated release dates may also influence the amount of time and therapeutic activities in each phase.

2.9.4 PRE-RELEASE DISCUSSION GROUPS (p. 15 of 61)

Gateway, in coordination with the institutional parole office and classification staff, will provide a pre-release discussion group for a minimum one hour per week. The goals of these groups include the following:

- Encourage offenders to take responsibility for their discharge and aftercare plans by involving them in the discharge planning process
- Facilitate mutual support among offenders and their discharge planning activities
- Enhance offender knowledge and retention of individual discharge plans, thereby improving the likelihood that offenders will follow through with discharge recommendations to support ongoing recovery efforts
- Provide offenders the opportunity to discuss with peers their expectations and anxieties about re-entry into society

A continuing care/aftercare plan will be initiated during this level and will include a relapse prevention plan for substance abuse and criminality. These items are described in the following sections.

2.10 Treatment Plan (p. 15 of 61)

Gateway will utilize the department TAP/treatment plan (until implementation of MOCIS at MTC) to develop an individualized treatment plan addressing substance use, criminality, and mental health issues, if applicable. Treatment planning will include goals, objectives, and specific interventions to address recovery from substance abuse, criminality, and any additional assessed mental health disorders or special need requiring adaptations of the treatment process and treatment interventions.

GATEWAY'S TREATMENT PLANNING PROCESS

Research has demonstrated that treatment outcomes improve by 40% if services are matched to the needs of participants. Therefore, establishing treatment plans for participants with a focus on unique and individualized treatment needs is a high priority. Information gleaned from participants during the assessment process provides the means to determine each individual participant's unique treatment needs. Gateway understands that upon implementation of the Department's MOCIS, treatment planning will be completed in that system rather than the TAP.

Treatment plans reflect participants' treatment needs as identified during the assessment process. This treatment planning process actively involves each participant and functions to engage participants in the treatment and recovery process.

2.10.1 APPROVED SUBSTANCE ABUSE AND MOTIVATION FOR CHANGE INSTRUMENTS

Gateway proposes to continue using the currently approved substance abuse and motivation for change assessments in the new contract and agrees to the following requirements.

a. Gateway will complete an initial individualized treatment plan for each offender within ten (10) calendar days of program admission.
b. Gateway staff will complete a treatment plan review for each offender at a minimum frequency specified by Department policy.

c. Gateway will invite via email the Warden and a designated Probation and Parole officer to all treatment team meetings.
d. Treatment plan reviews will include input from all treatment team members. Each offender will participate in his treatment plan review.
e. Gateway will ensure that all assigned treatment team members, as well as the offender, sign the treatment plan reviews.

The following criteria are used in establishing individualized treatment plans:

- A clear statement of participant problems as identified during comprehensive intake and assessment processes
- Short- and long-term goals stated in measurable terms to correct the identified problems
- Clearly stated action plan for each objective with realistic time frames for achievement
- Specified type and frequency of services provided
- Specified manner in which treatment services will be coordinated with the participants' other institutional, educational and work commitments to insure that there are no conflicts
- Documented evidence of the participant's assistance with the treatment plan's development, including signatures by both counselor and participant

Additionally, the plans will contain the following information:

- Measurable goals and outcomes
- Service supports and actions to accomplish each goal/outcome including services and supports and the staff member responsible as well as action steps of the offender and other supports
- Involvement of family and other supports when indicated
- Objectives for achieving stated goals
- Appropriate interventions for the objective
- Target dates and achievement dates for goals and objectives
- Program plan and any updated program plans;
- Estimated discharge/completion date

TREATMENT PLAN REVIEWS (p. 15 of 61)

Treatment plan reviews and updates are based on feedback from the treatment team and 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.

Gateway has designed its treatment programming to ensure that treatment planning and interventions will reflect goals, objectives, and specific interventions utilizing reality therapy and cognitive-behavioral therapy concepts, and address criminality and recovery from substance abuse and any additional accessed mental health or special needs. We therefore agree that our treatment plans reviews will meet the following requirements:

a. Treatment plan reviews will include input from treatment team members, and, when indicated, from non-treatment staff
b. Warden and designated Probation and Parole officer may attend and participate in treatment team meetings.
c. All treatment team members involved in any offender's care will sign, or their involvement be otherwise documented in the TAP/treatment plan
d. The TAP/treatment plan will be updated according to ADA specification
e. Per TAP policy: will be reviewed 30 days after initial completion and every 45 days thereafter as long as the offender remains in the treatment program. The treatment plan for long-term offenders is updated / reviewed every 90 days after initial completion.

Treatment plan reviews will be conducted more often if necessary based on feedback from the treatment team and various Department staff.

The mechanism developed to assure that significant members of the treatment team meet to evaluate the appropriateness of the treatment plan and goals, and to discuss the client's progress, includes weekly treatment team meetings, or "staffings". Staffings allow members of the treatment team to meet to discuss the treatment plans and progress of each client, and the progress of the client milieu as a whole. Interventions and treatment strategies are identified and discussed thoroughly. Gateway will ensure that the program Warden and designated Probation and Parole are notified of all treatment team meetings via email and/or in person.

Each counselor is assigned to a Clinical Supervisor who meets individually with counselors one time per month and as needed to provide clinical supervision. Client progress, appropriateness of the treatment plan and effectiveness of the counselor's approach are all discussed in detail and recorded by the Supervisor in the client's clinical file. The client, as well as all appropriate treatment team members will sign the treatment plan reviews.

2.10.2 CONTINUING CARE/AFTERCARE PLAN (p. 15 of 61)

Prior to discharge, a continuing care/aftercare plan will be initiated for each offender that will include a detailed relapse prevention plan for substance abuse, mental health issues, and criminality. Continuing Care/ Aftercare plans will be developed in collaboration with the supervising institutional probation and parole officer, as well as identifying resources with the field officers.

For offenders with diagnosed mental health problems, Gateway staff will consult with the Institutional Chief of Mental Health Services to determine appropriate referrals.
These items are described in the following sections.

MENTAL HEALTH ISSUES

Mental Health needs identified during assessment and contained in the client's treatment plan are noted in the Continuing Care/Aftercare Plan. During treatment, these issues and needs are discussed via discussion of the University of South Florida's Department of Mental Health-Co-occurring Disorders Workbook and Co-occurring Groups.

Clients have learned the importance of medication compliance as well as the negative impact of using illegal substances on their mental health disorders. All of these issues are addressed in their continuing care/aftercare plan with resources are identified to address their post-release needs. A major emphasis of their continuing care/aftercare plan is relapse prevention and the importance effective relapse planning has on maintaining abstinence from substance use and on a crime-free lifestyle in the community. Gateway counselors will remain in contact with the Chief of Mental Health services to collaborate in identifying aftercare services for clients with co-occurring needs.

EMPHASIS ON RELAPSE PREVENTION

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

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

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

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

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

Our relapse prevention curriculum addresses a wide range of relevant topics. If the 60-day length of stay precludes full delivery of the curriculum, modules will be selected to meet the specific needs of the clients in the program.

RELAPSE PREVENTION CURRICULUM

Session/Topic

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

RELAPSE PREVENTION PLANNING

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

These activities are important because many clients are tempted to use again as soon as they come in contact with their former drug-using and criminally involved peers—often the only group of people with whom they previously felt at home in the free world. Clients learn stress reduction techniques and techniques for resolving immediate interpersonal and situational crises that threaten sobriety. They participate in structured daily activities that include work, exercise, proper diet, and regular contacts with treatment providers and self-help groups, leisure interests that do not involve the use of alcohol or drugs, and they identify places to meet and socialize with positive peer influences. They learn to analyze relationships, behaviors, feelings, and events, recognize the signs of an impending relapse, and take appropriate steps—attend a 12-step meeting, call a sponsor—to avoid relapse. Clients also learn about how recovery may differ depending on the substance of abuse, thereby enabling them to recognize the progression of recovery in their own lives.

CRIMINALITY RELAPSE PREVENTION PLANNING

Along with integrating Cognitive Restructuring, our Developmental Model of Recovery, Self-Help Participation into our treatment approach, Gateway utilizes the Risk, Need and Responsivity Principles to determine each client's criminogenic risk, or risk of recidivism. Gateway clinicians carefully determine each client's risk for re-offending and are therefore able to address these risks in the client's treatment plan. This ensures that clients actively address their individual criminogenic risks with appropriate treatment interventions and Cognitive Restructuring techniques, and treatment progress in this regard can be carefully monitored by staff. Because this emphasis is placed on each client's risk for recidivism, criminality relapse prevention can be addressed by incorporating appropriate structure and supervision in the client's Relapse Prevention Plan. Thus, each Relapse Prevention Plan will address relapse prevention in terms of substance use and criminal attitudes and behaviors.

Each session outline contains the following:

1. Session description, purpose, and objectives.
2. Test (to be used as pre-test and post-test)
3. Lecture outline (includes suggested illustrations and examples)
4. Copies that can be used for overhead slide transparencies
5. Suggestions for group exercises to reinforce session information.

2.10.3 Discharge Summaries (p. 16 of 61)

Prior to discharge, Gateway staff will make recommendations of appropriate treatment in the community for offenders as stipulated in the Individualized Treatment Plan and in coordination with Probation and Parole. Program staff will also participate in the revision of the offenders' treatment plans. Discharge summaries will be completed by release date, but no later than three (3) working days post-discharge. The summary is completed in the Department computer system, placed in offenders' classification files, with a copy provided to the institutional parole office.

The Gateway treatment team assists offenders in developing continuing care plans that include specific actions and referrals for continuing recovery. When completed, the plans are forwarded the institutional probation and parole officer and contain the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Assessment summary, including screening and substance abuse classification analysis scores
- Diagnosis or diagnostic impression
- Description of services provided, progress, and outcomes achieved
- Medical status and any needs that require ongoing monitoring or support, including prescribed medication
- Reason for discharge
- Aftercare/continuing recovery recommendations and relapse prevention plans for substance abuse and criminality

2.10.4 Release of Information (p. 16 of 61)

Gateway ensures that offenders sign the Department-approved Release of Information form to facilitate the release of documents contained within the Continuing Care Packet to the designated community resource and referral agencies. Releases are included with the Continuing Care Packet forwarded to these agencies. We will continue to work with department staff to ensure that the documents are forwarded immediately to the referral agencies, as required.

2.10.5 Provision of Assessment Information Necessary to Develop TAPs (p. 16 of 61)

Gateway agrees to collaborate with interdivisional institutional staff in providing information necessary to assist in classification staff's development of an effective TAP and to ensure that appropriate continuing care and recovery support services are included in the transitional components of the TAP. We further understand that TAP development may require collaboration with field Probation and Parole staff and partnering agencies in the community.

2.11 Clinical Records and Documentation (p. 16 of 61)

2.11.1 Clinical Records Content (p. 16 of 61)

Gateway assures the Department that the clinical records will contain the following required documentation:

- Initial screening and assessment interview, ASI, ICA-SA and URICA
- Summary report/narrative of initial assessment
- Treatment contract, offender orientation to program services and rules, confidentiality statement and offender's rights to grievance procedures
- Requests, receipt, or release of information signed by offender
- Initial Individualized treatment plan, updated treatment plan(s), and treatment plan reviews
- Progress notes for each individual contact and as needed to document significant program events
- Continuing Care materials including a structured plan for recovery and relapse prevention guidelines for substance abuse and criminality
- Long-term institutional treatment center case evaluation form
- Discharge Summary
- Long-Term Program Completion Form

Many of our clinical forms are translated into Spanish to accommodate the Spanish-speaking population. All of our clinical forms are subject to revision based on the preferences and needs of the Department. However, Gateway will modify them as needed to comply with the Department's requirements. Our substance abuse counselors complete all clinical documentation for their assigned client caseload, and supervisors ensure that Gateway documentation standards are met.

Gateway's documentation efforts focus on the progress clients toward reaching their treatment plan goals and objectives, particularly with respect to implementation of Cognitive Self-Change techniques, level of functioning in the TC milieu, understanding and utilization of 12-Step principles, and competency with respect to completing the tasks required for movement through the various stages of the treatment program.

Below is a current clinical file checklist that contains the required documents as well as the time frames for completion.

CLINICAL FILE CHECKLIST / MARYVILLE TREATMENT CENTER

C LIENT NAME: **MODOC#:**

COUNSELOR NAME: **DATE OF ENTRY:**

Circle One: Supervisor Active File Review; Counselor Discharge Review; Peer Active Review; Supervisor Closed File Review

	Counselor Initials	Date	Supervisor Initials	Date	
SECTION ONE- Intake and Orientation					**FILED –TOP TO BOTTOM**
Completion Certificate					At Discharge
Clinical File Checklist					Intake
PTC Certificate – if applicable					At Discharge
PTC Agreement – if applicable					As Completed
Client Rights/Grievance Form					Intake
DOC Treatment Contract					Intake
Consents to Release of Confidential Information					At Intake
Other Correspondence					As received
Consent to Treatment					Intake
SECTION TWO – Assessment					**FILED – TOP TO BOTTOM**
Phase Up Criteria/Request					As Eligible
SECTION THREE – Treatment Planning					**FILED – TOP TO BOTTOM**
Weekly Summary/Progress Notes					Weekly Notes
Case Management Note					Case Management/Staffing Notes
Individual Sessions: INT -12; LT-12 or 24 (ASI counts as 1 session)					Total Number Completed:
Treatment Plan Review Note (Circle Program) INT -4; LT – 8					Number Due: Total Number Completed:
SECTION FOUR – Treatment Progress					**MOST CURRENT ON TOP**
Discharge Summary and Final Treatment Plan					At Discharge
Case Evaluation (Court/IPO/120 Report)					As Due Per Program
Treatment Plan Update Every 45 Days: (Circle Program) INT -4; LT – 8					Number Due: Total Number Completed:
Master Treatment Plan (Within 10 Days of Admission)					Due Date: Completed Date
ASI					Within 10 Days of Admission
ICA-SA					Within 10 Days of Admission
High Risk Population Form					As Completed
Case Management Needs Assessment/MAT					As Completed
URICA					Within 10 Days of Admission
TCU Evaluations					As Completed
Re-entry Checklist					As Completed
Available Supportive Material					As Received
SECTION FIVE – Behavior					**FILED – TOP TO BOTTOM**
Behavior Logs					At Discharge
Behavior Contract					As Completed
OMT/PRC Referrals					As Completed
TC Related Material					As Completed
SECTION SIX – Discharge					**FILED – TOP TO BOTTOM**
Aftercare Plan and Relapse Prevention Plan					At Discharge
ITC Pre and Post Test					As Completed

Counselor Signature Upon Discharge Review/Date: _____

Supervisor Signature Upon Closed Review/Date: _____

2.11.2 ASSESSMENT DOCUMENTATION (p. 16 of 61)

We further understand and agree that assessment documentation must include, but is not limited to the following:

- Demographic and identifying information
- Statement of needs, goals, and treatment expectation from the offender
- Presenting problem/situation and referral source
- History of previous substance abuse and/or psychiatric treatment including number and type of admissions as well as any current psychiatric symptoms
- A brief summary of health/medical history, if available
- Current medications and identification of any medication allergies and adverse reactions
- Alcohol and drug use for the thirty (30) days prior to incarceration and a substance abuse history that includes type of drug, patterns of use, duration and consequences of use
- Family, social, vocational, educational, legal and recreational/leisure status and functioning. The collection and assessment of historical data are required in addition to the current status
- Personal and social resources and strengths, including the availability and use of family, social, peer and other natural support systems
- The offender's assessed stage of motivation to change for both substance abuse and criminality

In addition to these assessment data, the selection of Gateway Foundation as the provider for this contract will allow the Department to use our TCU Automated Data Capture (ADC) assessment forms and data collection protocol. Summary reports of this assessment and evaluation data can be provided to the Department at agreed upon intervals.

2.11.3 INDIVIDUALIZED TAP/TREATMENT PLANS (pp. 16 - 17 of 61)

The Individualized Treatment Plans will include the following information:

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

2.11.4 PROGRESS NOTES (p. 17 of 61)

Progress notes will include the following information:

- Description of the specific service provided
- Date and actual time (beginning and ending times) the service was rendered
- Legible signature and title of staff rendering services
- Relationship of services to the Individualized treatment plan, with references to specific goals, objectives and interventions
- Description of offender's participation and response to services provided
- A brief summary of important information shared by the offender during the session
- Planned future actions by the offender and/or staff

2.11.5 DISCHARGE SUMMARIES (p. 17 of 61)

Gateway ensures that clients sign the Department-approved Release of Information form to facilitate the release of the Treatment Plan, assessment summary, and continuing care and discharge planning information to the designated community resource and referral agencies and will work with department staff to ensure that the documents are forwarded immediately to the referral agencies.

Gateway agrees that discharge summaries will include, regardless of discharge status, the following information:

- Admission and discharge dates
- Reasons for admission and referral source
- Statement of the problem
- Assessment summary, including any screening, assessments, assessment updates, and the institutional classification and substance abuse analysis scores (SACA)
- Description of services provided, progress, and outcomes achieved
- Medical status and any needs that require ongoing monitoring or support, including prescribed medications
- Reason for and type of discharge
- Continuing recovery recommendations and relapse prevention plans for substance abuse and criminality.

2.12 Personnel Requirements

2.12.1 COMPLIANCE WITH PERSONNEL REQUIREMENTS (p. 17 - 21 of 61)

Gateway understands and will comply with the following personnel requirements as specified in the IFB: (extended discussion of these requirements are found in ***Section 4.7 Expertise of Personnel)***

a. Gateway will follow the Department procedures related to pre-employment drug screening and will submit for approval to hire only those passing this drug screen. Additionally, we agree to participate in the random drug testing for Gateway employees per Department policy and procedure.

b. Gateway will comply with applicable state licensure/certification regulations and requirements regarding performance of services pursuant to all applicable Revised Missouri Statutes which address the provisions of professional services in the State of Missouri. All licensure and/or certification held by Gateway's personnel will be current.

c. Gateway will be responsible for the "licensing/certification supervision" of members of Gateway's staff who, because of a professional standard or statutory regulation, require the supervision of a Missouri Licensed or Certified Professional. All individuals supervising staff for certification will successfully complete the Missouri Certification Board (MCB) three-day clinical supervision training or training required for licensure supervision, if applicable. A detailed description of Gateway's supervision system is in a following section.

d. Gateway, its employees, and others acting under Gateway's control, will at all times observe and comply with all applicable state statutes, department rules, regulations, guidelines, internal management policy and procedures, and general orders of the Department that are applicable, current, or hereafter adopted, regarding operations and activities in and about all department property.

e. Because of the unique nature of the specifications of the treatment program at the Maryville Treatment Center, close cooperation between Gateway's staff and Department employees will be required. Gateway will retain administrative responsibility for performance evaluation of Gateway staff; personnel records, and performance compliance.
f. All Gateway staff will meet the age requirement and will submit to and pass the Department background check prior to employment.

g. All Gateway candidates for employment will receive written approval from the Division Director prior to employment, including those with active federal or state felony or misdemeanor supervision and/or with a prior felony conviction and not under supervision.

h. Gateway will make every effort to ensure that our staff meets the requisite qualifications required by contract and reflects the ethnicity and cultural diversity of the offender population in our treatment programs. The goal and plan to accomplish this will be included in Gateway's policy and procedure manual.

i. Because Gateway is the incumbent provided at Maryville Treatment Center, the staff identified in this proposal is already employed in this treatment program, has received appropriate approvals for employment, and is familiar with the program and Department service delivery requirements.

1) Minimum staff is defined as including the individual positions listed in Exhibit H, Personnel Control Listing as attached to this proposal. We understand that this minimum staffing is expected during the course of this contract and that additions post-award are considered an increase to the minimum staffing plan.

2) Written notification will be provided to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Area Treatment Coordinator and the Warden should staff fall below the minimum described in Exhibit H, Personnel Control Listing if this staffing occurs for longer than two (2) weeks.

3) Gateway may use other qualified staff to provide services when vacancies exceed two (2) weeks, but must receive approval from the Department. These staff may not have more than one duty at any given time; these duties may not conflict with each other.

4) Any Gateway staff at MTC who is terminated for disciplinary reasons will be reported to the Warden and Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services. Whenever possible, consultation with these officials will occur prior to termination but no later than forty-eight (48) hours of termination.

j. Dispute resolution regarding staff Gateway staff will be resolved to the sole satisfaction of the Department. In the event the solution is not to the satisfaction of the Department, Gateway will replace the staff person with appropriate part-time staff and/or allow overtime for current staff until such time as a permanent replacement is selected and approved by the Department. In any case, Gateway understands it must maintain the number of FTEs as listed in Exhibit H.

k. Gateway will not impede or inhibit any of its staff from accepting employment with other providers.

l. Gateway is responsible for supervision of its employees and understands that should a Department employee have concerns about one of its employees, the Department will report the concerns through the chain of command to the Warden and Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services.

1) Gateway provides a professional environment in which its staff will work and provides the means—and orients employees to such means—to resolve complaints regarding Gateway's work at MTC. Gateway assures the Department that staff will have adequate supervision and access to supervisory personnel; will have the resources needed to do their work; will receive additional job training as needed; and will work the correct hours and receive correct pay.

Staff also will have access to Gateway's grievance policy that describes the process for reporting complaints that staff may have about the conditions of their work and/or Departmental environment. That process includes reporting the complaint including dissatisfaction with work conditions, harassment, discrimination and/or other issues, through the proper chain of command within Gateway and/or reporting the concern on the Gateway Corporate Compliance "Hot-Line."

2) Gateway will submit a complete and accurate Personnel Control Listing, Exhibit H, to the Warden, Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services, and designee monthly within the first five (5) working days of each month; the PCL must be accurate and thorough and current.

   Gateway also will continue to submit an updated organizational chart with supervisory relationships every six (6) months (July and January) to DOC staff. A revised staffing plan will be submitted to DOC by July 1, 2015 if staff listed on Exhibit H is different than those providing services at the time of the award.

3) For the purposes of the contract, a FTE (Full Time Equivalent) is defined as a Gateway position working 2,080 hours annually, with all salary, benefits, and compensation paid for by Gateway.

m. Staffing will include FTEs as listed below:

- 1 Program Manager
- 3 Substance Abuse Clinical Supervisors
- 1 Life Skills/Employability Skills instructor
- 1 Clerical assistant
- **13** SAC I and IIs (Gateway Counselor I and IIs)

Gateway minimally warrants a 1:25 counselor-to-offender ratio up to the contract number of beds assigned to Gateway (300) for all periods of the contract. Gateway's counselor-to-offender ratio will count toward the overall ratio for the entire program.

NOTE: **Although not required, Gateway has provided a 13th counselor in the proposed staffing plan, which will thereby enable the facility to maintain its 1:25 counselor-to-offender ratio.**

Regarding the Department requirement for 51% majority of certified, registered and licensed staff to provide clinical services: Gateway refers to the current exception extended by MO DMH to waive this requirement. This exception is described in Exhibit C. As approved in our current operations, since the DORS and Gateway programs are fully integrated at MTC, Gateway will work in concert with DORS staff to encourage and support staff to obtain certification.

- Department-approved staffing ratios and/or patterns are essential for providing the services identified. Gateway will maintain documentation and personnel records as specified by the Department.

- In the absence of a staff member, other qualified staff may provide duties on a temporary basis as agreed to by the department; however, said staff will not be assigned to more than one position at a given time and related duties will not conflict with each other.
- Any position vacated beyond 45 days will require reimbursement to the Department unless documentation exists that consistent attempts were made to fill the position almost immediately from the time of the vacancy.

n. Gateway will provide a minimum of one on-site, full-time Program Manager to be responsible for managing and supervising the operations of substance abuse services program for the correctional facility in cooperation with the MTC Department Clinical Director. Gateway understands that the Program Manager may not be assigned to other duties on a regular basis.

The DOC Clinical Director, Warden/designee, and Program Manager meet regularly to discuss pertinent program, staff, and department issues. In addition, the DOC Clinical Director, the Program Manager and Clinical Supervisors (both DORS and Gateway) meet each morning to plan the day and again one time per week for program review and planning.

o. Gateway's current and incumbent Program Manager, Jerry Peters, exceeds all of the requirements for Program Manager at MTC. Mr. Peters, Program Manager at the Maryville Treatment Center since November 2012, brings 40 years of experience working in the fields of corrections and addiction. He formerly served as the Program Manager in the Gateway Foundation's Kansas City Free & Clean outpatient program and the Missouri Department of Correction's Kansas City Community Release Center. Mr. Peters provided Interim Director services in the Gateway Foundation's correctional center programs in Sheridan, Illinois; Orange County, Florida and Houston, Texas. He began his career in 1975 as a Probation & Parole officer for the state of Missouri and holds a Master of Social Psychology degree from the University of Missouri. Mr. Peters is a Licensed Clinical Social Worker, Certified Reciprocal Alcohol Drug Counselor, and a Medication Assisted Recovery Specialist.

p. Gateway Clinical Supervisors who oversee and provide clinical supervision for all Gateway staff providing screening and intakes will be qualified substance abuse professionals or supervised by qualified substance abuse professionals The section on Clinical Supervision will describe the extensive and formalized supervision process established by Gateway and included in our policies and procedures.

q. As the incumbent treatment provider, Gateway staff already has participated in the Department's *Pathway to Change* training to ensure appropriate facilitation. Recently hired staff will complete their training scheduled for May 2015. Their completion of this training ensures that upon award of the contract to Gateway, there will be no gap in the delivery of this important cognitive curriculum.

r. Gateway currently meets and will continue to meet the 1:25 counselor to offender ratio for Intermediate, Offenders Under Treatment, and Long-Term Treatment programs.

s. Gateway's substance abuse counselors will receive continuous supervision from trained and credentialed supervisors. Gateway currently has and will maintain the required staff (2 counselors) with previous experience with co-occurring disorders.

Gateway's comprehensive supervision process is described in a following section on Supervision.

t. Meet educational and certification requirements for Clinical Supervisors.

Gateway understands the IFB requirements that Clinical Supervisors should meet the requirements of a Master's degree (preferred) in a mental health-related area; have appropriate certification; and have completed the Missouri Substance Abuse Professional Certification Board (MSAPCB) Clinical Supervision Training. At least one clinical supervisor must possess a Master's degree in a mental health-related area and have appropriate certification, licensure or registration and has completed the Missouri Substance Abuse Professional Certification Board (MSAPCB) Clinical Supervision Training. Gateway will provide a minimum of three (3) clinical supervisors.

Gateway has extensive history selecting and employing staff committed to working with our population, meeting their needs, and providing them with the knowledge and skills that prepare them for successful re-entry into the community. In order to provide our staff with the resources necessary for them to develop into excellent professionals, Gateway offers extensive training and supervision from the beginning of their employment. Our ability to support their professional development allows us to have qualified staff ready for advancement into more responsible positions. Staff responds positively to Gateway's developmental support, understanding that the training and supervision lead to career advancement within Gateway. This extensive preparation leads to staff longevity with the program and stability for the program and is cost effective as there is maximized retention of mature, efficient, and competent staff.

The current Supervisors were selected in 2013 and 2014 and met the requirements of the current contract (SDA411-059) at the time of promotion from initial positions of non-credentialed counselors and one initially hired as an Administrative Assistant. Each of Gateway's current MTC Clinical Supervisors has profited from the process described above in reaching the Clinical Supervisor position. Each is a qualified counselor, and each has completed the required Missouri Certification Board Clinical Supervision Training. Their certifications include a CADC, CCJP, and CRADC necessary for performing appropriate supervisory activities. During their tenure as clinical supervisors at MTC, they have performed all activities appropriately and have contributed to the overall successful management of the unique integration model at this facility.

A manual developed by one of Gateway's supervisors that assists the clients to understand their commitment and requisites to obtain and maintain a substance-free and criminal-free lifestyle, has become an integral part of Phase I Engagement and Persuasion. Clinical Supervisors have sought to enhance their co-occurring knowledge through completing a variety of seminars via Gateway's Relias educational system on topics such as Co-occurring Disorders; Integrated Treatment for Co-occurring Disorders, Parts 1 and 2; Managing Depressive Symptoms in Clients with Substance Use Disorders During Early Recovery; and Overview of Cases to Care Management. Additional seminars and workshops participation are planned for the coming year.

Gateway's Clinical Supervisors are closely supervised by the Program Manager, Jerry Peters, who has a Master's degree in Social Psychology and 40 years of experience working with and delivering substance use and mental health services to criminal justice-involved persons. His

breadth of experience and expertise in the treatment field provides the MTC supervisors a key resource for discussion of clinical issues. In addition, his extensive experience with co-occurring disorder treatment gives guidance and support to staff delivering services to clients with mental health issues. Mr. Peters' biography is included in Section 4.7 Expertise of Personnel.

Because this IFB includes additional educational requirements for Maryville's Clinical Supervisors, should the Department decide that the qualifications and contributions of the current supervisors are not sufficient, we will make every effort to meet the requirements of this IFB.

u. Gateway's current Employment Skills/Life Skills (ES/LS) Instructor works with the DOC Workforce Readiness Coordinator to provide offenders a career assessment, basic education, and skills to assist with a successful transition to the community upon release. Gateway's ES/LS Instructor has a bachelor's degree in Speech Pathology and a professional teaching certificate from the Missouri Department of Elementary and Secondary Education. She has developed a six-week program focusing on Leadership and Employment Skills. Her classes have proven so effective and popular that there is frequently a waiting list of clients to enroll in the program. As the current vendor, this critical program would continue without lapse if we are awarded the contract again.

v. Meet or exceed minimum staffing requirements indicated.

Many of Gateway's current staff hold Bachelor's or Master's degrees in a variety of disciplines. All counseling staff has acquired the necessary registration or credential appropriate for delivering clinical services or is in the process of obtaining the requisite registration or certification. Two staff has co-occurring disorder experience in previous employment and continue to develop and enhance their skills through completing courses in Gateway's Relias Learning system. All staff have received approval from DOC and meet DMH requirements for provision of services.

2.12.2 SELECTION OF STAFF (p. 21of 61)

Gateway agrees that the Department Clinical Director/designee may assist and advise in interviews, by request, and will approve selection of staff for the positions filled by the contractor. Gateway's current Program Manager invites the DORS Clinical Director to participate in the interviews and works closely with the Clinical Director throughout the interview selection process.

2.13 Interpretive/Translation Services (p. 21 of 61)

Gateway understands that the Department will determine whether an offender requires Interpretive/Translation services due to an offender's physical impairment or language barrier and that the Department will obtain and will bear the financial responsibility for such services.

2.13.1 Coordination of Services (p. 21 of 61)

Gateway will coordinate the provision of such services with the Department and receive approval of each interpreter prior to interpretive service provision. We understand that the department will obtain and shall bear the financial responsibility for such services.

Hearing-impaired clients will be assigned hearing "big brothers" who are able to facilitate communication with the hearing impaired client when the interpreter is not on site. Treatment videotapes will have closed captioning as necessary. Finally, classroom seating and protocols will be modified to meet clients' needs: hearing impaired clients will sit at the front of the room, and participants will come to the front of the room to make comments, which facilitates communication with hearing impaired clients who can read lips.

2.14 Meeting, Reporting, and Audit Requirements (p. 21 of 61)

2.14.1 Meeting Requirements (p. 21 of 61)

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

Gateway's Program Director is pleased to meet with the Warden/designee will meet at least weekly to discuss pertinent program/department issues.

Gateway currently actively participates in monthly/contract program oversight meetings that are chaired by the Warden and/or designee. Our Program Manager provides current and accurate data that reflect the status of the program and compliance with our contract. We will continue to participate in these meetings and collaborate with Department personnel in order to provide excellent services to our clients. These meetings meet at a minimum quarterly according to the requirements of the Department.

2.14.2 Reporting Requirements (p. 22 of 61)

Gateway's Program Director will chair a monthly Quarterly Assurance meeting in compliance with ADA standards 9 CSR 10-7-040. The committee will review service quality; quality enhancements; identify, discuss and resolve problems or issues pertaining to treatment services;

reviews various outcome data, including exit surveys, population trends and behavioral trends within the institution. Department representatives will be encouraged to attend; these may include Classification, Custody, Probation and Parole, Food Service, Canteen, and Education. Department contracted personnel from Medical and Mental Health regularly attend this meeting.

A summary of monthly quality assurance (QA) activities will be submitted to the Assistant Director, Division of Rehabilitation Services, Area Substance Abuse Treatment Coordinator and the MTC Warden/designee on a quarterly basis with the following schedule:

- October 15 (for the months of July, August, September)
- January 15 (for the months of October, November, December)
- April 15 (for the months January, February, March)
- July 15 (for the months April, May, June)

In collaboration with the Warden, Gateway will continue to submit the required monthly treatment center information reports to the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services. We understand that these reports may be revised based on expectations, policy and/or needs of the Department. We will fully comply with any new requirements and/or changes to these reports and continue to submit them as required.

Gateway will provide to the Warden and the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services their quality assurance plan for upcoming contract year by July 1, 2015.

2.14.3 AUDIT REQUIREMENTS (p. 22 of 61)

Gateway will provide the Department and any Department designees, including other state and federal representatives, access to Gateway, Gateway's facilities, any personnel providing services pursuant to the contract, or any other activities of Gateway pursuant to the contract for purposes of audit and evaluation of the services performed. Gateway will produce, upon a 48-hour notice and at a location designated by the Department, all books and records relating to the contract for purposes of a Department audit.

Gateway will provide access for audits of the operating systems, procedures, programs, documentation, software packages, facilities, and equipment used in support of the contract. Gateway will provide read-and-copy access to the Department to all files that are used. Such files will include, but are not limited to, inventory control files, case management files, procedure files, and any other files related to the contract.

Gateway will provide the personnel and resources necessary for the automated and/or manual sampling of operation and case management information, or other data maintained by Gateway, including historical data and any necessary follow-up, that may be required to meet any performance or audit review requirements.

Gateway agrees that if the Department, through its review and evaluation of contractual performance, determines that the services being performed by Gateway are unacceptable, the department will provide written notice to Gateway's authorized representative, which states the deficiencies, recommended remedies, and acceptable terms of reconciliation.

We agree that the department reserves the right to request an audit performed in accordance with generally accepted auditing standards at our expense at any time contract monitoring reveals such an audit is warranted and will submit the name of the auditor to the Department's Comptroller for approval prior to the audit being conducted. Upon completion, the audit report will be submitted to the Comptroller. We further agree that any audit disallowance pertaining to the contract shall be the sole responsibility of the Gateway.

2.14.4 RETENTION OF RECORDS (p. 23 of 61)

Gateway will retain all books, records and all relevant contractual documents for a period of five (5) years after final payment or the completion of a State of Missouri audit. We understand than if litigation, claim, negotiation, audit or other actions involving the records has started before the expiration of the five (5) years, the records will be retained until the action and resolution of any issues are completed or the end of the five (5) years is reached. Gateway will allow authorized representatives of the Department, other state Missouri agencies, and/or the Federal government to inspect these records after obtaining approval from the Department.

2.15 - 3.21 Other Contractual Requirements (pp. 23 – 32 of 61)

NOTE: SECTIONS 2.15 THROUGH 3.21 CONTAIN GENERAL CONTRACTUAL REQUIREMENTS AS NOTED BELOW. GATEWAY AGREES TO COMPLY WITH ALL ITEMS STIPULATED IN THOSE SECTIONS AND THEIR SUBSECTIONS

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3.01 General Requirements (3.1 – 2.21.1) Contract (p. 25 of 61)
3.1.1 Contract Amendments & Exhibits (p. 25 of 61)
3.1.2 Contract Equipment/Supply Authorizations (p. 25 of 61)
3.1.3 Contract Agreement (p. 25 of 61)
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3.7.1 Contractor Status (p. 27 of 61)
3.8.1 Conflict of Interest (27 of 61)
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3.18.1 Contractor's Employees (p. 30 of 61)
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3.18.4 Employee Compliance with Legal Requirements (p. 30 of 61)
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13.8.6 Breach of Contract (p. 31 of 61)
3.19 Affidavit of Work Authorization and Documentation (p. 31 of 61)
3.20 E-Verify (p. 31 of 61)
3.21 Participation by Other Organizations (p. 31of 61)

Section 2.16b Note—It has been our experience as the incumbent treatment provider that the invoice that has been developed and approved for billing does not contain the level of detail identified in section 2.16. As the contract is for a portion of the entire population (300 of 525), and the program is fully integrated between Gateway and DORS, it is impossible to submit an invoice for "Gateway's 300 offenders" per se. As a result, Gateway proposes to continue submitting the invoice that has been developed and approved during the current contract period. If additional details are required by the Department, Gateway will work with the Department to identify a workable method by which they can be reported and/or submitted.

SECTION 4.8.2: DESCRIPTION OF PROPOSED SERVICES – EXHIBIT C

The bidder should present a written plan for performing the requirements specified in this Invitation for Bid. In presenting such information, the bidder should specifically address each of the follow issues:

1. PLAN FOR PERFORMING REQUIREMENTS

Bids should clearly disclose the bidder's distinctive plan for performing the requirements of the IFB. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of proposed action. The bidder is advised that consistency and compliance with the certification standards is an area of primary concern. Therefore, the bidder should address how the bidder will consistently comply with those standards.

In the preceding sections, Gateway has explained in detail its plan for performing the requirements of the IFB. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

2. REQUEST FOR WAIVER

If the bidder is requesting a waiver of any state program standard Department of Mental Health certification requirement (s) relating to services requested in this document, the bidder shall supply a copy of said request(s) with their bid submission.

In the preceding sections, Gateway has explained in detail its plan for performing the requirements of the IFB. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

Gateway requested and received exceptions to two (2) Missouri Department of Mental Health (MODMH) standards applicable to all prison-based Gateway programs contracted with the Missouri Department of Corrections (MODOC) in 2013 and 2015. These exceptions are:

- **9 CSR 30.1.160 Institutional Corrections Treatment Programs (7) Service Delivery and Documentation (K): Individual Counseling shall be provided to each person as follows: 1. Programs with an expected length of stay of six (6) months or less shall provide at least two (2) one-hour sessions per month.**
- **9 CSR 30-3.110 Alcohol and Drug Abuse Programs (13) Ratio of Qualified Substance Abuse Professionals: A majority of the program's staff who provide individual group counseling shall be qualified substance abuse professionals.**

Gateway received exceptions for CSR 30.1.160 in a letter from Ms. Nora K. Bock, Director of Adult Community Treatment, MO DMH Division of Behavioral Health on October 25, 2013. This letter stated, "Given the unique characteristics of institutional substance abuse treatment programs, compliance with this standard is waived.

On April 6, 2015, Gateway received from Ms. Lisa Limbach, Paralegal, MO DMH, 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."

We respectfully request that these exceptions be continued for the Maryville Treatment Center (MTC) for the duration of this new contract. We appreciate the Departments' consideration of continuation of these exceptions. Copies of each of these letters are attached to this proposal.

3. ORGANIZATIONAL CHART

The bidder should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used.

In the preceding sections, Gateway has explained in detail its plan for performing the requirements of the IFB. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

The Organizational Chart with lines of authority is contained in Section 4.7 Expertise of Personnel.

4. SPECIAL NEEDS SERVICES

The bidder should specify how they will accommodate the specific and unique needs of offenders identified with mental illness, borderline intellectual functioning, or mild retardation. In addition, the bidders should specify how they will serve offenders with deficits and special needs in the following areas: reading (including illiteracy), written, spoken or receptive language, learning disabilities, hearing, vision and/or physical disabilities.

In the preceding sections, Gateway has explained in detail its plan for performing the requirements of the IFB regarding providing services to offenders with special needs. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

We have addressed these requirements in detail in Sections 2.4.2 Assessment of Offenders with Special Needs and 2.9 Offenders with Co-occurring Substance Abuse and Mental Health Disorders.

5. REQUIREMENTS OF THE CONTRACT

The bidder should detail how they will accommodate the requirements of the contract. The bidder should include their plan for ensuring the Department expectations for the quantity and timeliness of assessments is met.

In the preceding sections, Gateway has explained in detail its plan for performing the requirements of the IFB. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

A detailed discussion of required assessments is contained in Section 2.4 Assessments Required.

6. PROGRAM SCHEDULE AND CURRICULUM

The bidder should submit a program schedule and curriculum for each program requirement indicated in the bid document.

In the preceding sections, Gateway has explained in detail its plan for performing the requirements of the IFB. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

The Program Schedule and Curricula are described in detail in Section 2.5 Treatment Service Requirements.

7. GROUP EDUCATION REQUIREMENTS

The bidder should submit their proposal for meeting group education requirements, to include hours per week and maximum group size.

In the preceding sections, Gateway has explained in detail for performing the requirements of the IFB. The information was presented in Section 4.8 Method of Performance. Beginning with Section 4.8.1 (Plan for Performing the Requirements of the IFB), Gateway has clearly disclosed its distinctive plan for performing the requirements of the IFB and for ensuring consistency and compliance with the certification standards. We have presented this information by addressing each section and subsection of IFB SDA411064 contained in IFB Section 2, CONTRACTUAL REQUIREMENTS and by addressing each item by page, section, and subsection number as required.

Group Education requirements are discussed in detail in Section 2.8 Recovery Centered Education.

SECTIONS 4.9 – 4.10

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BACKGROUND

Exhibit E: Participation Commitment

Exhibit F: Documentation of Intent to Participate

Exhibit G: Missouri Service-Disabled Veteran Business Enterprise Preference

GATEWAY FOUNDATION, INC. D/B/A GFI SERVICES
MISSOURI DOC IFB SDA411064

Background

Gateway Foundation, Inc. d/b/a GFI Services, is a national not for profit drug and alcohol treatment service provider and is responding to the Missouri Department of Corrections' IFB SDA411064 for Substance Abuse Programming Services at the Maryville Treatment Center. The program focuses on changing the patterns of substance abuse and addiction and associated criminality. Gateway will provide these services directly through their employees and does not subcontract its core services to other agencies. This is a service contract and as such our budget for this contract is primarily for salaries and fringe benefits for the Gateway employees providing the services, as well as indirect overhead expenses.

Gateway Foundation is unable to participate in the ten bonus point preference for Blind and Sheltered Workshops referenced in Section 4.9 or the three bonus point preference for Missouri Service-Disabled Veteran Business Enterprise referenced in Section 4.10. The services that Gateway provides are its product and as such it is not possible to attain the desired goal to subcontract 2% of the contract to Blind and Sheltered Workshop vendors or 3% of the contract to certified Service-Disabled Veteran Enterprise vendors. The purchase of supplies under this contract is minimal.

EXHIBIT E
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. **NOT APPLICABLE**	Product/Service(s) proposed:
	IFB Paragraph References:
2.	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. **NOT APPLICABLE**	%	Product/Service(s) proposed:
		IFB Paragraph References:
2.	%	Product/Service(s) proposed:
		IFB Paragraph References:
Total SDVE Percentage:	%	

EXHIBIT F

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or 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: **GATEWAY FOUNDATION**

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: **NOT APPLICABLE**
(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:		SDV's Signature:	

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

Describe the products/services you *(as the participating organization)* have agreed to provide:

NOT APPLICABLE

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 G (continued)
MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed herein pursuant to 1 CSR 40-1.050.

NOT APPLICABLE	
Service-Disabled Veteran's Name (Please Print)	Service-Disabled Veteran Business Enterprise Name
Service-Disabled Veteran's Signature	Missouri Address of Service-Disabled Veteran Business Enterprise
Phone Number	Website Address
Date	E-Mail Address

The SDVE bidder should check the appropriate statement below and, if applicable, provide the requested information.

☐ No, I have not previously submitted the SDV documents specified herein to the state agency and therefore have enclosed the SDV documents.

☐ Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the state agency.

Date SDV Documents were Submitted: _____

Previous **Bid/Contract Number** for Which the SDV Documents were Submitted: _____ (if known)

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:

Procurement Officer	Date

APPENDIX 1

CONTENTS:

Exhibit H: Personnel Control Listing

EXHIBIT H

Personnel Control Listing

Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed	Salary
Jerry Peters	Program Manager	2A2-239	40	CRADC-1960	SW2286	YES	Master of Social Psychology	11/5/2012	$71,399
Robertson, Lora	Administrative Assistant	2A2-243	40	n/a		n/a	High School Diploma	11/8/2010	$27,851
Vandiver, Alice	ES/LS Teacher	2A2-237	40	MO Teaching Cert.		n/a	BS in Speech Pathology	1/20/2009	$33,619
Wood, Christina	Clinical Supervisor	3C2-248	40	CADC - 6115		YES	High School Diploma	9/10/2009	$35,491
Trustee, Angela	Clinical Supervisor	3C2-249	40	CCJP - 4627		YES	High School Diploma	2/10/2014	$35,491
Mayfield, Wes	Clinical Supervisor	2A2-238	40	CRADC - 6098		YES	High School Diploma	9/15/2010	$36,564
Baudino, Kathleen	Counselor I	2C3-302	40	RASAC I – 7980		NO	BS in Business Management	3/31/2014	$26,499
Vacant	Counselor I		40						$26,499
Carmichael, Kim	Counselor I	2C1-152	40	RASAC II - 6223		NO	High School Diploma	1/24/2011	$27,144
Coston, Vic (William)	Counselor I	2A2-235	40	RASAC I – 8222		NO	BA-Pastoral Ministry / Education	9/29/2014	$26,520
Duryea, Janis	Counselor II	3C3-345	40	CADC - 6464		YES	Associates- Criminal Justice	6/20/2011	$29,640
Jackson, Stephen	Counselor II	3C3-322	40	RSAP - 3578		YES	Master of Divinity	10/15/2012	$29,785
Howell, Julie	Counselor I	2A2-235	40	RASAC I - 8388		NO	MA Education	2/3/2015	$26,499
Lantz, JoDee	Counselor I	2C2-270	40	RASAC II - 7672		NO	BS Psychology	8/5/2013	$26,748
Popplewell, Mike	Counselor I	3A4-403	40	RASAC II - 4755		NO	High School Diploma	3/3/2008	$26,520
Sandusky-Ury, Melissa	Counselor I	3C3-345	40	RASAC II - 7660		NO	BS Psychology	8/5/2013	$26,520
Smith, Danielle	Counselor I	2A2-235	40	RASAC II – 8225		NO	BS Psychology	9/29/2014	$26,499
Vue, Alex	Counselor I	3A4-403	40	RASAC I – 8262		NO	BS Psychology	9/15/2014	$26,769
Woods, Courtney	Counselor I	2A2-235	40	RASAC II – 8252		NO	BS Psychology	2/9/2015	$26,499

APPENDIX 2

CONTENTS:

Exhibit D: Affidavit of Work Authorization

AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT

The contractor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization Annual Renewal Document.

Comes now Martha Yount as Vice President, Human Resources first being duly sworn on my oath, affirm Gateway Foundation, Inc. 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. 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.)

Authorized Representative's Signature	Printed Name Martha Yount
Title Vice President, Human Resources	Date 4/2/2015
E-Mail Address Martha.yount@gatewayfoundation.org	E-Verify Company ID Number 386492

Subscribed and sworn to before me this 2nd (DAY) of April/2015 (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
Signature of Notary

4/2/15
Date

OFFICIAL SEAL
EUNICE M. HAYNES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/02/2018