





NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

CONTRACT NUMBER CS160754001	CONTRACT TITLE Residential Facility Services
AMENDMENT NUMBER Amendment #003	CONTRACT PERIOD July 1, 2018 through June 30, 2019
REQUISITION/REQUEST NUMBER NR 931 YYY18708341	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 4312627650 1/MB00093923
CONTRACTOR NAME AND ADDRESS HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT AVE STE 100 KANSAS CITY MO 64127	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole PO Box 236 Jefferson City MO 65102
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract CS160754001 is hereby amended pursuant to the attached Amendment #003 dated 01/31/18.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: julie.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 2-9-18
DIRECTOR OF PURCHASING  Karen S. Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 003
CONTRACT NO.: CS160754001
TITLE: Residential Facility Services
ISSUE DATE: 01/25/18

REQ NO.: NR 931 YYY18708341
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: julie.kleffner@oa.mo.gov

TO: HEARTLAND CENTER FOR
BEHAVIORAL CHANGE
1730 PROSPECT AVE STE 100
KANSAS CITY MO 64127

RETURN AMENDMENT BY NO LATER THAN: 02/08/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	julie.kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
Division of Probation and Parole
PO Box 236
Jefferson City MO 65102

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Heartland Center for Behavioral Change		MB00093923	
MAILING ADDRESS			
1730 Prospected Avenue, Suite 100			
CITY, STATE, ZIP CODE			
Kansas City, Missouri 64127			
CONTACT PERSON		EMAIL ADDRESS	
Carolyn K. Ross		cross@heartlandcbc.org	
PHONE NUMBER		FAX NUMBER	
816-421-6670 ext. 1217		816-421-4701	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		1/31/2018	
PRINTED NAME		TITLE	
Carolyn K. Ross		President/CEO	

AMENDMENT #003 TO CONTRACT CS160754001

CONTRACT TITLE: Residential Facility Services

CONTRACT PERIOD: July 1, 2018 through June 30, 2019

The State of Missouri hereby renews the above referenced contract through June 30, 2019 at the same prices as the previous contract period.

However, as a result of the budgetary constraints facing State Government, the contractor is advised the State of Missouri reserves the right to terminate the contract at any time, for the convenience of the state, without penalty or recourse, by giving written notice to the contractor at least thirty (30) calendar days prior to the effective date of such termination, pursuant to paragraph 2.20.4 of the contract.



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

The contractor shall signify acceptance by signing and returning this document on or before the date indicated.

NOTICE OF CONTRACT AMENDMENT

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

MUSC
REFS 300349 01600754

CONTRACT NUMBER CS160754001	CONTRACT TITLE Residential Facility Services
AMENDMENT NUMBER Amendment #002	CONTRACT PERIOD February 1, 2017 through June 30, 2018
REQUISITION/REQUEST NUMBER NR 931 YYY17708354	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 4312627650 1/MB00093923
CONTRACTOR NAME AND ADDRESS HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT AVE STE 100 KANSAS CITY MO 64127	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole PO Box 236 Jefferson City MO 65102
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract CS160754001 is hereby amended pursuant to the attached Amendment #002 dated 03/28/17.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: julie.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 4-25-17
DIRECTOR OF PURCHASING  Karen S. Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT AMENDMENT

AMENDMENT NO.: 002
CONTRACT NO.: CS160754001
TITLE: Residential Facility Services
ISSUE DATE: 3/20/17

REQ NO.: NR 931 YYY17708354
BUYER: Julie Kleffner
PHONE NO.: 573-751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

TO: HEARTLAND CENTER FOR
BEHAVIORAL CHANGE
1730 PROSPECT AVE STE 100
KANSAS CITY MO 64127

RETURN AMENDMENT BY NO LATER THAN: 03/30/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	Julie.Kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUY SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Heartland Center for Behavioral Change		MB0009323	
MAILING ADDRESS			
1730 Prospect Avenue, Suite 100			
CITY, STATE, ZIP CODE			
Kansas City, Missouri 64127			
CONTACT PERSON		EMAIL ADDRESS	
Carolyn K. Ross		cross@heartlandcbc.org	
PHONE NUMBER		FAX NUMBER	
816-421-6670 ext. 1217		816-421-4701	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		3/28/2017	
PRINTED NAME		TITLE	
Carolyn K. Ross		President and CEO	

AMENDMENT #002 TO CONTRACT CS160754001

CONTRACT TITLE: Residential Facility Services

CONTRACT PERIOD: February 1, 2017 through June 30, 2018

Due to the emergent need of the Department of Corrections to secure additional male residential slots in the Western side of the state, the State of Missouri hereby desires to amend contract CS160754001 for residential facility services to increase the number of male residential slots up to 20 additional male slots from 59 male residential slots to up a maximum of 79 male residential slots.

As a result of the emergent need of additional male residential slots, the contractor is requested to identify the additional number of male residential slots Heartland Center for Behavioral Change is proposing to provide the services identified in CS160754001.

PROPOSED NUMBER OF ADDITIONAL MALE SLOTS
Additional Male Residential Slots: <u> 20 </u> (maximum of 20)

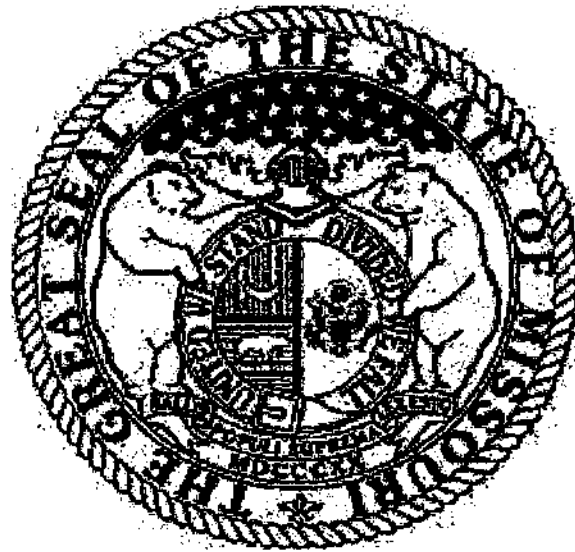
Additionally, Heartland Center for Behavioral Change is requested to identify the firm, fixed price per residential slot for the additional male residential slots and a maximum price per male residential slot for each of the renewal option years. In no event shall the firm, fixed price per residential slot for the period February 1, 2017 through June 30, 2018 exceed \$57.23. Heartland Center for Behavioral Change is cautioned that pricing shall remain the same for the renewal options unless the state agency is appropriated additional funds for this service in which case the prices shall be pursuant to the applicable renewal option clauses, paragraph 2.20.3 of the contract.

WESTERN REGION
February 1, 2017 through June 30, 2018 (Original Contract Period and the First Renewal Period)
Firm, Fixed Price Per Residential Slot: \$ <u> 57.23 </u> (Line item 2) <i>(\$57.23 maximum)</i>
RENEWAL OPTION YEARS PRICE PER RESIDENTIAL SLOT
Second Renewal Period Maximum Price Per Residential Slot: \$ <u> 61.81 </u> (Line item 2) <i>(not to exceed a 10% increase of the firm, fixed price per residential slot for the original contract period)</i>
Third Renewal Period Maximum Price Per Residential Slot: \$ <u> 62.95 </u> (Line item 2) <i>(not to exceed a 15% increase of the firm, fixed price per residential slot for the original contract period)</i>

The firm, fixed price per male residential slots for the twenty-five (25) female residential and fifty-nine (59) residential slots shall remain \$57.23 through June 30, 2018.

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

The contractor shall sign and return this document, on or before the date indicated, signifying acceptance of the amendment.



State of Missouri
OFFICE OF ADMINISTRATION

Division of Purchasing

Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

Kleffner, Julie

From: Lambert, Beth
Sent: Thursday, April 06, 2017 8:54 AM
To: Kleffner, Julie
Subject: RE: CS160754001 (Amend 002)-HCBC

I received a response, please proceed.

Thanks!

Beth Lambert, Procurement Officer II
Missouri Dept. of Corrections, Central Office
Fiscal Management Unit, Purchasing
2729 Plaza Dr., Jefferson City, MO
Phone - 573-526-6494
Fax - 573-522-1562
Beth.Lambert@doc.mo.gov

From: Kleffner, Julie
Sent: Thursday, April 06, 2017 7:24 AM
To: Lambert, Beth
Subject: RE: CS160754001 (Amend 002)-HCBC

Perfect. I just saw it on my stack to follow-up on.

Thanks

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816

From: Lambert, Beth
Sent: Thursday, April 06, 2017 7:13 AM
To: Kleffner, Julie
Subject: RE: CS160754001 (Amend 002)-HCBC

I sent an email requesting status. As soon as I receive a response I will forward it on to you.

Thanks!

Beth Lambert, Procurement Officer II
Missouri Dept. of Corrections, Central Office
Fiscal Management Unit, Purchasing
2729 Plaza Dr., Jefferson City, MO
Phone - 573-526-6494

Fax - 573-522-1562
Beth.Lambert@doc.mo.gov

From: Kleffner, Julie
Sent: Thursday, April 06, 2017 7:04 AM
To: Lambert, Beth
Cc: Zuroweste, Lori
Subject: RE: CS160754001 (Amend 002)-HCBC

Any word on this yet?

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816

From: Kleffner, Julie
Sent: Wednesday, March 29, 2017 12:53 PM
To: Lambert, Beth
Subject: FW: CS160754001 (Amend 002)-HCBC

Please review and advise if acceptable to proceed.

Thank you

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816

From: Merlene Wilson [<mailto:mwilson@heartlandcbc.org>]
Sent: Wednesday, March 29, 2017 10:09 AM
To: Kleffner, Julie
Subject: CS160754001 (Amend 002)-HCBC

Morning Ms. Kleffner, attached is the signed amendment from HCBC. Please let me know if you need anything further. Have a great day.


Merlene Wilson, Executive Assistant
Heartland Center for Behavioral Change
Phone: 816-421-8670 Ext. 1219
Fax: 816-421-4701
www.heartlandcenterforchange.org



The contents of this email and any attachments are confidential. It is intended for the named recipient (s) only. If you have received this email in error, please notify the system manager or the sender immediately and do not disclose the contents to anyone or make copies.

MEMORANDUM

Office of Administration
Division of Purchasing and Materials Management

TO: Cindy Stafford
THROUGH: Laura Ortmeyer
FROM: Julie Kleffner 
DATE: March 1, 2017
RE: Amendment to CS160754001

The Department of Corrections (state agency) has requested contract CS160754001 for Residential Facility Services be amended to include residential facility services for approximately 20 additional male offenders in the Kansas City, Missouri area. Refer to the attached memo from Julie Kempker dated February 28, 2017.

Currently, contract CS160754001 for residential facility services for twenty-five (25) female residential and fifty-nine (59) male residential slots in the western region for the Department of Corrections exists with Heartland Center for Behavioral Change (formerly Kansas City Community Center) located in Kansas City, Missouri. The requested amendment increases the number of slots of residential services provided. No other changes are being made to the contract.

Heartland Center for Behavioral Change has historically been the only vendor proposing to provide Residential Facility Services for the Department of Corrections for the Kansas City Area. Heartland Center for Behavioral Change has been the sole vendor that has proposed such services during past ~~five~~ procurements.

1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*" Since the intent of the contract does not change with the amendment, I am proceeding with the amendment to the contract as requested by the state agency."

Eric R. Greitens
Governor



Ellis McSwain Jr.
Chairman

Anne L. Precythe
Director

3400 Knipp Drive
Jefferson City, MO 65109
Telephone: 573-751-8488
Fax: 573-751-8501

State of Missouri
DEPARTMENT OF CORRECTIONS
Board of Probation and Parole
Ad Excelleum Conamur – "We Strive Towards Excellence"

MEMORANDUM

DATE: February 28, 2017

TO: Gary Stoll, Purchasing Manager

FROM: Julie Kempker, Chief State Supervisor

cc: *Peg McClure, and Lori Zuroweste*

SUBJECT: Additional Male RF Beds

Probation and Parole has an emergent need to secure additional male beds on the Western side of the state. Heartland Center for Behavioral Change (HCBC) currently has the contract for this region and has been successfully providing residential services for Probation and Parole for many years.

Historically, there has been no competition to provide residential services in this region. Therefore, Heartland Center for Behavioral Change would be considered a single feasible source.

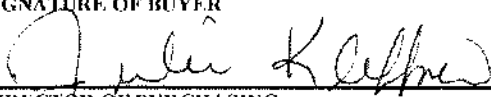

Probation and Parole is requesting to amend the current contract with HCBC to include up to 20 additional male beds.

Thank you.



NOTICE OF CONTRACT RENEWAL

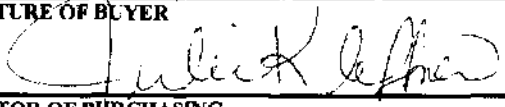

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

CONTRACT NUMBER CS160754001	CONTRACT TITLE Residential Facility Services
AMENDMENT NUMBER Amendment #001	CONTRACT PERIOD July 1, 2017 through June 30, 2018
REQUISITION/REQUEST NUMBER NR 931 YYY17708260	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 4312627650 1/MB00093923
CONTRACTOR NAME AND ADDRESS HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT AVE STE 100 KANSAS CITY MO 64127	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole PO Box 236 Jefferson City MO 65102
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The State of Missouri hereby exercises its option to renew the contract. All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto. SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: julie.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 2-14-17
DIRECTOR OF PURCHASING  Karen S. Boeger	



NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

SOLICITATION NUMBER RFPS30034901600754	CONTRACT TITLE Residential Facility Services
CONTRACT NUMBER CS160754001	CONTRACT PERIOD February 1, 2017 through June 30, 2017
REQUISITION/REQUEST NUMBER NR 931 YYY16708273	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 43126276501/MB00093923
CONTRACTOR NAME AND ADDRESS HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT SUITE 100 KANSAS CITY MO 64127	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by Heartland Center for Behavioral Changes in response to Solicitation/Opportunity (OPP) No. RFPS30034901600754 is accepted in its entirety for twenty-five (25) female residential and fifty-nine (59) male residential slots in the western region.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 12-15-16
DIRECTOR OF PURCHASING  Karen S. Boeger	



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR BEST AND FINAL OFFER (BAFO)
FOR REQUEST FOR PROPOSAL (RFP)**

BAFO REQUEST NO.: 003
RFP NO.: RFPS30034901600754
TITLE: Residential Facility Services - Statewide
ISSUE DATE: 09/29/16

REQ NO.: NR 931 YYY16708273
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/04/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

	(U.S. Mail)		(Courier Service)
RETURN BAFO RESPONSE TO:	PURCHASING	or	PURCHASING
	PO BOX 809		301 WEST HIGH STREET, RM 630
	JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

**Missouri Department of Corrections
Division of Probation and Parole
Post Office Box 236
Jefferson City MO 65102**

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME Heartland Center for Behavioral Change	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Heartland Center for Behavioral Change
MAILING ADDRESS 1730 Prospect Avenue, Suite 100	IRS FORM 1099 MAILING ADDRESS 1730 Prospect Avenue, Suite 100
CITY, STATE, ZIP CODE Kansas City, MO 64127	CITY, STATE, ZIP CODE Kansas City, MO 64127

CONTACT PERSON Myrna Trickey	EMAIL ADDRESS mtrickey@heartlandcbc.org
PHONE NUMBER 816-421-6670 x1217	FAX NUMBER 816-421-4701
TAXPAYER ID NUMBER (TIN) 43-1262765	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN
VENDOR NUMBER (IF KNOWN) 	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE 	DATE 9/28/16
PRINTED NAME Myrna Trickey	TITLE President/CEO

Jeremiah W. (Jay) Nixon
Governor



Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TDD: (800) 735-2966 Voice: (800) 735-2466
<http://oa.mo.gov/purchasing>

Karen S. Boeger
Director

September 28, 2016

Myrna Trickey
Heartland Center for Behavioral Change
1730 Prospect Avenue, Suite 100
Kansas City MO 64127

VIA E-MAIL: mtrickey@heartlandcbc.org

Dear Ms. Trickey:

In accordance with paragraph 3.2 of RFPS30034901600754- (*Residential Facility Services*), this letter shall constitute a third official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP. The cover page of the attached RFP is the Best and Final Offer #003 form. This BAFO #003 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #003 form cover page confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments and BAFOs.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #003 form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" **BY 5:00 p.m. Central Time on October 4, 2016** to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101-1517

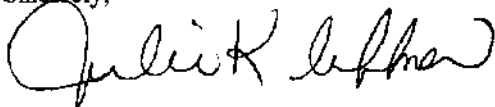
The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901600754 on the lower left corner. Please include the original plus four (4) copies (for a total of five (5) documents) of your response. Faxed or e-mailed responses are not acceptable.

Myrna Trickey
September 28, 2016
Page 2

You are reminded that pursuant to section 610.021, RSMo, proposal documents *including any best and final offer documents* are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. *Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.*

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in black ink that reads "Julie Kleffner". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Julie Kleffner

c: Evaluation Team
RFPS30034901600754

Attachment: RFP including BAFO Form



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 DIVISION OF PURCHASING (PURCHASING)
 REQUEST FOR BEST AND FINAL OFFER (BAFO)
 FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 002
 RFP NO.: RFPS30034901600754
 TITLE: Residential Facility Services - Statewide
 ISSUE DATE: 8/4/16

REQ NO.: NR 931 YYY16708273
 BUYER: Julie Kleffner
 PHONE NO.: (573) 751-7656
 E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 8/11/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Scaled BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809 or (Courier Service) PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
 Division of Probation and Parole
 Post Office Box 236
 Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME Heartland Center for Behavioral Change	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Heartland Center for Behavioral Change
MAILING ADDRESS 1730 Prospect Avenue, Suite 100	IRS FORM 1099 MAILING ADDRESS 1730 Prospect Avenue, Suite 100
CITY, STATE, ZIP CODE Kansas City, MO 64127	CITY, STATE, ZIP CODE Kansas City, MO 64127

CONTACT PERSON Myrna Trickey	EMAIL ADDRESS mtrickey@heartlandcbc.org
PHONE NUMBER 816-421-6670 x1217	FAX NUMBER 816-421-4701
TAXPAYER ID NUMBER (TIN) 43-1262765	TAXPAYER ID (TIN) TYPE (CHECK ONE) __ FFIN __ SSN
VENDOR NUMBER (IF KNOWN) 43-1262765	

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)
 Corporation Individual State/Local Government Partnership Sole Proprietor IRS Tax-Exempt

AUTHORIZED SIGNATURE 	DATE 8/4/2016
PRINTED NAME Myrna Trickey	TITLE President/CEO

BEST AND FINAL OFFER (BAFO) #002 to RFPS30034901600754

TITLE: Residential Facility Services - Statewide

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

The following paragraphs in RFPS30034901600754 have changes:

2.10.5 and its subparagraphs

Jeremiah W. (Jay) Nixon
Governor



Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TDD: (800) 735-2966 Voice: (800) 735-2466
<http://oa.mo.gov/purchasing>

Karen S. Boeger
Director

August 4, 2016

Myrna Trickey
Heartland Center for Behavioral Change
1730 Prospect Avenue, Suite 100
Kansas City MO 64127

VIA E-MAIL: mtrickey@heartlandcbc.org

Dear Ms. Trickey

In accordance with paragraph 3.2 of RFPS30034901600754- (*Residential Facility Services*), this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP, including revisions to the RFP as a result of this request for negotiations. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form cover page confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments and BAFOs and by this request for a BAFO.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" **BY 5:00 p.m. Central Time on August 11, 2016** to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101-1517

Myrna Trickey
August 4, 2016
Page 2

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901600754 on the lower left corner. Please include the original plus four (4) copies (for a total of five (5) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,



Julie Kleffner

c: Evaluation Team
RFPS30034901600754

Attachment: RFP including BAFO Form



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR BEST AND FINAL OFFER (BAFO)
FOR REQUEST FOR PROPOSAL (RFP)**

BAFO REQUEST NO.: 001
RFP NO.: RFPS30034901600754
TITLE: Residential Facility Services - Statewide
ISSUE DATE: 07/15/16

REQ NO.: NR 931 YYY16708273
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 07/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) **PURCHASING** or (Courier Service) **PURCHASING**
PO BOX 809 301 WEST HIGH STREET, RM 630
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

**Missouri Department of Corrections
Division of Probation and Parole
Post Office Box 236
Jefferson City MO 65102**

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME Heartland Center for Behavioral Change		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Heartland Center for Behavioral Change	
MAILING ADDRESS 1730 Prospect Avenue, Suite 100		IRS FORM 1099 MAILING ADDRESS 1730 Prospect Avenue, Suite 100	
CITY, STATE, ZIP CODE Kansas City, Missouri 64127		CITY, STATE, ZIP CODE Kansas City, Missouri 64127	
CONTACT PERSON Myrna Trickey		EMAIL ADDRESS mtrickey@heartlandcbc.org	
PHONE NUMBER 816-421-6670 x1217		FAX NUMBER 816-421-4701	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) ___ FEIN ___ SSN		VENDOR NUMBER (IF KNOWN)
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation ___ Individual ___ State/Local Government ___ Partnership ___ Sole Proprietor ___ IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE 7/22/16	
PRINTED NAME Myrna Trickey		TITLE President/CEO	

BEST AND FINAL OFFER (BAFO) #001 to RFPS30034901600754

TITLE: Residential Facility Services - Statewide

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

The following paragraph and exhibit in RFPS30034901600754 have changes:

3.6.6

Exhibit J

2. WESTERN REGION

ORIGINAL CONTRACT PERIOD PRICE PER RESIDENTIAL SLOT

Firm, Fixed Price Per Residential Slot: \$ 57.23 _____ (Line item 2)

RENEWAL OPTION YEARS PRICE PER RESIDENTIAL SLOT

First Renewal Period

Maximum Price Per Residential Slot: \$57.23 _____ (Line item 2)
(not to exceed 5% of the firm, fixed price per residential slot for the original contract period)

Second Renewal Period

Maximum Price Per Residential Slot: \$58.66 _____ (Line item 2)
(not to exceed 10% of the firm, fixed price per residential slot for the original contract period)

Third Renewal Period

Maximum Price Per Residential Slot: \$60.09 _____ (Line item 2)
(not to exceed 15% of the firm, fixed price per residential slot for the original contract period)

PROPOSED NUMBER OF SLOTS

MALE RESIDENTIAL SLOTS: If proposing male residential slots, the vendor shall complete the following:

The prices quoted shall be applicable to a minimum of 54 *(must not quote less than 10)* male residential slots through a maximum of 59 *(must not quote more than 60)* male residential slots.

FEMALE RESIDENTIAL SLOTS: If proposing female residential slots, the vendor shall complete the following:

The prices quoted shall be applicable to a minimum of 25 *(must not quote less than 10)* female residential slots through a maximum of 25 *(must not quote more than 25)* female residential slots.

EXHIBIT J**BUDGET/PRICE ANALYSIS**

The vendor should complete the following table in sufficient detail for information regarding the services proposed. Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

	Eastern Region	<input checked="" type="checkbox"/> Western Region	Statewide Region
Budget Categories	Expense		Total
Professional Personnel			
Salaries		\$630,789	
Payroll Taxes, Insurance and Benefits		153,968	
Total Professional Personnel			\$784,757
Support Personnel			
Maintenance and custodial staff <i>(Share of maintenance/custodial department staff)</i>		114,443	
Total Support Personnel			114,443
Travel Expenses			
Re-Entry and MCA conference travel		2,400	
Total Travel Expenses			2,400
Materials and Supplies			
Program Materials		10,476	
Client Supplies <i>(Recreational supplies, indigent kits, urinalysis supplies)</i>		12,779	
Office supplies <i>(pens, paper, folders, clipboards, etc.)</i>		4,800	
Household supplies <i>(Laundry, cleaning, bathroom supplies, bedding)</i>		36,988	
Total Materials and Supplies			65,043
Other Components/Overhead			
Service Contracts <i>(Copy machines, SecurManage)</i>		11,100	
Communications <i>(Telephone, internet, DVR)</i>		11,415	
Physical Plant Expense <i>(P & I, parking lease, amortization, LHM)</i>		122,691	
Maintenance and Repairs <i>(Building and equipment maintenance)</i>		28,650	
Equipment <i>(Office and program equipment; client bunks, footlockers)</i>		35,553	
Utilities		50,148	
Food Service Contract <i>(Aramark)</i>		211,900	
Professional Fees		4,804	
Staff Training		2,400	
Professional services <i>(Legal, audit)</i>		38,924	
Liability and professional insurance		24,911	
Administrative overhead <i>(Share of corporate administration, human resources, information technology, financial management, public relations, quality improvement, accreditation, training)</i>		141,227	
Total Other Components/Overhead			683,723
GRAND TOTAL			\$ 1,650,366
Firm, Fixed Price Per Residential Slot (equals price on Pricing Page)			\$ 57.23

EXHIBIT J continued
BUDGET/PRICE ANALYSIS

Paragraph Inserted by BAFO 001	
4.1.2 The vendor should provide a separate, detailed justification for each item, listed in the preceding budget in the table below or any other format.	
Budget Categories	Detailed Justification
Professional Personnel (list by classification and name if known)	
Salaries – 21 FTE (See Exhibit I) Mona Talley, Program Manager Marque Lipscomb, Chief of Security Cynthia Jones, Case Manager Melissa Maza, Case Manager Vacant, Case Manager Terri Roberts, Shift Supervisor Albert Boyd, Shift Supervisor Marlin Gibson, Shift Supervisor Vacant, Assistant Shift Supervisor Vacant, Assistant Shift Supervisor Veronica Hicks, Security Officer Andrew Allen, Security Officer Peter Nien, Security Officer Robert Kirk, Security Officer Nick Spencer, Security Officer Curtis Moore, Security Officer Charles Lyles, Security Officer (0.50) Vacant, Security Officer (0.50) Vacant, Security Officer Vacant, Security Officer Vacant, Security Officer Sue Turner, Financial Coordinator	This staff is necessary to deliver the services required by the R/P to serve 54-59 male and 25 female offenders. A total of 21 staff is necessary to provide the services required: <ul style="list-style-type: none"> • 3 security staff will be on-site 24/7. This requires 5 FTE for each post or the equivalent of 15 security staff (1 supervisory and 2 officer posts) • 3 case managers are necessary to meet the requirements of 1 case manager per 30 residents • 1 Financial Coordinator is required to monitor and collect resident savings. The cost of personnel totals \$630,789. The annual cost of taxes and benefits is \$153,968 and includes: <ul style="list-style-type: none"> • Health insurance: HCBC pays \$522.28/ month for each employee enrolled in health insurance. We have estimated 11 employees participating at an annual cost of \$68,941 • 401K- HCBC matches participant contributions of up to 5% of employee wages. It is estimated that \$10,723 will be paid by HCBC. • Worker's Comp insurance is estimated in FY 17 to be \$14,396 • We pay unemployment tax of 1.85% of up to \$14,000 of each employee's salary and it is estimated at \$11,653 • FICA of 7.65% of wages is estimated to cost \$48,255.
Support Personnel	
Maintenance and custodial staff (list by classification and name, if known) <i>(Prorated share of salaries, benefits and taxes of 10.5 maintenance, custodial, and laundry department staff)</i> Tim Wyrick Maintenance Mgr. Rocio Lopez Adm. Asst. Ed Tanner Locksmith Clifton Brown Maintenance Worker Carl Griswold Maintenance Worker Alonzo Johnson Maintenance Worker Kevin Edgar Maintenance Worker Ed Bailey Custodial Supervisor Larry Wagner Custodian Charles Goodman Custodian Herman Tyler Custodian	The health and safety of staff and consumers is supported by an environment that is well maintained and is required by the RFP. A Maintenance Department supports HCBC facilities at 1730 Prospect and 1514- 1534 Campbell. HCBC custodial staff also perform work at 1514-1534 Campbell. The department consists of 10.5 staff. The annual salary of these staff totals \$330,059 and the total of taxes, insurance, and benefits is approximately \$79,214. Reflected on Exhibit J is the prorated share of the maintenance and custodial staff attributed to the CTU.
Travel Expenses (list)	
Conference Travel	We have estimated that two (2) staff will travel to the Re-Entry and MCA conferences in FY 17. The cost of mileage, hotel, and meals is estimated at \$2,400. Attending professional conferences supports the professional development of staff and improves communication and collaborative efforts with our stakeholders.

Materials and Supplies (USD)	
Program Materials	<p>Program materials include current and projected costs of the added population and include:</p> <ul style="list-style-type: none"> • Bus passes \$1,800 • Newspaper subscription 720 • Time Warner Cable 1,476 • Cable license 1,012 • Pre-Employment lab equipment and materials 3,600 • Resident handbook and related materials 1,868 <li style="text-align: right;">\$ 10,476
Client Supplies	<p>The cost of client supplies consists of the following supplies:</p> <ul style="list-style-type: none"> • Urinalysis supplies \$8,500 • Recreational supplies 2,279 • Health care kits (indigent) <u>2,000</u> <li style="text-align: right;">\$12,779
Office supplies (pens, paper, folders, clipboards, etc.)	<p>Office supplies is the cost of copy paper, writing tablets, pens, pencils, staplers, hole punches, clipboards, folders, etc. used by the 21 CTU and support staff. We have adjusted this budgeted item to \$4,800.</p>
Household supplies (Laundry, cleaning, bathroom supplies, bedding)	<p>Household supplies are the supplies used to support the residential housing of the offenders. Included in this category is laundry supplies, cleaning and janitorial supplies, maintenance supplies, and linens and beddings for 85 offenders.</p> <ul style="list-style-type: none"> • Laundry detergent, hand soap, hand towels, Kleenex, toilet tissue, Tampax, paper towels, hand-soap, floor cleaner \$17,500 • Bed pillows, bath towels, sheets, linens 7,488 • Shower curtains, bathroom mats, floor stripper and cleaner, blinds, light bulbs, disposable gloves, trashcan liners, etc. <u>12,000</u> <li style="text-align: right;">\$36,988
Other Components/Overhead (list)	
Service Contracts	<p>We have service contracts for 2 copy machines for the CTU. We also pay a monthly fee for our secure manage electronic record. Pest control services are provided monthly as is service to clean the grease trap. The cost of these contracts in FY 17 is estimated to be \$11,100.</p>
Communications	<p>All staff have access to telephone and intranet service at an annual cost estimated at \$11,415.</p>
Physical Plant Expense	<p>Physical plant expense consists of:</p> <ul style="list-style-type: none"> • Interest expense (proration) \$12,795 • Parking Lot Lease (additional parking for consumers-prorated) 12,000 • Depreciation/amortization of improvements 89,575 • Renovation of dormitory and bathroom for new population estimated at \$41,605 depreciated over five years <u>8,321</u> <li style="text-align: right;">\$122,691
Maintenance and Repairs	<p>The CTU facility is a 100 + year old building that requires maintenance of the structure and equipment. Our cost estimate is based on last year's cost and the costs associated with the added population. Examples of maintenance and repair costs that we incur are repairs to food service equipment and coolers, air conditioners, boiler, HVAC system, plumbing, security cameras, electrical and fire alarm system, etc. The costs include the costs of replacement equipment and supplies and the labor costs of contractors when we are not able to repair the equipment through our maintenance department. We have budgeted the total cost of maintenance and repairs at \$28,650.</p>
Equipment	<p>We will need to purchase furniture and equipment for the added population and staff. We have estimated the following:</p> <ul style="list-style-type: none"> • Desk, chair, bookcase, and file cabinet (case manager) \$ 1,500 • Computer and telephone (case manager) 1,000 • 16 additional double bunks @ \$585 each 9,360 • 32 additional wardrobes @ \$325 each 10,400 • 32 additional footlockers @ \$99 each 3,168 • Television for female dormitory @ \$1200 each 1,200

	<ul style="list-style-type: none"> • Resident furniture- female dormitory 3,600 • Washer and drier (3) male dormitory 3,000 • Replacement equipment <u>2,325</u> <p style="text-align: right;">\$35,553</p>
Utilities	<p>This expense category is the cost of water, gas, electric and trash removal:</p> <ul style="list-style-type: none"> • Water \$18,832 • Gas 3,961 • Electric 25,460 • Trash removal <u>1,895</u> <p style="text-align: right;">\$50,148</p>
Food Service Contract	<p>HCBC contracts with Aramark to provide food services for the resident population. We estimate our daily contract cost with Aramark will be \$6.83/ person in FY 17 and have adjusted our expenses to total of \$211,900.</p>
Professional Fees	<p>This represents the estimate for sign language assistance.</p>
Staff Training	<p>HCBC allows staff members to attend job-related training and to continue their professional development up to \$150 per person/year. This budgeted amount will allow 16 staff to attend outside training during the year.</p>
Professional services	<p>We have budgeted \$38,924 for professional services. This is the prorated share of our annual cost for a financial audit, legal fees, and recruitment costs that include Occupational Health for drug testing new employees and Validity Screening for background checks. It also includes the cost of an ACA accreditation audit which is planned in FY 17.</p>
Liability and professional insurance	<p>We must carry commercial property, general liability, directors and officers, professional liability, executive protection and umbrella coverage to adequately protect the organization against risks. We have adjusted the prorated cost of this item in the budget to \$24,911.</p>
<p>Administrative overhead Helen Hurley, Vice President (0.50) Debra Monday, ACA Accreditation/training (0.50) Share of Administrative staff: Myma Ticokey, CEO Merlene Wilson, Exec. Secretary Anne Jetter, CFO Jane McQueeny, HR Director Rasheedah Myers, HR Coordinator Debbie Babcock, HR Asst. Steve Johnson, Payroll Mike White, Accts. Payable Diana Tacy, Accounts Receivable Larry Skahan, IT Manager Don Correu, IT Support Ron Griffin, Corporate Compliance Mary Beth Johnson, Training Coordinator Steve Deets, Accreditation and Standards Vicki Boyd, Practice Improvement</p>	<p>Administrative overhead includes the cost of Helen Hurley, Vice President (0.50) and Debra Monday, Accreditation and Training Officer (0.50). It also includes a share of the personnel costs of HCBC administrative support: Administration, financial management, human resources, technology services, compliance, training and accreditation. A portion of these personnel costs have been included as administrative overhead.</p>



Jeremiah W. (Jay) Nixon
Governor

Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 FAX: (573) 526-9815
TTD: 800-735-2966 Voice: 800-735-2466
<http://oa.mo.gov/purchasing>

Karen S. Boeger
Director

July 15, 2016

Myrna Trickey
Heartland Center for Behavioral Change
1730 Prospect Avenue, Suite 100
Kansas City MO 64127

VIA E-MAIL:

Dear Ms. Trickey

In accordance with paragraph 3.2 of RFPS30034901600754- (*Residential Facility Services*), this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP, including revisions to the RFP as a result of the Best and Final Offer (BAFO). It includes a Best and Final Offer (BAFO) Form as the cover page which must be completed, signed by an authorized representative of your organization, and returned with your detailed BAFO response.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO Form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted. Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON July 25, 2016 to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901600754 on the lower left corner. Please include the original plus four (4) copies (for a total of five (5) documents) of your response. Faxed or e-mailed responses are not acceptable.


You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone

Myrna Trickey
July 15, 2016
Page 2

else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,



Julie Kleffner

c: Evaluation Team
RFPS30034901600754

Attachments: RFP including BAFO Form



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600754
TITLE: Residential Facility Services - Statewide
ISSUE DATE: 05/26/16

REQ NO.: NR 931 YYY16708273
BUYER: 573-751-7656
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: June 16, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.com) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)
PURCHASING
PO BOX 809
JEFFERSON CITY MO 65102-0809

or

(Courier Service)
PURCHASING
301 WEST HIGH STREET, ROOM 630
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Division of Probation and Parole
Post Office Box 236
Jefferson City MO 65102

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Heartland Center for Behavioral Change	Heartland Center for Behavioral Change
MAILING ADDRESS	
1730 Prospect Avenue, Suite 100	
CITY, STATE, ZIP CODE	
Kansas City, Missouri 64127	

CONTACT PERSON	EMAIL ADDRESS
Myrna Trickey	mtrickey@heartlandcbc.org
PHONE NUMBER	FAX NUMBER
816-421-6670 x1217	816-421-4701
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	6/15/16
PRINTED NAME	TITLE
Myrna Trickey	President/CEO



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFP30034901600754
TITLE: Residential Facility Services - Statewide
ISSUE DATE: 05/06/16

REQ NO.: NR 931 YYY16708273
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: June 16, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuys.mo.gov)
BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

	(U.S. Mail)	or	(Courier Service)
RETURN PROPOSAL TO:	PURCHASING		PURCHASING
	PO BOX 809		301 WEST HIGH STREET, RM 630
	JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Division of Probation and Parole
Post Office Box 236
Jefferson City MO 65102

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Heartland Center for Behavioral Change		Heartland Center for Behavioral Change	
MAILING ADDRESS			
1730 Prospect Avenue, Suite 100			
CITY, STATE, ZIP CODE			
Kansas City, Missouri 64127			
CONTACT PERSON		EMAIL ADDRESS	
Myrna Trickey		mtrickey@heartlandcbc.org	
PHONE NUMBER		FAX NUMBER	
816-421-6670 x1217		816-421-4701	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		6/15/16	
PRINTED NAME		TITLE	
Myrna Trickey		President/CEO	

HEARTLAND CENTER FOR BEHAVIORAL CHANGE
RESIDENTIAL FACILITY SERVICES-STATEWIDE
SOLICITATION/OPPORTUNITY (OPP) NO. : S30034901600754

TABLE OF CONTENTS

- I. MANDATORY DOCUMENTS**
- Original
 - Addendum 1
- II. PRICING INFORMATION**
- Pricing Page
- III. EXPERIENCE & RELIABILITY AND EXPERTISE OF PERSONNEL**
- Exhibit A-Vendor Information
 - Exhibit B-Current/Prior Experience
 - Exhibit C-Expertise of Key Personnel
 - Exhibit D-Personnel Expertise Summary
 - Exhibit E-Descriptions/Qualifications of Positions
- IV. METHOD OF PERFORMANCE**
- Exhibit F-Method of Performance
 - Exhibit G-Implementation or Readiness Plan
 - Exhibit H-Individual Personnel Percentage of Work Time
 - Exhibit I-Employee Expense Charged to Contract
 - Exhibit J-Budget/Price Analysis, including a budget justification
- V. MINORITY BUSINESS ENTERPRISE/WOMEN BUSINESS ENTERPRISE PARTICIPATION/PREFERENCE FOR ORGANIZATIONS FOR THE BLIND SHELTERED WORKSHOPS/PREFERENCE FOR SERVICE-DISABLED VETERAN ENTERPRISES (SDVES)**
- VI. MISCELLANEOUS**
- Exhibit M-Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization
 - Exhibit N-Miscellaneous Information
 - Business Compliance
- VII. ATTACHMENTS**

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

RESIDENTIAL FACILITY SERVICES-STATEWIDE

SOLICITATION/OPPORTUNITY (OPP) NO.: S30034901600754

ATTACHMENTS TABLE OF CONTENTS

Tab 1	Zoning
Tab 2	Fire Marshall Inspection
Tab 3	Health Department Permit
Tab 4	Certificate of Occupancy
Tab 5	Annual Audit Report
Tab 6	ADA Compliance
Tab 7	Pictures of Environment
Tab 8	Pest Control
Tab 9	Floor Plan
Tab 10	PREA Compliance
Tab 11	PREA Audit
Tab 12	Health and Safety Handbook
Tab 13	Emergency Preparedness
Tab 14	Security Schedule
Tab 15	Offender Management/Accountability
Tab 16	CTU Handbook
Tab 17	Offender Grievance
Tab 18	Food Service Menus
Tab 19	UA Surveillance & Breathalyzer Testing
Tab 20	Medication Management
Tab 21	Organizational Charts
Tab 22	Staff Resumes
Tab 23	Training

*Refer to
BAFO #001
JK*

2. WESTERN REGION

ORIGINAL CONTRACT PERIOD PRICE PER RESIDENTIAL SLOT

Firm, Fixed Price Per Residential Slot: **\$58.50** (Line item 2)

RENEWAL OPTION YEARS PRICE PER RESIDENTIAL SLOT

First Renewal Period

Maximum Price Per Residential Slot: **\$60.26** (Line item 2)
(not to exceed 5% of the firm, fixed price per residential slot for the original contract period)

Second Renewal Period

Maximum Price Per Residential Slot: **\$61.43** (Line item 2)
(not to exceed 10% of the firm, fixed price per residential slot for the original contract period)

Third Renewal Period

Maximum Price Per Residential Slot: **\$62.89** (Line item 2)
(not to exceed 15% of the firm, fixed price per residential slot for the original contract period)

PROPOSED NUMBER OF SLOTS

THE PRICE QUOTED IS FOR 79 -84 COMBINED TOTAL SLOTS

MALE RESIDENTIAL SLOTS: If proposing male residential slots, the vendor shall complete the following:

The prices quoted shall be applicable to a minimum of 54 *(must not quote less than 10)* male residential slots through a maximum of 59 *(must not quote more than 60)* male residential slots

AND

FEMALE RESIDENTIAL SLOTS: If proposing female residential slots, the vendor shall complete the following:

The prices quoted shall be applicable to a minimum of 25 *(must not quote less than 10)* female residential slots through a maximum of 25 *(must not quote more than 25)* female residential slots.

EXHIBIT AVENDOR INFORMATION**EXPERIENCE AND RELIABILITY**

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

Heartland Center for Behavioral Change is a 501c-3 not for profit, community based agency that was established in 1982 to provide a place of refuge, stability, healing, and hope to persons suffering from substance abuse and criminal behavior. Our goal is to help each person who enters our doors to realize their full potential and rediscover their worth to themselves, their family, and their community. We provide a wide array of treatment services to offenders in both residential and outpatient service environments made possible through a variety of contracts with federal, state, and local governments. *Our outpatient treatment services are certified by the Missouri Department of Mental Health, Division of Behavioral Health and are accredited by CARF International.* At HCBC we help people rebuild their lives.

HCBC has partnered with the Missouri Department of Corrections in delivering care and services to offenders for more than thirty (30) years. Our work helping offenders to successfully transition to the community began in 1983 with a halfway contract with the Missouri Department of Corrections. Over the years, our services to offenders expanded and has included delivering substance abuse treatment services to inmates in prison, providing drug court services in communities, supervising municipal court offenders, and providing varied specialized residential services to offenders in the community. ***Today, we provide residential re-entry services to 53 male offenders through a contract with the Missouri Department of Corrections and 120 male and female offenders under a contract with the Federal Bureau of Prisons. Additionally, each day we deliver substance abuse treatment services to more than 1,000 offenders referred by the Missouri Department of Corrections and to 300 persons referred by drug courts.***

Our experience as a provider of residential re-entry services began under our first contract with the Missouri Department of Corrections in 1983. A few years we developed a program for the Missouri Department of Corrections for offenders who were struggling in the community and were "halfway back" into prison. This "Recycling Center" program diverted offenders from prison by offering them an opportunity to succeed under close supervision in the community. In 1998, we became the provider of residential services to youthful offenders through the TREND Program, a 56-bed residential program that helped youthful, drug involved felons who needed a period of structured support in the community. In 2007 we became a provider of residential re-entry services for 90 inmates under contract with the Federal Bureau of Prisons.

Our work since our early beginnings has always been about offering the highest quality services to offenders in collaboration with our correctional partners. We have an exceptional level of expertise in developing and providing innovative services for offenders. We are distinguished in providing the first privately operated in-prison therapeutic community

treatment program for the Department of Corrections in the State of Florida. In Missouri, we worked with the Missouri Department of Corrections to develop and implement Missouri's first in-prison therapeutic community at the Ozark Correctional Center. HCBC also worked with the Missouri Division of Behavioral Health in the development of All Care Services for female offenders in Kansas City. More recently, we collaborated with the judiciary in Greene County to develop their drug court program, and with the City of Independence in the development of the Independence Municipal Court programming. HCBC is also very proud to have developed therapeutic community immersion training for substance abuse and correctional professionals located throughout the State of Missouri and for the Departments of Corrections in Florida and Mississippi. Finally, we served as a cooperative partner with Corrections in the research necessary to develop an assessment instrument for offenders.

Today, we provide residential and outpatient services to offenders under a variety of contracts with criminal justice agencies. Our programs are located in the greater Kansas City metropolitan area as well as in community locations throughout the State of Missouri.

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

HCBC specializes in treating and serving criminal justice offenders. We have experience working with serious felons in maximum security prisons, persons just entering prison, offenders nearing release, male offenders, female offenders, sex offenders, violent offenders and property offenders. Our experience includes work with youthful, first time offenders on pre-trial status, dealing with offenders with shoplifting and domestic violence problems, and providing probation supervision for municipal and associate circuit courts. We have a long history helping offender re-enter our communities; helping offenders with substance abuse problems; and working in partnership with courts as a provider of drug court services. Each day, we reach more than 1,000 offenders.

HCBC knows and appreciates that offenders present a public risk in the community. Our services to criminal justice clients and in particular, to those who are supervised in our residential settings, are performed with the highest level of communication and partnership with the Department of Corrections. We provide appropriate levels of supervision and monitoring for assigned offenders including a speedy and appropriate response to offenders who violate any condition of supervision. We work closely with assigned officers to ensure the maximum accountability of offenders.

Our goal in working with offenders is to help each to lead a responsible, crime-free life. HCBC believes that leading a successful and productive life is within the reach of all persons, regardless of life circumstance. We know and understand that offenders face many difficulties in becoming successful members of our community. Individuals involved in the criminal justice system often have many problems that perpetuate or precipitate the criminal behavior. Often when offenders reach our doors, their life is in complete disarray. Many have little education and training, poor employment skills, and few economic resources and supports. A disproportionate number suffer with substance abuse problems or mental health issues. Family support may be absent, or family relationships are frayed and fragile. Even under such daunting circumstances and barriers, we know and believe that a new life is possible for offenders with appropriate levels of assistance and intervention.

HCBC believes that the most effective way to reduce recidivism is to provide services that treat not only the problems of today, but also address the criminal behavior that is connected

to a criminal lifestyle. Our residential programs provide structure and accountability. While helping the offenders to become employed and develop housing and savings, we also stress personal responsibility and consequences. We work with our criminal justice partners to prepare each person for success through assertive case management while protecting community safety by enforcing rules, boundaries, and consequences for actions. Our programs help offenders to find new ways of thinking, believing, and living and go beyond addressing only the presenting problem. Our residential programs deal with offender issues in the "here and now," and we link offender responsibility, accountability, and behavior to re-entry goals.

HCBC's substance abuse treatment services reach offenders suffering from substance abuse problems throughout the State of Missouri. We are the provider of substance abuse treatment for the Jackson County Court, the Greene County Court, and the Polk County Court. HCBC is the Missouri Division of Behavioral Health provider of substance abuse treatment for offenders served in the greater Kansas City Metropolitan area and Southwest Missouri Region.

HCBC services are based in the perspective that criminals operate under a faulty set of beliefs that maintain the criminal behavior. Our treatment programs interrupt this belief system through cognitive restructuring therapies. Using we help offenders to understand how their thinking has served to create an inaccurate perception of self as victim and resulted in irresponsible, egocentric behavior. Offenders learn that criminal behavior is, in part, a result of fragmented thinking patterns. We require offenders to take responsibility for their lives. We stress and reinforce the values of self-responsibility and responsibility to others. Excuses are unacceptable. Our rules are clear and consistently enforced. Logical consequences follow a lack of effort by offenders or non-compliance with expectations and rules. While we insist on a caring staff and supportive environment in each of our programs, we also insist that offenders be active in changing their circumstance. Our staff empowers each and every client to be active in programming, active in problem solving and goal-setting, and active in changing his life.

Our website address is: www.heartlandcbc.org

3. Provide a list and a short summary of information regarding the vendor's current contracts/clients.

HCBC is the current provider of residential re-entry services for the Missouri Department of Corrections in the Kansas City area. We have served in this capacity since 1983. Our organization has more than thirty (30) years' experience as a provider of residential services under contracts with: Missouri Department of Corrections, Federal Bureau of Prisons, and U.S. District Court. We also provide substance abuse and related treatment services to offenders through contracts with: Office of the State Courts Administrator (OSCA), Jackson County, Greene County, City of Independence, COMBAT, Clay, Platte, Ray Mental Health Board of Trustees, and Missouri Division of Family Services. In total, our contracts exceed \$10 million annually with services provided by a staff complement of more than 150.

The following section briefly describes our current contracts for similar services and to offenders.

COMMUNITY TRANSITION UNIT (CTU)

Since 1983 HCBC has provided residential re-entry services for offenders referred by the Missouri Department of Corrections (DOC) at our Community Transition Unit located at 1514 Campbell in Kansas City, Missouri. We are presently under contract with DOC to provide services for 53 male offenders each day. (This was successfully transitioned from female offenders to male offenders in the last fiscal year after the KCCRC program converted to a minimum security prison).

The CTU program is available to offenders returning to the Kansas City area from prison. It provides structured supervision and assistance to offenders in re-entering the community for a period of about 30-120 days. We offer case management services to help each person secure employment, acquire housing and to obtain necessary wrap-around services in the community as identified in their initial assessment and stipulations of their supervision. Progress reviews are conducted weekly.

FEDERAL RESIDENTIAL REENTRY CENTER, KANSAS CITY, MISSOURI

SINCE 2007, HCBC has served as the provider of residential re-entry services in the Kansas City area for federal offenders referred by the Bureau of Prisons (BOP) and the U.S. Probation Office. Our 120-bed residential re-entry contract assists BOP inmates transitioning back to the community from federal prison. Within forty-eight hours of admission to the HCBC RRC, each offender receives a comprehensive assessment addressing all life domains and a Re-Entry Plan. We employ a full time employment specialist and clients are expected to be employed within 15 days of arrival. Case managers assist offenders in identifying a permanent residence, accessing needed health and behavioral healthcare, and in arranging wrap around services to address life problems identified in the initial assessment. Progress reviews are conducted every two weeks.

FREE AND CLEAN CSTAR OUTPATIENT TREATMENT

HCBC has provided Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) outpatient treatment services for male offenders who have been released from Department of Corrections' Institutional Treatment Programs since 2008. The Missouri Division of Probation and Parole makes referrals to the HCBC Free and Clean Program which consists of 3-phases. The services include assessment, substance abuse education and therapy and case management. Counselors and case managers work collaboratively with probation and parole officers as a treatment team. At any one time, about 175 offenders are enrolled in the program. It is funded by the Missouri Division of Behavioral Health with oversight from the Missouri Division of Probation and Parole.

DOC OUTPATIENT PROGRAMS

HCBC's treatment services reach offenders suffering from substance abuse problems throughout the State of Missouri. Since 2006, HCBC has served as the Division of Behavioral Health certified provider of substance abuse services to offenders referred by the Missouri Department of Corrections. These services are now CSTAR services and are provided in the following counties: Jackson, Clay, Ray, Greene, Dallas, Polk, Webster, Taney, Christian, Barry, Lawrence and Stone. Jackson and Clay counties provide Levels I through IV and the remaining counties provide Levels II and III, 3-10 hours a week.

JACKSON COUNTY FELONY DRUG COURT

HCBC has been the outpatient substance abuse treatment provider for the Felony Drug Court since 2005. By employing the same veteran and qualified management team that

previously provided these services, our combined experience in drug court planning and treatment is almost fifteen (15) years. Jackson County's Drug Court was one of the first in the nation. This court served as a training court for new programs and has received national and international recognition.

HCBC offers drug court services to over 300 clients on any given day in both metropolitan Kansas City and in eastern Jackson County at sites in downtown Kansas City and Independence, Missouri. The program is usually completed in twelve (12) to eighteen (18) months and is primarily funded through the county's Community Backed Anti-Drug Tax known as COMBAT. Over 5,000 Drug Court clients have been served since its beginning.

JACKSON COUNTY MISDEMEANOR DRUG COURT

In February 2008, the drug court added a track to divert misdemeanor defendants with substance related charges from the criminal justice system. This program serves about 100 clients per year and is six (6) months in length.

JACKSON COUNTY FATHERING COURT

HCBC began offering services to the Fathering Court in 2008. This treatment court is an alternative to a jail sentence for individuals behind on child support. In collaboration with the Jackson County Prosecuting Attorney and the 16th Judicial Circuit Court, HCBC completes assessments for individuals entering the Fathering Court Diversion program and identifies treatment and case management needs. If the client needs substance abuse treatment, he or she is enrolled in a six (6) month phased program similar in design to the misdemeanor drug court model. This program is also funded by the ADA ATR III grant.

GREENE COUNTY DRUG COURT

HCBC provides substance abuse treatment services for referrals of the Greene County Drug Court. The Greene County Drug Court is a post conviction program for adults convicted of a felony that began in 2006. This court also has a track for individuals released from prison. Treatment occurs in two levels and lasts a minimum of eighteen (18) months, with decreasing requirements. Specialized groups have been developed for anger management and relapse.

GREENE COUNTY FAMILY COURT

The Greene County Family Court participants are referred for treatment when substance abuse is an issue in determining custodial rights. Participants, primarily male, attend substance treatment groups along with the adult drug court participants; however, this program also includes a curriculum called "Quenching the Father Thirst", conducted by a trained facilitator.

GREENE COUNTY DWI COURT

Recently, Greene County started a DWI Court using HCBC as the service provider for that program. This program is for repeat and persistent DUI offenders. These individuals must complete the required SATOP assessment and participation in the DUI Court program satisfies the legal requirement for treatment. Through individual and group counseling, supported by court appearances, HCBC assists clients to gain awareness of the dangers of drinking and driving, to assess their own level of abuse, and to begin the road to recovery.

CONTINUUM OF CARE

HCBC offers a full continuum of care for individuals suffering from substance abuse problems. These services are funded by the Missouri Division of Behavioral Health (DBH),

but the primary referral source is the Missouri Department of Corrections. Within this continuum is a range in intensity and focus from medically monitored inpatient detoxification (MMID) to supportive services. These services are located throughout the State of Missouri and are certified as Primary Recovery and CSTAR programs.

MEDICALLY MONITORED INPATIENT DETOXIFICATION (MMID)

HCBC opened our MMID Unit in 2012 to serve severely addicted persons who present in withdrawal. This program provides 24 hour nursing and medication assistance to ease the pain and medical complications that accompany withdrawal. Consumers are linked to outpatient services upon completion of the 3-5 day residential program and are offered medication assisted treatment to promote recovery. The program is located in Kansas City. We are the Division of Behavioral Health (DBH) certified and funded provider of such services for individuals from the greater Kansas City area.

OUTPATIENT COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION

HCBC is the Division of Behavioral Health (DBH) certified provider of CSTAR outpatient services for the State of Missouri at locations in Kansas City, Excelsior Springs, Richmond, Springfield, Cassville, Nixa, Buffalo, Aurora, Bolivar, Reed Springs, Branson, and Seymour. This is a comprehensive treatment program that uses an inter-disciplinary treatment team approach. Services include: psychological/psychiatric assessment, medication monitoring, case management, intensive day treatment, intensive outpatient, and aftercare and referral. Clients also receive assistance with employment, housing, community support, medication administration and management. We have provided outpatient services since 1982 and converted these services to a CSTAR model when we became certified in 2010.

- 4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.**

NONE

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

The Heartland Center for Behavioral Change is a 501 C-3, non-profit organization headquartered in Kansas City, Missouri. The governing body is the Board of Directors with day-to-day operations of the company under the direction of a President/CEO. The Corporate office is located at: 1730 Prospect Avenue, Suite 100, Kansas City, Missouri, 64127.

Our executive level organizational structure consists of our President/CEO, Myrna Trickey; Chief Financial Officer, Anne Jetter, and two (2) functional divisions, each headed by a Vice President. Our divisions are:

- Correctional Services: Vice President, Helen Hurley (effective July 1, 2016)
- Substance Abuse Services: Vice President, Kyle Mead

Staff and program support is provided through staff specialists located at HCBC headquarters. This includes human resources, quality assurance, training, program development, outcomes management and program administration.

EXHIBIT B

CURRENT/PRIOR EXPERIENCE

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	Missouri Department of Corrections, Division of Probation and Parole
Address of Reference Company/Client:	1330 Brush Creek Blvd., Kansas City, MO 64110
Reference Contact Person Name, Phone #, and E-mail Address:	Cicely Riley, 816-753-8320, Cicely.Riley@doc.mo.gov
Title/Name of Service/Contract	Corrections Transition Unit (CTU)
Dates of Service/Contract:	1983 – Current
If service/contract has terminated, specify reason:	NA
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Current contract is for 53 male offenders in our residential facility. Current contract value \$1,150,064.06
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 11%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Residential re-entry services for offenders referred by Missouri Department of Corrections. Services are for offenders in the Western Region of Missouri and include case management services and community based referrals to assist offenders with successful reintegration into the community. Offenders are offered services to include assistance with housing, employment, financial management, community referrals for substance use disorder treatment and mental health services as needed.
Personnel Assigned to Service/Contract (include position title):	Helen Hurley, Vice President of Corrections Services (date to be hired 7/1/16) Mona Talley, Corrections Transition Unit, Facility Director

EXHIBIT B

CURRENT/PRIOR EXPERIENCE

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	Federal Bureau of Prisons
Address of Reference Company/Client:	FBOB, Kansas City Community Corrections Office, Gateway Complex, Tower II, 400 State Ave. Suite 800, Kansas City, KS 66101
Reference Contact Person Name, Phone #, and E-mail Address:	Kris Robl, 913-551-1118, krobl@bop.gov
Title/Name of Service/Contract	Residential Reentry Center, Contract # DJB200115
Dates of Service/Contract:	October 2012 – Present
If service/contract has terminated, specify reason:	NA
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Current contract is for 120 offenders in our residential facility. Current contract value \$3,187,326.00
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 31%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Residential re-entry services for offenders referred by Federal Bureau of Prisons. Services are for offenders in the Western Region of Missouri and include residential and home confinement case management services to assist offenders with successful reintegration into the community. Services offered include assistance with housing, employment, financial management, transitional services, as well as community referrals for substance use disorder treatment and mental health services as needed.
Personnel Assigned to Service/Contract (include position title):	Helen Hurley, Vice President of Corrections Services (effective 7/1/16) Susie Edwards, Residential Reentry Center, Facility Director (effective 7/5/16)

EXHIBIT B**CURRENT/PRIOR EXPERIENCE**

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	Missouri Department of Mental Health, Division of Behavioral Health
Address of Reference Company/Client:	2600 East 12 th Street, Kansas City MO 64127
Reference Contact Person Name, Phone #, and E-mail Address:	Theresa Mueller, 816-482-5773, theresa.mueller@dmh.mo.gov
Title/Name of Service/Contract	Free and Clean
Dates of Service/Contract:	2008 – Present
If service/contract has terminated, specify reason:	NA
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Currently serving 175 males in CSTAR intensive outpatient substance use disorder treatment services. Current Annual Value \$935,504.00
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 9%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Intensive outpatient substance use disorder treatment services for males referred by Missouri Division of Probation and Parole. Services include assessment, individual and group counseling, group education, and community support. This program utilizes a multi-disciplinary approach with Missouri Probation and Parole Officers serving as active participants in the treatment team. This program serves consumers living in Jackson County, Missouri. Program goals include substance use disorder treatment and recidivism reduction utilizing Moral Reconciliation Therapy (MRT), a cognitive behavioral approach.
Personnel Assigned to Service/Contract (include position title):	Kyle Mead, Vice President of Quality Improvement Bret Leiker, Free and Clean Program Manager

EXHIBIT B**CURRENT/PRIOR EXPERIENCE**

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	Missouri Department of Mental Health, Division of Behavioral Health
Address of Reference Company/Client:	2600 East 12 th Street, Kansas City MO 64127
Reference Contact Person Name, Phone #, and E-mail Address:	Theresa Mueller, 816-482-5773, theresa.mueller@dmh.mo.gov
Title/Name of Service/Contract	Department of Corrections Outpatient Substance Use Disorder Treatment Services
Dates of Service/Contract:	2006 – Present
If service/contract has terminated, specify reason:	NA
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Currently serving over 300 consumers in CSTAR outpatient substance use disorder treatment services. Current Annual Value \$1,789,129.00
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 18%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Outpatient substance use disorder treatment services for consumers referred by Missouri Division of Probation and Parole. Services include assessment, individual and group counseling, group education, and community support. This program serves consumers living in Jackson, Clay, Ray, Greene, Dallas, Polk, Webster, Taney, Christian, Lawrence and Stone Counties of Missouri. Program goals include substance use disorder treatment.
Personnel Assigned to Service/Contract (include position title):	Kyle Mead, Vice President of Quality Improvement Margarete Qualls, Regional Administrator - Kansas City Region John Bertsch, Regional Administrator – Southwest Missouri Region

EXHIBIT B**CURRENT/PRIOR EXPERIENCE**

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	COMBAT –Jackson County
Address of Reference Company/Client:	415 East 12 th Street, 9 th Floor Kansas City MO 64106
Reference Contact Person Name, Phone #, and E-mail Address:	Stacey Daniels-Young, 816-881-3510, sdy@jackson.gov.org
Title/Name of Service/Contract	Jackson County Adult Drug Court, Misdemeanor Court, and Fathering Court
Dates of Service/Contract:	2005 - Present
If service/contract has terminated, specify reason:	NA
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Currently serving over 300 consumers in outpatient substance use disorder treatment services. Current Annual Value \$1,006,250.00
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 10%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Outpatient substance use disorder treatment services for consumers referred by the Jackson County Prosecutors Office. Services include assessment, individual and group counseling. This program serves consumers living in Jackson County, Missouri. Program goals include substance use disorder treatment and recidivism reduction utilizing Moral Reconciliation Therapy (MRT), a cognitive behavioral approach.
Personnel Assigned to Service/Contract (include position title):	Kyle Mead, Vice President of Quality Improvement Margarete Qualls, Regional Administrator - Kansas City Region Maurice Pearl, Program Manager

EXHIBIT B**CURRENT/PRIOR EXPERIENCE**

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	Office of State Court Administrators (OSCA)
Address of Reference Company/Client:	415 East 12 th Street, 9 th Floor Kansas City MO 64106
Reference Contact Person Name, Phone #, and E-mail Address:	Marilyn Gibson, 417-829-6158, Marilyn.Gibson@courts.mo.gov
Title/Name of Service/Contract	Greene County Adult Drug Court, Family Court, and DWI Court
Dates of Service/Contract:	2006 – Present
If service/contract has terminated, specify reason:	NA
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Currently serving over 100 consumers in outpatient substance use disorder treatment services. Current Annual Value \$308,000.00
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 3%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Outpatient substance use disorder treatment services for consumers referred by the Greene County Drug Court Administrator. Services include assessment, individual and group counseling. This program serves consumers living in Greene County, Missouri. Program goals include substance use disorder treatment and recidivism reduction utilizing Moral Reconciliation Therapy (MRT), a cognitive behavioral approach.
Personnel Assigned to Service/Contract (include position title):	Kyle Mead, Vice President of Quality Improvement John Bertsch, Regional Administrator – Southwest Missouri Region

EXHIBIT B

CURRENT/PRIOR EXPERIENCE

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

Vendor Name or Subcontractor Name: Heartland Center for Behavioral Change (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	Missouri Department of Mental Health, Division of Behavioral Health
Address of Reference Company/Client:	2600 East 12 th Street, Kansas City MO 64127
Reference Contact Person Name, Phone #, and E-mail Address:	Theresa Mueller, 816-482-5773, theresa.mueller@dmh.mo.gov
Title/Name of Service/Contract	Medically Monitored Inpatient Detoxification (MMID)
Dates of Service/Contract:	2012 - Present
If service/contract has terminated, specify reason:	NA
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	This is a 16 bed residential detoxification facility Current Annual Value \$1,200,000.00
Size of Service/Contract (in terms of vendor's total amount of business)	Percentage of total revenue: 12%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Inpatient medically monitored inpatient detoxification facility serving consumers in the western region of Missouri. This facility provides 24 hour a day nursing services with assessment and monitoring of withdrawal symptoms from alcohol and other drugs. There is a medical doctor serving as the medical director and a registered nurse who is accessible 24 hours a day. Advanced Practice Registered Nurse staff perform a history and physical and diagnosis of every consumer and medication assisted treatment is available to assist with relieving withdrawal symptoms and begin a process of connecting each consumer to further care upon discharge.
Personnel Assigned to Service/Contract (include position title):	Kyle Mead, Vice President of Quality Improvement Theresa Dickerson, Program Manager

EXHIBIT C

EXPERTISE OF KEY PERSONNEL

Title of Position: Residential Facility Director	
Name of Person:	Mona Talley
Educational Degree (s): include college or university, major, and dates	Progress towards a Master's Degree in Criminal Justice from the University of Central Missouri (12 hours to completion) Bachelor of Arts in Human Services/Addiction, 2006.
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Certified Criminal Justice Professional (CCJP) 2013
Specialized Training Completed.	See Tab 23, Training.
Number of years experience in area of service proposed to provide:	24 years in correction and addiction recovery services.
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Over 24 years experience with HCBC holding a variety of positions with increasing responsibility. Currently she is responsible for the direction of the unit per contractual requirements. She is responsible for a staff of
Describe this person's responsibilities over the past 12 months.	Currently Facility Director
Previous employer(s), positions, and dates	Ms. Talley has been in this position for over 24 years.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	24 years
✓ Counseling	Certified Counselor through Substance Abuse Counselor's Certification Board since 1995. Currently CCJP Certified Criminal Justice Professional
✓ Criminal Justice	24 years in correctional residential care and reentry program with correctional substance abuse counseling background
✓ Social Work	NA
✓ Other	Has served as chair of numerous companywide initiatives including the Accessibility and Cultural Competency Committee

EXHIBIT C, continuedEXPERTISE OF KEY PERSONNEL

Title of Position: Chief Financial Officer	
Name of Person:	Anne Jetter
Educational Degree (s): include college or university, major, and dates	Master of Science in Accounting, University of Missouri, Kansas City Bachelor of Science in Accounting, University of North Texas, Denton
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Certified Valuation Analyst Certified Public Accountant
Specialized Training Completed.	AICPA Certification of Educational Achievement in Business Valuation
Number of years experience in area of service proposed to provide:	More than 20 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee since February 1, 2016
Describe this person's responsibilities over the past 12 months.	Public Accounting, Accounting Management, Management Advisory and Business Valuation See Attached Resume
Previous employer(s), positions, and dates	Solo Practioner 1986 to present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	From February to present
✓ Counseling	na
✓ Criminal Justice	na
✓ Social Work	na
✓ Other	Extensive experience in the area of public accounting

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

Title of Position: Financial Coordinator	
Name of Person:	Sue Turner
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Certificate in Business Administration from Metropolitan Community College, Medical Assistant Certificate from Eastern Jackson County
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Five plus
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee since March 2011
Describe this person's responsibilities over the past 12 months.	Collect offender savings, including file management, check reconciliation, prepare billings, Administration of medical documentation, customer relations and created reports for supervisor on billing status and more
Previous employer(s), positions, and dates	American National Insurance (Administrative Assistant 2011-12) , Robinson and Associates (Clerk 2010) , Cargo Largo (Control Clerk 2005-09), Mo. Depart. Of Social Services, Koch Bag and Supply
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	From March 2011 to present
✓ Counseling	na
✓ Criminal Justice	na
✓ Social Work	na
✓ Other	

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

Title of Position: Chief of Security	
Name of Person:	Marquee Lipscomb
Educational Degree (s): include college or university, major, and dates	Expected B.A. Management of Criminal Justice from Concordia State University
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Five years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Chief of Security; started employment with HCBC in 2011 as a security officer and was promoted to shift supervisor the same year and became Chief of Security in 2013
Describe this person's responsibilities over the past 12 months.	Responsible for supervising the security aspects of this reentry program and day to day operations of security staff; including scheduling and supervision of 10 budgeted security positions
Previous employer(s), positions, and dates	With HCBC since 2011 With Volunteers of America as a Team Leader from 2007-11 and with same agency as a Case Manager from 2004-07
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Ten years in a supervisory role in a residential recovery program for offenders
✓ Counseling	
✓ Criminal Justice	Has worked as a line officer and was promoted during her tenure with HCBC in recognition of her abilities and performance.
✓ Social Work	
✓ Other	

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each case manager proposed)

Title of Position: Case Manager	
Name of Person:	Christina Jones
Educational Degree (s): include college or university, major, and dates	B. A. Social Work from Park University in 2014
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Sec Tab 23, Training.
Number of years experience in area of service proposed to provide:	3 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee with the agency as a case manager since 2014
Describe this person's responsibilities over the past 12 months.	Works with offenders reentering the community by assisting with finding employment, housing, securing available treatment and other case management related activities
Previous employer(s), positions, and dates	Worked at Synergy Safe Haven as an Intern from 2013-14. Has also worked at Metropolitan Missionary Baptist Church in the afterschool program; and at KCPL in a summer intern program
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Since 2014
✓ Counseling	
✓ Criminal Justice	Since 2014
✓ Social Work	
✓ Other	

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each case manager proposed)

Title of Position: Case Manager	
Name of Person:	Melissa Mazza
Educational Degree (s): include college or university, major, and dates	B.A. Psychology from University of Missouri, Kansas City, 2003 Masters in Psychology from Walden University, Baltimore Md.
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	See Tab 23, Training.
Number of years experience in area of service proposed to provide:	12 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee in the role of case manager from 2014 to the present
Describe this person's responsibilities over the past 12 months.	Works with offenders reentering the community by assisting with finding employment, housing, securing available treatment and other case management related activities
Previous employer(s), positions, and dates	Wyandotte, Inc. PACES worked as bilingual case manager 2010-12 State of Mo. Dept of Social Services worked as a family support specialist from 2007-10 Economic Opportunity Foundation worked as a family service advocate from 2006-06 Northwest Regional Youth Center worked as a Youth specialist from 2004-05 KU Medical Center worked as a healthcare assistant form 2001-04 Three Rivers Healthcare worked as a CAN from 1998-2000
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	In her current roles since 2014
✓ Counseling	Most of her career since 2004
✓ Criminal Justice	Various positions over course of career including current position and work at the Youth Center
✓ Social Work	Various positions over course of her career including State of Mo. Dept. of Social Services as a family support specialist

EXHIBIT C, continuedEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Terrie Roberts
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23. attached
Number of years experience in area of service proposed to provide:	Eight plus (8) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Shift Supervisor; started employment with HCBC in 2008 as Security Officer, promoted to Shift Supervisor position September 6, 2014.
Describe this person's responsibilities over the past 12 months.	Responsible for Shift Supervision of security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since March 10, 2008.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Eight plus years.
✓ Counseling	
✓ Criminal Justice	Has worked as Shift Supervisor and line officer during her tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Albert Boyd
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See tab 23, attached
Number of years experience in area of service proposed to provide:	One plus (1) year
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Shift Supervisor; started employment with HCBC in 2015 as Security Officer, promoted to Shift Supervisor position November 9, 2015.
Describe this person's responsibilities over the past 12 months.	Responsible for Shift Supervision of security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since April 10, 2015.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience.
✓ Correctional Residential Facility	One plus years.
✓ Counseling	
✓ Criminal Justice	Has worked as a Shift Supervisor and line officer during his tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continuedEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Marlin Gibson
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Sixteen plus (16) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Shift Supervisor; started employment with HCBC in 1999 as Security Officer, promoted to Shift Supervisor position June 8, 2003.
Describe this person's responsibilities over the past 12 months.	Responsible for Shift Supervision of security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since September 13, 1999.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Sixteen plus years.
✓ Counseling	
✓ Criminal Justice	Has worked as a Shift Supervisor and line officer during his tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continued**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Andrew Allen
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Sixteen (16) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in 1999.
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since October 8, 1999..
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Sixteen plus years.
✓ Counseling	
✓ Criminal Justice	Has worked as a line officer during his tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Nick Spencer
Educational Degree (s): include college or university, major, and dates	Westport High School; Diploma 1975
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	27 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in 2015
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since 2015 With Volunteers of America as a Team Leader from 2007-11 and with same agency as a Case Manager from 2004-07 Jackson County Circuit Court Process Server 1997-15 Kansas City School District 1989-97 Jackson County Department of Corrections 1979-89
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	1 year in the role of security officer in a residential recovery program for offenders
✓ Counseling	
✓ Criminal Justice	10 years as a Corrections Officer 18 years as a Process Server
✓ Social Work	
✓ Other	Has worked as a line officer

EXHIBIT C, continuedEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Veronica Hicks
Educational Degree (s): include college or university, major, and dates	None completed
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Seven (7) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in 2016.
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since January 25, 2016;
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Less than one year in the role of security officer in a residential recovery program for offenders
✓ Counseling	
✓ Criminal Justice	Has worked as a line officer during her tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Curtis Moore
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Six (6) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in 2015.
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since October 26, 2015.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Less than one year.
✓ Counseling	
✓ Criminal Justice	Has worked as a line officer during his tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continued**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Peter Nien
Educational Degree (s): include college or university, major, and dates	Working towards Associate, Criminal Justice, Penn Valley Community College
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Two (6) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in 2014.
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since April 11, 2014.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Two plus years.
✓ Counseling	
✓ Criminal Justice	Has worked as a line officer during his tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT C, continuedEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Robert Kirk
Educational Degree (s): include college or university, major, and dates	B.S. Accounting, Missouri Southern State University
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Security License in MO and KS CPR and First Aid, American Heart Association
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	3years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since 2015 G4S Security 2013-15
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	1 year in the role of security officer in a residential recovery program for offenders
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	Has worked as a line officer

EXHIBIT C, continued

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each security person proposed)

Title of Position: Security Personnel	
Name of Person:	Charles Lyles
Educational Degree (s): include college or university, major, and dates	High School 1972; B.S Biology/Minor Chemistry, 1977
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	None
Specialized Training Completed.	See Tab 23, Training
Number of years experience in area of service proposed to provide:	Six (6) years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee currently serves as Security Officer; started employment with HCBC in 2010.
Describe this person's responsibilities over the past 12 months.	Responsible for security aspects of this reentry program and day to day operations.
Previous employer(s), positions, and dates	With HCBC since April 19, 2010.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Six plus years in the role of security officer in a residential recovery program for offenders.
✓ Counseling	
✓ Criminal Justice	Has worked as a line officer during his tenure at HCBC.
✓ Social Work	
✓ Other	

EXHIBIT D

PERSONNEL EXPERTISE SUMMARY

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

All personnel are listed in Exhibit C

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

<p>Job Title: Vice President, Correctional Services</p>			
<p>Reports to (job title): Chief Executive Officer</p>			
<p>General Description:</p> <p>The Vice President, Correctional Services maximizes the performance, growth, and financial results of a Division. S/he leads and provides operational oversight to correctional programs and for the organization's maintenance/custodial operations including optimizing internal business and service processes to meet accreditation and regulatory standards and drive operational excellence. The Vice President reviews Division performance against operating plans and key performance indicators and makes operational adjustments to maximize performance. Assisted by subordinate managers, the Vice President oversees the development, implementation and evaluation of programs and initiatives for the Division. S/he selects and maintains qualified personnel, prioritizes the activities of subordinate staff in alignment with the organization's strategic plan, identifies staff training needs, recommends employee actions and communicates goals and objectives to staff. The Vice President is responsible for maintaining relationships with all external stakeholders with respect to Corrections as well as with agency administrative staff, management, and teams to build a cross-functional culture of excellence that drives and enhances quality of services and client satisfaction.</p>			
<p>Responsibilities:</p> <ul style="list-style-type: none"> - Effectively develops and motivates staff to achieve goals and makes efficient use of human resources. - Effectively drives the Division's quality assurance efforts, integrating accreditation and regulatory standards into practice. Establishes clearly defined standards and - Effectively leads and supports a culture of quality in the Division with a focus on the development of continuous improvement. 			
<p>Work Experience Requirements:</p> <ul style="list-style-type: none"> - Five (5) years relevant and successful senior level administrative management experience. <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <p><i>Physical</i></p> <p>On the job the employee must:</p> <p><input type="checkbox"/> Bend <input checked="" type="checkbox"/> Sit</p> <p><input type="checkbox"/> Squat <input type="checkbox"/> Stand</p> <p><input type="checkbox"/> Crawl <input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Climb <input type="checkbox"/> Push/pull</p> <p><input type="checkbox"/> Kneel <input checked="" type="checkbox"/> Handle objects</p> <p><input type="checkbox"/> Reach above shoulder level</p> <p><input checked="" type="checkbox"/> Use fine finger movements</p> <p><input checked="" type="checkbox"/> Must carry/lift loads of: Light (up to 25 lbs)</p> </td> <td style="vertical-align: top; width: 33%;"> <p><i>Mental</i></p> <p>On the job the employee must</p> <p><input checked="" type="checkbox"/> Read/Comprehend</p> <p><input checked="" type="checkbox"/> Write</p> <p><input checked="" type="checkbox"/> Perform calculations</p> <p><input checked="" type="checkbox"/> Communicate Orally</p> <p><input checked="" type="checkbox"/> Reason and analyze</p> <p><input type="checkbox"/> Other</p> </td> <td style="vertical-align: top; width: 33%;"> <p><i>Environmental</i></p> <p>On the job the employee:</p> <p><input type="checkbox"/> Is exposed to excessive noise</p> <p><input type="checkbox"/> Is around moving machinery</p> <p><input type="checkbox"/> Is exposed to marked changes in temp.</p> <p><input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, <u>microwave</u></p> <p><input type="checkbox"/> Works in confined quarters</p> </td> </tr> </table>	<p><i>Physical</i></p> <p>On the job the employee must:</p> <p><input type="checkbox"/> Bend <input checked="" type="checkbox"/> Sit</p> <p><input type="checkbox"/> Squat <input type="checkbox"/> Stand</p> <p><input type="checkbox"/> Crawl <input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Climb <input type="checkbox"/> Push/pull</p> <p><input type="checkbox"/> Kneel <input checked="" type="checkbox"/> Handle objects</p> <p><input type="checkbox"/> Reach above shoulder level</p> <p><input checked="" type="checkbox"/> Use fine finger movements</p> <p><input checked="" type="checkbox"/> Must carry/lift loads of: Light (up to 25 lbs)</p>	<p><i>Mental</i></p> <p>On the job the employee must</p> <p><input checked="" type="checkbox"/> Read/Comprehend</p> <p><input checked="" type="checkbox"/> Write</p> <p><input checked="" type="checkbox"/> Perform calculations</p> <p><input checked="" type="checkbox"/> Communicate Orally</p> <p><input checked="" type="checkbox"/> Reason and analyze</p> <p><input type="checkbox"/> Other</p>	<p><i>Environmental</i></p> <p>On the job the employee:</p> <p><input type="checkbox"/> Is exposed to excessive noise</p> <p><input type="checkbox"/> Is around moving machinery</p> <p><input type="checkbox"/> Is exposed to marked changes in temp.</p> <p><input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, <u>microwave</u></p> <p><input type="checkbox"/> Works in confined quarters</p>
<p><i>Physical</i></p> <p>On the job the employee must:</p> <p><input type="checkbox"/> Bend <input checked="" type="checkbox"/> Sit</p> <p><input type="checkbox"/> Squat <input type="checkbox"/> Stand</p> <p><input type="checkbox"/> Crawl <input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Climb <input type="checkbox"/> Push/pull</p> <p><input type="checkbox"/> Kneel <input checked="" type="checkbox"/> Handle objects</p> <p><input type="checkbox"/> Reach above shoulder level</p> <p><input checked="" type="checkbox"/> Use fine finger movements</p> <p><input checked="" type="checkbox"/> Must carry/lift loads of: Light (up to 25 lbs)</p>	<p><i>Mental</i></p> <p>On the job the employee must</p> <p><input checked="" type="checkbox"/> Read/Comprehend</p> <p><input checked="" type="checkbox"/> Write</p> <p><input checked="" type="checkbox"/> Perform calculations</p> <p><input checked="" type="checkbox"/> Communicate Orally</p> <p><input checked="" type="checkbox"/> Reason and analyze</p> <p><input type="checkbox"/> Other</p>	<p><i>Environmental</i></p> <p>On the job the employee:</p> <p><input type="checkbox"/> Is exposed to excessive noise</p> <p><input type="checkbox"/> Is around moving machinery</p> <p><input type="checkbox"/> Is exposed to marked changes in temp.</p> <p><input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, <u>microwave</u></p> <p><input type="checkbox"/> Works in confined quarters</p>	
<p>Education Requirements:</p> <ul style="list-style-type: none"> - A graduate of an accredited college or university with a bachelor's degree in business administration or management; or in criminal justice, sociology, psychology, counseling or a related area. (Note: Experience at an executive level in the field of Corrections may substitute on a year for year basis with the required education); AND Five (5) years relevant and successful senior level administrative management experience. 			

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

JOB DESCRIPTION

TITLE: VICE PRESIDENT
CORRECTIONAL SERVICES

POSITION NUMBER: ADMIN 05

REPORTS TO: PRESIDENT/CEO

CLASSIFICATION: EXEMPT

PHI STATUS: LEVEL 2

REVISED: 9/29/2014

GENERAL DESCRIPTION

The Vice President, Correctional Services maximizes the performance, growth, and financial results of a Division. S/he leads and provides operational oversight to correctional programs and for the organization's maintenance/custodial operations including optimizing internal business and service processes to meet accreditation and regulatory standards and drive operational excellence. The Vice President reviews Division performance against operating plans and key performance indicators and makes operational adjustments to maximize performance. Assisted by subordinate managers, the Vice President oversees the development, implementation and evaluation of programs and initiatives for the Division. S/he selects and maintains qualified personnel, prioritizes the activities of subordinate staff in alignment with the organization's strategic plan, identifies staff training needs, recommends employee actions and communicates goals and objectives to staff. The Vice President is responsible for maintaining relationships with all external stakeholders with respect to Corrections as well as with agency administrative staff, management, and teams to build a cross-functional culture of excellence that drives and enhances quality of services and client satisfaction.

ESSENTIAL RESPONSIBILITIES, SUPPORTING ACTIONS AND END RESULTS

1. **Effectively defines and drives the performance of the Division.** Directs operations within the Division to support the strategic plan and Division Key Performance Indicators. Ensures the strategic vision is communicated accurately and effectively and is implemented by subordinate staff.

End Result: The Division achieves the established KPI and applicable Corrections' performance goals.

-
2. **Effectively plans, budgets, and monitors fiscal activities, taking appropriate corrective action when necessary to achieve annual budget goals of the Division.** Monitors client census and takes appropriate action to meet census benchmarks. Uses resources efficiently and effectively and monitors expenditures to meet budgeted goals. Develops and implements strategies to conserve resources including strategies to reduce turnover and minimize overtime. Ensures cost avoidance processes are established and followed (e.g., preventive maintenance, safety program, inspections, use of bid process, etc.)

End Result: Annual net revenue goals are achieved.

- 3. Effectively develops and motivates staff to achieve goals and makes efficient use of human resources.** Promotes and communicates the strategic plan and KPIs of the Division. Establishes employee goals and objectives and directs and organizes work of subordinate staff to align with strategic direction and to maximize performance. Ensures that appropriate supports are provided to staff (competency based training, professional development, and resources) to be successful. Communicates effectively with staff including holding regular meetings with management staff; maintains minutes. Establishes priorities, monitors performance, addresses substandard work in a timely manner using the HCBC supervision plan of coaching up/out. Ensures performance reviews are completed in a timely manner.

End Result: There is an improvement in turnover and in staff satisfaction.

- 4. Effectively drives the Division's quality assurance efforts, integrating accreditation and regulatory standards into practice.** Establishes clearly defined standards and performance goals for all Division units. Integrates HCBC's policies, accreditation standards, pertinent laws, rules, and regulations of contractors into practice, ensuring compliance. Establishes and implements a system that continuously monitors and documents Division performance. Identifies performance gaps and takes appropriate remedial action.

End Result: Internal and external audits consistently reflect a high level of conformance with organizational policies, government laws and regulations, and contractual expectations. There are no repeat deficiencies are cited in any audit. Stakeholders rate services as satisfactory in annual stakeholder satisfaction survey.

- 5. Effectively leads and supports a culture of quality in the Division with a focus on the development of continuous improvement.** Establishes Division KPIs to drive high performance and a quality improvement program based upon re-entry best practices. Monitors performance of units and initiates action to continuously improve program services. Collaborates and supports organization QI initiatives and champions the integration of performance management in the Division and throughout the organization.

End Result: A culture of quality is evidenced through overall improvements in Division KPI results and increased consumer satisfaction as measured in annual satisfaction survey.

OTHER EXAMPLES OF WORK

Work may also include, but is not limited to, the additional following examples:

1. Remains alert during working hours; attends work as scheduled, and complies with attendance policies. Sets example.
2. Demonstrates personal integrity and professional demeanor in accordance with the ethics of the organization, its mission statement, policies and procedures, and accreditation standards.

3. Serves as agency representative to state, local and community organizations and other interested groups pertaining to Correctional programs. Participates in conferences, training sessions and meetings related to areas of assigned responsibility.
4. Effectively serves on work groups, committees, and boards, as applicable, both internally and externally to contribute to overall mission of the agency.
5. Projects positive image of HCBC to staff and stakeholders.
6. Prepares accurate timely reports and assignments as requested.
7. Conducts investigations, institutes special studies, and prepares and/or reviews reports and related information to evaluate policies, procedures and practices related to assigned program.
8. Identifies opportunities to expand business through participation in pre-bid conferences, meetings, and contacts with agencies. Responds to grants and requests for proposals in a timely and effective manner.
9. Maintains close contact with the President and keeps her informed of major activities on a regular basis. Assists President in special projects as assigned.
10. Works effectively as a member of the agency administrative team. Coordinates efforts with other members of the agency administrative team toward agency goals.

EXAMPLES OF KNOWLEDGE, SKILLS AND ABILITIES

Thorough knowledge of practices applicable to correctional populations

Thorough knowledge of applicable laws, regulations, standards and certification requirements pertaining to the operation of programs and services for offender populations

Considerable knowledge of managerial techniques and administrative practices

Knowledge of budgeting

Ability to review, analyze, and interpret federal and state laws, rules, regulations, policies and procedures

Ability to develop, implement and administer assigned services to achieve positive consumer or program outcomes

Ability to establish and maintain positive working relationships with agency officials, staff associates, and state and local officials

Ability to analyze and evaluate operations, formulate and implement appropriate procedures.

Ability to provide leadership and supervision to professional and non-professional staff

Ability to develop short and long-range plans that meet established objectives and contribute to the overall goals and mission of the agency

Ability to maintain confidentiality

Ability to work flexibly and with a variety of people

Ability to travel to achieve requirements of position

REQUIREMENTS OF THE JOB

Physical

On the job the employee must:

- Bend
- Sit
- Squat
- Stand
- Crawl
- Walk
- Climb
- Push/pull
- Kneel
- Handle objects
- Reach above shoulder level
- Use fine finger movements

Mental

On the job the employee must

- Read/Comprehend
- Write
- Perform calculations
- Communicate Orally
- Reason and analyze
- Other

Environmental

On the job the employee:

- Is exposed to excessive noise
- Is around moving machinery
- Is exposed to marked changes in temp.
- Is exposed to dust, fumes, gases, radiation, microwave
- Works in confined quarters

Must carry/lift loads of:

- Light (up to 25 lbs)
- Moderate (25-50 lbs)
- Heavy (over 50 lbs)

EXPERIENCE AND EDUCATION QUALIFICATIONS

The following education and experience qualifications are the minimum requirement used to admit or reject applicants for consideration.

1. A graduate of an accredited college or university with a bachelor's degree in business administration or management; or in criminal justice, sociology, psychology, counseling or a related area. (Note: Experience at an executive level in the field of Corrections may substitute on a year for year basis with the required education); AND
2. Five (5) years relevant and successful senior level administrative management experience.

NECESSARY QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal corrections department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Employee Signature: _____

Date: _____

HISTORY

Original: 12/26/2012
Revised: 09/29/2014

EXHIBIT EDESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Job Title: Program Manager

Reports to (job title): Vice President

General Description:

This is a responsible, professional position involving the management of a Federal Residential Program. The Program Manager is responsible for the planning, coordination and direction a program for Federal offenders in policies and procedures and the requirements of any contractors. Work includes assigning, directing and evaluating the work of supervisors; planning and implementing new programs, therapies or activities; and evaluating the program's effectiveness, and its compliance with the contract requirements. Supervision is exercised over subordinate staff. The Program Manager exercises considerable initiative and judgment in planning and carrying out assignments; receives general administrative direction from an administrative superior.

Responsibilities:

Work may include, but is not limited to, the following examples:

1. Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
2. Directs and manages the assigned program ensuring compliance with agency policy, contractual obligation and regulatory requirements. Federal Bureau of Prisons' Community Corrections Policy and Procedure Manual, as well as additional FBOP Statement of Work.
3. Establishes and maintains current internal operating procedures for program in compliance with Agency policies and requirements of contractors.
4. Selects, trains, supervises, and evaluates staff.
5. Ensures that staff effectively implement programs as required by policy and contracts.
6. Ensures staff is trained in accordance with requirements of contracts, inclusive of new hire orientation and annual training.
7. Ensures that staff maintains compliance with Agency Code of Conduct and Standards t established in contracts. Immediately reports violations.
8. Reviews and supervises work of subordinate staff through regular inspections, audits, and by observation and review of records, ensuring that all program requirements are achieved. Meets regularly with staff.
9. Completes/provides all required reports and correspondence in an accurate and timely manner as required by the agency and contractors.
10. Compiles information and prepares regular reports of program progress, achievements, and problems.
11. Ensures that Vice President and contractor receive timely reports of critical incidents.

12. Attends appropriate training and continuing education events.
13. Confers with public, private, and community organizations and agencies to enhance community relations program.
14. Serves as a representative of the agency, displaying courtesy, tact, consideration, and discretion in all interactions with officials, other members of the agency, with clients, and with the public.
15. Performs other related work as assigned.

Work Experience Requirements:

Comprehensive knowledge of managerial techniques and administrative practices

Comprehensive knowledge of the assigned specialty area

Working knowledge of budgeting, fiscal management, grants, and contract management

Skill in preparing complete and accurate reports

Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale

Ability to review, analyze and interpret rules, regulations, policies, and procedures as related to the assigned program

Ability to provide leadership to staff

Ability to develop short and long-range plans that meet established program objectives

Ability to develop, implement and manage programs and services to achieve positive program outcomes

Ability to establish and maintain effective working relationships with contracting officials, staff associates, the general public, and others

Ability to analyze and evaluate operations and take corrective action when necessary; to develop short and long range plans that meet established objectives and contribute to the overall goals and mission of the agency

Ability to communicate effectively

Ability to maintain confidentiality

Education Requirements:

The successful candidate must possess:

1. A bachelor's degree from an accredited college or university in a social or behavioral science program, (e.g., social work, psychology, sociology or a related discipline); AND
2. Have four (4) or more years of successful experience in a related field; AND
3. A minimum of two (2) years' successful experience as a supervisor is preferred

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

JOB DESCRIPTION

TITLE: PROGRAM MANAGER **POSITION NUMBER:** _____
CORRECTIONAL TRANSITIONAL UNIT (CTU)

REPORTS TO: VICE PRESIDENT **CLASSIFICATION:** EXEMPT

PHI STATUS: LEVEL 2 **REVISED:** 1/14/2013

GENERAL DESCRIPTION

This is a responsible, professional position managing a residential program. The Program Manager is responsible for the planning, coordination and direction of a program for state offenders following policies and procedures and the requirements of any contractors. Work includes assigning, directing and evaluating the work of supervisors; planning and implementing new programs, therapies or activities; and evaluating the program's effectiveness, and its compliance with the contract requirements. Supervision is exercised over subordinates. The Program Manager exercises considerable initiative and judgment in planning and carrying out assignments; receives general administrative direction from an administrative superior.

EXAMPLES OF WORK:

Work may include, but is not limited to, the following examples:

1. Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
2. Directs and manages the assigned program ensuring compliance with Agency policy, contractual accreditation and regulatory requirements.
3. Establishes and maintains current internal operating procedures for program in compliance with Agency policies and requirements of contractors.
4. Selects, trains, supervises, and evaluates staff.
5. Ensures that staff effectively implements programs as required by policy and contracts.
6. Ensures staff is trained in accordance with requirements of contracts, inclusive of new hire orientation and annual training.
7. Ensures that staff maintains compliance with the agency Code of Conduct and Standards established in contracts. Immediately reports violations.
8. Reviews and supervises work of subordinate staff through regular inspections, audits, and by observation and review of records, ensuring that all program requirements are achieved. Meets regularly with staff.

9. Completes/provides all required reports and correspondence in an accurate and timely manner as required by the agency and contractors.
10. Compiles information and prepares regular reports of program progress, achievements, and problems.
11. Ensures that Vice President and contractor receive timely reports of critical incidents.
12. Attends appropriate training and continuing education events.
13. Confers with public, private, and community organizations and agencies to enhance community relations program.
14. Serves as a representative of the agency, displaying courtesy, tact, consideration, and discretion in all interactions with officials, other members of the agency, with clients, and with the public.
15. Performs other related work as assigned.

EXAMPLES OF KNOWLEDGE, SKILLS, AND ABILITIES

Comprehensive knowledge of managerial techniques and administrative practices

Comprehensive knowledge of the assigned specialty area

Working knowledge of budgeting, fiscal management, grants, and contract management

Skill in preparing complete and accurate reports

Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale

Ability to review, analyze and interpret rules, regulations, policies, and procedures as related to the assigned program

Ability to provide leadership to staff

Ability to develop short and long-range plans that meet established program objectives

Ability to develop, implement and manage programs and services to achieve positive program outcomes

Ability to establish and maintain effective working relationships with contracting officials, staff associates, the general public, and others

Ability to analyze and evaluate operations and take corrective action when necessary; to develop short and long range plans that meet established objectives and contribute to the overall goals and mission of the agency

Ability to communicate effectively

Ability to maintain confidentiality

REQUIREMENTS OF THE JOB

<i>Physical</i>	<i>Mental</i>	<i>Environmental</i>
On the job the employee must: <input type="checkbox"/> Bend <input type="checkbox"/> Sit <input type="checkbox"/> Squat <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> Use fine finger movements <input type="checkbox"/> Reach above shoulder level <input type="checkbox"/> Other	On the job the employee must: <input checked="" type="checkbox"/> Read/Comprehend <input checked="" type="checkbox"/> Write <input checked="" type="checkbox"/> Perform Calculations <input checked="" type="checkbox"/> Communicate Orally <input checked="" type="checkbox"/> Reason and analyze <input type="checkbox"/> Other	On the job the employee must: <input type="checkbox"/> Is exposed to excessive noise <input type="checkbox"/> Is around moving machinery <input type="checkbox"/> Is exposed to mark changes in temperature and/or humidity <input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, <u>microwave</u> <input type="checkbox"/> Works in confined quarters
<i>Must carry/lift loads of:</i>		
<input checked="" type="checkbox"/> Light (up to 25 lbs)		
<input type="checkbox"/> Moderate (25-50 lbs)		
<input type="checkbox"/> Heavy (over 50 lbs)		

EXPERIENCE AND EDUCATION QUALIFICATIONS

The successful candidate must possess:

1. A bachelor's degree from an accredited college or university in a social or behavioral science program, (e.g., social work, psychology, sociology or a related discipline); AND
2. Have four (4) or more years of successful experience in a related field; AND
3. A minimum of two (2) years' successful experience as a supervisor is preferred

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal Corrections Department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Employee Signature: _____

Date: _____

History

Original: 11/4/2011

Revised: 1/14/2013

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS TO BE FILLED

Title: Financial Services Coordinator

General Description:

This is a responsible position involving the collection of fees, savings and other required funds from the offenders assigned to the correctional halfway house. The person is expected to use good judgement and initiative in working with residents' accordance with a personal financial plan.

Reports to (job title): Program Manager

Job Duties: Chief responsibilities include but are not limited to the following:

1. Process the paychecks of all residents and maintain accurate records
2. Insure all requests for withdrawals from savings have proper documentation
3. Assist the counselor and liaison officer in setting up financial plan with the residents
4. Assist in the collection of victim compensation funds where appropriate
5. Participate as a member of the team, providing information regarding residents' finances and employment
6. Initiate violation reports for infractions of non-payment of fees, savings or other required funds.
7. Other duties as assigned.

Education Requirements:

High school diploma or GED

Experience Requirements:

Two (2) years experience in human services or in a residential facility and knowledge of accounting fundamentals and experience using PC software including Microsoft Excel and Microsoft Word.

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

JOB DESCRIPTION

TITLE: Financial Coordinator of Correctional Residential Programs **POSITION NUMBER:** _____
REPORTS TO: ACCOUNTS RECEIVABLE SUPERVISOR **PHI LEVEL:** 2
CLASSIFICATION: NON-EXEMPT **REVISED:** 03/26/15

GENERAL DESCRIPTION

This is routine work following established procedures in the accounts receivable unit of the accounting department. Work includes compiling data from billing and activity logs, checking data for completeness and accuracy, recording, entering, and retrieving information in an automated database and preparing invoices for payers.

EXAMPLES OF WORK

Work may include, but is not limited to, the following examples:

1. Remains alert during working hours; attends work as scheduled and complies with attendance policies.
2. Reviews billing documents for accuracy and completeness and computes amounts due.
3. Identifies appropriate service payment options and prepares itemized claims following payer coding and other protocol requirements.
4. Coordinates insurance payments with state, federal, and self-pay options. Maintains contact with payer representatives and follows-up on problem claims to resolve.
5. Enters billing information utilizing established codes and protocols, updates, and/or retrieves consumer and service delivery information in an automated database system.
6. Prepares and reviews billing documents for accuracy and sends records of transactions to payers for payment.
7. Compiles and maintains billing and related documents and records in organized manner in accordance with agency and regulatory requirements; ensures completeness and accuracy of information.
8. Sorts and files documents alphabetically, numerically or by other established methods; removes and returns requested material from files; prepares file folders by subject, name or other headings.
9. Compiles and maintains lists and records, using typewriter or computer.
10. Responds to billing inquiries from staff and consumers.
11. Copies, sorts, collate, and assemble materials.
12. Operates standard office equipment i.e. computer, calculator, copy machine, etc.
13. Maintains confidentiality of all consumers; complies with regulations pertaining to confidentiality of consumer protected health information.
14. Maintains a professional appearance and demeanor.

15. May process the paychecks of all residents in the Residential Re-Entry Center to determine subsistence, savings, restitution, and other required payments and maintain accurate records of all offender financial activity. The Financial Coordinator of Correctional Residential Programs is responsible for collecting the full subsistence amount due and providing the offender with receipts for all subsistence payments. The receipt will indicate the amount collected, gross income, and time period covered. Copies of all pay stubs and collection receipts will be kept in the offender's file.
 - a. When offenders collect a pay check, weekly, bi-weekly, or monthly, subsistence payments will be made to coincide with their payday. The contractor will collect 25 percent of each employed offender's gross income (calculated for a week) not to exceed the total dollar amount of the contract's daily per-diem rate totaled for one week.
 - b. Offenders who have other means of financial support, e.g., sale of property, Veteran's Administration (VA) benefits, worker's compensation, retirement income, or Social Security will contribute 25 percent of their determined weekly income, not to exceed the daily per diem rate.
 - c. In cases of hardship, the contractor may request the RRM waive or modify subsistence payments. This will be considered on a case-by-case basis. The contractor will consider the offender's debts, assets, employment status and spending history before submitting a written request to the RRM. In addition, the contractor should also consider that the offender's future success in the community is a basic program objective of RRC residency.
 1. **The RRM must consult with the Regional Management Team (RMT) before authorizing a modification to the subsistence payment schedule and amount.**
16. May process Incidents Reports for all residents that have not paid subsistence and/or provided copies of their paychecks and paycheck stubs as outlined in the Bureau of Prisons, Statement of Work.
17. May accept money order payments of subsistence from offenders and prepare receipts for payment.
18. Deposit all collected money orders electronically consistent with policy and procedures to include weekly reconciliation. All deposits will be verified by the Administrative Assistant, Accounts Receivable Supervisor, or designees.
19. May track BOP offender arrivals, departures, furloughs, and movement to home confinement for billing purposes.
20. May process the paychecks of all residents in the State Correctional Transitional Unit and collect 50% of gross wages to be deposited into a savings for the resident. The Financial Coordinator of Correctional Residential Programs is responsible for collecting the 50% savings due and providing the resident with receipts for all subsistence payments. The receipt will indicate the amount collected, gross income, and time period covered. Copies of all pay stubs and collection receipts will be kept in the offender's file.
21. Deposits will be verified by the Administrative Assistant, Accounts Receivable Supervisor, or designees and taken to the bank to be deposited. Receipts will be delivered to the Accounts Receivable Supervisor.
22. Prepare the monthly billing invoices consistent with policy and procedures.
23. Performs other related work as assigned.

EXAMPLES OF KNOWLEDGE, SKILLS AND ABILITIES

Knowledge and application of elementary mathematics

Working knowledge of computer

Good oral and written communication skills that include reading, writing and speaking the English language

Skills in keyboarding and use of a personal computer

Skill in organizing materials

Skill in preparing spreadsheets and reports

Ability to enter information into an automated database with a high degree of accuracy and speed

Ability to proofread detailed materials for accuracy and completeness.

Ability to work with numbers to avoid errors and recognize errors made by others

Ability to use coding systems

Ability to establish and maintain billing records; use filing systems; and to retrieve and compile data

Ability to quickly adapt to specific office practices with speed and accuracy

Ability to maintain a high standard of ethical conduct; exhibit honesty, integrity and ethical behavior

Ability to work harmoniously with employees, applicants, recipients, and the general public

Ability to handle confidential information appropriately

REQUIREMENTS OF THE JOB

Physical

On the job the employee must:

- Bend
- Squat
- Crawl
- Climb
- Kneel
- Handle objects
- Reach above shoulder level
- Use fine finger movements
- Other

Mental

On the job the employee must

- Read/Comprehend
- Write
- Perform calculations
- Communicate Orally
- Reason and analyze
- Other

Environmental

On the job the employee:

- Is exposed to excessive noise
- Is around moving machinery
- Is exposed to marked changes in temperature and/or humidity
- Is exposed to dust, fumes, gases, radiation, microwave
- Works in confined quarters

Must carry/lift loads of:

- Light (up to 25 lbs)
- Moderate (25-50 lbs)
- Heavy (over 50 lbs)

EXPERIENCE AND EDUCATION QUALIFICATIONS

The following education and experience qualifications are the minimum requirement used to admit or reject applicants for consideration.

1. Possession of a high school diploma or a GED certificate.

AND

2. One (1) year successful keyboarding work experience in general office, clerical or support service environment. Training from a vocational or business school in office management, secretarial science or closely related area of coursework from an accredited college or university may substitute on a month for month basis for the stated experience.

DESIRED

Successful work experience keyboarding insurance, Medicaid and Medicare claims and with billing software programs.

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, and/or County Corrections Department nor have any pending felony or misdemeanor charges other than minor traffic charges.

All candidates must successfully pass a criminal history background check.

EMPLOYEE ACKNOWLEDGMENT

Date

HISTORY

Revised: 1/14/2013

EXHIBIT EDESCRIPTIONS/QUALIFICATIONS OF POSITIONS**Job Title: Chief of Security****Reports to (job title): Program Manager****General Description:**

This is responsible, professional, supervisory work in a residential program. The Chief of Security directs and supervises the security program of a community based Residential Program for assigned offenders, ensuring that the facility is operated in accordance with the requirements of the Agency and those of the contractor. An employee of this class is expected to use initiative and work independently under the general supervision of a superior.

Responsibilities:

1. Remains alert during work hours; attends work as scheduled, and complies with attendance policies.
2. Directs and supervises a security program in a community based Residential Program for offenders.
3. Establishes and maintains security measures for the protection of employees, residents, and the public.
4. Selects, trains, supervises, and evaluates staff.
5. Ensures that staff effectively implements an offender accountability program that meets the requirements of agency policies contract requirements.
6. Schedules staff and ensures that all shifts are properly manned.
7. Ensures security staff achieves all training requirements inclusive of new hire orientation, annual training and required training.
8. Ensures that security staff maintains compliance with agency Code of Conduct and Standards established in contracts. Reports violations immediately.
9. Reviews and supervises work of subordinate staff through regular inspections, audit, and by observation and review of records, ensuring that all security program requirements are achieved (e.g. offender discipline, offender sign in/out logs, accountability checks for offender at work, on pass, breathalyzer and pat search logs), and that all work is completed in a thorough and timely manner.
10. Reviews shift reports ensuring that all required work is completed. Takes appropriate corrective action when work is not performed in accordance with requirements.
11. Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Implements/directs required procedures in the event of an escape. Ensures that critical incident reports are completed in a timely and complete manner.
12. Takes necessary action in cases of security violations as required in the rules and regulations concerning the function of the security department.
13. Directs special investigations when necessary.
14. Compiles information and prepares regular reports of security program as directed by the Program Manager and/or government representatives for auditing and/or other purposes.
15. Ensures proper discipline and regulation of residents in accordance with contract and agency policies and procedures.
16. Attends all program staff meetings and trainings and serves as the liaison between the program staff and the security staff.
17. Responds on a 24 hour, 7 day basis to significant unusual occurrences.
18. Communicates effectively with the Contractors office. Displays courtesy, tact, consideration, and discretion in all interactions with officials, other members of the agency, with offenders and with the public.
19. Maintains confidential information appropriately.
20. Adheres to established ethical and behavioral standards of conduct and continuing professional development.
21. May transport offenders to services and therapeutic activities, as required.
22. Performs other duties as may be assigned.

Work Experience Requirements:

1. Comprehensive knowledge of security programs including their planning, implementation, and control.
2. Working knowledge of general law enforcement methods and procedures.
3. Skill in preparing complete and accurate reports.
4. Organizational skills and the ability to multi-task.
5. Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale.
6. Ability to plan, develop, implement, and take corrective action to maintain a security program of substantial scope and complexity.
7. Ability to train, supervise and evaluate Security Officers and security personnel.
8. Ability to operate security equipment.
9. Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation.
10. Ability to establish and maintain effective working relationships with officials, staff, law enforcement agencies, and the general public.
11. Ability to communicate effectively, both through oral and written communications.

Education Requirements:

High school diploma or GED and two (2) years' experience in military or civilian security or law enforcement work, of which one (1) or more years must have been in a supervisory capacity.

offender at work, on pass, breathalyzer and pat search logs), and that all work is completed in a thorough and timely manner.

10. Reviews shift reports ensuring that all required work is completed. Takes appropriate corrective action when work is not performed in accordance with requirements.
11. Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Implements/directs required procedures in the event of an escape. Ensures that critical incident reports are completed in a timely and complete manner.
12. Takes necessary action in cases of security violations as required in the rules and regulations concerning the function of the security department.
13. Directs special investigations when necessary.
14. Compiles information and prepares regular reports of security program as directed by the Program Manager and/or government representatives for auditing and/or other purposes.
15. Ensures proper discipline and regulation of residents in accordance with contract and agency policies and procedures.
16. Attends all program staff meetings and trainings and serves as the liaison between the program staff and the security staff.
17. Responds on a 24 hour, 7 day basis to significant unusual occurrences.
18. Communicates effectively with the Contractors office. Displays courtesy, tact, consideration, and discretion in all interactions with officials, other members of the agency, with offenders, and with the public.
19. Maintains confidential information appropriately.
20. Adheres to established ethical and behavioral standards of conduct and continuing professional development.
21. May transport offenders to services and therapeutic activities, as required.
22. Performs other duties as may be assigned.

EXAMPLES OF KNOWLEDGE, SKILLS, AND ABILITIES

Comprehensive knowledge of security programs including their planning, implementation, and control

Working knowledge of general law enforcement methods and procedures

Skill in preparing complete and accurate reports

Organizational skills and the ability to multi-task

Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale

Ability to plan, develops, implement, and take corrective action to maintain a security program of substantial scope and complexity

Ability to train, supervise and evaluate Security Officers and other security personnel

Ability to operate security equipment

Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation

Ability to establish and maintain effective working relationships with officials, staff, law enforcement agencies, and the general public

Ability to communicate effectively, both through oral and written communications

REQUIREMENTS OF THE JOB

<i>Physical</i>	<i>Mental</i>	<i>Environmental</i>
On the job the employee must: (X) Bend (X) Sit (X) Squat (X) Crawl (X) Use fine finger movements (X) Reach above shoulder level () Other	On the job the employee must: (X) Read/Comprehend (X) Write (X) Perform Calculations (X) Communicate Orally (X) Reason and analyze () Other	On the job the employee must: () Is exposed to excessive noise () Is around moving machinery () Is exposed to mark changes in temperature and/or humidity (X) Is exposed to dust, fumes, gases, radiation, <u>microwave</u> () Works in confined quarters

<i>Must carry/lift loads of:</i>
() Light (up to 25 lbs)
(X) Moderate (25-50 lbs)
() Heavy (over 50 lbs)

EXPERIENCE AND EDUCATION QUALIFICATIONS

The successful candidate must possess:

1. Possession of a high school diploma or GED; AND
2. Two (2) years experience in military or civilian security or law enforcement work, of which one (1) or more years must have been in a supervisory capacity.

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal Corrections Department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Current certification in CPR and First Aid or achieves certification within 60 days of employment. (Note: This certification must be maintained current throughout employment).

Employee Signature: _____

Date: _____

History

Original: 11/4/2011
Revised: 1/14/2013

EXHIBIT EDESCRIPTIONS/QUALIFICATIONS OF POSITIONS**Job Title: Case Manager****Reports to (job title): SOCIAL SERVICE COORDINATOR OR PROGRAM MANAGER****General Description:**

This is a responsible position providing case management services to offenders assigned to a residential program. The case manager provides support and structure to residents throughout their program assignment. S/he conducts assessments of offenders and develops individualized program plans for offenders. The case manager assists each offender in achieving the measurable goals of the plan, updates it when necessary, prepares reports of progress and communicates significant offender issues to the supervisor.

Work is performed under supervision and reviewed through direct observation, reports, and staff conferences.

Responsibilities:

Work may include, but is not limited to, the following examples:

- Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
- Conducts comprehensive assessment of each offender using a standardized instrument. Uses results to complete an individualized program plan for the offender.
- Evaluates offenders and documents results in case notes.
- Participates in the offender disciplinary process to promote pro-social behavior changes among offenders and coordination of service delivery to individual offenders when appropriate.
- Monitors, records, and reports offender participation, progress, and adjustment in achieving goals.
- Participates as member of a team and provides clear and concise information regarding consumer problems, progress, and plans in a timely manner. Advocates for effective strategies for offender achievement of stated goals.
- Arranges and refers consumers for services and resources and advocates on behalf of offenders to obtain needed services. Maintains a Resource Manual of services and resources to resolve offender needs.
- Monitors service delivery and necessary follow-up to include verification of employment, release plan and pass sites as necessary.
- Develops personalized plan to include review and approval/denial of community and social passes consistent with offender status and opportunities for appropriate community reintegration.
- Develops discharge plan to include Release Plan development and preparation for termination of supervision when required.
- Maintains offender case management file, taking care to ensure that all contract requirements are achieved in service provision. Maintains timely, legible, clear, concise, and well organized records of services provided.
- Coordinates and cooperates with designated government representative in development of offender program objectives and scheduled meetings to review progress.
- Ensures that supervisor receives timely and complete reports, as requested or required.

- Displays courtesy, tact, consideration, and discretion in all interactions with officials, other members of the agency, with offenders, and with the public.
- Maintains confidential information appropriately.
- Reports violations of the Code of Conduct and contract standards of conduct immediately.
- Adheres to established ethical and behavioral standards of conduct and continuing professional development.
- May transport offenders to services and therapeutic activities, as required.
- Performs other related work, as assigned.

Work Experience Requirements:

- Knowledge of social services
- Knowledge of community resources
- Familiarity with community corrections systems and current practices
- Skill in preparing complete and accurate documents and reports
- Skill in resolving conflicts and negotiating with others
- Ability to develop and maintain accurate, legible, organized records, and to prepare timely reports
- Ability to plan and organize working time effectively and to meet deadlines
- Ability to comply with rules, regulations, policies, and procedures as related to the assigned program
- Ability to establish and maintain effective working relationships with contracting officials, staff associates, the general public, and others
- Ability to handle confidential information appropriately
- Ability to communicate effectively, orally and in writing
- Ability to recognize potential ethical problems and address in ethical manner
- Ability to work with minimum direction

Education Requirements:

The successful candidate must possess:

A bachelor's degree from an accredited college or university in a social or behavioral science program (e.g., social work, psychology, sociology or a related discipline).

8. Monitors service delivery and necessary follow-up to include verification of employment, release plan and pass sites as necessary.
9. Develops personalized plan to include review and approval/denial of community and social passes consistent with offender status and opportunities for appropriate community reintegration.
10. Develops discharge plan to include Release Plan development and preparation for termination of supervision when required.
11. Maintains offender case management file, taking care to ensure that all contract requirements are achieved in service provision. Maintains timely, legible, clear, concise, and well organized records of services provided.
12. Coordinates and cooperates with designated government representative in development of offender program objectives and scheduled meetings to review progress.
13. Ensures that supervisor receives timely and complete reports, as requested or required.
14. Displays courtesy, tact, consideration, and discretion in all interactions with officials, other members of the agency, with offenders, and with the public.
15. Maintains confidential information appropriately.
16. Reports violations of the Code of Conduct and contract standards of conduct immediately.
17. Adheres to established ethical and behavioral standards of conduct and continuing professional development.
18. May transport offenders to services and therapeutic activities, as required.
19. Performs other related work, as assigned.

EXAMPLES OF KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of social services

Knowledge of community resources

Familiarity with community corrections systems and current practices

Skill in preparing complete and accurate documents and reports

Skill in resolving conflicts and negotiating with others

Ability to develop and maintain accurate, legible, organized records, and to prepare timely reports

Ability to plan and organize working time effectively and to meet deadlines

Ability to comply with rules, regulations, policies, and procedures as related to the assigned program

Ability to establish and maintain effective working relationships with contracting officials, staff associates, the general public, and others

Ability to handle confidential information appropriately

Ability to communicate effectively, orally and in writing

Ability to recognize potential ethical problems and address in ethical manner

Ability to work with minimum direction

REQUIREMENTS OF THE JOB

<i>Physical</i>	<i>Mental</i>	<i>Environmental</i>
On the job the employee must: <input type="checkbox"/> Bend <input type="checkbox"/> Sit <input type="checkbox"/> Squat <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> Use fine finger movements <input type="checkbox"/> Reach above shoulder level <input type="checkbox"/> Other	On the job the employee must: <input checked="" type="checkbox"/> Read/Comprehend <input checked="" type="checkbox"/> Write <input type="checkbox"/> Perform Calculations <input checked="" type="checkbox"/> Communicate Orally <input checked="" type="checkbox"/> Reason and analyze <input type="checkbox"/> Other	On the job the employee must: <input type="checkbox"/> Is exposed to excessive noise <input type="checkbox"/> Is around moving machinery <input type="checkbox"/> Is exposed to marked changes in temperature and/or humidity <input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, <u>microwave</u> <input type="checkbox"/> Works in confined quarters
<i>Must carry/lift loads of:</i>		
<input checked="" type="checkbox"/> Light (up to 25 lbs)		
<input type="checkbox"/> Moderate (25-50 lbs)		
<input type="checkbox"/> Heavy (over 50 lbs)		

EXPERIENCE AND EDUCATION QUALIFICATIONS

The successful candidate must possess:

A bachelor's degree from an accredited college or university in a social or behavioral science program (e.g., social work, psychology, sociology or a related discipline).

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal Corrections Department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Current certification in CPR and First Aid or achieves certification within 60 days of employment. (Note: This certification must be maintained current throughout employment).

Employee Signature: _____

Date: _____

History

Original: 11/4/2011

Revised: 1/14/2013

EXHIBIT E**DESCRIPTIONS/QUALIFICATIONS OF POSITIONS****Job Title: Shift Supervisor (CTU)****Reports to (job title): Chief of Security****General Description:**

This is security work at a residential center for state offenders. The shift supervisor is responsible for order, safety, and security of the residential program during the assigned shift, following operating procedures. S/he is expected to implement security practices, by supervising security officers assigned to a shift of duty. The supervisor provides appropriate instruction and assistance to officers who provide such activities as: searches, counts, control of movement, monitoring resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under the general supervision of the Chief of Security.

Responsibilities:

Work may include, but is not limited to, the following examples:

- Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
- Directs and supervises security officers during an assigned shift of duty.
- Ensures that all required procedures are appropriately implemented and that assigned officers are performing assigned duties.
- Coordinates offender accountability program during assigned shift, ensuring that all requirements are completed and recorded properly: searches, breathalyzer/drug testing, verification of offender locations, sign in/out logs, counts, medication controls, and other defined processes.
- Conducts a shift briefing with assigned officers prior to the shift and passes on important information.
- Trains, supervises, and evaluates staff. Monitors the performance of security officers and provides appropriate instruction, coaching, and training to maximize performance. Takes appropriate corrective action, when necessary.
- Monitors attendance of assigned officers. Takes appropriate action to ensure sufficient staff coverage at all times. Ensures shift is properly manned.
- Coordinates formal resident counts and ensures that all residents are accounted for during shift. Records results of all counts. Notifies supervisor and appropriate officials when a resident cannot be located or accounted for. Prepares appropriate documenting reports.
- Ensures that all offender rule infractions are documented in disciplinary reports and that all reports are prepared in a timely and complete manner.
- Ensures that assigned security staff complies with the agency Code of Conduct and Standards established in contracts. Immediately reports integrity violations.

- Reviews and supervises work of subordinate staff through regular inspections, audits, and by observation and review of records, ensuring that all security assignments on shift are achieved.
- Compiles information and prepares shift reports ensuring that all required work was completed. Takes appropriate corrective action when work is not performed in accordance with requirements.
- Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Ensures that critical incident reports are completed in a timely and complete manner before officers are relieved of duty.
- Takes necessary action in cases of security violations as required in the rules and regulations.
- Implements emergency procedures, when necessary.
- Attends meetings and trainings as required.
- Maintains confidentiality appropriately.
- Performs other duties as may be assigned.

Work Experience Requirements:

- Knowledge of security practices
- Working knowledge of offender accountability program
- Organizational skills and the ability to multi-task
- Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale
- Ability to implement detailed procedures through others
- Ability to train, supervise, and evaluate Security Officers
- Ability to operate security equipment
- Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation
- Ability to establish and maintain effective working relationships with staff, other agency personnel, law enforcement agencies, and the general public
- Ability to communicate effectively, both through oral and written communications

Education Requirements:

The successful candidate must possess:

Possession of a high school diploma or GED; AND

Two (2) years' experience in military, civilian security, law enforcement, or relevant work in the field of Corrections.

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

JOB DESCRIPTION

TITLE:	SHIFT SUPERVISOR Correctional Transitional Unit (CTU)	POSITION NUMBER:	CTU
REPORTS TO:	CHIEF OF SECURITY	CLASSIFICATION:	NON-EXEMPT
PHI STATUS:	LEVEL 3	REVISED:	1/14/2013

GENERAL DESCRIPTION

This is security work at a residential center for state offenders. The shift supervisor is responsible for order, safety, and security of the residential program during the assigned shift, following operating procedures. S/he is expected to implement security practices, by supervising security officers assigned to a shift of duty. The supervisor provides appropriate instruction and assistance to officers who provide such activities as: searches, counts, control of movement, monitoring resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under the general supervision of the Chief of Security.

EXAMPLES OF WORK

Work may include, but is not limited to, the following examples:

1. Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
2. Directs and supervises security officers during an assigned shift of duty.
3. Ensures that all required procedures are appropriately implemented and that assigned officers are performing assigned duties.
4. Coordinates offender accountability program during assigned shift, ensuring that all requirements are completed and recorded properly: searches, breathalyzer/drug testing, verification of offender locations, sign in/out logs, counts, medication controls, and other defined processes.
5. Conducts a shift briefing with assigned officers prior to the shift and passes on important information.
6. Trains, supervises, and evaluates staff. Monitors the performance of security officers and provides appropriate instruction, coaching, and training to maximize performance. Takes appropriate corrective action, when necessary.
7. Monitors attendance of assigned officers. Takes appropriate action to ensure sufficient staff coverage at all times. Ensures shift is properly manned.

8. Coordinates formal resident counts and ensures that all residents are accounted for during shift. Records results of all counts. Notifies supervisor and appropriate officials when a resident cannot be located or accounted for. Prepares appropriate documenting reports.
9. Ensures that all offender rule infractions are documented in disciplinary reports and that all reports are prepared in a timely and complete manner.
10. Ensures that assigned security staff complies with the agency Code of Conduct and Standards established in contracts. Immediately reports violations.
11. Reviews and supervises work of subordinate staff through regular inspections, audits, and by observation and review of records, ensuring that all security assignments on shift are achieved.
12. Compiles information and prepares shift reports ensuring that all required work was completed. Takes appropriate corrective action when work is not performed in accordance with requirements as established in policies and procedures.
13. Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Ensures that critical incident reports are completed in a timely and complete manner before officers are relieved of duty.
14. Takes necessary action in cases of security violations as required in the rules and regulations.
15. Implements emergency procedures, when necessary.
16. Attends meetings and trainings as required.
17. Maintains confidentiality appropriately.
18. Performs other duties as may be assigned.

EXAMPLES OF KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of security practices

Working knowledge of offender accountability program

Organizational skills and the ability to multi-task

Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale

Ability to implement detailed procedures through others

Ability to train, supervise, and evaluate Security Officers

Ability to operate security equipment

Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation

Ability to establish and maintain effective working relationships with staff, other agency personnel, law enforcement agencies, and the general public

Ability to communicate effectively, both through oral and written communications

REQUIREMENTS OF THE JOB

<i>Physical</i>	<i>Mental</i>	<i>Environmental</i>
On the job the employee must: <input checked="" type="checkbox"/> Bend <input checked="" type="checkbox"/> Sit <input checked="" type="checkbox"/> Squat <input checked="" type="checkbox"/> Crawl <input checked="" type="checkbox"/> Use fine finger movements <input checked="" type="checkbox"/> Reach above shoulder level <input type="checkbox"/> Other	On the job the employee must: <input checked="" type="checkbox"/> Read/Comprehend <input checked="" type="checkbox"/> Write <input checked="" type="checkbox"/> Perform Calculations <input checked="" type="checkbox"/> Communicate Orally <input checked="" type="checkbox"/> Reason and analyze <input type="checkbox"/> Other	On the job the employee must: <input type="checkbox"/> Is exposed to excessive noise <input type="checkbox"/> Is around moving machinery <input type="checkbox"/> Is exposed to mark changes in temperature and/or humidity <input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, microwave <input type="checkbox"/> Works in confined quarters
<i>Must carry/lift loads of:</i>		
<input type="checkbox"/> Light (up to 25 lbs)		
<input checked="" type="checkbox"/> Moderate (25-50 lbs)		
<input type="checkbox"/> Heavy (over 50 lbs)		

EXPERIENCE AND EDUCATION QUALIFICATIONS

1. Possession of a high school diploma or GED; AND
2. One (1) years' experience in military, civilian security, law enforcement, or relevant work in the field of Corrections.

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal Corrections Department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Current certification in CPR and First Aid or achieves certification within 60 days of employment. (Note: This certification must be maintained current throughout employment).

Employee Signature: _____

Date: _____

History

Original: 4/19/2012

Revised: 1/14/2013

EXHIBIT EDESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Job Title: Assistant Shift Supervisor (CTU)

Reports to (job title): Shift Supervisor

This is responsible security work at a residential center for offenders. The assistant shift supervisor relieves and assists the supervisor in maintaining the order, safety, and security of the residential program, following internal operating procedures. S/he is expected to implement the security practices by supervising security officers. The assistant supervisor relieves or assists in providing appropriate instruction and assistance to officers who conduct activities that include: searches, counts, control of movement, monitoring resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under the general supervision of the shift supervisor.

Responsibilities:

Relieves the shift supervisor and assumes responsibility for the shift as directed in the following examples, work may include, but is not limited to, the following examples:

- Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
- Directs and supervises security officers during an assigned shift of duty.
- Ensures that all required procedures are appropriately implemented and that assigned officers are performing assigned duties.
- Coordinates offender accountability program during assigned shift, ensuring that all requirements are completed and recorded properly: searches, breathalyzer/drug testing, verification of offender locations, sign in/out logs, counts, medication controls, and other defined processes.
- Conducts a shift briefing with assigned officers prior to the shift and passes on important information.
- Trains and supervises as assigned
- Monitors attendance of assigned officers. Takes appropriate action to ensure sufficient staff coverage at all times. Ensures shift is properly manned.
- Coordinates formal resident counts and ensures that all residents are accounted for during shift. Records results of all counts. Notifies supervisor and appropriate officials when a resident cannot be located or accounted for. Prepares appropriate documenting reports.
- Ensures that all offender rule infractions are documented in disciplinary reports and that all reports are prepared in a timely and complete manner.
- Ensures that assigned security staff complies with the agency Code of Conduct and Standards established in contracts. Immediately reports integrity violations.
- Reviews and supervises work of subordinate staff through regular inspections, audits, and by observation and review of records, ensuring that all security assignments on shift are achieved.
- Compiles information and prepares shift reports ensuring that all required work was completed. Takes appropriate corrective action when work is not performed in accordance with requirements.

- Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Ensures that critical incident reports are completed in a timely and complete manner before officers are relieved of duty.
- Takes necessary action in cases of security violations as required in the rules and regulations.
- Implements emergency procedures, when necessary.
- Attends meetings and trainings as required.
- Maintains confidentiality appropriately.
- Performs other duties as may be assigned.

Work Experience Requirements:

- Knowledge of security practices
- Working knowledge of offender accountability program
- Organizational skills and the ability to multi-task
- Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale
- Ability to implement detailed procedures through others
- Ability to train, supervise, and evaluate Security Officers
- Ability to operate security equipment
- Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation
- Ability to establish and maintain effective working relationships with staff, other agency personnel, law enforcement agencies, and the general public
- Ability to communicate effectively, both through oral and written communications

Education Requirements:

- Possession of a high school diploma or GED; AND
- Two (2) years experience in military, civilian security, law enforcement, or relevant work in the field of Corrections.

Heartland Center for Behavioral Change

JOB DESCRIPTION

Title: Assistant Shift Supervisor **Position Number:** CTU
Correctional Transitional Unit (CTU)

Reports to: Shift Supervisor **Classification:** Non Exempt

PHI Status: Level 3 **Revised Date:** 12/27/2012

GENERAL DESCRIPTION

This is responsible entry level security work at a residential center for offenders. The assistant shift supervisor relieves and assists the supervisor in maintaining the order, safety, and security of the Program. S/he is expected to implement the security practices by supervising security officers. The assistant supervisor relieves or assists in providing appropriate instruction and assistance to officers who conduct activities that include: searches, counts, control of movement, monitoring resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under the general supervision of the shift supervisor.

EXAMPLES OF WORK:

Relieves the shift supervisor and assumes responsibility for the shift as directed in the following examples:

1. Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
2. Directs and supervises security officers during an assigned shift of duty.
3. Ensures that all required procedures are appropriately implemented and that assigned officers are performing assigned duties.
4. Coordinates offender accountability program during assigned shift, ensuring that all requirements are completed and recorded properly: searches, breathalyzer/drug testing, verification of offender locations, sign in/out logs, counts, medication controls, and other defined processes.
5. Conducts a shift briefing with assigned officers prior to the shift and passes on important information.
6. Trains and supervises others

7. Monitors attendance of assigned officers. Takes appropriate action to ensure sufficient staff coverage at all times. Ensures shift is properly manned.
8. Coordinates formal resident counts and ensures that all residents are accounted for during shift. Records results of all counts. Notifies supervisor and appropriate officials when a resident cannot be located or accounted for. Prepares appropriate documenting reports.
9. Ensures that all offender rule infractions are documented in disciplinary reports and that all reports are prepared in a timely and complete manner.
10. Ensures that assigned security staff complies with the Agency's Code of Conduct and Standards of Conduct established by contract. Immediately reports integrity violations.
11. Reviews and supervises work of subordinate staff through regular inspections, audits, and by observation and review of records, ensuring that all security assignments on shift are achieved.
12. Compiles information and prepares shift reports ensuring that all required work was completed. Takes appropriate corrective action when work is not performed in accordance with requirements.
13. Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Ensures that critical incident reports are completed in a timely and complete manner before officers are relieved of duty.
14. Takes necessary action in cases of security violations as required in the rules and regulations.
15. Implements emergency procedures, when necessary.
16. Attends meetings and trainings as required.
17. Maintains confidentiality appropriately.
18. Performs other duties as may be assigned.

EXAMPLES OF KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of security practices

Working knowledge of offender accountability program

Organizational skills and the ability to multi-task

Skill in identifying and resolving managerial problems such as work assignments, employee relations, employee development and morale

Ability to implement detailed procedures through others

Ability to train, supervise, and evaluate Security Officers

Ability to operate security equipment

Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation

Ability to establish and maintain effective working relationships with staff, other agency personnel, law enforcement agencies, and the general public

Ability to communicate effectively, both through oral and written communications

REQUIREMENTS OF THE JOB

<i>Physical</i>	<i>Mental</i>	<i>Environmental</i>
On the job the employee must: (X) Bend (X) Walk (X) Sit (X) Push/pull (X) Squat (X) Stand (X) Crawl (X) Climb (X) Use fine (X) Handle finger movements Objects (X) Reach above (X) Kneel shoulder level () Other	On the job the employee must: (X) Read/Comprehend (X) Write (X) Perform Calculations (X) Communicate Orally (X) Reason and analyze () Other	On the job the employee must: () Is exposed to excessive noise () Is around moving machinery () Is exposed to mark changes in temperature and/or humidity (X) Is exposed to dust, fumes, gases, radiation, microwave () Works in confined quarters
<i>Must carry/lift loads of:</i>		
() Light (up to 25 lbs)		
(X) Moderate (25-50 lbs)		
() Heavy (over 50 lbs)		

EXPERIENCE AND EDUCATION QUALIFICATIONS

1. Possession of a high school diploma or GED; AND
2. One (1) year experience in military, civilian security, law enforcement, or relevant work in the field of Corrections.

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal corrections department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Current certification in CPR and First Aid or achieves certification within 60 days of employment. (Note: This certification must be maintained current throughout employment).

Employee Signature: _____

Date: _____

History

Original: 4/19/2012
Reviewed: 12/27/2012
Revised: 12/27/2012

EXHIBIT EDESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Job Title: Security Officer

Reports to (job title): SHIFT SUPERVISOR

General Description:

This is entry level security work at a residential center for offenders. The security officer provides order, safety, and security of the Center during the assigned shift, following operating procedures. S/he is expected to follow offender accountability instructions and to conduct such activities as: searches, counts, control of movement, monitoring and reporting resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under general supervision.

Responsibilities:

Work may include, but is not limited to, the following examples:

- Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
- Conducts regular rounds through the building observing the demeanor of residents and taking necessary action to ensure that the safety and order of the Center.
- Prepares and submits written reports of offender infractions of laws, regulations, and or rules in a timely and complete manner, prior to leaving duty.
- Conducts searches of residents and property follows established procedures. Completes proper reports.
- Performs breathalyzer/drug testing of offenders, following established procedures. Completes proper reports.
- Verifies authorizations for residents entering or leaving the Center; requires each to complete sign in/out logs.
- Conducts resident counts following established procedures and reports results.
- Verifies the location of off-site offenders by telephone or through in person visits to the destination, as instructed.
- Provides medication to offenders, as required. Records each distribution.
- Attends shift briefings and follows direction of supervisor.
- Takes necessary action to protect resident health when emergent medical or mental health needs are observed or reported.
- Assists in implementing emergency procedures.
- Complies with Agency Code of Conduct and Standards established in contracts. Immediately reports integrity violations.
- Compiles information and completes records as required.
- Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Completes critical incident reports in a timely and complete manner before leaving duty.
- Takes necessary action in cases of security violations as required in the rules and regulations.
- Attends meetings and trainings as required.
- Maintains confidentiality appropriately
- Performs other duties as may be assigned.

- Introductory knowledge of basic security practices
- Organizational skills and the ability to multi-task
- Skill in writing reports
- Ability to implement detailed procedures
- Ability to follow instructions explicitly
- Ability to operate security equipment
- Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation
- Ability to establish and maintain effective working relationships with officials, staff, law enforcement agencies, and the general public
- Ability to communicate effectively, both through oral and written communications
- Ability to meet the physical demands of the position with or without corrective devices

Work Experience Requirements:

- One year work experience.

Education Requirements:

The successful candidate must possess:

- Possession of a high school diploma or GED

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

JOB DESCRIPTION

TITLE:	SECURITY OFFICER Correctional Transitional Unit (CTU)	POSITION NUMBER:	CTU
REPORTS TO:	SHIFT SUPERVISOR	CLASSIFICATION:	NON-EXEMPT
PHI STATUS:	LEVEL 3	REVISED:	1/14/2013

GENERAL DESCRIPTION

This is entry level security work at a residential center for offenders. The security officer provides order, safety, and security of the Center during the assigned shift, following operating procedures. S/he is expected to follow offender accountability instructions and to conduct such activities as: searches, counts, control of movement, monitoring and reporting resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under general supervision.

EXAMPLES OF WORK:

Work may include, but is not limited to, the following examples:

1. Remains alert during working hours; attends work as scheduled, and complies with attendance policies.
2. Conducts regular rounds through the building observing the demeanor of residents and taking necessary action to ensure that the safety and order of the Center.
3. Prepares and submits written reports of offender infractions of laws, regulations, and or rules in a timely and complete manner, prior to leaving duty.
4. Conducts searches of residents and property follows established procedures. Completes proper reports.
5. Performs breathalyzer/drug testing of offenders, following established procedures. Completes proper reports.
6. Verifies authorizations for residents entering or leaving the Center; requires each to complete sign in/out logs.
7. Conducts resident counts following established procedures and reports results.
8. Verifies the location of off-site offenders by telephone or through in person visits to the destination, as instructed.
9. Provides medication to offenders, as required. Records each distribution.

10. Attends shift briefings and follows direction of supervisor.
11. Takes necessary action to protect resident health when emergent medical or mental health needs are observed or reported.
12. Assists in implementing emergency procedures.
13. Complies with Agency Code of Conduct and Standards established in contracts. Immediately reports integrity violations.
14. Compiles information and completes records as required.
15. Reports any breaches of security to immediate supervisor or other administrator and takes appropriate action to protect safety of others. Completes critical incident reports in a timely and complete manner before leaving duty.
16. Takes necessary action in cases of security violations as required in the rules and regulations.
17. Attends meetings and trainings as required.
18. Maintains confidentiality appropriately
19. Performs other duties as may be assigned.

EXAMPLES OF KNOWLEDGE, SKILLS, AND ABILITIES

Introductory knowledge of basic security practices

Organizational skills and the ability to multi-task

Skill in writing reports

Ability to implement detailed procedures

Ability to follow instructions explicitly

Ability to operate security equipment

Ability to exercise a high degree of initiative and judgment and to act quickly and responsibly in an emergency situation

Ability to establish and maintain effective working relationships with officials, staff, law enforcement agencies, and the general public

Ability to communicate effectively, both through oral and written communications

Ability to meet the physical demands of the position with or without corrective devices

REQUIREMENTS OF THE JOB

<i>Physical</i>	<i>Mental</i>	<i>Environmental</i>
On the job the employee must: <input checked="" type="checkbox"/> Bend <input checked="" type="checkbox"/> Walk <input checked="" type="checkbox"/> Sit <input checked="" type="checkbox"/> Push/pull <input checked="" type="checkbox"/> Squat <input checked="" type="checkbox"/> Stand <input checked="" type="checkbox"/> Crawl <input checked="" type="checkbox"/> Climb <input checked="" type="checkbox"/> Use fine <input checked="" type="checkbox"/> Handle finger movements Objects <input checked="" type="checkbox"/> Reach above <input checked="" type="checkbox"/> Kneel shoulder level <input type="checkbox"/> Other	On the job the employee must: <input checked="" type="checkbox"/> Read/Comprehend <input checked="" type="checkbox"/> Write <input checked="" type="checkbox"/> Perform Calculations <input checked="" type="checkbox"/> Communicate Orally <input checked="" type="checkbox"/> Reason and analyze <input type="checkbox"/> Other	On the job the employee must: <input type="checkbox"/> Is exposed to excessive noise <input type="checkbox"/> Is around moving machinery <input type="checkbox"/> Is exposed to mark changes in temperature and/or humidity <input checked="" type="checkbox"/> Is exposed to dust, fumes, gases, radiation, <u>microwave</u> <input type="checkbox"/> Works in confined quarters

<i>Must carry/lift loads of:</i>
<input type="checkbox"/> Light (up to 25 lbs)
<input checked="" type="checkbox"/> Moderate (25-50 lbs)
<input type="checkbox"/> Heavy (over 50 lbs)

EXPERIENCE AND EDUCATION QUALIFICATIONS

1. Possession of a high school diploma or GED

NECESSARY SPECIAL QUALIFICATIONS

No candidate may be considered for employment who is, or has been for the past two (2) years under the supervision of Federal, State, County or Municipal Corrections Department nor have any pending felony or misdemeanor charges other than minor traffic charges.

Driving may be required for this position. The successful candidate must have and remain in possession of a valid current driver's license, automobile insurance, and be insurable under the agency's motor vehicle insurance policy.

All candidates for employment must meet the established minimum qualifications for employment as identified by the applicable regulatory agencies.

Current certification in CPR and First Aid or achieves certification within 60 days of employment. (Note: This certification must be maintained current throughout employment).

Employee Signature: _____

Date: _____

History

Original: 11/04/2011
 Revised: 1/14/2013

Heartland Center for Behavioral Change

JOB DESCRIPTION

TITLE: CHIEF FINANCIAL OFFICER **Position:** #08
SUPERVISOR: President/CEO **PHI Level:** 2
CLASSIFICATION: EXEMPT **HR Revised:** December 1, 2015

GENERAL DESCRIPTION

The Chief Financial Officer (CFO) reports to the President and Chief Executive Officer leads the development and maintenance of financial planning, accounting, and reporting processes. The CFO establishes strong financial management and accountability for including the establishment of effective internal controls. The CFO is responsible for agency disbursements, management and coordination of the budgeting process, accounts receivable processes, payroll, equipment inventory, and timely, accurate, and reliable financial reports. Considerable judgment is exercised in providing technical advice, charging or crediting accounts, and in the distribution of costs. The CFO is also responsible for the safekeeping and privacy of Heartland Center's assets and financial information, which requires the enforcement and refinement of various financial policies and controls throughout the entire company. Working closely with Operations, the CFO promotes transparency and accountability

S/he is assisted by professional and paraprofessional staff in the performance of duties. The CFO is expected to responsible for maintaining relationships with all external stakeholders with respect to the financial operations of the agency as well as with agency administrative staff, management, and teams to support a culture of excellence that drives and enhances the quality of services.

ESSENTIAL RESPONSIBILITIES, SUPPORTING ACTIONS AND END RESULTS:

1. Plans, develops, organizes, implements, directs and evaluates the organization's fiscal function and performance.
2. Provides leadership and administrative oversight to support agency budgeting, accounting, payroll, financial reporting and technology goals.
3. Establishes written policies and implements effective internal controls over physical assets, cash, and expenditures.
4. Ensures that specialized journals and subsidiary ledgers are maintained according to an approved chart of accounts through posting entries, making adjusting entries, and by preparing financial statements.
5. Determines accounts to be charged or credited and distributes costs.
6. Prepares accurate and timely written monthly financial reports. Prepares balance sheet, income and expenditure reports billing reports. Reconciles and maintains accurate bank accounts and prepares cash flow reports.
7. Develops, develops, and implements annual budget; coordinates annual financial audit process.

8. Plans, budgets, and monitors fiscal activities, taking appropriate corrective action when necessary.
9. Reconciles and maintains accurate bank accounts and prepares cash flow reports.
10. Creates a culture of engagement and collaboration amongst the corporate and site financial teams.
11. Demonstrates the utmost integrity and compliance around the accounting and finance policies, procedures, and internal controls.
12. Supervises and reviews the work of one or more staff engaged in payroll, billing, accounts receivable, accounts payable, budgetary control, and other routine financial practices.
13. Establishes financial practices in accordance with professional accounting standards, all laws and regulations, and the requirements of contractors.
14. Effectively implements the subcontracting plan for small, small disadvantaged, women-owned, HUBZone, and service disabled veteran owned small business in compliance with Federal Acquisition Regulation Subpart 19.7, the Small Business Subcontracting Program.
15. Other duties as assigned.

EXAMPLES OF KNOWLEDGE, SKILLS AND ABILITIES

Strong experience in finance and accounting, compiling and managing budgets, organizational planning and human resource concepts.

Strong analytical skills with the ability to communicate financial data to various constituencies.

Excellent judgment and creative problem solving skills

Thorough knowledge of non-profit accounting principles and practices and ability to apply them to varied accounting transactions.

Thorough knowledge of and ability to effectively use computerized accounting software.

Knowledge of Excel software and SAGE ACPAC or similar automated financial system.

Working knowledge of the basic principles and practices of auditing.

Skill in preparing complete and accurate accounting reports and statements of moderate difficulty.

Skill in identifying and resolving managerial problems such as work assignments, employee relations, employment development, and morale.

Skill in using ten-key calculator and adding machines, keyboarding and use of a computer for accounting practices.

Visual skill and ability in reading handwritten or small printed words and numbers rapidly and accurately.

Exceptional written, oral, interpersonal, and presentation skills; ability to effectively interact with senior management and board members

Ability to operate as an effective tactical as well as strategic thinker

Ability to develop and maintain detailed financial records AND to prepare financial reports in an accurate and timely manner

Ability to develop new and improved methods, techniques, procedures and forms, and to initiate and implement necessary work and production controls; to implement complex accounting procedures.

Ability to review documents for accuracy and completeness.

Ability to prepare and interpret moderately difficult financial reports.

Ability to make and apply decisions in accordance with regulations and policies and procedures.

Ability to plan, organize, assign and evaluate the work of staff performing structured functions.

Ability to handle confidential information appropriately.

Ability to recognize potential ethical problems and address in ethical manner.

Ability to perform with autonomy or with minimum direction.

Entrepreneurial team player who can multitask.

Strong business acumen and knowledge of industry and competitive environment.

Courage to make tough decisions even under pressure and stay with those decisions until results dictate a change.

Ownership mindset to think and act like an owner of the business who senses and addresses threats and risks, makes every penny count, and protects the reputation of HCBC.

Ability to read, comprehend, and speak in the English language.

Ability to work harmoniously with employees, other agencies, and the general public.

REQUIREMENTS OF THE JOB

Physical

On the job the employee must:

- Bend
- Squat
- Crawl
- Climb
- Kneel
- Handle objects
- Sit
- Stand
- Walk
- Push/pull

Mental

On the job the employee must

- Read/Comprehend
- Write
- Perform calculations
- Communicate Orally
- Reason and analyze

Environmental

On the job the employee:

- Is exposed to excessive noise
- Is around moving machinery
- Is exposed to marked changes in temperature and/or humidity
- Is exposed to dust, fumes, gases, radiation, microwave

- Reach above shoulder level
- Use fine finger movements
- Other

Works in confined quarters

- Must carry/lift loads of:
- Light (up to 25 lbs)
 - Moderate (25-50 lbs)
 - Heavy (over 50 lbs)

EXPERIENCE AND EDUCATION QUALIFICATIONS

The following education and experience qualifications are the minimum requirement used to admit or reject applicants for consideration.

- Bachelor's degree required from an accredited college or university/ MBA is preferred. CPA (certified public accountants) or CMA (certified management accountant) certification required; AND at least 10 years of accounting or progressively responsible finance experience, of which 5 years must be served in a financial leadership role
- Non-profit background specific to healthcare, behavioral healthcare, hospitals and physician practices preferred

EMPLOYEE ACKNOWLEDGMENT

DATE

METHOD OF PERFORMANCE

RFPS30034901600754

Heartland Center for Behavioral Change believes that providing structured and well-planned services to offenders in the community is a key component in overall efforts to reduce crime and prison growth. The community can, and should, play a role in efforts to reduce crime and the need for prisons. While not all offenders can be safely maintained and successful in the community, many can with appropriate levels of assistance, treatment, and access to available community resources.

HCBC has been a provider of residential facility services to the Missouri Department of Corrections since 1983 and has worked closely with this area's probation and parole team and Corrections' officials to keep the community safe, while at the same time, helping offenders to begin a new journey to a productive life. Our program is structured to provide offenders with a high level of accountability and supervision, as well as a foundation of support that can lead to success in the community as a productive citizen.

Nearly all inmates will, at one point or another, be released to their home community. Each year offenders return to Missouri communities who have been incarcerated for long periods of time and are "institutionalized." They often have difficulty with their new found independence and freedom, and the responsibility that comes with becoming a successful part of our society. Others have special problems. Problems with mental illness, chemical dependency, and education and training are directly linked to recidivism and offender adjustment in the community. And, there are those who do not have permanent housing or have a special disability that impedes reintegration efforts. Offenders who face these obstacles are at high risk for a prison return. The extra care, support, and supervision provided by the HCBC residential center helps newly released offenders to become a contributing member of our society, and not another prison statistic.

The HCBC residential facility also plays an important role in helping offenders who are having problems under supervision. They too, may have problems with housing, or employment, or in remaining abstinent from drugs; or they may be mentally ill, unstable, and need special structured support for a period of time. Others may have a crisis in some area of their life that is interfering with their success under supervision. Without structured support and close monitoring, these offenders may ultimately end in prison. But with the help and structure that is available through a short stay in a community correctional residential facility, they can become a "success story."

HCBC has had a long and successful partnership and history of working with the Missouri Department of Corrections in providing residential facility services for offenders. We focus our services to:

- Improve public safety through a systematic program of resident supervision and accountability;
- Provide residents with a safe, orderly, and structured environment that has clear rules, consistent enforcement of rules, and regular inspections of premises;

METHOD OF PERFORMANCE

RFPS30034901600754

- Partner with the Department through clearly established and open lines of communication; and
- Offer services that support the community reintegration of residents through concerned staff, and activity and arrangements for support of the reentry effort in the community.

HCBC provides services at our location at 1514 Campbell, in Kansas City, Missouri. Our facility is an attractive, clean, and well organized, multi-level building that provides an ideal physical plant layout for residential services. It is properly zoned and has a long history of community support as a residential facility site that serves offenders. It is centrally located in downtown Kansas City, public transportation is readily available, and social service agencies and access to hospital care is nearby.

As the current provider of services to 53 male Missouri Department of Corrections offenders, we meet and fully understand all requirements for residential care. Satisfaction with our services is best exemplified by the Department's continued long association with HCBC. There has been no interruption in HCBC provision of services to Missouri Department of Corrections for a period of nearly thirty three (33) years.

HCBC is proposing to continue to serve as a major provider of residential facility services to the Department of Corrections. Our proposal offers the Department of Corrections 25 female slots and 59 male slots at our current location at 1514 Campbell, Kansas City, Missouri. The male residential slots are immediately available. We will be prepared to accept female residents within sixty (60) days of contract awards (See Exhibit G and Tab 9).

2. CONTRACTUAL REQUIREMENTS

2.1 General Requirements

2.1.1 The proposal from the Heartland Center for Behavioral Change is to continue providing residential services to the Missouri for the Department of Corrections, Division of Probation and Parole (hereinafter referred to as the "state agency") for female and male offenders (hereinafter referred to as "offenders") in accordance with the provisions of RFPS30034901600754 at its current location at 1514 Campbell, Kansas City, Missouri.

The facility is appropriately zoned and meets all requirements described in this RFP. HCBC is a current contractor with the Department, and has, for the last thirty three (33) years, maintained continuous compliance with the Department's requirements for the operation of a residential facility.

- a. HCBC operates a residential facility at 1514 Campbell, Kansas City, Missouri and has continuously provided services at that location for almost 30 years. This location meets all state requirements.

METHOD OF PERFORMANCE

RFPS30034901600754

- b. The facility is located near the downtown business district of Kansas City, Missouri and is not in an unincorporated area. Zoning is reviewed by the Board of Zoning Adjustment every two years. The current letter of approval is in the following attachments section, under Tab 1.
- c. While our physical plant does have other programs co-located in the building, the offenders served under the Missouri Department of Corrections' contract are maintained in separate and distinct units and are staffed with personnel specific to each individual contract.
- d. The facility is located in the Western Region in Jackson County, Missouri.

Our facility is a 30,000 sq. ft. multi-story structure that is properly zoned, in good repair, and in compliance with all requirements of federal, state, and local officials for the operation of a residential center. Since the facility is in current use as a Corrections' residential facility for the Missouri Department of Corrections, it has achieved all environmental standards required under this RFP.

Our site offers the following to the Department:

- Strong endorsement for use as a residential facility for offenders by community leaders;
- Properly zoned for use;
- Compliant with all fire, health, building, plumbing, electrical, and HVAC codes;
- Public acceptance of use;
- Handicapped accessible;
- Located near transportation and community services; and
- Excellent space layout offering optimal levels of observation of resident activity.

Offered as Tab 7 are pictures of our location. Our residential floor plans for male and female residents are available in Tab 9.

2.1.2 HCBC is offering the Missouri Department of Corrections 25 female slots and 59 male slots and will provide these for the exclusive use of the state agency, as indicated on the Pricing Page.

- a. HCBC defines a residential slot as one bed for twenty-four (24) hours each day of the contract period reserved for the exclusive use of offenders placed by the state agency.

METHOD OF PERFORMANCE

RFPS30034901600754

- b. If awarded another contract, HCBC will continue to cooperate with the state agency and make space available to utilize the maximum contracted residential slots.

2.1.3 HCBC agrees and understands that the state agency has sole responsibility for referring and placing offenders in our residential facility.

- a. We understand that the state agency identifies, refers and places offenders at the residential facility in accordance with its internal policies and procedures, and
- b. HCBC agrees that all offenders placed in our care by the state agency will be accepted without exclusion criteria. We will accept all offenders, including sex offenders, found eligible for residential placement through the state agency's criteria.

2.1.4 HCBC agrees and understands that the normal length of stay for each referred resident is based on the individual's case management plan and is usually between thirty (30) and one hundred twenty (120) calendar days.

- a. HCBC understands the state agency, at its discretion, may extend or advance an offender in the residential facility.
- b. HCBC will not independently release or terminate any offender. Releases and/or terminations are at the sole discretion of the state agency.

2.1.5 HCBC has been a successful provider of residential services to the Department of Corrections for nearly thirty three (33) years. We understand that services performed under this contract must be to the satisfaction of the state agency and that the state agency is the final judge of the quality of contract performance. **We have proudly demonstrated success by achieving positive results with no deficiencies in the past six (6) Missouri Department of Corrections.**

- a. HCBC agrees that any disputes or conflicts related to this contract will be resolved by the state agency.

2.1.6 HCBC complies with all federal, state, and local laws and regulations in conducting its business. It is the policy and practice of HCBC to comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders applicable. These conditions are included in all subcontracts.

2.2 Implementation Requirements:

HCBC is the current provider of residential services to the Missouri Department of Corrections and the facility is currently operational. We plan to continue to provide residential supervision for the male offenders on the second level of our residential

METHOD OF PERFORMANCE

RFP30034901600754

facility. This floor will accommodate the proposed population of 59 male offenders. It will be necessary that we renovate the lower level of our facility for the housing of the female population. We plan to make the following renovations within sixty (60) days of contract award to accommodate this use:

- Two (2) dormitories will be renovated for the female population
- One (1) office will be renovated to provide for the case manager and probation and parole officer
- A shower will be added to the lower level
- Three (3) washers and dryers will be added to the male residential floor

Tab 9 offers the floor plans and Exhibit G describes the renovation plan.

2.2.1 HCBC agrees and understands

2.2.2 HCBC agrees and understands and has identified key personnel in Exhibit C, submitted with this proposal. HCBC is the current provider of services in the Western Region and has a well experienced staff complement.

a. HCBC agrees and understands.

2.2.3 The Organizational Chart containing names of personnel assigned to provide the residential facility services is submitted with this proposal as Tab 21.

2.2.4 HCBC Residential Facility is currently operational and providing services to 53 offenders under current awarded contract B3Z14319. Evidence of our compliance with all requirements is provided as follows:

a. A current letter from the fire marshal is in attachment section under Tab 2.

b. A current copy of the Health Department Inspection is in attachment section under Tab 3

c. A current Certificate of Occupancy is located in attachment section under Tab 4.

d. A current Verification of Zoning letter is located under Tab 2 in the attachment section.

e. Proof of most recent CPA Financial Audit is in the attachment section under Tab 5.

f. A letter confirming HCBC is ADA compliant is located under Tab 6 in the attachment section.

2.2.5 HCBC agrees and understands.

2.2.6 HCBC agrees and understands.

2.3 Residential Facility Requirements:

2.3.1 Environment –

- a. HCBC provides residential services in an attractive and well-maintained facility consisting of approximately 30,000 square feet. Our facility is multi-level and was in former use as a school. HCBC has consistently been found in compliance with the state agency's requirements to provide a clean, safe and healthy environment.

HCBC understands the importance of providing an environment that is clean, safe, pleasant and conducive to good health. We invest considerable resources in providing a comfortable, attractive, and appropriate residential environment. The protection and safety of our staff and residents is a paramount concern of our agency. We go to great lengths to ensure that the environment and our practices conform to professional standards in the operation of residential facilities. Our agency policies and procedures require that equipment be maintained in proper and safe condition; that the facility comply with all fire and safety regulations, including annual fire marshal inspections and evacuation drills; and that the environment is maintained in a safe and orderly manner. Our safety plan is comprised of the assignment of a fire/safety officer, staff training in emergency procedures and safety awareness, emergency evacuation drills, regular regulatory agency inspections, internal inspections, and corporate quality assurance evaluations.

- b. HCBC's residential facility conforms to the requirements of the local, state, and federal authorities having jurisdiction and the facility offers protection against the danger of fire and smoke, injury attributable to the environment, electrical hazard, and the spread of disease and infection.

Our facility has been under the continuous review of a number of jurisdictional authorities and has passed each inspection. The local fire marshal inspects our facility for fire safety compliance each year. The Health Department inspects our food service operation annually. All heating, air conditioning, electrical and plumbing systems are inspected each year by appropriate professionals. Corrections' representatives visit our facility on an on-going basis to ensure general compliance with environmental requirements.

The following describes our rigorous plan of meeting all requirements, at all times:

- Fire Safety- Our building is well equipped to provide a residential environment for correctional offenders. The facility provides a sprinkler system that is certified yearly. Wet and dry chemical extinguishers are in

METHOD OF PERFORMANCE

RFPS30034901600754

locations throughout the Center in accordance with all requirements. Our facility is inspected annually by the local fire jurisdiction and is in complete compliance with the regulations.

- Carbon Monoxide Detectors – All living areas are protected by Carbon Monoxide Detectors that are hard wired.
- Spread of Disease and Infection - All agency staff participate each year in mandatory tuberculin testing.
- Food Service Operation is inspected annually by the local Health Department and has consistently been approved. We contract with Aramark Correctional Services, LLC. The four (4) week menu cycle has been approved by a dietician.
- Vermin and Pest Control is provided by SOS Pest Control under contract to provide weekly preventive treatments to the facility for pests and rodents. HCBC staff custodians are responsible for the sanitation plan of the facility including the frequent daily inspection of restrooms, refuse containers, facility common areas and grounds. They ensure all areas of the facility are properly supplied with sanitation supplies and to conduct/supervise the housekeeping responsibility.

Additionally, we enforce Center regulations designed to minimize the attraction of rodents and pests:

- Open foodstuffs/containers are not permitted in residential areas;
 - All refuse must be disposed of in proper containers; and
 - No boxes are permitted in residential areas for use as storage.
 - All refuse is collected in containers specifically designed for such use and is disposed of daily in outside containers. Although we have custodians for the main cleaning of the facility we do expect all residents to participate in the cleanup of their assigned rooms and to maintain their quarters in a state of good order and cleanliness.
- Daily and Weekly Inspections - Each day a shift supervisor conducts a complete walk-through of the facility to ensure that the environment is in good order. Each week a formal inspection is conducted of the facility using an inspection checklist which reiterates the guidelines of our contractors to ensure complete compliance with all applicable regulations. Our regular inspections ensure the ongoing safety of staff and clients, maintenance of all equipment and good housekeeping practices.

METHOD OF PERFORMANCE

RFPS30034901600754

- Annual Inspections - Annually, appropriate inspections are conducted of the physical plant by professionals that include testing of fire-suppression equipment, the fire and smoke alarm system, sprinkler system, and of electrical wiring and the HVAC system.
- Maintenance and Custodial- HCBC employs a full time custodial crew and a full time maintenance unit that provides corrective and general maintenance. The maintenance unit contracts for repair functions that require either a greater level of skill or special equipment. These efforts insure that the residential facility is in good repair. Our custodial staff provides daily services that ensure that it remains clean at all times.

2.3.2 Pest and Rodent Control Inspection and Fumigation - HCBC has ongoing pest and rodent control practices. We contract with a commercial pest control organization, SOS Pest Control, to provide weekly services.

- a. A verification letter is under Tab 8 in the Attachments Section.
- b. Sample documentation of the latest weekly services can also be found under Tab 8.

2.3.3 Sleeping Arrangements - The HCBC residential facility provides comfortable dormitory style sleeping arrangements for offenders. Our physical plant consists of multiple levels with large rooms that we use as dormitories. The configuration of our floors provides for an effective segregation of female and male clients in the residential dormitories. The layout of the residential sleeping space offers continuous observation of movement.

- a. The HCBC residential environment consists of dormitory style rooms. We are proposing to continue offering dormitory style residential provisions for offenders referred by the Missouri Department of Corrections for a residential capacity up to 84 offenders. Our residential capacity and offer, is as follows:
 - Our lower level offers two dormitories that offer residential space for twenty-five (25) female offenders.
 - The second (main level) of the facility presently offers four (4) dormitories, each capable of housing approximately fifteen (15) residents. A total of 59 males can be provided residency on this level after the office conversion is completed.

Additionally, we are proposing the renovation of current office space on this level to accommodate the relocation of 3 clothes washers and dryers for ease of access for the male population. (Tab 9).

METHOD OF PERFORMANCE

RFPS30034901600754

- b. All residents are afforded a minimum of forty-eight (48) square feet of contiguous floor space in the sleeping area. Hallways, closets, and bathrooms are not included in calculating square footage. Square footage is calculated for the actual space in which the offender will sleep.
 - 1) Measurement of room space is computed by using the inside dimension of the room in which the offender is physically located, less the square footage of floor space required by the other offenders and less any walled closet space within the room. Facility audits conducted by state agency personnel have always found HCBC in compliance with this requirement.
- c. Sleeping areas are designed for more than one person and each offender has their own foot locker for seating.
- d. All offender sleeping areas provide a minimum of eight inches of clothing hanging space per offender. Resident rooms contain a locker for each offender. A foot locker is also provided to each offender for storage of personal belongings. (See pictures, Tab 7).
- e. All offenders are provided with a free lockable storage footlocker. The dimensions of the footlocker meet or exceed the requirements in this RFP.
 - 1) Offenders who lose or misplace their assigned lock are issued a second lock and only charged the cost of replacement.
 - 2) All offenders are housed in multiple occupancy rooms.
- f. The HCBC facility offers central air/heat and the entire facility, including sleeping areas, are well ventilated. An upgraded HVAC system was installed in 2006.
- g. Male and female offender's personal and sleeping areas are physically separated by gender.
- h. All beds will be based on the state agency direction as determined by the initial PREA assessment.

2.3.4 Furniture, Furnishings and Equipment

- a. The HCBC dining area is a very large, spacious area that was once used as a school lunchroom. There are sufficient tables and chairs to accommodate all offenders during allowable meal times. It is an attractively furnished, clean and comfortable, cafeteria-like environment. It offers a beverage bar, ice machine, and salad bar. Adjacent is the kitchen preparation area and serving line. There is sufficient seating for approximately 91 offenders. Microwave ovens are provided in the dining area for offender use.

METHOD OF PERFORMANCE

RFPS30034901600754

b. Furniture and Furnishings

HCBC furniture is a durable-grade that is intended to withstand use by a large offender population. Through our facility inspection process, we identify furnishings that require repair or replacement so as to ensure that all times, our provisions adequately provide for the offenders we serve. Furniture and furnishings are comfortable, kept clean and in good repair. All dormitories have recently been converted from wooden bunks and lockers to metal bunks, lockers and footlockers manufactured by Missouri Vocational Enterprises. (Tab 7).

2.3.5 Toilets, Washbasins and Showers/Shower Bays/Baths

Our bathroom provisions have continuously met all requirements of the Department of Corrections. Additionally, HCBC bathroom facilities were upgraded in FY 2007 to meet all requirements of ADA. A schematic diagram that identifies our specific provisions for toilets, washbasins and showers, is offered in Tab 9 which includes current locations as well as proposed dorm modifications. Our provisions achieve the following standards:

a. In each residential unit there is a bathroom that has, facilities for every ten (10) individuals:

- 1) One (1) operable toilet for each ten (10) male offenders or combination of toilets and urinals and one (1) operable toilet for each ten (10) female offenders
- 2) One (1) operable washbasin for every ten (10) male offenders and one (1) operable washbasin for every ten (10) female offenders.
- 3) One (1) operable shower is available for every (10) male offenders and one (1) operable shower is available for every (10) female offenders.

b. All bathroom facilities are located in the residential facility and are adjacent or proximate to the dormitories where the residents sleep. The bathroom facilities are well maintained with appropriate supplies.

- 1) On-site custodians assure that clean, filled and operational hand soap dispensers are located at every sink, each day.
- 2) We also provide clean, filled and operational hand towel dispensers in each bathroom.

2.3.6 HCBC currently offers a large laundry area for use by the residential population on the lower level of our facility that meets the requirements of one operating washer and dryer per every twenty (20) offenders. We plan to make the current lower level laundry available to the female residential population and will add laundry provisions to the middle level (male dormitory) area of the facility exclusively for the use of the male

METHOD OF PERFORMANCE

RFPS30034901600754

population, (See Tab 9). Use of laundry equipment is free and exclusively for use by offenders.

2.3.7 Recreation - HCBC recognizes the importance of a recreational outlet in facilitating positive physical and mental health. We are aware that offenders easily experience boredom and frustration. Opportunities to relieve these negative feelings are critical to successful program completion and reentry. HCBC provides a number of free recreational activities on site.

- a. All residents are provided with the opportunity to participate in unstructured recreation during scheduled hours. Our facility offers an on-site gymnasium for basketball, volleyball, or similar activities. In an adjacent area is workout equipment that includes exercise equipment and benches. Color televisions with standard cable services are available on each floor of the residential units for male offenders, as well as in each female dormitory. A DVD player is available for use, as well.

Our recreational provisions include:

- 1) Basketball goal and basketball
 - 2) Board games
 - 3) Color television and cable
 - 4) DVD player
 - 5) Exercise equipment and benches
- b. HCBC offers separate televisions for each common area.
 - c. HCBC agrees to provide free access to one (1) current daily newspaper per thirty (30) offenders. Offenders have access to computers for job search. Case managers supervise the offenders in the computer room.
 - d. Successful reentry must include a pro-social connection to the community. Case managers encourage offenders to identify healthy activities and interests and become involved.

2.3.8 Visiting Area - HCBC has established procedures for offender visitation to aid in the development of positive relationships.

Visiting hours are provided in the dining room, after dining hours, from 6:30 – 9:30 PM on Saturday and Sunday. An exception to the standard visitation schedule can be approved by the Case Manager for clients who work evening shifts and for out of town visitors in the area during time frames outside of routine visitation hours.

METHOD OF PERFORMANCE

RFPS30034901600754

The visiting hours schedule is posted at the main entrance of the building and the West entrance of the building leading to the dining room/visiting area. Visiting hours and guidelines are documented in the Offender Handbook. All visitors are approved in advance by the state agency liaison officers.

During visitation hours the dining area is for the exclusive use of residents and visitors. No other activities occur in that space during that time nor are sun decks, porches, halls, restrooms, and offices used for visitation.

2.3.9 Americans with Disabilities Act Accessibility Guidelines (ADAAG) Standards

HCBC is in compliance with ADAAG standards. All units are handicapped accessible. All bathrooms are equipped with handicapped accessible sinks, showers and toilets. Offenders who cannot traverse the steps to the main dining room can use the HCBC elevator. Likewise, visitation can occur in the gymnasium.

a. The areas of the residential facility available to the general public for visiting meet all applicable ADAAG standards:

- 1) Visitor parking is located on the street and behind the building. All parking is ground level and special parking signs have been installed at the curb by the city, as well as in the back parking lot. Access to the sidewalk from a vehicle can be obtained through a driveway street cut approximately 25 feet from the handicapped building entrance.
- 2) Clients and visitors have unrestricted access into the facility from the curb to the ground floor entrance on Campbell Street, one door south of the main entrance. This entrance is clearly marked.
- 3) The doorways into the visiting area provide in excess of 32 inches in width measured from the door stop to the face of the door and the thresholds are not greater than ½ inch.
- 4) All restrooms are handicapped accessible. Both male and female restrooms are located on the ground floor and have ramp facilitated pathways.
- 5) Signage identifies the accessible entrance and location of the restrooms;

b. HCBC is in full compliance with all applicable ADAAG standards as verified by the letter under Tab 6.

2.3.10 State Agency Office Space - HCBC considers state agency staff as valued team members. Decisions regarding the offender population are made by the "team", utilizing

METHOD OF PERFORMANCE

RFPS30034901600754

the residential facility director, case managers, and probation & parole staff. This approach ensures that all residents receive appropriate supervision and services. HCBC welcomes state agency staff into our facility at any time and makes every effort to meet the needs of the state agency staff.

HCBC provides an office for assigned state agency staff that includes an operational telephone and office furniture that is provided by HCBC for use by the state agency. In addition, secured and private storage is available to be utilized solely by state agency representatives for day-to-day activities and supervision of offenders at the residential facility. (Tab 9)

2.4 Residential Facility Renovation Plans:

2.4.1 The Heartland Center for Behavioral Change does not plan any renovations that would prohibit compliance with any requirement of the contract.

HCBC plans to renovate the lower level of the facility to accommodate female offenders. Additionally, we plan to add laundry equipment to the middle level of the facility for the exclusive use of the male population. Renovation plans are identified in Exhibit G and Tab 9 offerings the facility drawings.

2.5 Residential Facility Relocation Requirements:

2.5.1 HCBC has no plans to relocate from the current location.

2.6 Prison Rape Elimination Act (PREA) Requirements:

2.6.1 CTU is PREA certified and in compliance with 28 CFR Part 115 (Tabs 10 and 11)

2.6.2 All CTU staff are at least 21 years of age and a copy of their birth certificate and or driver license is in their personnel file.

2.6.3 A background investigation is submitted on each new hire before they are allowed to enter the residential facility. The background investigation is equivalent to investigations required of all personnel employed by the state agency. HCBC understands that the state agency has the right to deny access into the state agency for any of HCBC's employees or agents for any reason. This denial does not circumvent HCBC's responsibility to comply with the requirements of the contract.

2.6.4 HCBC understands that all employees assigned to the contract that are under active federal or state felony or misdemeanor supervision must receive written approval from the division director prior to performing services. HCBC employees/agents with prior felony convictions and not under active supervision must receive written approval from the division director in advance.

METHOD OF PERFORMANCE

RFPS30034901600754

2.6.5 HCBC understands that all its employees must observe and comply with all state statutes, rules and guidelines and not obstruct the agency or its designated officials from performing their duties. HCBC will comply with all of the state agency's policy and procedures relating to employee conduct.

- a. HCBC agrees and understands.
- b. HCBC agrees and understands.

2.6.6 HCBC is PREA compliant and certified per audit (Tabs 10,11).

2.6.7 HCBC is PREA compliant and certified per audit (Tabs 10,11).

2.6.8 HCBC is PREA compliant and certified per audit (Tabs 10,11).

2.6.9 HCBC is PREA compliant and certified per audit (Tabs 10,11).

2.7 Safety Requirements:

HCBC maintains and equips the residential facility environment to ensure the health, safety, and comfort of offenders. The protection and safety of our staff and residents is a paramount concern of our agency. We ensure that the environment and our practices conform to all state, federal and local regulations, as well as to best practices in the operation of residential facilities. Our practices include:

- Ongoing and preventive maintenance of equipment
- Annual inspections of HVAC, electrical system, and fire safety equipment
- Regular emergency evacuation drills;
- Ongoing internal inspections of facility including safety equipment and
- Staff safety training.

The site at 1514 Campbell is in compliance with all applicable safety codes. HCBC accepts full responsibility for the safety of offenders who live in the facility; employees, volunteers and state agency staff who work in the facility; and, for the public who visit the facility. This is a commitment we take very seriously.

2.7.1 Compliance with Regulatory Authority Standards

HCBC has provided a healthy and safe environment for our residents for thirty-three (33) years. Our facility and practices have been regularly inspected, reviewed, and approved by federal, state, and local jurisdictional authorities.

METHOD OF PERFORMANCE

RFPS30034901600754

Annually, the local fire marshal inspects our facility for fire safety compliance each year and the Health Department inspects our food service operation. All heating, air conditioning, electrical and plumbing systems are inspected each year by appropriate professionals. The Department of Corrections conducts regular environmental reviews to ensure compliance with that agency's environmental standards.

HCBC ensures that physical health and safety features of the environment conform to the requirements of all local, state, and federal authorities having jurisdiction. We protect the lives of our staff and residents against the danger of fire and smoke, carbon monoxide, injury attributable to the environment, electrical hazard, and the spread of disease and infection.

- a. HCBC maintains all equipment and appliances in good operating order. We use a preventive maintenance program to ensure the good working condition of all equipment and appliances.
 - 1) Digital, 120 volt carbon monoxide alarms are installed at our locations. All have battery backup. Our maintenance department inspects these alarms on a regular basis and ensures that the manufacturer's recommendations are followed. The alarms provide the seventy (70) decibels at pillow level for each offender.
 - 2) This year a new fire alarm system was installed throughout the facility and all evacuation doors have been upgraded. All emergency equipment is fully equipped, operational and has current inspections. Emergency equipment will be inspected on at least a quarterly basis, except fire extinguishers which are inspected semiannually. (Tab 2) A log of each inspection is kept and includes date of the inspection; person who completed the inspection; and any noted problems. This log is available to the state agency upon request.
- b. HCBC is in full compliance with all local, state, and/or federal building, zoning, fire, safety and health codes for the current year.
- c. In the event that there is a conflict between the local standards and the requirements of the state agency, the State Fire Marshall and/or the Department of Health and Senior Services and/or the Office of Administration, Facilities Management, Design and Construction will be called in, at the option and expense of the state agency, to inspect for compliance. If such inspection identifies required changes, HCBC will be responsible for the implementation and all expenses related to such changes.
- d. HCBC will comply with the requirements of the State of Missouri Department of Health and Senior Services, the State of Missouri Fire Marshall, and/or the state agency safety inspector.

METHOD OF PERFORMANCE

RFPS30034901600754

2.7.2 Written Plans and Written Procedures

- a. Emergency plans are essential to save lives. During an emergency, all equipment must be effective and operational; staff and residents must know and understand their role and responsibility; and all must be capable of executing the plan with speed. Only through such effective measures can we be assured that an optimal response will occur during a time of emergency.

HCBC has Internal Operating Procedures (IOPs) that reflect written plans for meeting potential emergencies and disasters such as bomb threat, tornado, fire, active shooter, collection of contraband and emergencies relating to the offender and/or HCBC staff. Procedures reflect assignment of task and responsibility by job title, instructions for the use of fire alarm systems, and instructions for notification of authority, use of emergency equipment, and specifications of escape routes and procedures. HCBC Safety and Emergency Procedures are available in Tab 13. This is one of several IOPs that cover written procedures relating to safety requirements.

All HCBC staff are trained and are given a Health and Safety Handbook to keep at their work station. HCBC's Health and Safety Handbook provides the staff with HCBC's expectations for work place safety and offers employees guidance when emergencies occur. (See Tab 12).

- b. The HCBC Emergency Procedure referenced above identifies staff member responsibilities, by job title, for use of emergency equipment, including fire extinguishers, first aid kits, CPR kits, etc. HCBC will submit written procedures to the state agency for review annually upon contract renewal.
 - 1) This written plan specifies the type of warning device that is used for emergency situations. In the case of fire, alarm boxes are activated ensuring that all individuals in the building are aware of a fire emergency and must evacuate, following established procedures. In case of tornado, the fire alarm system is used to provide warning for a tornado by giving one prolonged blast followed by repeated messages over the intercom for all clients to proceed immediately to the lowest level floor. In case of bomb threat, the fire alarm is also utilized to notify residents to evacuate the building.
 - 2) All HCBC employees assigned to the residential facility are required to become certified in First Aid and CPR within the first sixty (60) days of employment. Documentation of training is kept in staff personnel files. CPR and first aid training are conducted regularly to ensure that employees maintain certification and at least one trained person is on duty at all times, on all shifts. The trainers also conduct scheduled

METHOD OF PERFORMANCE

RFPS30034901600754

training to ensure that all staff know where the fire extinguishers and alarms are located and how to use them.

- 3) Escape route plans for fire as well as shelter routes for tornado drills are color identified and posted separately near exits and movement points within HCBC. Plans specify the central meeting location following evacuations as well as the HCBC staff member responsible for assuring total residential facility evacuation.

2.7.3 Potential Emergencies and Disasters Drills - We understand the importance of conducting drills during times when most occupants are present. This is our best assurance that all residents can effectively evacuate should a disaster occur. We conduct monthly emergency drills that include, at a minimum: one (1) fire drill and one (1) tornado drill monthly. A record of the effectiveness of the drills is recorded on the Monthly Fire/Tornado Drill report form.

- a. On an annual basis, the Facility Director and the Chief of Security are required to conduct a mock drill in the form of a group discussion of emergency procedures for potential emergencies other than fire and tornado. Potential disasters include flood, earthquake, blizzard, and extended power outage. This meeting is documented in oversight meeting minutes and is also covered in the Safety and Emergency Procedures under Tab 13.

2.8 Security Requirements:

2.8.1 HCBC has a long and successful history in providing a safe and secure environment for the Department's offenders. Our building features both external and internal security features that assist in our efforts to keep our residents safe and their activities, well monitored.

Our physical plant offers the following to ensure adequate security:

- Controlled and alarmed entrance/egress points for resident movement;
- Video surveillance cameras; and a
- Layout that optimizes direct observation of activities;

We also have practices that ensure adequate security including:

- Sign in/sign out procedures;
- Formal and informal counts of residents; and
- Enforced rules for residents.

Ample security staff that meets or exceeds the Department's minimum staffing requirements are available at all times. This staff is posted at the entrance/exit of our facility and on each residential level, ensuring that resident activities are monitored at all times.

2.8.2 Unauthorized Entrance and Exits

HCBC controls all entrance and exits from the facility. All entrance/egress doors are controlled electronically and under continuous electronic/video surveillance. Entrance into the front door is secured and electronically controlled by the security monitor stationed at the entrance desk.

Only managerial personnel possess keys to the security doors. These keys are referred to as "Primus" keys and cannot be duplicated except at one local place of business and then only by designated HCBC employees. Doors are keyed to the fire alarm system and open automatically when the fire alarm is engaged.

Security staff tour/inspect both the entire building and the grounds multiple times per shift to reduce the potential for unauthorized exits. Internal and external security rounds are recorded and logged via an automated computerized electronic scanner system. Any potential problems are logged and addressed immediately. Room checks are conducted a minimum of twice on each shift. Room searches are conducted on a random basis and when there is evidence or suspicion of contraband or rule violations that come to staff attention.

HCBC agrees to secure prior approval from the state agency before making any changes to the security features or systems within the facility.

2.8.3 HCBC has a designated security staffing level that ensures that staff performs only those duties for which they have been employed. The security force is supervised by a Chief of Security, assisted by shift supervisors. Together this staff ensures that all residents are maintained in a safe and secure environment and comply with the supervision requirements of the Department. The officer cadre is assigned to posts within the Center with written and detailed security duties. See *Expertise of Key Personnel*, Exhibits C for an overview of key security personnel.

2.8.4 All offenders served by this RFP will be housed at the 1514 Campbell location with security shift coverage per requirements on all three shifts.

A current security staff schedule is included under Tab 14. At all times 3 security staff are planned to provide supervision and accountability for the offender population.

a. HCBC has identified the second shift supervisor as the acting Chief of Security during extended absences.

2.8.5 HCBC agrees to operate in accordance with the security policy, protocol and process identified in documents and narratives presented in this RFP.

2.8.6 As described in 2.7.2, HCBC operates an electronic/computerized security system that ensures security rounds are occurring according to policy on all shifts. Security staff are

METHOD OF PERFORMANCE

RFPS30034901600754

provided "scanners" that read bar codes, installed at various key locations as detailed in Tab 9. Areas highlighted with "O" have bar codes that verify the time and location of the scanners contacts by security monitors. These are reviewed daily by the Chief of Security to ensure that security rounds are being followed according to policy.

HCBC also has video equipment to monitor both the interior and exterior of the physical structure. One monitor for this equipment is located at the security desk and the other is located in the Chief of Security's office.

- a. All security electronic equipment is maintained and operated according to manufacturer's specifications.
- b. Surveillance data/records are kept for 30 days. Surveillance data/record relating to an incident is kept for a minimum of six (6) months or until release is authorized by the state agency.
- c. HCBC will utilize a paper back up system in case of an electronic failure.

2.8.7 HCBC fully understands and reports all critical incidents. The State agency personnel are notified of all alleged, suspected, or actual security breaches as soon as possible and not later than the next business day. The Facility Director has the home phone numbers of key state agency staff and contacts them in compliance with the requirements. All information is passed on to state agency representatives.

2.9 General Service Requirements:

HCBC provides room, board and supervision for all offenders seven (7) days per week, twenty-four (24) hours per day in accordance with all contractual requirements.

2.9.1 *Accountability - We believe our first and foremost goal in service provision is to provide public safety. The HCBC residential facility provides a strong program of accountability of all offenders on a twenty four (24) hour, seven (7) day per week basis. HCBC ensures the maximum accountability of residents through the teamwork of all staff, a secured physical plant, and a program structure that monitors the activities of offenders on an ongoing basis. Our services ensure that all times we know the offenders' whereabouts and activities while scheduled out for pass or employment.*

HCBC has instituted a successful operational plan to ensure accountability that includes:

- Full house counts, at unscheduled times, conducted a minimum of two times on each eight hour shift;
- Roving security staff;
- A structured sign-in and sign-out procedure;

METHOD OF PERFORMANCE

RFPS30034901600754

- Employment verification both by phone and paycheck review;
 - Case manager follow-up on treatment and other community referral appointments; and
 - Pass verification – pass destinations are checked out in advance by case managers and approved by state agency staff. While at a pass destination, the offender may be contacted by telephone a minimum of one time per shift or required to check-in at the Center. Phone calls are at *random times to confirm the offender's location.*
- a. HCBC abides by the policies and procedures of the state agency relating to absconders and the state agency command center. A complete written report of the incident is provided to the supervising probation and parole officer.
 - b. HCBC advises the state agency representative of any leave without authorization or any late return after three (3) hours has elapsed from the noted absence or estimated time of return for Dangerous Felons and Sex Offenders and twelve (12) hours for all other offenders.
 - 1) We are familiar with and complete the warrant checklist prior to contacting agency command center.
 - 2) HCBC also contacts the offender's Probation and Parole officer or supervisor as requested by the state agency.
 - c. Liaison officers are involved daily in follow up on all violations, new arrivals, those who fail to report and those leaving, both successful and unsuccessful. HCBC staff communicates daily with state agency staff and has developed a smooth working relationship.

Tab 15 contains the Policy and IOP outlining Offender Accountability.

2.9.2 In all programming, HCBC provides services that are accessible to persons of all faiths and to persons who are atheist, agnostic, or undecided. Cognitive-behavioral interventions and motivational enhancements are a large part of how staff relate to clients and neither of these require a religious component. HCBC has a long and successful history of working with offenders who have diverse belief systems. Our approach is holistic and we always strive to meet the needs of each client.

2.9.3 Missouri Reentry Process

HCBC has been intimately involved in MRP since inception. We are familiar with the National Institute of Corrections' (NIC) Transition from Prison to Community (TCP) initiative, which led to MRP.

METHOD OF PERFORMANCE

RFPS30034901600754

The HCBC President, Myrna Trickey, is on the Statewide MRP Steering Committee.

Vicki Boyd, HCBC Director of Compliance and Development, was a faculty member at the department's conference "*Missouri Reentry Process: Celebrating Success and Future Planning*" held in June 2008.

Mona Talley, Facility Director and Helen Hurley HCBC Vice President of Correctional Services (July 1, 2016) currently remain active members.

HCBC involvement in all phases of the reentry process led us to develop community resources across the state to assist offenders in community reintegration.

2.9.4 House Rules

HCBC has written rules regarding the conduct and discipline of offenders. These include a list of infractions, definitions and potential sanctions as well as who will impose sanctions and the process to be followed by the contractor to insure the rules are enforced fairly and that discipline imposed is appropriate and impartial. These rules have been approved by the state agency; however, any future changes or modifications will be submitted for approval prior to implementation. HCBC House Rules are in the Resident Handbook. (Tab 16) The Resident Handbook and house rules include all requirements stated in 2.9.4.a – h.

2.9.5 Complaint Resolution- HCBC personnel attempt to resolve complaints and grievances in an informal manner. When the informal process does not resolve an issue, HCBC has a procedure in place to formally address a complaint. Both formal and informal complaints are shared with the state agency. Offenders are notified about the grievance procedure during orientation. Copies of the procedure and form are under Tab 17.

- a. Complaints are entered on a log that identifies the offender name, Department of Corrections (DOC) number, the complaint and the resolution.
- b. HCBC addresses the complaints within five (5) calendar days of receipt. A copy is submitted to the state agency and a copy placed in the offender file.
- c. Complaints involving discrimination, sexual misconduct or threats of physical abuse are immediately acted upon. PREA guidelines are followed in the case of events sexual in nature. State agency personnel are notified by telephone upon receiving the complaint and HCBC staff work in concert with the state agency to resolve the issue.
- d. Complaints against the state agency Probation and Parole officer are submitted to the state agency officer's supervisor.

METHOD OF PERFORMANCE

RFPS30034901600754

e. Complaints relative to parole board decisions are referred to the state agency.

2.9.6 Offender Files - HCBC maintains a complete, current, and accurate file on each offender referred for Residential Services. The electronic file contains as applicable but not limited to;

- a. Breathalyzer results (positive and negative)
- b. Incident Reports
- c. Case manager notes
- d. Complaint forms
- e. Consent for Release of Confidential Information
- f. Disposition % Release of Personal Property
- g. Drug Test results (positive and negative)
- h. Intake Confirmation
- i. Job search and employment verification data
- j. Notes/directions from the Probation and Parole Officer
- k. Offender Complaint
- l. Offender Medication Log
- m. Pass Request
- n. Savings payments, waivers and withdrawals
- o. Receipt form acknowledging Resident Handbook rules
- p. Signed release of information
- q. Signed personal property and monies
- r. Signed inventory log
- s. Sign-in Sign out sheets
- t. Violation reports

HCBC utilizes the electronic offender management system SecurManage. HCBC provides the necessary security measures to ensure protection of offender data.

2.10 Offender Services:

2.10.1 Interpretive Services/Special Requirements

HCBC provides a residential program that is accessible to individuals with special needs. Special needs include, but are not limited to, sight impairment, hearing and speech impairment, language barriers, and physical barriers. Elsewhere in this narrative, issues related to ADAAG regulations have been discussed in sub-section 2.5.9.

HCBC notifies the state agency whenever there is a need for *interpretive services* and secures prior approval from the state agency before utilizing an interpreter.

2.10.2 Orientation

Each new resident is oriented to HCBC services within twenty-four (24) hours of arrival. The initial orientation is conducted by security staff and includes a tour of the physical plant and provision of the Resident Handbook (Tab 16). The offender's signature documents receipt of the handbook. *During routine work hours, the resident meets with their Case Manager who is assigned on the day of admission to sign additional required documents.* The final orientation occurs in a group setting and involves an informational presentation by a case manager, a PO and a security staff member. This provides an opportunity for new arrivals to ask any questions they may have as well as to provide additional information. All resident files reflect documentation of completion of orientation and acknowledgment of house rules on the Intake Confirmation, signed by the offender.

- a. New offenders take a tour of the facility upon arrival with particular emphasis on safety and emergency procedures. The tour includes the dining room, laundry room, fire and emergency exit routes, assembly area, recreation area and recreation equipment locations and they are advised of the rules and regulations of the facility.
- b. Toiletries, including soap, toothpaste, razors, etc. are available at no charge to all individuals who report to the facility without these basic supplies. They continue to receive toiletries until employed or have other means to purchase the necessary items.
- c. The Resident Handbook (Tab 16) has information regarding medical, dental, mental health, and emergency care facilities for offenders. Offenders are advised that they are responsible for any expenses incurred. This information is reviewed with the resident during the orientation process.

METHOD OF PERFORMANCE

RFPS30034901600754

- 1) All new residents are screened as required by PREA statutes. Residents will be housed in compliance with PREA standards. SANE and SAFE information will be provided during the screening. Information on localities and phone numbers of who to contact in case of a PREA event will also be given during the initial screening and posted throughout the facility.
- d. Explanation of the disciplinary process, complaint/grievance procedure and appeal processes are provided at orientation by the case manager and probation/parole staff.
- e. Rules regarding censorship are reviewed during the intake process. Specifically, the new resident is advised that information, literature, or pictures that are sexually explicit, advocate violence, advocate racism, and detail bomb making is prohibited and will be confiscated.
- f. During the intake process all offenders sign a Disposition and Release of Personal Property and Monies and a Consent for Release of Confidential Information form. Documentation of completion is on the orientation checklist. If the offender refuses to sign the Release of Information, the state agency is immediately notified.
- g. An initial inventory of the offender's possessions is completed upon arrival and documented on the Personal Inventory Log form. Residents are advised of their responsibility to inform staff of changes in order that the inventory log remains accurate.

2.10.3 Personal Property

At admission to the HCBC program, each resident is oriented to the HCBC program, including our personal property rules. The personal property of each offender is inspected by security staff. The Disposition and Release of Personal Property and Monies form and the Release of Information form is completed by HCBC staff during the intake orientation process. Together, security staff and the offender complete an inventory of the offender's personal possessions, making note of any items that are in excess of space provided to each resident at HCBC, or considered to be contraband.

- a. When an offender is discharged from the HCBC program, personal property that has not been taken by the offender is maintained on site for thirty (30) days from discharge and disposed of if not claimed by the resident or the designee on the Disposition and Release of Personal Property and Monies form. HCBC makes every attempt to locate designees listed on the form within that thirty (30) calendar days.

HCBC policy and procedure relative to property of absconders and offenders failing to return to the residential facility is strictly followed. Decisions regarding the return of a resident's property or funds are made in concert with the liaison officer.

METHOD OF PERFORMANCE

RFPS30034901600754

- b. Offenders will be allowed to possess a cell phone contingent on the offenders following the rules of the facility.

2.10.4 Linen and Laundry Service

HCBC provides each offender with linens and makes laundry provisions available.

- a. Upon arrival each offender is provided with clean linens consisting of 1 pillowcase; 2 sheets; 1 blanket, 2 bath towels, and 2 washcloths. All items are laundered and/or cleaned prior to reissue to another offender.
- b. HCBC provides a minimum of one operating washer and dryer per every twenty (20) offenders. Residents are responsible for washing their own linens and clothes. The equipment use is free and exclusively for the use by offenders. Laundry supplies are also available free of charge.
- c. A written laundry schedule is available for each offender's review. The schedule requires that each offender's linens be washed on a weekly basis.

2.10.5 Food Service and Menu

- a. HCBC provides all residents, with three (3) nutritious meals each day while in residency at HCBC. All food service provisions are approved by the state agency. A written food service plan is presented under Tab 18 in the attachments section.
 - 1) Offenders may request a late meal if unable to return to the facility for the scheduled meal time.
- b. The meal plan (see Tab 18) provided by Aramark, totals 3200 calories a day and is approved by a registered dietician. ARAMARK meal plans either meet or exceed Department of Agriculture and American Correctional Association standards. As demonstrated in Tab 18, ARAMARK meal plans detail serving sizes and portions and the meals are different every day. In addition to the scheduled posted menu for the day, a salad bar is also usually available.

All menus are posted and available for review by the state agency.

The HCBC-Aramark food service program offers menus that meet special dietary needs, including medical needs. ARAMARK maintains an on-site manual labeled "Medical Nutrition Therapy and Religious Meals". (The table of contents of this manual is also included in Tab 18). This manual details the various types of medical and religious diets available to the offender population. The meal plans have been specially developed to meet the special medical needs of an offender population.

METHOD OF PERFORMANCE

RFPS30034901600754

- c. All food is prepared by Aramark employees. HCBC does not delegate any food preparation to the offenders.
 - 1) HCBC agrees and understands.
- d. Aramark provides a 3200 calorie per day which meets all the required standards requested by this RFP.

HCBC Aramark will provide at least the following on a daily basis:

- Breakfast – HCBC will provide at least eight (8) ounces of coffee and eight (8) ounces of milk for each offender. HCBC will provide an additional four (4) ounces of milk if cereal is served.
- Lunch – An eight (8) ounce beverage will be provided for each offender.
- Dinner – An eight (8) ounce drink and eight (8) ounces of milk will be provided daily for each offender at dinner.

- e. HCBC agrees and understands

2.10.6 Food Preparation and Storage Requirements – HCBC agrees and understands.

2.10.7 Visitation - Reunification with family members is important to offenders in making a successful adjustment to the community. A strong, positive, family relationship is a good predictor of offender success. HCBC supports and promotes offender efforts at reunification through its visiting program. HCBC has established procedures for resident visitation to aid in the development of positive relationships.

- a. Visiting hours are provided in the dining room after dining hours from 6:30 p.m. – 9:30 p.m. on Saturday and Sunday. An exception to the standard visitation schedule can be approved by the Case Manager to accommodate clients who work evening shifts or to address out of town visitors who may be in the area during a time frame outside of routine visitation.
- b. The visiting hours schedule is posted at the main entrance of the building and the west entrance of the building leading to the dining room/visiting area. Visiting hours and guidelines are documented in the Resident Handbook. All visitors must be pre-approved by the RF liaison officers.

2.10.8 Drug Testing and Breath Analysis

METHOD OF PERFORMANCE

RFPS30034901600754

Drug testing and Breath analysis testing are routinely conducted per contract requirements and state agency policy. Both screenings are conducted beyond the minimum number required by contract.

- a. Urine screens are conducted monthly on a minimum of 50% of the contracted residential slots. Drug testing kits are provided at the expense of HCBC. HCBC routinely exceeds the random and targeted drug-testing requirement. Once we have screened the mandated 30% of residential slots, additional mini-screens are conducted to discourage illicit drug use by offenders.
- b. HCBC conducts drug testing on any offender based on suspicion of use, late return from pass time (or, if applicable, employment), and at the request of the state agency.
- c. In addition to random drug screening, HCBC conducts drug screens on offenders based on suspicion of use. It is not unusual for offenders to inform staff of drug use on the part of others nor is it unusual to suspect drug usage based on the way a client might look or act. From time to time, we may detect aromas indicating possible drug use. That being the case, HCBC does not hesitate to drop on suspected clients individually or in groups to determine who might be using. This requires a constant and continual effort on our part.
- d. HCBC utilizes Norchem Sentry Labs for urinalysis drug screening. Samples are mailed in quantities of ten and results are received by e-mail within 24 hours. The laboratory screens for:
 - Amphetamines
 - Barbiturates
 - Benzodiazepines
 - Cocaine
 - Marijuana
 - Opiates
 - PCP
- e. Each drug test performed also includes an alteration test for masking and dilution.
- f. Drug tests are free and offenders are never charged for the initial drug test.

METHOD OF PERFORMANCE

RFPS30034901600754

- g. Offenders who deny the results of a positive drug screen or wish to have a confirmation test done are advised that if they so desire, a confirmation test will be conducted but it will be at the offender's expense.
- h. Drug testing documentation is maintained in the resident file. In addition, monthly summary reports are generated which record the date the drug test was taken, the date results were received, and designates positive or negative result. A member of our support staff records all urine samples taken. We record the name of the client, the date taken, the program, and the UA tracking number. When the results are returned, we also record that data and complete conduct violations at that time. Monthly drug testing reports are mailed to the local state agency supervisor.
- i. The *Policy and Procedure for UA collection* is contained under Tab 19 and has been approved by the state agency. Briefly, offenders required to submit UAs may have no contact with other clients or visitors and are under direct supervision of staff until the specimen is collected. Offenders are given two hours in which to submit the sample and are provided up to 12 ounces of water.

Collection must be observed by same-gender staff that date and sign the required paperwork. Bottles containing the specimens are kept under direct staff observation and control at all times, both before and after the sample is collected.

Refusal to submit or tampering with a sample is considered the same as a positive result and an incident/violation report is written.

- j. HCBC utilizes the Alco-Sensor III Breathalyzer. This equipment is U.S. Department of Transportation approved as an Evidential Breath Tester.

The Breathalyzer equipment is calibrated once a month or in accordance with *manufacturer specifications, whichever is greater*. Records of calibration are kept and will be provided to the state agency upon request.

- k. All residential security officers are trained to administer breathalyzers in orientation training. In-service training is conducted to ensure continuing proficiency. Breathalyzers are conducted on offenders who are returning to HCBC from authorized passes, unauthorized absences, or work. Results of the Breathalyzer are documented on individual resident sign-in/sign-out logs.
- l. Random breathalyzers are also conducted on residents who have been outside of the building but on the grounds of HCBC without direct supervision. In actual practice, we strive to test every client entering the building from any trip outside whether off the grounds or not. All clients returning late are given a UA and a BA and the reading is documented on the sign-in/sign-out log. (RFP Attachment #10)

METHOD OF PERFORMANCE

RFPS30034901600754

- m. HCBC conducts a second test for confirmation on readings above 0.000, after waiting fifteen (15) minutes. During this time the offender is not be allowed to smoke or ingest anything by mouth. The time and results of both tests are entered on the incident/violation report. A BA reading of .025 and above requires the offender to sit in a chair near the control center away from the other offenders where s/he can be closely monitored. After the reading drops below .025, the offender may return to his/her room.

2.10.9 Sign-In/Out

HCBC permits offenders time away from the Center to support their re-integration efforts while at the same time ensuring accountability. Residents are required to comply with all Department and Center procedures in exercising leave from the program. HCBC has written procedures in place for all times the offender may be absent from the facility. This includes activities such as employment or employment seeking, medical appointments, substance abuse treatment services, and activities pertaining to successful integration into the community.

- a. It is understood that offenders under the jurisdiction of the state agency may, under exceptional circumstances, request permission for out of state travel and be granted such with prior state agency approval.
- b. With case manager approval, we allow offenders go to AA/NA, counseling or other approved substance abuse treatment services. All such activities are documented on the sign-in/sign-out log.
- c. We allow offenders to sign out for legitimate purposes necessary for success in the program and reintegration into the community. Passes are granted for a specific period of time and may not be used for purposes of recreation or visitation.
 - 1) HCBC will use the state agency format for all Passes.
- d. We allow offenders to attend religious services; however, religious service attendance must follow pass procedures as indicated in the Free Time/Pass Procedures.

2.10.10 Free Time/Pass Procedures

HCBC free time/pass time procedures are established utilizing the following guidelines:

- a. Pass requests are completed by the offender and given to the case manager. All passes are reviewed at the weekly team meeting by the case manager and probation and parole officer. No resident is allowed to leave the facility on pass

METHOD OF PERFORMANCE

RFPS30034901600754

without the approval of the state agency. Pass time is identified as time away from HCBC greater than three (3) hours. All pass requests have the signature of the designated state agency representative and are maintained in the resident file once the pass time is completed.

- b. The state agency format, is utilized for all passes.
- c. Free time and pass time is based on successful participation in the objectives outlined in the offender's case management plan and only with prior approval from the state agency.
- d. Offenders attending religious services are limited to three (3) hours per week, unless they are eligible for free time and passes. The offender must submit location, time of services, and present verification of attendance (e.g. church bulletin) upon return.
- e. On designated holidays (Memorial Day, Fourth of July, Thanksgiving, and Christmas), HCBC routinely organizes special activities/recreation, meals, and visitation hours, etc. to meet the needs of residents who must remain on facility grounds. When appropriate and approved by HCBC staff and the state agency, offenders may be granted an additional twenty-four (24) hours pass time which may include an additional night of absence from HCBC.
 - 1) On a case by case basis, offenders not eligible for an additional 24 hour pass may receive a pass for up to twelve (12) hours on Thanksgiving and Christmas, with prior approval of the state agency.
 - 2) This pass cannot be an overnight pass and, dependent upon the circumstances, may require the offender to report in or return to the residential facility at given points in time.
- f. HCBC processes pass requests for offenders subpoenaed for Court appearances. Court passes also require pre-approval from state agency personnel.
 - 1) If the offender is required to be present for the legal proceedings for an extended period, it is understood that the responsibility of room and board for the offender will be assumed by the offender requesting the subpoena pass.
 - 2) Our staff keep in close contact with department staff and staff from the subpoena issuing authority to determine the appropriate date and time the offender should return to the Center.
- g. It is understood that a resident is eligible for up to a 48 hour pass to attend the funeral of an immediate family member and that all funeral leave requests must

METHOD OF PERFORMANCE

RFPS30034901600754

be approved by the state agency. Offenders must provide information about the deceased (relationship, etc.) as well as information regarding the location of the funeral home, time of ceremony, etc. The state agency pass form and sign-out sign-in form is used.

A family member is defined as spouse, parent, children, brother sister, grandparent, grandchildren, including all blood, step and foster relationships and all such relationships of the offender's spouse. Exceptions to the definition are possible, if the offender can demonstrate that the deceased was active in his or her upbringing.

2.10.11 Health Care

Upon arrival to our facility, we provide all offenders with an orientation to local medical resources. The information is also maintained in the Resident Handbook. HCBC has a long history of cooperation with several medical centers in the area. Truman Medical Center provides emergency care available twenty four (24) hours per day, seven (7) days per week and is located less than a mile from HCBC. In non-emergency situations, HCBC may provide transportation or arrange transportation for a resident needing medical or dental care.

- a. Residents are advised via the Resident Handbook that they are financially responsible for any medical, mental health, or dental care expenses. The handbook also identifies local health care facilities.
- b. All medication (including Schedule III medications) is maintained on site, and kept in a locked cabinet supplied by the state agency, behind a locked door. Medication Management (Tab 20). A summary of our procedures follows:
 - 1) Offenders entering the facility are asked to surrender all medication to staff. It is counted, recorded, and placed in a locked medicine cart kept in an area accessible to staff only.
 - 2) Only certain, trained staff may observe offenders self-administering medications. Medication is logged in the offender management system. The offenders must sign the electronic signature pad to acknowledge the receiving of their medications to properly record medication administration.
 - 3) Offenders make their own log entries in the presence of trained staff.
 - 4) HCBC designated staff observes and verifies offender entries by initialing. The designated staff immediately report anyone not taking medication as prescribed to the case manager and PO using the CTU Officer's Report form. This notification can occur either by fax, email, or telephone.

METHOD OF PERFORMANCE

RFPS30034901600754

HCBC designated staff also notifies the PO in writing, using the CTU Officer's Report form, when any offender refuses or fails to take his or her medication. The written notification includes the offender's name, DOC number, date and time of occurrence, and the name of the medication the offender refused to take. A copy of this form is given to the case manager assigned to the offender in question.

- c. In the event of critical illness or death of an offender, HCBC staff will immediately report (within one hour) to the state agency. This notification will occur by telephone regardless of the time of day the death or illness has occurred.

2.10.12 Case Management

HCBC knows that offenders experience many difficulties when trying to rebuild their lives. Case management service is integral to the overall success of offenders in their reentry efforts. HCBC assigns each offender to a case manager upon arrival at the facility.

- a. The case manager/client ratio is (1) case manager for up to thirty (30) offenders.
- b. Case managers are members of the correctional treatment team, as are all employees assigned to this program. Treatment teams function with the probation officer as the team leader.
- c. Case managers will meet with the offender within two (2) working days of the offender's arrival.
- d. Case managers assigned to this program have received additional training in order to assist offenders applying for Medicaid/ SSI and other benefits. Case managers are also experienced in assisting offenders in obtaining identification documents as needed.
- e. Case manager duties include monitoring participation in programming as defined by the offender's initial assessment and stipulations of their parole or probation. This includes but is not limited to verification of appointments and attendance as well as assistance in finding the community resources the offender needs to successfully reintegrate into the community.
- f. Case managers, as a rule, work a flex schedule. This affords them the opportunity to work late on some days in order to meet with their clients during evening hours. On other days they come in earlier for clients with different scheduling needs. An offender is not held in from work or other community integration commitments to meet with the case manager. If such a need does arise, pre-approval is obtained from the supervising officer. Each case manager will work one night a week until 8:00 pm.

METHOD OF PERFORMANCE

RFPS30034901600754

- g. HCBC maintains a comprehensive listing of community treatment sources. As a treatment services provider, HCBC networks with other providers located in the greater Kansas City metropolitan area. More often than not, case managers are on a first name basis with other treatment and social services agencies as HCBC is well established in the community.
- h. HCBC case managers will log all meetings with the offender in the offender management system providing legible and clear case notes. The case manager's notes will document at a minimum;
 - 1) Supervision Plans;
 - 2) Goals developed following (SMART) guidelines to accomplish the supervision plan
 - 3) Criminogenic needs (Attitude, Associates, Family, Substance Abuse, Recreation, Education, Employment);
 - 4) Home plan development; and
 - 5) Follow up activities

HCBC maintains listing of community treatment resources. HCBC will provide the listings upon request to the state agency.

2.10.13 Job Development and Maintenance

HCBC case managers are expected to develop employment opportunities for offenders. Knowledge of the individual offender's background, experience, training, and employability are taken into consideration. Case managers make arrangements for interviews, transportation, and personal introductions when appropriate. The following methods are utilized to assist residents in securing employment:

- a. HCBC utilizes the services of the Missouri Workforce Development, Catholic Charities and Bishop Sullivan to assist offenders in job placement.
- b. All employable offenders are required to secure employment as well as participate in assigned programming. Treatment opportunities do not conflict with an offender's work schedule because referrals are only made to programs that provide services during hours convenient for the offender.
- c. Job development efforts and monitoring are contained in the offender's file. HCBC tracks offender efforts to find employment using our detailed Job Search form. Follow up phone calls to the businesses listed are made to verify the list.
- d. Only with advance state agency approval, may an offender secure employment where s/he will be paid in cash. In this case verification of the employment and payment of taxes must be provided to the case manager.
- e. Every attempt is made to assist the offender in securing employment for the offender that best matches his or her skill level, potential for growth, and

METHOD OF PERFORMANCE

RFPS30034901600754

individual need and circumstances. It is a well-known correctional axiom that there is a very strong link between stable employment and successful community integration.

- f. HCBC refers clients to several community resources such as Catholic Charities, Women's Employment Network, Hope Faith Ministries and Grand Avenue Temple to obtain suitable clothing for employment.

2.10.14 Savings

The Administrative Assistant/Financial Coordinator assigned to the Residential Facility manages offender savings accounts. Duties include setting up an individual ledger card for each offender that records all income and savings. Each offender is tracked in terms of when he/she becomes employed and what the gross wage is. The proper amount for each resident's savings is computed, collected and deposited in a non-interest bearing account at a local bank.

- a. Reconciliation of bank statements is handled by the CFO and also occurs in the annual audit.
 - 1) Offenders are required to save a minimum of 50% of their gross income. Funds are deposited in a non-interest bearing savings account and released to the offender upon discharge.
 - 2) Self-employment income and social security benefits received by the offender shall also be required to submit fifty percent (50%) into their savings account,
- b. The HCBC Financial Coordinator collects the savings amount from the offender on the date the offender is paid.
 - 1) Requests for waivers or reductions of savings will be submitted to the PO by the case manager on the form of the same name. The form must be signed by state agency and included in the offender's file.
 - 2) Other waivers or reductions of savings may occur, with approval of the state agency, for transportation, clothing, and shoes, etc., relating to employment; legal child support obligations and other approved necessities.
 - 3) Offenders who have child support deducted from their paycheck may have one waiver which remains in effect for the offender's entire stay.

2.11 Transportation and Driving Privileges:

2.11.1 Transportation

HCBC is located in the downtown Kansas City area and near many employers, social service agencies, and health centers. Additionally, public transportation is readily available.

- a. Within ¼ mile of our facility's location are three (3) major bus lines. The nearest of the three bus lines is approximately 100 feet from our front door.
- b. Bus schedules will be included with the Resident Handbook and a kiosk with bus schedules placed at the main entrance to the building.
- c. Public transportation runs, at least hourly, twenty-four hours a day to various locations within the public transportation geographic area.
- d. If HCBC elects to utilize taxi cabs as an option of transportation, all costs exceeding that of public transportation is at our expense and will not be charged to the offender.
- e. The case manager makes every effort to secure transportation to mandatory appointments and job searches, until such time the offender is receiving income.

2.11.2 Vehicle Requirements

HCBC does not provide transportation for offenders

2.11.3 Contractor Driver Requirements

HCBC does not provide transportation for offenders

2.11.4 Offender Driving Privileges

HCBC follows the policy relative to offender driving privileges as set for in this RFP. Public transportation is available to HCBC clients on a twenty four (24) hour, seven (7) days a week basis.

- a. Offenders will submit a Request to Operate a Motor Vehicle to the state agency. Only with state agency approval may an offender drive. Offenders wishing to have driving privileges will have to submit a request for approval to the state agency on a Request to Operate a Motor Vehicle form. The following criteria are used to evaluate the offender's request for driving privileges and must be met prior to the granting of the request:
 - 1) Proof of current license and insurance documented in the offender's file

METHOD OF PERFORMANCE

RFPS30034901600754

- 2) Proof of responsible behavior as demonstrated by the offender and file documentation
 - 3) Review of traffic record by the state agency
 - 4) Copies of a valid driver's license/chauffeur's license (both sides), insurance face sheet and vehicle registration attached to the request
 - 5) The offender must agree that his/her license and any keys will be surrendered upon return to the residential facility at the end of each day.
 - 6) The offender is advised that any infraction may result in the loss of driving privileges.
- b. Offenders are allowed to take the driver examination test while a resident of the residential facility.
- c. Offenders may have a motor vehicle at the residential facility, if prior approval is received from the state agency. Further, HCBC provides free parking for offender's vehicles.

2.12 Personnel Requirements:

HCBC has been a successful provider of residential facility services for the Missouri Department of Corrections for thirty (30) years. Our success is due in large part to the experienced staff assisting offenders in their journey, each day.

HCBC is keenly aware that a well-organized and well-managed employee workforce is critical in achieving the highest level of success. Considerable resources are directed to the Personnel function. Prior to hiring a prospective candidate for employment, we conduct an extensive background investigation. This includes not only contact with prior employers, but also a criminal history check, and verification of credentials. Our personnel function is regulated through current personnel policies that are provided each employee during initial orientation with our agency. All employees are provided *written job descriptions that are explained and signed on the first day of employment.* Personnel records are systematically maintained that contain documentation of employee qualifications for the position as well as any personnel changes/actions taken throughout the employee's tenure with our agency.

HCBC is organized to ensure that all aspects of the operation are properly directed, managed, and supported. Our staff complement includes a Facility Director who has successfully served in this capacity for many years. Reporting to the Facility Director are:

- Chief of Security, responsible for the supervision of shift supervisors and security officers;

METHOD OF PERFORMANCE

RFPS30034901600754

- Administrative Assistant/ Financial Coordinator;
- Intake Coordinator; and
- Three (3) Case Managers.

Custodial and maintenance services are provided through our agency wide housekeeping and facility maintenance crew. Food service is provided through a subcontract with Aramark Correctional Services.

The program is also supported by our existing administrative operations that include a number of specialty departments. The fiscal management unit provides support in such areas as purchasing, inventory control, data entry and accounts receivable and payable. Our MIS unit provides expertise and assistance to all operations in the maintenance of our information systems' network. We provide physical plant support and a centralized Records' Department ensures that all clinical records are compliant with agency and contractor policies.

The staffing plan appropriately addresses all offender needs in their reintegration into the community and ensures that management and support staff are organized in sufficient number to provide a productive and supportive environment. There is sufficient staff planned to adequately operate the facility and to direct appropriate attention to the supervision and reintegration needs presented by the population.

The Heartland Center for Behavioral Change Organizational Chart for the Residential Facility (Tab 21) identifies our staffing plan, including the management and support staff that will provide the services under this contract. Several staff members have worked in our residential facility for many years and have a thorough understanding of the requirements of the state agency, and have well developed relationships with our correctional partners.

2.12.1 HCBC will comply with all requirements of the RFP.

2.12.2 HCBC will provide sufficient personnel to perform the services required per the contract.

2.12.3 HCBC agrees and understands that the state agency needs to be provided with an organizational chart within five days of any CTU staff changes.

2.12.4 Qualified Personnel

HCBC has qualified personnel in place for the professional positions called for in this RFP. Please refer to the *Expertise of Key Staff* section for Exhibits detailing the qualifications of employees who will be assigned to this RFP. Whenever positions are vacant, HCBC provides the state agency with documentation through the monthly report and validates a good faith effort to fill the vacant position. HCBC understands that if the

METHOD OF PERFORMANCE

RFPS30034901600754

position is vacated for a period longer than 45 calendar days, such position(s) shall be considered vacant and the state agency will reduce the total monthly payment by an amount not to exceed the total salary included in Employee Expense Charged to Contract Exhibit included in the awarded proposal.

2.12.5 HCBC has qualified staff as displayed in Exhibit C.

2.12.6 HCBC agrees and understands that all personnel assigned under the contract must be approved by the state agency in order to provide services.

2.12.7 Each position within HCBC has a corresponding job description that includes job titles, minimum qualifications, responsibilities and duties, as well as titles of the immediate supervisor. These job descriptions in the employee's personnel file and are maintained by HCBC's Human Relations Department and are in the *Expertise of Key Personnel* section under Exhibit C of this proposal.

2.12.8 HCBC personnel meet all requirements of the state agency for authorized personnel:

- a. HCBC only hires personnel who are authorized to work in the United States in accordance with applicable federal and state laws; which includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A.
- b. If HCBC is found to be in violation of this requirement or the applicable state, federal and local laws and regulations, and if the State of Missouri has reasonable cause to believe that the contractor has knowingly employed individuals who are not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar HCBC from doing business with the state. The state may also withhold up to twenty-five percent of the total amount due to the contractor.
- c. HCBC agrees to fully cooperate with any audit or investigation from federal, state, or local law enforcement agencies.
- d. HCBC participates in the E-Verify federal work authorization program and is in compliance with all requirements as verified by Exhibit M.
- e. HCBC has submitted a current Affidavit of Work Authorization.

2.12.9 HCBC agrees and understands.

2.12.10 HCBC maintains and operates in accordance with written personnel policies that are available to all personnel and accessible to the personnel at their work sites.

- a. All personnel are guided by policies and procedures regulating agency practices. Our personnel practices are directed to ensure compliance with all federal, state, and local regulations, as well as the requirements of our licensing/accrediting

METHOD OF PERFORMANCE

RFPS30034901600754

bodies. Our personnel policies address all aspects of the management and organization of employees. We comply with the Equal Opportunity Employment Act, Fair Labor Standards Act, Family and Medical Leave Act, and Fair Employment Practices Act. The Affirmative Action plan for diversity standards are met. All policies and procedures are reviewed and updated annually and approved by our Board.

b. HCBC's personnel policies, (Chapter 3 of the HCBC policy book), include the following sections:

- Selection, Retention, Promotions and Separations
- Reference checks
- Equal Employment Opportunity
- Sexual Harassment, Harassment and Discrimination
- Employee Performance Planning and Appraisal System
- Employee Benefits and Expense Reimbursement
- Employee Time and Attendance
- Code of Ethics and Employee Discipline
- Employee-Management Relations and Grievance
- Records
- Independent Contractors
- Staff qualifications, Responsibilities and Supervision
- Training and Staff Development
- Employee Reporting of Criminal Conduct
- Employee Drug/Alcohol Testing
- Clinical supervision

Policy books are available at all supervisory locations for staff access. Additionally, all staff is provided, at orientation, an Employee Handbook that summarizes our policies and practices. Each employee also receives orientation in each area of the manual.

METHOD OF PERFORMANCE

RFPS30034901600754

- c. HCBC expects the highest level of care, concern, and conduct among staff not only in performing the basic responsibilities of their assignment, but also in their relationships with offenders and their families. We expect all staff members to appreciate the individual rights of all and to promote the dignity of each.

We expect all staff to respect professional and ethical boundaries in their relationships with clients. We also expect our employees to comply with laws and regulations on sexual misconduct and harassment. We have very specific policies in these areas and guidelines that are summarized and available to all employees in the Employee Manual. Our agency takes a very "hard line" when it is determined that an employee has violated professional ethics or legal requirements, particularly relating to sexual misconduct and harassment. Employees who have violated these rules, depending on the circumstances, are subjected to harsh discipline that has often included dismissal. We orient staff to our expectations in this regard, during employee orientation and by providing and explaining the requirements in our Employee Handbook. Employees must also attend mandatory annual training in ethics (corporate compliance) and sexual harassment.

Chapter 3.8 of the policy and procedure manual defines Code of Ethics and Employee Discipline. The Code of Ethics is reviewed with all new employees and their signature confirms an understanding of the expectations and intent to comply. These forms are maintained in each personnel file. This training on the Code of Ethics is mandatory for all new staff. In addition, HCBC will train staff on the Missouri Department of Corrections Employee Personal Code of Conduct. HCBC Policy and Procedure reflects the following minimum expectations:

- 1) Staff will not display favoritism or preferential treatment for individual offenders or groups of offenders.
- 2) Staff will not engage in any personal or business relationship with any offender under the state agency's jurisdiction or with an offender that has been a program participant within the last two years, or the offender's family.
- 3) Staff will not use their official positions to secure or receive advantages, gifts, money, or favors from offenders, their families, or associates.
- 4) Staff will value the human worth and dignity of all offenders by respecting the individual, recognizing diversity and treating all offenders fairly.
- 5) Staff will not abuse offenders verbally or physically.
- 6) Staff will recognize the offender's right to privacy and adhere to confidentiality rules.

METHOD OF PERFORMANCE

RFPS30034901600754

- 7) Staff will report any attempt to violate these guidelines immediately to the contractor's facility director who shall in turn report to the state agency.

2.12.11 The Human Resources Department maintains a personnel file for all HCBC employees. Personnel files for individuals working under this contract are available to the state agency or representatives for the purpose of verifying compliance with the contractual requirements. HCBC personnel files include criminal record checks, background investigations, resumes, transcripts, date of employment, training records, performance appraisals, commendations, disciplinary actions and other related actions.

- a. HCBC requires verification of educational levels by viewing the original degree/ diploma or by obtaining an official transcript from the school, college, or university. A copy of the documentation is located in each individual's personnel file and available to the state agency if requested.
- b. A checklist of all required documents is at the front of each employee file.

2.12.12 HCBC has a procedure in the Code of Ethics and Employee Discipline section of our operating manual whereby employees are expected to self-report any violations, investigations or accusations relating to service provision. Other employees of HCBC are also expected to report incidents regarding inappropriate interaction between personnel and consumers. Follow up occurs by the HR Department and Executive Director to determine what discipline should occur and to develop a plan of action as to how the issue will be addressed or resolved. If such a situation occurs an initial contact is made with the state agency immediately, or the next working day after becoming aware of the issue.

2.12.13 HCBC staff members who terminate employment with our organization are free to continue to work in this field and are free to work for another contractor that is providing residential facility services. HCBC does not utilize an exclusionary agreement when hiring or retaining staff.

2.12.14 HCBC employees are expected to follow all statutes, rules, regulations, guidelines, and internal state operating procedures either currently in effect or yet to be developed in the execution of this or any other state RFP. HCBC employees have been and will continue to be required to report all infractions committed by the offender population. HCBC employees have not and will not obstruct state agency personnel from completing their objectives in regards to any offender, security, environment, or management matter. To the contrary, because the success of any offender programming is based on teamwork between all individuals involved in delivering a correctional service, HCBC personnel will work closely with and assist state agency personnel in performance of their duties.

METHOD OF PERFORMANCE

RFPS30034901600754

2.12.15 As is the case with any reputable and successful organization; HCBC understands and accepts responsibility for supervising its staff. Given the challenges of working in a correctional environment, it is understood and welcomed that the state agency is willing to provide additional supervision, either directly or indirectly, to contract staff and offender alike. Supervisory personnel may discover information that merits further inquiry and sometimes the state agency identifies information that requires further review. This sharing of security and/or staff information is part of the team concept by which we operate our residential facility. All information received from the state agency regarding the performance or conduct of our staff is appreciated.

- a. HCBC is responsible for its staff. This includes but is not limited to: hours of work, correct remuneration, in-service training, on-the-job training, proper supervisory guidance, etc. Personnel issues must be addressed if they are to be kept at minimum. To accomplish this objective, supervisory staff conduct bi-weekly staff meetings as well as individual supervision sessions with all personnel assigned to the residential facility. HCBC personnel policies provide the framework on which work related issues are resolved. The entire HCBC chain of command can be called upon to resolve an employee grievance. No grievance or complaint is too small. Complaints and grievances help set the internal climate of the residential facility, consequently all complaints are reviewed and appropriate resolution is made. As in any correctional institution, a discontented employee force results in offender unrest. HCBC management personnel will respond in writing to any request made by the state agency for information regarding staff behavior and complaints.

2.12.16 HCBC employees assigned to the contract shall not be utilized for other contracts without permission from the state agency.

2.12.17 HCBC understands and agrees that no state agency employee can be compensated by our organization for services provided, related to performance of the contract, while concurrently employed by the state agency.

2.13 Training Curriculum:

HCBC strongly believes and understands that quality services can only be provided through appropriate levels of staff training. HCBC has been approved by the Missouri Substance Abuse Credentialing Board to offer continuing education hours and we have an in-house training unit to provide staff training. Through this agency-wide training, employees learn about interventions for those we serve, crisis assistance, behavior management, de-escalation, and other broad topics. HCBC also provides specialized in-service trainings for our supervisory staff. We offer incentives to attend outside trainings including administrative leave and expense reimbursement for costs. Additionally, the unit responsible for training forwards outside training opportunities to staff.

METHOD OF PERFORMANCE

RFPS30034901600754

We provide our employees with an extensive amount of initial training as well as on-going annual training. We believe staff training to be our best assurance of quality of service and a principle ingredient in staff retention. Our extensive investment in staff training and development translates to effective services.

- 2.13.1 HCBC provides in service training to all employees within thirty (30) days of hire and prior to providing services. Our orientation training is designed to prepare each new employee for their work with our agency. Orientation is provided via classroom type didactic presentations and on the job training within their first thirty days of employment. New staff may not work independently until their 30 day orientation program has been successfully completed.

The orientation training curriculum for security and case managers includes but is not limited to the following: Safety and security of the facility, offenders, and staff, offender management techniques, crisis intervention, de-escalation of volatile offender behavior, appropriate procedures and responses to offender incidents and violations, including absconders, assessment and development of re-entry plans, interpersonal relationships, cognitive restructuring, etc. Additionally, staff is provided an orientation to our personnel requirements, the job description, overview of our agency and agency structure, confidentiality, rights, and other pertinent areas from our policy and procedure manual. A training checklist is utilized for security monitors and case managers and available for state agency review at any time

- 2.13.2 HCBC is a current provider of Residential Facility Services. All current HCBC staff have received training from the state agency; however any newly hired staff will be required to participate. If there is additional training the state agency requires for current staff, we will be available whenever it is scheduled.

- 2.13.3 HCBC is a current provider of Residential Facility Services. All staff now in place has received training in emergency procedures as indicated in the Written Plans and Written Procedures; however any newly hired staff will be required to participate and sign an acknowledgement of the required training.

- 2.13.4 Cross training is a requirement in all of our correctional contracts. We have found it to be of vital importance in getting state employees and contract employees to understand each other's point of view as well as an excellent vehicle to enhance information and knowledge about substance abuse and criminal justice procedural issues. We will be happy to participate in any cross training activities and fully support the Department in this issue. HCBC personnel files will reflect all cross training received by our staff. HCBC staff will provide or participate in 16 hours of cross-training annually. Examples of cross training that has occurred in this program are Prison Rape Elimination Act, Motivational Interviewing, and Documentation.

- 2.13.5 HCBC strongly believes and understands that quality services can only be provided through appropriate levels of staff training. We provide our employees with an extensive amount of initial training as well as on-going annual training. We believe staff

METHOD OF PERFORMANCE

RFP30034901600754

training to be our best assurance of quality of service and a principle ingredient in staff retention. Our extensive investment in staff training and development translates to effective services.

Our agency has an in-house training unit that provides staff training. Through this agency-wide training, employees learn about interventions for those we serve, crisis assistance, behavior management, de-escalation, and other broad topics. HCBC also provides specialized in-service trainings for our supervisory staff. We offer incentives to attend outside trainings including administrative leave and expense reimbursement for costs.

- 2.13.6 HCBC is a current provider of Residential Facility Services. All current HCBC staff has received training from the state agency; however any newly hired staff will be required to participate. If there is additional training the state agency requires for current staff, we will be available whenever it is scheduled.
- 2.13.7 HCBC's maintains documentation of participation in training for all personnel assigned to work under this contract. Documentation is located in personnel files.
- 2.13.8 HCBC understands that all training is at the expense of our organization.

2.14 Report Requirements:

As a provider of services to the Department of Corrections, HCBC is keenly aware of the importance of working with the Department and assigned probation and parole officers to ensure that timely notifications are made and that all required reports are completed in a timely and accurate manner. By working as a partner to the Department, the maximum accountability of offenders can be achieved and public safety optimized.

HCBC ensures that all records, reports, and other documentation required by the state agency are completed in an accurate and timely manner.

- 2.14.1 Any knowledge relative to unlawful behavior on the part of a facility resident is immediately reported to the state agency and to local law enforcement officials. State agency staff is immediately notified of suspicious behavior and any violation of the conditions of the Residential Facility Agreement. Notification is initially conveyed by telephone; a written report utilizing the Violation Report form and the Officer's Report form follows within one (1) working day.
- 2.14.2 HCBC notifies the state agency of any incident involving the offender's physical or emotional well-being, within one (1) working day by utilizing the Incident Report form.
- 2.14.3 HCBC completes all state agency required reports including all information as reflected in RFP Attachments 1 - 22.

METHOD OF PERFORMANCE

RFPS30034901600754

2.14.4 HCBC will continue to submit any special reports at the request of the state agency.

2.14.5 HCBC will continue to participate and cooperate to its fullest extent in any research project or outcome study required by the state agency.

2.15 Meeting Requirements:

2.15.1 State agency staff are always invited to management meetings specific to the contract. In addition, HCBC meets with representatives of the state agency or talks with representatives of the state agency on a daily basis. This communication occurs in person either with the probation officers assigned to the Residential Facility or via telephone and/or in person or via telephone with the designated supervising probation officer. HCBC believes frequent contact with the state agency is the best way to minimize problems and resolve existing issues.

2.15.2 HCBC has held the Residential Facility contract long enough that we are well past start-up problems and have worked out many other issues. Oversight meetings are called by the state agency when needed to review and resolve program or personnel issues. HCBC staff are always present and involved as part of the team. Minutes of these meetings are available upon request and are also in possession of the State Agency Coordinator and the Probation and Parole supervisor.

2.15.3 HCBC staff will continue to travel to whatever location deemed necessary by the state agency for the purpose of meeting and discussing and resolving issues. HCBC understands that any costs incurred by out of town travel will be borne by HCBC.

2.16 Contract Monitoring:

2.16.1 Operation Audit and Evaluation Process

HCBC welcomes state agency staff at any time for site inspection and contract inspection. Any records and documentation requested for review will be produced. HCBC staff willingly cooperates and participates in all such inspections.

a. HCBC will assist in the state agency's monitoring process by providing the state agency with whatever personnel and resources needed to successfully monitor the Residential Facility. Historically, HCBC has always made personnel and resources available to the state agency monitoring teams.

b. Access will be provided for audits of the operating systems, procedures, programs, documentation, software packages, facilities, and equipment used in support of office functions for the contract. This includes read-and-copy access to all files such as inventory control files, case management files, procedure files, and any other files related to office operations. This also includes resources so the state agency can sample office operation, case management data, or other necessary follow-up required to meet performance standards.

METHOD OF PERFORMANCE

RFPS30034901600754

- c. HCBC agrees and understands that evaluations and audits conducted by the state agency and/or designees may include, but are not limited to, the following:
- 1) Reviewing HCBC office functions, organization, policies, procedures and practices, operating efficiency, facility and equipment access security, and back-up procedures;
 - 2) Reviewing activity transactions;
 - 3) Analyzing activities to determine the cause of errors;
 - 4) Reviewing compliance with contract terms, systems specifications, pertinent state and federal laws and regulations, state agency policies and procedures, administrative directives, and program documentation.

2.16.2 Deficiency Notice

HCBC understands that if the state agency identifies any deficiencies in service provision, through its audit and evaluation of contractual performance, a written notice, stating the deficiencies will be sent to the HCBC authorized representative. This notice will include recommended remedies as well as acceptable terms of reconciliation.

- a. Evidence of deficiency exists if HCBC is found non-compliant with any rule, regulation, policy and procedure, standard, protocol, practice, or statute, that if continued would limit and/or offset to a significant degree a desired outcome prescribed herein.
- b. The deficiency notice shall:
 - 1) Inform the contractor of the deficiency;
 - 2) Inform the contractor of the state agency's desired resolution/corrective action to be taken by contractor;
 - 3) Require the contractor to resolve the situation to the state agency's satisfaction; and/or
 - 4) Require the contractor to provide a corrective action plan, as described below, for preventing the situation/incident from recurring.
- c. Upon receipt of the deficiency notice, HCBC agrees to correct the described deficiency(ies) within ten (10) working days. If the deficiency(ies) cannot be resolved within the ten-day period, HCBC will demonstrate, in writing, good cause as to why. In either instance, the organization agrees to implement a

METHOD OF PERFORMANCE

RFPS30034901600754

corrective plan of action and direct a written response to the state agency within the ten-day period.

- d. HCBC acknowledges that failure to respond in writing to the deficiency notice within ten (10) working days of receipt of the letter may result in the state agency withholding 50% of the next monthly payment to the contractor and each subsequent month until the state agency receives a written response.
- e. Such provisions concerning the providing of deficiency notices shall be in addition to the provisions contained elsewhere herein concerning notice provided to the contractor regarding issues of contractual breach.

2.16.3 Corrective Action Plan - After receipt of the state agency letter delineating the deficiency(ies), the contractor shall provide the state agency with a complete written corrective action plan within ten (10) working days.

- a. The contractor's corrective action plan must:
 - 1) List steps the contractor will take to correct the deficiencies;
 - 2) Timelines for the corrections; and
 - 3) Describe how progress will be measured.

The state agency will notify HCBC, in writing, if the corrective action plan is approved within ten (10) working days of receipt of the corrective action plan.

- b. If the state agency informs HCBC that the corrective action plan is not approved, we will submit a revised corrective action plan to the state agency within ten (10) working days.
 - 1) Within ten (10) calendar days of receipt of the revised corrective action plan, the state agency will notify HCBC, in writing, if the revised corrective action plan is approved.
 - 2) HCBC understands that failure to submit the revised corrective action plan within ten (10) working days shall be considered a breach of contract and subject to the available remedies including contract cancellation.

2.16.4 Contract Monitoring - HCBC expects and welcomes the engagement of state agency auditors/monitors to ensure financial and contract compliance. The state agency has the right at any time to impose special conditions or restrictions. Those special conditions or restrictions may include but not limited to:

- a. Additional, more detailed financial reports or other documentation;
- b. Additional contract monitoring;

METHOD OF PERFORMANCE

RFPS30034901600754

- c. Requiring the contractor to obtain technical or management assistance; and/or
- d. Establishing additional prior approvals from the state agency.

2.17 Financial Audit Requirements:

HCBC has an annual audit conducted by an independent Certified Public Accountant (CPA) of all financial records and related documentation incurred under the contract and related to the residential facility services provided by the contractor.

- 2.17.1 HCBC will make all working papers available to the Department, and state agency officials are more than welcome to be present for any entry or exit interview held by the auditing firm. This CPA firm has no personal interest in the outcome of the audit or any relationship which could be construed as a conflict of interest. However, if the state agency has any questions regarding this firm, the state agency has the right to approve HCBC's selection of the CPA and the CPA's proposed plan-of-action for auditing. Upon request, we will provide:
 - a) A list identifying any current and previous contract(s) of the CPA which pertain to residential facilities.
 - b) A written description of the plan-of-action which the CPA shall employ during the audit including, but not limited to, the following areas:
 - 1) *Review and reporting of all savings collected from offenders.*
 - 2) Review of billings to the state agency, other state agencies, and contractors.
- 2.17.2 HCBC and the subcontracted CPA firm agree that access to all audit work papers will be granted to personnel of the state agency and/or the Missouri State Auditor's Office.
- 2.17.3 HCBC agrees to and will ensure that the state agency will be given an opportunity to be present for all entry and exit audit conferences pertaining to this contract. Therefore, HCBC will provide sufficient notice to the state agency prior to such audit conference to permit scheduling. The audit shall become a part of HCBC's final evaluation report. In addition, all audit papers issued by the CPA will also be included as part of HCBC's final evaluation report.
- 2.17.4 If the State of Missouri determines, after reviewing the audit papers of the CPA, that services were not performed as contractually required, that there were gross misrepresentations of the cost and pricing data, or that unallowable costs were used by the contractor in the performance of the contract, HCBC understands and agrees that the contract price(s) shall be reduced by an amount equal to any excess cost caused by such noncompliant acts of the contractor.

METHOD OF PERFORMANCE

RFPS30034901600754

2.17.5 The state agency, the Office of the State Auditor, and/or appropriate federal agencies may examine (audit) all pertinent books, documents, papers, and records of contractor's residential facility to determine the propriety of the expenditures as defined by federal regulations, the contract, and state agency Policy and Procedure. HCBC will make such available as requested.

- a. HCBC agrees to retain all records relating to the contract for five (5) years or until such time as prescribed by law after the close of the fiscal year in which the contract expires/terminates. Records may be destroyed at the end of a five-year period if the state agency has been notified in writing of the completion of the state audit by such time. If the state agency has not been notified by the end of a five year period, records will be retained until the state agency is notified of the completion of the state audit. In all cases where the audit questions have arisen before the expiration of such five-year period, records shall be retained until resolution of all such questions.
- b. HCBC agrees to provide financial reports as required on forms provided by the state agency.
- c. HCBC agrees to retain records which relate to (1) appeals, (2) litigation of the settlement of claims arising out of performance of the contract, and (3) costs and expenses of the contract to which exception has been taken by the state agency or its duly authorized representative until such appeals, litigation, claims, or exceptions have been authorized.

2.17.6 HCBC understands that the state agency shall conduct a mini fiscal audit reviewing all documents.

2.17.7 HCBC shall maintain auditable records for all activities performed under the contract. Financial records shall conform to Generally Accepted Accounting Principles (GAAP). Such records shall reflect at a minimum:

- a. itemized revenues and expenditures related to the performance of the contract;
- b. the number and resource homes served;
- c. detailed documentation of services provided, including progress notes;
- d. any and all records necessary for performing a full audit of the contractor's performance under the contract; and
- e. *other relevant records.*

2.17.8 HCBC shall have in place management and fiscal controls that are adequate to assure full performance of the contractor's obligations under the contract. The contractor shall maintain sufficient cash flow to perform its obligations under the contract for the duration of the contract. The contractor shall immediately notify the state

METHOD OF PERFORMANCE

RFPS30034901600754

agency of any cash flow issues where the contractor's obligations required under the contract would be in jeopardy.

2.17.9 HCBC shall provide access to all case files, documents, reports, and databases as requested for both state agency and state agency designees, including the federal government, for evaluation of services. In addition, HCBC shall provide access for audits and inspections of HCBC's records, including financial records. The state agency reserves the right to request an audit be performed in accordance with generally accepted auditing standards at the expense of HCBC at any time audit is warranted and at any time the state agency determines an audit is warranted.

2.17.10 HCBC shall make all records, books and other documents relevant to the contract available at all reasonable times in a format acceptable to the state agency and or/its designees and/or the Missouri State Auditor during the term of the contract, and for five (5) years from the date of final payment on the contract, the final resolution of any litigation.

2.17.11 HCBC understands and agrees.

2.17.12 HCBC understands and agrees.

2.18 Miscellaneous Requirements:

2.18.1 HCBC provides all management and case management staff with office equipment that ensures an effective and efficient operation.

2.18.2 All forms currently used in the Residential Facility have been approved. Any new forms will be submitted for approval, in writing, to the state agency prior to use.

2.18.3 If deemed necessary by the state agency, the state agency will provide HCBC with access to the state agency's database on a need to know basis. Access will be limited to HCBC personnel who have been approved access by the state agency.

2.18.4 The state agency shall furnish all legal and accounting services as may be necessary for the state agency to satisfy its contractual responsibilities. The state agency shall not assume, nor be liable for, legal, or accounting services as may be necessary for HCBC to satisfy its contractual obligations. Without exception to the foregoing, the state agency is not obligated to provide legal or accounting services to HCBC in connection with any litigation or threatened litigation against HCBC arising out of performance issues.

2.18.5 Unless otherwise specified herein, HCBC furnishes all material, labor, facilities, equipment, and supplies necessary to perform the services required herein.

2.19 Financial Procedures:

METHOD OF PERFORMANCE

RFPS30034901600754

- 2.19.1 The HCBC financial office has already completed the process required for State Vendor ACH/EFT status. HCBC invoices have unique invoice numbers and we are already familiar with contract payments through electronic funds transfer (ETF).
- 2.19.2 HCBC understands that the State of Missouri is not obligated for any payments under the terms of the agreement unless funds have been officially encumbered in accordance with the provisions of Chapter 33, RSMo. The contract shall automatically terminate without penalty or termination costs if such funds are not appropriated or available.
- 2.19.3 Invoicing – All invoices and related documentation will be submitted monthly to the department as required for review by the state agency by the 5th working day of each month. The information requested in RFP attachment #20 Residential Invoice Format, and RFP attachment #21, State of Missouri DOC Provider Services, are part of the required billing information.
- a. Monthly invoices indicate the monthly units contracted for, less the total served and the number of units either over or under-utilized.
 - b. HCBC will not offer any discounts.
 - c. Final invoices are due by no later than thirty (30) calendar days of the expiration of the contract. The state agency shall have no obligation to pay any invoice submitted after the due date.
 - d. The state agency reserves the right to audit invoices and to reject any invoice for good cause.
 - e. The state agency reserves the right to make invoice corrections and/or invoice changes with appropriate notification to HCBC when recognition of error, omission, or a practice uncommon to General Accepted Accounting Practices is evidenced.
- 2.19.4 Payments - - HCBC understands that we will be paid a firm fixed price as agreed to on the slot payment pricing page.
- a. If HCBC exceeds the total limit of offenders for any given month, we will receive overage payments not to exceed 10% of our total authorized slots.
 - b. If HCBC consistently falls below the designated maximum slot utilization for any given quarter, we understand that the state agency may reduce the contracted slots accordingly. We also agree to reduce the number of contracted slots if renovation or construction impinges on our ability to produce the number of beds agreed to at contract award time.
 - c. Payment by the state agency will not occur until the end of the month, after service delivery and billing submission.

METHOD OF PERFORMANCE

RFPS30034901600754

- d. No discount for prompt payment is offered on the Pricing Page.
- e. HCBC agrees that other than the payments specified above, no other payments or reimbursements will be made to the us for any reason whatsoever including payments for report time, taxes, shipping charges, insurance, interest, penalties, termination payments, attorney fees, liquidated damages, training, telephone charges, security clearance, etc.
- f. If a request for payment or reimbursement is denied, the state agency will provide HCBC with written notice of the reason(s) for denial.

Notwithstanding any other payment provision of the contract, if HCBC fails to perform required work or services, fails to submit reports when due, or is indebted to the United States, the state agency may withhold payment or reject invoices under the contract.

If HCBC is overpaid by the state agency, upon official notification by the state agency, we will provide the state agency (1) with a check payable as instructed by the state agency in the amount of such overpayment at the address specified by the state agency or (2) deduct the overpayment from the monthly invoices as requested by the state agency.

2.19.5 HCBC may transfer funding between program budget categories as identified on Budget/Price Analysis exhibit without prior state agency approval if transfers do not exceed fifteen (15) percent. If it exceeds 15%, HCBC will retain documentation to support amounts billed for indirect costs.

2.19.6 In any instance when an additional source of funding is available to HCBC, through public and/or private sources, or partial payment by the offender, that is intended to offset a portion of service cost, the total obligation due will be reduced by the amount of the funding received. In such instances, the state agency shall notify HCBC by means of an amendment, notifying the contractor of such change.

2.19.7 Damages - HCBC agrees and understands that providing an operational facility 24 hours per day 7 days per week is critical to the efficient operations of the state agency and that the amount of actual damages to the state agency, if HCBC fails to provide an operational facility, would be difficult to establish. Therefore, HCBC agrees and understand that the amount identified below as damages are reasonable and fair under the circumstances.

- a. For each 24-hour day after the length of time for program implementation specified on the Pricing Page or the extension of time granted by the state agency, whichever is later, that the HCBC Residential Facility is not operational, HCBC agrees to pay damages in the amount equal to the total difference in cost for the total number of residential slots stated in the Notice of Award and the cost to obtain that number of residential slots from another provider. For example, if

METHOD OF PERFORMANCE

RFPS30034901600754

the contractor was awarded 10 residential slots at a firm, fixed price of \$50.00 per residential slot and another provider prices the residential slot for \$60.00 the contractor would be required to pay damages in the amount of \$100.00 for each twenty-four (24) hour period in which the other provider provided the residential slots (\$60.00 - \$50.00 X 10 residential slots = \$100.00).

- b. HCBC also agrees and understands that such damages shall either be deducted from the invoices pursuant to the contract or paid as a direct payment to the state agency at the sole discretion of the state agency.
- c. HCBC understands that the damages described herein shall not be construed as a penalty.
- d. HCBC agrees and understands that all assessments of damages shall be within the discretion of the State of Missouri and in addition to, not in lieu of, the rights of the State of Missouri to pursue other appropriate remedies.

2.19.8 HCBC will not utilize moneys received from the state agency under the contract to supplant local funds or subsidize services provided to other agencies, organizations or individuals.

2.20 Other Contractual Requirements:

2.20.1 Contract – HCBC understands that a contract with the state agency consists of several components: 1) the RFP and any amendments and any Best and Final Offer, 2) our response to the RFP including any Best and Final Offer, 3) clarification of the proposal, if any, and 4) HCBC receiving either an award notice or a purchase order from the Division of Purchasing and Materials Management.

- a. HCBC understands that a notice of award does not constitute a directive to start offering services. A properly authorized purchase order will be needed prior to the delivery of services.
- b. The contract binding HCBC and the state agency reflects the agreement between us and is the document that will be used to measure our performance.
- c. HCBC understands that any change to this contract can only occur by an official contract amendment from the Division of Purchasing and Materials Management or by a modified purchase order specifying the effective date of the change. HCBC understands that no other method is to be used or will be accepted other than via this process. Other communications from the state agency whether in writing or via oral transmission will not be a valid or legitimate change to the contract.

2.20.2 Contract Period – HCBC understands that the contract length is one year with three additional one-year options, or any portion thereof, and that all terms and conditions,

METHOD OF PERFORMANCE

RFPS30034901600754

requirements, and specifications of the contract shall remain the same during any renewal periods. Pricing shall remain the same unless the state agency is appropriated additional funds for this service in which case the prices shall be pursuant to the applicable renewable option clauses of this document.

2.20.3 Renewal Periods - HCBC accepts and acknowledges the stipulations of 2.18.3 relative to options for renewal of the contract.

2.20.4 Termination - HCBC also understands that the state may terminate the contract at any time by providing 30 days' notice of its intent to do so. All documents, data, reports, supplies, equipment and accomplishments prepared, furnished or completed by us pursuant to the terms of the contract shall become the property of the State of Missouri at the state's option.

2.20.5 Transition -

a. Should HCBC fail to secure a new contract, we will work with the state agency or any other entity designated by the state agency to ensure an orderly transition of services,

b. Upon expiration, termination, or cancellation of the contract, KCC will assist the state agency to ensure an orderly and smooth transfer of responsibility and continuity of those services required under the terms of the contract to an organization designated by the state agency. If requested by the state agency, the contractor shall provide and/or perform any or all of the following responsibilities outlined in 2.19.5.b.1 – 4.

2.20.6 Contractor Liability – We understand that HCBC is responsible for any and all injury or damage as result of our negligence involving any equipment or service provided under the terms and conditions, requirements and specifications of the contract. We agree to hold the State of Missouri, its agencies, employees, and assignees, harmless from every expense, liability, or payment arising out of such negligent act. This also holds true for any subcontractor.

a. HCBC agrees to hold the state of Missouri harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the contractor under the terms of the contract.

b. HCBC shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the State of Missouri, including agencies, employees, or designees.

c. Under no circumstances will HCBC be liable for any of the following: (1) third party claims against the state for losses or damages (other than those listed above) or (2) economic consequential damages (including lost profits or savings) or incidental damages, even we are informed of their possibility.

METHOD OF PERFORMANCE

RFPS30034901600754

2.20.7 Insurance - HCBC understands that the State of Missouri is not responsible for our organization or its employees. We recognize that HCBC is responsible for any claims and are insured to cover all contingencies.

- a. HCBC maintains a wide variety of insurance policies to cover every possible eventuality, including general and professional liability.

Liability insurance is through the Robert E. Miller Insurance agency. We are covered for \$500,000 per person and \$2,000,000 per occurrence and include an endorsement that adds the State of Missouri as an additional insured.

- b. Documentation of our insurance coverage is included under Tab 24. Other Business Compliance documents are under a separately labeled tab.
- c. In the event any insurance coverage is canceled, the state agency will be notified immediately.

2.20.8 Subcontractors –As indicated in 2.9.5 HCBC subcontracts with Aramark Correctional Services to provide meal service for the Residential Facility. Aramark has over 30 years' experience in institutional food services and is an acknowledged leader in food services industry. Aramark services meet the accreditation standards of the American Correctional Association. The contract with Aramark contains appropriate language for the successful fulfillment of contractual obligations. The State of Missouri is not responsible in any manner for this contract. HCBC is solely responsible to ensure that food services are provided according to the requirements of this RFP.

Due to the long history of providing correctional food service, Aramark agreed not to knowingly violate subsection 1 of section 285.530, RSMO, by hiring anyone unlawfully present in the United States.

If it becomes necessary for HCBC to subcontract with another food service vendor, prior approval will be obtained from the state agency.

2.20.9 Participation by Other Agencies- HCBC does not intend to include participation from other organizations.

2.20.10 Contractor Status - It is very clear that the Heartland Center for Behavioral Change is an independent organization and are not an employee or subdivision of the State of Missouri. As such we are accountable for all fiduciary responsibilities involved in operating a not-for-profit organization.

2.20.11 Coordination - HCBC fully agrees to cooperate and coordinate all contract activities as directed by either the contents of this RFP or the state agency. We are a service oriented organization and will always strive to meet the needs of our contracting partners.

METHOD OF PERFORMANCE

RFPS30034901600754

2.20.12 Property of State – HCBC understands that all programs, reports, materials, documentation, etc. which are developed or acquired by HCBC as a requirement of the contract shall become the property of the State of Missouri, which includes all rights and interests for present and future use as deemed appropriate by the state agency.

- a. The State of Missouri understands and agrees that any ancillary software tools or pre-printed materials (e.g., project management software tools or training software tools, etc.) developed or acquired by the contractor that may be necessary to perform a particular service required hereunder but not required as a specific deliverable of the contract, shall remain the property of HCBC; however, HCBC is responsible for ensuring such tools and materials are being used in accordance with applicable intellectual property rights and copyrights.

2.20.13 Confidentiality -

- a. HCBC understands and agrees that all discussions with our organization and all information gained by our organization as a result of performance under the contract is confidential. No reports, documentation, or material prepared as required by the contract will be released to the public without prior written consent of the state agency.
- b. If required by the state agency, HCBC personnel will sign specific documents regarding confidentiality, security, or other similar documents upon request. Any required personnel who fail to sign such documents will be disciplined so that a breach of contract does not occur.
- c. HCBC maintains strict confidentiality policies and procedures relative to all client information. Contents of any records are not disclosed to anyone other than the state agency and the client unless disclosure is required by law or the client signs an authorization to release information.

HCBC assumes liability for any disclosures of confidential information by our agency, subcontractors and employees. We have developed comprehensive policies and procedures to avoid any breaches of confidential information.

Our policies and procedures comply with all applicable provisions of the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164).

2.20.14 Conflict of Interest – No official or employee of the state agency or public official of the State of Missouri who exercises any functions or responsibilities in the review or approval of the services covered by the contract shall acquire any personal interest, directly or indirectly in the contract or proposed contract.

- a. HCBC agrees that no person, official/employee of the State of Missouri shall be

METHOD OF PERFORMANCE

RFPS30034901600754

employed or conveyed an interest, directly or indirectly, in this contract.

- b. Under no circumstances will HCBC approach a Missouri State employee to assist in award of this contract or participate in the performance of the contract.
- c. A state employee will not be compensated under this contract for duties performed in the course of his/her employment and may not use state facilities or materials for personal gain relating to the performance of the contract.

2.20.15 Contractor Equipment Use -

- a. *Title* - Title to any equipment required by the contract is held by and vested in HCBC. The State of Missouri is not liable in the event of loss, incident, destruction, theft, damage, etc., for the equipment including, but not limited to, devices, wires, software, technical literature, etc. It is HCBC's sole responsibility to obtain insurance coverage for such loss in an amount that the contractor deems appropriate.
- b. *Liability* - HCBC agrees that the State of Missouri is not responsible for any liability incurred by the agency or its employees arising out of the ownership, selection, possession, leasing, rental, operation, control, use, maintenance, delivery, return, and/or installation of equipment provided by the contractor, except as otherwise provided in the contract.

2.20.16 Commercial Driver's License - Currently HCBC does not operate a vehicle over 26,000 pounds. We do not haul hazardous material, transport over 15 passengers or engage in any other activity outlined in the Uniform Commercial Drivers License Act. Should we be required to engage in such activity, we will submit proof that we are in compliance.

2.20.17 For Hire License (Class E) - Any HCBC driver who (1) receives pay for driving a motor vehicle transporting 14 or fewer passengers, or (2) transport property for pay or as part of their job is required to possess a Class E For Hire License.

EXHIBIT F

Method of Performance

- 1) Length of Time for Program Implementation for Having an Operational Residential Facility: HCBC is prepared to accommodate 59 male offenders without interruption to services. If granted the 25 female residential beds, there is a plan to be operational within 60 days of the award. See Exhibits G, H and Tab 9.

60 Calendar Days

- 2) HCBC is located at 1514 Campbell, Kansas City, MO 64108
- 3) HCBC is currently operational.
- 4) Floor plans are included in Tab 9 and include sleeping arrangements are outlined on page 8 of the narrative to follow.
- 5) The documentation is included in the Method of Performance and accompanying Exhibits and Tabs.
 - 5.1 See Tab 2
 - 5.2 See Tab 3
 - 5.3 See Tab 4
 - 5.4 See Tab 1
 - 5.5 See Tab 5; the first 2 pages are included, the full report can be made available on request.
 - 5.6 See Tab 6
- 6) According to the Missouri Highway State Patrol Map for exclusion areas for Sex Offenders, there are no daycare facilities, or schools within 1000 feet and all public parks with playground equipment and public swimming pools are over 500 feet from the facility.
- 7) The description of the living environment is included in following narrative on page 8.
- 8) The description of the residential facility is included in the following document, pages 8-11:
 - 8.1 2.3.3
 - 8.2 2.3.4
 - 8.3 2.3.5
 - 8.4 2.3.6
 - 8.5 2.3.7
 - 8.6 2.3.8

8.7 2.3.9

- 9) PREA Standards are outlined in the following narrative under 2.5 pages 13-14, Tabs 10 and 11.
- 10) Security Policy is included in the following narrative, under 2.8, pages 17-19.
- 11) The emergency response is outlined in the following narrative under 2.7 pages 14-17
- 12) Room checks are detailed in the following narrative under 2.8.6 pages 18-19 and 2.9.1, pages 19-20.
- 13) Offender Accountability is included in the following narrative under 2.9.1 pages 19-20 and Tab 15.
- 14) The House rules are included in Tab 16.
- 15) The process for resolving complaints and grievance is included in the following narrative under 2.9.5, pages 21-22 and Tab 17.
- 16) The offender services are outlined in the following narrative:
 - 16.1 see 2.10.1 page 22
 - 16.2 see 2.10.2 page 23
 - 16.3 see 2.10.3 page 24
 - 16.4 see 2.10.4 pages 24-25; Tab 18
 - 16.5 see 2.10.5 pages 25-26; Tab 18
 - 16.6 see 2.10.6 page 26; Tab 18
 - 16.7 see 2.10.7 page 26
 - 16.8 see 2.10.8 pages 26-28
 - 16.9 see 2.10.9 pages 28-29
 - 16.10 see 2.10.10 pages 29-30
 - 16.11 see 2.10.11 pages 30-31
 - 16.12 see 2.10.12 pages 32-33
 - 16.13 see 2.10.13 page 33
 - 16.14 see 2.10.14 pages 33-34
- 17) Transportation is included in the following narrative under 2.11.1 pages 34-35
- 18) The recruiting and retaining a diverse staff is included in the following narrative under 2.12.10 page 38. Additionally, the following demographic breakdown is provided:
 - 41 % Male
 - 58% Female
 - 20% White Men
 - 27% White Women
 - 19% Black Men
 - 26% Black Women

1.% Hispanic Male
2.89% Hispanic Female
1% American Indian Female
1% Two or more races Female

- 19) The personnel plan is included in the narrative under 2.12 pages 36- 37; Tabs 21, 22
- 20) The personnel policies are included in the narrative under 2.12.10 pages 38-40
- 21) The Organizational Chart is included in Exhibits C, H and I; Tab 21
- 22) Training for Security and Case Managers is included in the following narrative under 2.13 pages 42-44
- 23) Report delivery/time and Attendance is included in the following narrative under 2.14 pages 44-45
- 24) Reports to be used are covered in attachments accompanying the narrative Attachments 1-22.
- 25) Coordination between HCBC and the state agency on all program issues is included in the following narrative under 2.15 through 2-16.4 pages 45-48.
- 26) Record keeping and billing methods are included in the following narrative under 2.17 through 2.17.9 pages 48-49.
- 27) Multiple contracts: Refer to Exhibit H
- 28) Reintegration of the offender in the community is included in the following narrative under 28.1 A resource manual is included under Tab
- 29) There are no sub-contract agencies not previously identified.
- 30) The economic Impact on Missouri: With the exception of one (1) individual currently assigned to the contract live in Missouri therefore payroll multipliers are indicative of the impact on the economy of the state. Additionally, 53.7% of the offenders are employed and are contributing to the economy and income taxes. Lastly, HCBC utilizes Missouri Vocational Enterprises when possible for furniture and other needs.

EXHIBIT G

IMPLEMENTATION OR READINESS PLAN

Implementation or Readiness Plan – The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

Proposed Geographic Region – Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

<input type="checkbox"/> Eastern Region	X	<input type="checkbox"/> Western Region	<input type="checkbox"/> Statewide Region
---	----------	---	---

Task or Event	Completion Day	Assigned Personnel	Work-hours
State Agency Authorization to Proceed	1	N/A	N/A
<p>Renovate lower-level female dormitory (see Floor Plans –Lower Level, Tab 1)</p> <ul style="list-style-type: none"> • Remove interior walls • Raise drop ceiling • Restoration of flooring (as needed) • Establish office for CM/PO • Replace shower in existing space • Install security camera in common areas <p>Note: The addition of female bed space to the lower-level of the CTU will require modification as stated above which will be completed within 60 calendar days of award. We are prepared to accept all male offenders on day 1 of award.</p>	Renovation to be completed within 60 calendar days of contract award	Renovation work to be completed by contractor(s)	N/A
<p>If female option awarded, we will renovate existing middle-level office complex to accommodate a male laundry operation consisting of three (3) washers and three (3) dryers; a Dayroom; and a Medication Room (see Floor Plans –Middle Level, Tab 1). The male population will continue to utilize the lower-level</p>			

<p>laundry facilities until the female dorm is ready for occupancy (see Floor Plans-Middle Level, Tab 1).</p> <ul style="list-style-type: none"> • Remove interior walls • Restoration of flooring (as needed) • Install utility service for laundry equipment • Install washers and dryers • Establish secure medication room • Furnish day room space • Install security cameras 	<p>Renovation to be completed within 60 calendar days of contract award</p>	<p>Renovation work to be completed by contractor(s)</p>	<p>N/A</p>
<p>Renovate current medication room and small dorm for new offices.</p> <ul style="list-style-type: none"> • Remove existing closet space • Install office partitions 	<p>Renovation to be completed within 60 calendar days of contract award</p>	<p>Renovation work to be completed by contractor(s)</p>	<p>N/A</p>

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
1. Mona Talley	Facility Director	a. Program Scheduling b. Team Staffing c. Case Manager Supervisor/Unit Manager d. Program Review e. Work with Probation and Parole	a. 10% b. 5% c. 60% d. 10% e. 15%
2. Marque Lipscomb	Chief of Security	a. Schedule Staff b. Train Staff c. Review Policy and Procedure d. Conduct and Attend Security Meetings e. Supervise Clients	a. 20% b. 20% c. 20% d. 20% e. 20%
3. Christina Jones	Case Manager	a. Progress Reviews b. Reports/Paperwork c. Client Supervision d. Financial Reports e. File Reviews f. Job Development-Referral/ Follow up g. Meeting/Training	a. 10% b. 10% c. 20% d. 10% e. 10% f. 25% g. 15%
4. Melissa Maza	Case Manager	a. Progress Reviews b. Reports/Paperwork c. Client Supervision d. Financial Reports e. File Reviews f. Job Development-Referral/ Follow up g. Meeting/Training	a. 10% b. 10% c. 20% d. 10% e. 10% f. 25% g. 15%
5. To Be Hired	Case Manager	a. Progress Reviews b. Reports/Paperwork c. Client Supervision d. Financial Reports e. File Reviews f. Job Development-Referral/ Follow up g. Meeting/Training	a. 10% b. 10% c. 20% d. 10% e. 10% f. 25% g. 15%
6. Marlin Gibson	Security Supervisor	a. Resident Security b. Resident Accountability c. Training/Meeting d. Required Paperwork e. Supervision of Shift and Officers	a. 20% b. 20% c. 10% d. 10% e. 40%
7. Terrie Roberts	Security Supervisor	a. Resident Security b. Resident Accountability c. Training/Meeting d. Required Paperwork e. Supervision of Shift and Officers	a. 20% b. 20% c. 10% d. 10% e. 40%
8. Albert Boyd	Security Supervisor	a. Resident Security b. Resident Accountability c. Training/Meeting d. Required Paperwork e. Supervision of Shift and Officers	a. 20% b. 20% c. 10% d. 10% e. 40%
9. Sue Turner	Financial Coordinator	a. Collect Savings b. Financial Reports c. Billing d. File Reviews e. Training/Meeting	a. 60% b. 10% c. 10% d. 10% e. 10%

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
10. Curtis Moore	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
11. Veronica Hicks	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
12. Robert Kirk	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
13. Peter Nien	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
14. Andrew Allen	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
15. Nick Spencer	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
16. To Be Hired	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
17. To Be Hired	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
18. To Be Hired	Security	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%

EXHIBIT H

INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
To Be Hired	Assistant Shift Supervisor	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
To Be Hired	Assistant Shift Supervisor	a. Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%
Charles Lyles	Security PRN	Resident Security b. Room/Unit Inspection c. Urinalysis/B.A. Testing d. Maintain Log/Required Reports e. Supervise Movement	a. 30% b. 20% c. 10% d. 20% e. 20%

EXHIBIT I

EMPLOYEE EXPENSE CHARGES TO CONTRACT

Complete the following table for each person whose time will be chargeable to the contract, if awarded.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

<input type="checkbox"/> Eastern Region	<input checked="" type="checkbox"/> Western Region	<input type="checkbox"/> Statewide Region
---	--	---

A. NAME OF PERSON OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT ON AN ANNUAL BASIS	D. TOTAL DOLLAR CHARGED TO THE CONTRACT ON AN ANNUAL BASIS
Mona Talley, Program Manager	56,822	100	71,536
Marque Lipscomb, Chief of Security	41,530	100	54,249
Christina Jones, Case Manager	29,994	100	41,271
Melissa Maza, Case Manager	29,994	100	39,815
Vacant, Case Manager	29,994	100	41,335
Terri Roberts, Shift Supervisor	33,593	100	43,689
Albert Boyd, Shift Supervisor	30,834	100	33,719
Marlin Gibson, Shift Supervisor	30,834	100	34,837
Vacant, Asst. Shift Supervisor	28,600	100	38,314
Vacant, Asst. Shift Supervisor	28,600	100	39,500
Veronica Hicks, Security Officer	26,000	100	28,515
Andrew Allen, Security Officer	26,000	100	35,515
Peter Nien, Security Officer	26,000	100	28,515
Robert Kirk, Security Officer	26,000	100	28,515
Nick Spencer, Security Officer	26,000	100	28,515
Curtis Moore, Security Officer	26,000	100	28,515
Charles Lyles, Security Officer	13,000	50	14,521
Vacant, Security Officer	13,000	50	14,521
Vacant, Security Officer	26,000	100	35,515
Vacant, Security Officer	26,000	100	35,515
Vacant, Security Officer	26,000	100	35,515
Sue Turner, Financial Coordinator	29,994	100	32,815
TOTAL	630,789	21 FTE	784,757

EXHIBIT J

BUDGET/PRICE ANALYSIS

The vendor should complete the following table in sufficient detail for information regarding the services proposed

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

Eastern Region	<input checked="" type="checkbox"/> Western Region	Statewide Region
----------------	--	------------------

Budget Categories	Quantity	Unit Price	Total
Professional Personnel (See Exhibit I)			
Salaries		\$630,789	
Payroll, Taxes, Insurance and Benefits		\$153,968	
Total Professional Personnel			\$784,757
Support Personnel (list by classification and name, if known)			
Maintenance and Custodial Staff <i>(Share of maintenance/custodial department staff)</i>		\$114,443	
Total Support Personnel			\$114,443
Travel Expenses (list)			
Re-Entry and MCA Conference Travel		\$2,400	
Total Travel Expenses			\$2,400
Materials and Supplies (list)			
Program Materials		\$10,476	
Client Supplies <i>(Recreational supplies, indigent kits, urinalysis supplies)</i>		\$12,779	
Office Supplies <i>(Pens, paper, folders, clipboards, etc.)</i>		\$13,524	
Household Supplies <i>(Laundry, cleaning, bathroom supplies, bedding)</i>		\$36,988	
Total Materials and Supplies			\$73,767
Other Components/Overhead (List)			
Service Contracts <i>(Copy machines, SecurManage)</i>		\$11,100	
Communications <i>(Telephone, internet, DVR)</i>		\$11,415	
Physical Plant Expense <i>(P&I, parking lease, amortization, LHI)</i>		\$122,691	
Maintenance and Repairs <i>(Building and equipment maintenance)</i>		\$44,163	
Equipment <i>(Office and program equipment, client bunks, footlockers)</i>		\$35,553	
Utilities		\$50,148	
Food Service Contract <i>(Aramark)</i>		\$212,065	
Professional Fees		\$4,804	
Staff Training		\$2,400	
Professional Services <i>(Legal, audit)</i>		\$38,924	
Liability and Professional Insurance		\$36,903	
Administrative Overhead <i>(Share of corporate administration, human resources, information technology, financial management, public relations, quality improvement, accreditation, training)</i>		\$141,227	
Total Other Components/Overhead			\$711,393.00
Firm, Fixed Price Per Residential Slot (equals price on Pricing Page)			\$58.50

EXHIBIT K AND L

PARTICIPATION COMMITMENT AND DOCUMENTATION OF INTENT TO PARTICIPATE

**MINORITY BUSINESS ENTERPRISE/WOMEN BUSINESS ENTERPRISE
PARTICIPATION/PREFERENCE FOR ORGANIZATIONS FOR THE BLIND SHELTERED
WORKSHOPS/PREFERENCE FOR SERVICE-DISABLED VETERAN ENTERPRISES**

Heartland Center for Behavioral Change does not intend to have participation in services performed or products provided by MBE/WBEs.

EXHIBIT M

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION**

BUSINESS ENTITY CERTIFICATION:

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A - CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT M, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B - CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT M, continued

AFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now **Myrna Trickey** (Name of Business Entity Authorized Representative) as **President/CEO** (Position/Title) first being duly sworn on my oath, affirm **Heartland Center for Behavioral Change** (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that **Heartland Center for Behavioral Change** (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

<u><i>Myrna Trickey</i></u> Authorized Representative's Signature	<u>Myrna Trickey</u> Printed Name
<u>President/CEO</u> Title	<u>6/8/16</u> Date
<u>mtrickey@heartlandcbc.org</u> E-Mail Address	<u>215880</u> E-Verify Company ID Number

Subscribed and sworn to before me this 8 of June, 2016. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of Jackson, State of
(NAME OF COUNTY)
Missouri, and my commission expires on August 10, 2016.
(NAME OF STATE) (DATE)

Rasheedah N. Myers June 8, 2016
Signature of Notary Date

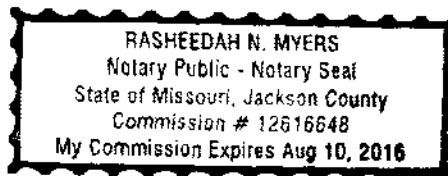


EXHIBIT M, continued

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that **Heartland Center for Behavioral Change** (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

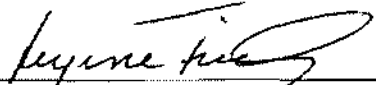
Name of Missouri State Agency or Public University* to Which Previous E-Verify Documentation Submitted: _____

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: _____

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: _____ (if known)

Myrna Trickey, President/CEO
Authorized Business Entity Representative's Name (Please Print)


Authorized Business Entity Representative's Signature

Heartland Center for Behavioral Change
Business Entity Name


6-15-16
Date

mtrickey@heartlandcbc.org
E-Mail Address

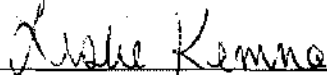
215880
E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:


Buyer

6-21-16
Date



12/7/16

EXHIBIT N

MISCELLANEOUS INFORMATION

Prompt Payment Discount:

The offeror should specify below (1) the percentage of discount applied to the total invoice if payment by the state agency is prompt and (2) the maximum number of calendar days invoice must be paid to be considered prompt.

0 % discount if invoice is paid within maximum of 30 calendar days.

Outside United States:

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, mark the appropriate exemption below, and provide the requested details: <ol style="list-style-type: none"> 1. <input type="checkbox"/> Unique good or service. <ul style="list-style-type: none"> • EXPLAIN: _____ 2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country. <ul style="list-style-type: none"> • Identify foreign country: _____ 3. <input type="checkbox"/> Economic cost factor exists <ul style="list-style-type: none"> • EXPLAIN: _____ 4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. <ul style="list-style-type: none"> • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: <input type="checkbox"/> % • Specify what contract work would be performed outside the United States: _____ 		

EXHIBIT N, continued

Employee/Conflict of Interest:

Vendors 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 vendor or any owner of the vendor'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:	NA
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	NA
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	<u>0</u> %

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00027097	Heartland Center for Behavioral Change
<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

STATE OF MISSOURI



Jason Kander
Secretary of State

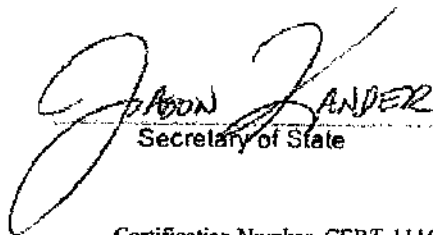
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Heartland Center for Behavioral Change
N00027097

was created under the laws of this State on the 5th day of February, 1982, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of November, 2015.


Secretary of State

Certification Number: CERT-11162015-0043





Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Mar. 12, 2013 LTR 4168C 0
43-1262765 000000 00

00027570

BODC: TE

HEARTLAND CENTER FOR BEHAVIORAL
CHANGE

% MIKE WHITE
1730 PROSPECT AVE
KANSAS CITY MO 64127-2544



039593

Employer Identification Number: 43-1262765
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 15, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 1982.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

HEARTLAND CENTER FOR BEHAVIORAL CHANGE

RESIDENTIAL FACILITY SERVICES-STATEWIDE

SOLICITATION/OPPORTUNITY (OPP) NO.: S30034901600754

ATTACHMENTS TABLE OF CONTENTS

Tab 1	Zoning
Tab 2	Fire Marshall Inspection
Tab 3	Health Department Permit
Tab 4	Certificate of Occupancy
Tab 5	Annual Audit Report
Tab 6	ADA Compliance
Tab 7	Pictures of Environment
Tab 8	Pest Control
Tab 9	Floor Plan
Tab 10	PREA Compliance
Tab 11	PREA Audit
Tab 12	Health and Safety Handbook
Tab 13	Emergency Preparedness
Tab 14	Security Schedule
Tab 15	Offender Management/Accountability
Tab 16	CTU Handbook
Tab 17	Offender Grievance
Tab 18	Food Service Menus
Tab 19	UA Surveillance & Breathalyzer Testing
Tab 20	Medication Management
Tab 21	Organizational Charts
Tab 22	Staff Resumes
Tab 23	Training



City Planning & Development Department
Development Management Division

15th Floor, City Hall
414 East 12th Street
Kansas City, Missouri 64106-2795

816 513-2846
Fax 816 513-2838

July 10, 2015

Paul Lewis
Lathrop & Gage LLP
2345 Grand Boulevard
Suite 2400
Kansas City, MO 64108

RE: Case No 9287-SU-18 -- 1514-1534 Campbell - A request to approve a special use permit for an existing halfway house in District M1-5 generally located at the northwest corner of 16th Street and Campbell Street.

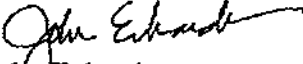
Dear Mr. Lewis:

At its regularly scheduled meeting on June 23, 2015, the Board of Zoning Adjustment **APPROVED** Case No. 9287-SU-18 with one condition.

1. That the applicant revise the plan by revising the provided parking spaces from 51 spaces to 45 spaces and that the handicapped spaces be relocated.

Please note that the condition has been satisfied.

Sincerely,

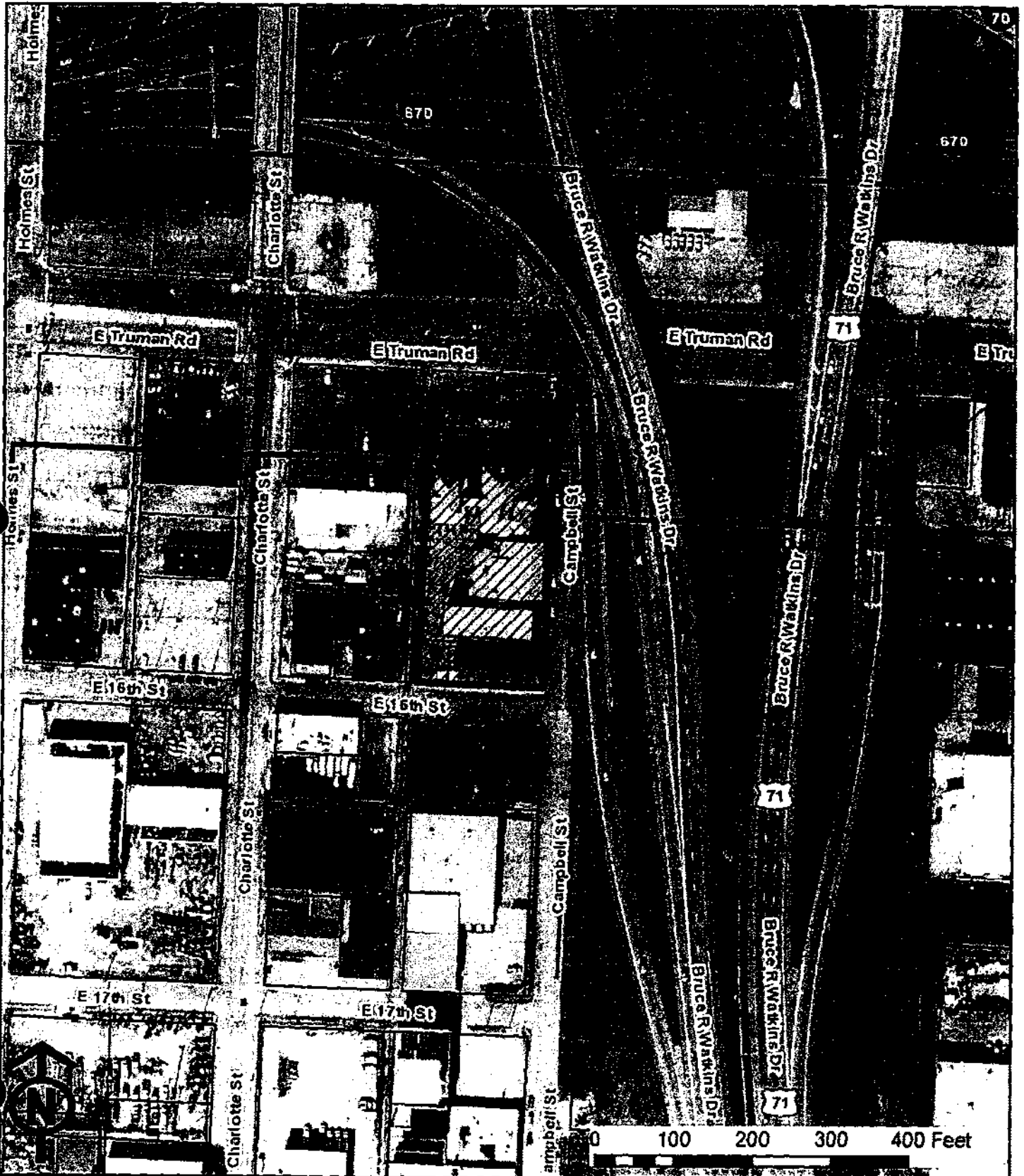

John Eckardt
Staff Planner

C009287SU18_Dispo_06_23_15

Docket #12

9287-SU-18

Case No. 9287-SU-18 -- 1514-1534 Campbell - A request to approve a special use permit for an existing halfway house in District M1-5 generally located at the northwest corner of 16th Street and Campbell Street.





City Planning & Development Department
Development Management Division

15th Floor, City Hall
414 East 12th Street
Kansas City, Missouri 64106-2795

816 513-2846
Fax 816 513-2838

BZA STAFF REPORT

June 23, 2015

(10)

RE: Case No 9287-SU-18

APPLICANT: Myrna Trickey
Kansas City Community Center
1730 Prospect Avenue
Kansas City, MO 64127

AGENT: Paul Lewis
Lathrop & Gage LLP
2345 Grand Boulevard
Suite 2400
Kansas City, MO 64108

LOCATION: Generally located at the southwest corner of Truman Road/US-71 and Campbell Street

REQUESTS: To approve a special use permit for a two year period to allow an existing halfway house to remain

LAND USE PLAN: **The Greater Downtown Area Plan**, adopted by Resolution 100049 on March 11, 2009 recommends Downtown Mixed Use at this location.

SURROUNDING LAND USES: North: Auto sales lot; District M-1
South: Auto parts store; District M-1
East: Bruce R. Watkins Parkway; District M-1
West: Commercial building; District M-1

MAJOR STREET PLAN: **The Major Street Plan** does not identify Campbell Street.

ARTERIAL STREET IMPACT FEE: The proposed development is located within an exempt Arterial Impact Fee Zone H and is not subject to impact fees identified in Chapter 39.

RELATED CASES:

Case No 9287-SU-17 – On June 25, 2013, the Board of Zoning Adjustment **APPROVED** a special use permit to allow for an existing halfway house for a period of two years.

Case No 9287-A-16 - 1514-1534 Campbell Street, on July 19, 2011, the Board of Zoning Adjustment **APPROVED** a conditional use permit to allow for an existing halfway house for a period of 2 years.

Case No 9287-A-15 - On July 28, 2009, the Board of Zoning Adjustment **APPROVED** a conditional use permit to allow for an existing halfway house for a period of 2 years.

Case No. 9287-A-14 –1514-1534 Campbell Street – On August 28, 2007, the Board of Zoning Adjustment **APPROVED** an amended conditional use permit to allow for an existing halfway house with 300 residents and resident staff, and **APPROVED** the construction of an addition to the dormitory, and **APPROVED** an elevator, in accordance with Exhibit 12.

Case No. 9287-A-13 – On July 11, 2006, the Board of Zoning Adjustment **APPROVED** the renewal of a conditional use permit to allow for a halfway house for 226 residents for a period of 2 years until July 11, 2008.

Case No. 9287-A-12 – On July 27, 2004, the Board of Zoning Adjustment **APPROVED** a renewal of a conditional use permit for a halfway house for a period of two years, until July 27, 2006.

Case No. 9287-A-11 – On July 9, 2002, the Board of Zoning Adjustment **APPROVED** a renewal of a conditional use permit for a halfway house for a period of two years, until July 9, 2004.

Case No. 9287-A-10 – On September 12, 2000, the Board of Zoning Adjustment **APPROVED** a renewal of a conditional use permit for a halfway house for a period of two years, until September 12, 2002.

Case No. 9287-A-9 – On August 11, 1998, the Board of Zoning Adjustment **APPROVED** a conditional use permit for a halfway house for 150 residents and 30 staff members for a period of 2 years, until August 11, 2000 subject to the condition that no more than 56 individuals reside at 1534 Campbell.

Case No. 9287-A-8 – On May 12, 1998, the Board of Zoning Adjustment **APPROVED** a renewal of a conditional use permit for a halfway house for a period of two years, until May 12, 2000 at 1514 Campbell.

Case No. 9287-A-7 – On May 26, 1996, the Board of Zoning Adjustment **APPROVED** a renewal of a conditional use permit for a halfway house for a period of two years, until May 26, 1998 at 1514 Campbell.

Case No. 9287-A-6 – On January 25, 1994, the Board of Zoning Adjustment **APPROVED** a renewal of a conditional use permit for a halfway house for alcoholics and drug addicts for a period of two years at 1514 Campbell.

Case No. 9287-A-5 – On November 12, 1991, the Board of Zoning Adjustment **APPROVED** a conditional use permit for a halfway house for alcoholics and drug addicts for a period of two years at 1514 Campbell.

Case No. 9287-A-4 – On June 12, 1990, the Board of Zoning Adjustment **UPHELD** the decision of the Codes Administrator that this property is **NOT** in violation of the zoning ordinance.

Case No. 9287-A-3 – On March 27, 1990, the Board of Zoning Adjustment **DENIED** a request for an expansion of an existing halfway house. A request for rehearing was withdrawn by the applicant.

Case No. 9287-A-2 – On January 10, 1989, the Board of Zoning Adjustment **APPROVED** a conditional use permit for a halfway house for two years at 1514 Campbell.

Case No. 9287-A-1 – On September 9, 1986, the Board of Zoning Adjustment **APPROVED** a conditional use permit for a halfway house for alcoholics and drug addicts for two years at 1514 Campbell.

Case No. 9287-A – On March 13, 1984, the Board of Zoning Adjustment **APPROVED** a conditional use permit for a halfway house for alcoholics for two years.

PLAN REVIEW:

The applicant is requesting approval of a special use permit to allow an existing halfway house to remain. The site is located at the northwest corner of 16th Street and Campbell Street, adjacent to the west of Bruce R. Watkins. The site consists of three separate buildings on three lots.

Access to the site is provided from an access drive on 16th Street. The parking areas serving the buildings are paved and screened as required by Section 80-444. The ordinance requires one parking space per every ten residents, including staff residents; therefore, 30 parking spaces are required for 300 residents. A total of 51 regular sized parking spaces and 2 handicap accessible parking spaces are provided on-site, on the three lots, exceeding the required amount. Eighteen spaces are located along the north property line and the remaining spaces are located to the rear of the buildings. There are no signs identifying this use and there is no exterior evidence of this use.

The Zoning Ordinance requires that a minimum floor area of 100 square feet shall be provided for each resident and resident staff. There is a total of 58,868 square feet of floor area for the entire facility. With 300 residents a minimum of 30,000 gross square feet of floor area is required, 58,868 square feet is provided.

ANALYSIS:

The facility currently houses 300 parolees from the Missouri Department of Corrections, including resident staff members. The operation has existed at this location since 1984, when the Board of Zoning Adjustment approved a conditional use permit. The permit has been renewed every two years, most recently on June 25, 2013.

Staff believes that the application is in conformance with requirements of a Halfway House (88-352) and supports the approval for a two year timeframe as identified in the development code.

RECOMMENDATIONS:

This proposal was reviewed by the City Plan Commission on June 16, 2015. The CPC recommended **APPROVAL** of Case No 9287-SU-18 with a condition that the plan be revised to include changes to the parking lot. The plan changes have been made.

Respectively Submitted,



John Eckardt
Staff Planner

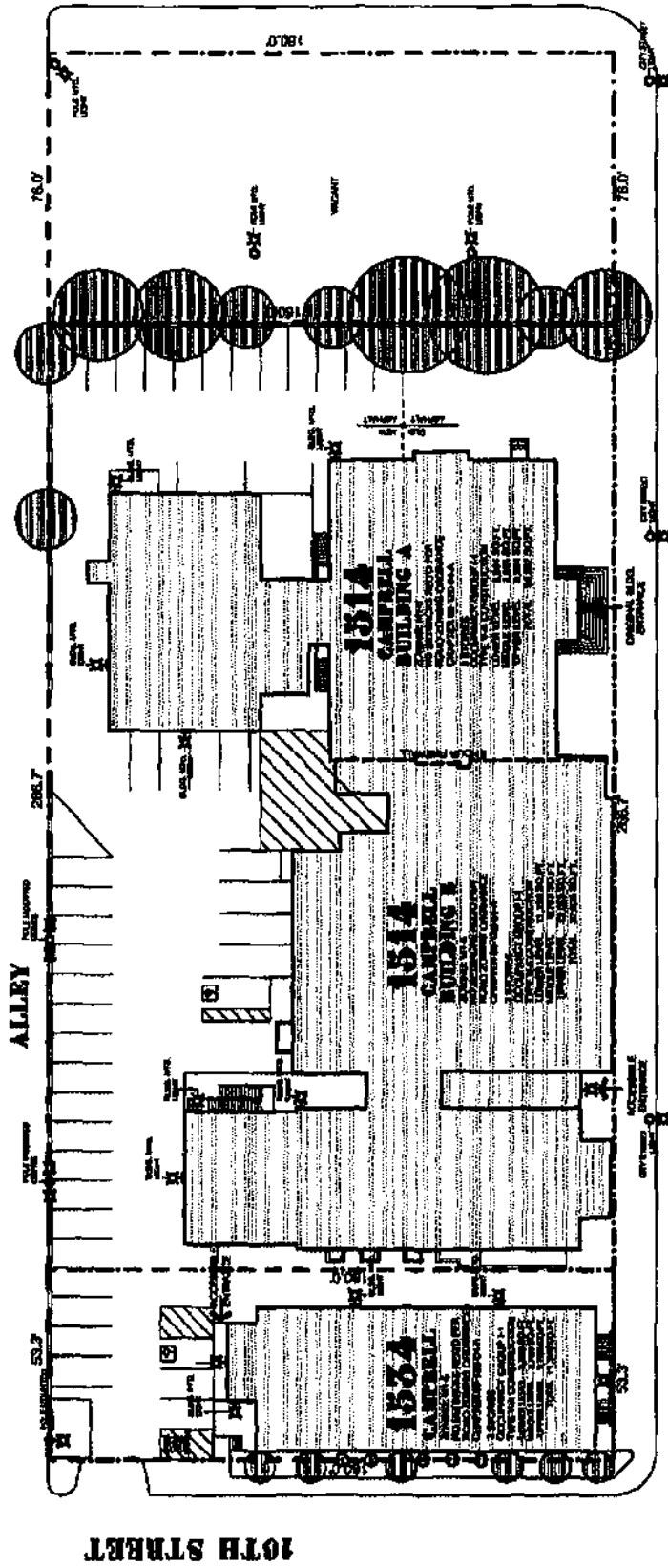
C009287SU18_BZA_StaffRpt_06_23_15

- 1 - Zoning Ordinance
- 2 - Rules and Regulations of the BZA
- 3 - Qualifications of Members
- 4 - Application
- 5 - Published Notice
- 6 - Certificate of Mailing
- 7 - Mailed Notice
- 8 - Docket Map
- 9 - Staff Report
- 10 - PowerPoint Slides
- 11 - Assessor's Map
- 12 - Site Plan
- 13 - Aerial Photograph

**SITE PLAN HEARTLAND CENTER
FOR BEHAVIORAL CHANGE
1814 & 1834 CAMPBELL
KCMO**

wgn associates, inc.
ARCHITECTS
4801 BRIDGEMAN
KANSAS CITY, MISSOURI 64111
PH: 813-200

DATE: 4/19/75
REVISION:



SITE PLAN
1" = 50'-0"

CAMPBELL

US 71 HWY ON-RAMP

10TH STREET

OUTRIGS ABOVE



**Missouri Division of Fire Safety
Elevator Safety Unit
P.O. Box 844
Jefferson City, MO 65102
573-751-2930**

**To: Kansas City Community Center
Attn:
1730 Prospect Ave
Kansas City, MO 64127**

Elevator State Operating Certificate(s) shall be displayed in the elevator machine room, in a non-combustible frame. It is the responsibility of the owner, operator or lessee of the elevator equipment to post the State Operating Certificate. If State ID tag(s) is/are attached, please post the tag(s) on the controller of each unit, in the machine room.

If you have any questions or comments please contact us at 573-751-2930.

State Operating Certificate

Missouri Department of Public Safety
Elevator Safety Unit
205 Jefferson Street, Suite 1315
Mailing Address: P.O. Box 844
Jefferson City, MO 65102
(573)526-3660



State ID:	19710
Inspection Date:	07/28/2015
Year Installed:	2007
Variance Date:	
Expiration Date	07/01/2016

Owner Name: Kansas City Community Center	Location Name: Kansas City Community Center
Owner Address: 1730 Prospect Ave	Location Address: 1514 Campbell
Owner City: Kansas City, MO 64127	Location City: Kansas City, MO 64108
Equipment ID: 19710	Location ID: Dormitory 6511
Equipment Type: Passenger-Hydraulic	Manufacturer: TKE
Speed: 100	Capacity: 2100
Inspector: Steve Klenklen	Serial/Number: unk

Comments:

This is to certify that the herein described equipment, duly conforms with the standards prescribed in the American Society of Mechanical Engineers, ASME A17.1, Safety Code for Elevators and Escalators, American National Standard Safety Code for Manlifts ANSI A90.1, American National Safety Code for Personnel Hoist ANSI A10.4 latest version adopted and amended by the Elevator Safety Rules and Regulations, RSMo 701.350 through 701.380 and 11 CSR 40-5.010 through 40-5.150 and may be operated at said location, not to exceed the speed and capacity listed above. This certificate is to be posted in the Mechanical Room, in a noncombustible frame with a clear protective vision plate over it.

Larry Watson

Deputy Chief Elevator Inspector

[Signature]

Acting State Fire Marshal



City of Kansas City, Missouri
City Planning & Development
Development Services

RE: 1514 CAMPBELL ST
Equip#: 1 OF 1
Project Name: KANSAS CITY COMMUNITY CENTER
Equipment Type: PASSENGER Machine Type: HOLELESS HYDRO EquipID: 6511
Status: ACTIVE Capacity: 2100 Levels: 5
Last Inspection: 16-OCT-2013 Inspector: VanAusdall
Next Insp Type: ANNUAL Expiration Date: 01-AUG-2015
 ANNUAL INSP. Aninsp: JULY 2014 UPDATED ANINSP July 15
 5 YEAR INSP. Syinsp: UPDATED 5YINSP
 ACCEPT. INSP. INVESTIGATION REINSPECTION
RESULT OF INSP: S X U ; ISSUE CERT. Y X N ; EXPIRATION DATE Aug 15

Billing Name: HEARTLAND CENTER FOR BEHAVIORAL CHANGE OWNER CHANGES?: NEW ADDRESS:
Attn: ED TANNER
Billing Address: 1730 PROSPECT AVENUE
City / Zip: KANSAS CITY MO 64127

TESTING AND EQUIPMENT DATA
Machloc: LL Work Pres: 320 Relief Pres: 400
Smoke: 6(1=MR/5=L) Alt flr: '2' Emergpwr: NO
Phase I: 1st Phase II: 1996 Communication: ADA PHONE
Manufac: TKE 3119 NoLoadUp (FPM): 104 NoLoadDown (FPM): 69
Car Speed: 100 LoadUp (FPM): 101 LoadDown (FPM): 100
Drum Turn: NA Gov.TripSpeed: NA Operation Control: S/C
Rope Pullout: NA Cwt.Gov.TripSpeed: NA Year Built: 2007, 11-2
Piston: (2) 25.5" Stop Ring: YES Shunt Trip: NO
Safety Type: NA Rail Marks: NA A17 1: 1996
Wheel Type: OMEGA Seismic: NA A17 3: 2005

Contact Name: ED TANNER Contact Phone: 816-421-6670

INSPECTION DATA
Insp.Req. Date: 16-OCT-2013 Appt. Time: 0830HR Contr: OFFICE

DEFICIENCIES:
PASS

NOTED DEFICIENCIES MUST BE CORRECTED WITHIN _____ DAYS
DATE 7-14-14 TIME ON 9:53 TIME OFF _____ START MI 42175
INSPECTOR [Signature] MILEAGE 42183 TELEPHONE# (816) 513-



Kansas City, Missouri
Fire Department
PERMIT(S)

FIRE I.D. NO.

6368

This permit must be kept posted on the premises or equipment mentioned below at all times:

**KANSAS CITY COMMUNITY CENTER
1514 CAMPBELL ST**

The permit(s) does not take place of any license required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

Having complied with applicable sections of the Fire Prevention Code of Kansas City, Missouri the following permit(s) are being issued:

- FLAMMABLE AND COMBUSTIBLE LIQUIDS**
- HAZARDOUS MATERIALS**
- PLACE OF ASSEMBLY CAFETERIA**
- PLACE OF ASSEMBLY GYM**
- COMBUSTIBLE DUST-PRODUCING OPERATIONS**

Tim W.

RECEIVED
JAN 11 2016
BY: *mu*

ISSUE DATE: **12 - 2015**

EXPIRATION DATE: **11 - 2018**

3200-056 (Rev. 10/02)

DIRECTOR OF FIRE DEPARTMENT

By 
Chief Fire Marshal



BUREAU OF FIRE PREVENTION
CITY OF KANSAS CITY, MISSOURI

08-JAN-2016

FIRE I.D. NO.

6368

Receipt is hereby acknowledged of cash, or other items as described. This receipt is issued subject to compliance with all applicable city ordinances or other authority.

RECEIVED FROM:

AMOUNT: **\$350.00**

CHECK NO: **125226**

**KANSAS CITY COMMUNITY CENTER
1730 PROSPECT AVE, STE 100
ATTN: TIM WYRICK
KANSAS CITY, MO 64127-2544**

Chief Fire Marshal

Department of Fire Protection
 333 Woodland Av, Suite 2103
 Kansas City, Missouri 64106
 (816) 784-9100

KANSAS CITY, MISSOURI FIRE DEPARTMENT

Inspection Form and
 Notice of Hazard



INSPECTION ID#

SCHEDULED INSPECTION DATE: 04-DEC-2015

1514 CAMPBELL ST 64108

ID _____ GEN. _____ KNOX _____ VESP _____ OCC TYPE _____
 DRIVES _____ BASEMENT _____ SPRINKLER _____ STANDPIPE _____ ALARM _____
 NAME OF BUSINESS: KANSAS CITY COMMUNITY CENTER
 DR. OWNER _____ BUS. OWNER _____
 DR _____ ADDR _____ 1700 PROSPECT AVE, STE 103
 CITY STATE _____ CITY STATE _____
 PHONE _____ ZIP _____ PHONE _____
 EMERGENCY CONTACT _____ PHONE () _____
 MAIL ADDRESS OR WEB SITE: Tim Wyrick CELL PHONE () 816-331-4368 816-451-8770

THE BELOW LISTED HAZARDS ARE A NOTIFICATION OF THE CODE OF ORDINANCES OF KANSAS CITY, MISSOURI. YOU ARE HEREBY ORDERED TO BRING THE BELOW LISTED VIOLATIONS INTO COMPLIANCE SPECIFICALLY CHAPTER 26 LISTED BY:

SECTION	NATURE OF FIRE CODE VIOLATION TO BE CORRECTED
105.6	Operational Permits Required
334 6.17	Combustible Dust Producing Mats
6.17	Flammable and Combustible Liquids
6.21	Hazardous Materials
6.34	Place of Assembly - (2)

I INTERIOR	10. FLAMMABLES & COMBUSTIBLES	II EXTERIOR
1. EXIT DOORS	A. Storage B. Dispensing C. Sources of Ignition D. No Smoking Signs	1. ADDRESS A. Posted B. Visible / Legible
Locks _____ Obstructions _____ Marked _____	11. FIRE EXTINGUISHERS A. Condition _____ B. Location _____ C. Type <u>ABC</u> D. Access _____ E. Marking _____ F. Inspection Date <u>11-2015</u>	2. FIRE HYDRANT A. Condition _____ B. Obstructions _____
2. EXIT WAYS	12. HOOD SYSTEM VENTS A. Clean _____ B. Filters _____	3. HOUSEKEEPING A. Trash _____ B. Grass & Weeds _____ C. Trash Dumpster _____
Obstructions _____ Marked _____ Illumination _____ Access to Exit _____	13. HOOD EXTINGUISHING SYSTEM A. Condition _____ B. Inspection Date <u>11-2015</u> C. Access to Remote Pull _____ D. Instructions Posted _____	4. EXIT WAYS A. Clear _____
3. EXIT SIGNS	14. SPRINKLERS/STANDPIPE A. Condition _____ B. Access _____ C. Inspection Date <u>09-2015</u> D. Fire Hose _____	5. FIRE DEPT. ACCESS A. Access Provided _____ B. Fire Lanes Marked _____
Illumination _____ Posted _____ Condition _____	15. FIRE ALARM SYSTEM A. Panel Access _____ B. Condition _____ C. Pull Station Access _____ D. Detectors _____ E. Supervised _____	6. FIRE DEPT. CONNECTIONS A. Accessible _____ B. Marked _____ C. Condition _____
4. AISLES	16. OCCUPANT LOAD A. Posted <u>1160 GYM</u> B. Overload <u>01 25</u>	7. OUTSIDE STORAGE A. Location _____ B. Neat & Ordery <u>N/A</u>
Arrangement _____ Proper Width _____	17. HAZARDOUS MATERIALS A. Storage Marked _____ B. Building Marked _____	8. GAS METER A. Protection _____
5. FIRE WALLS	18. COMPRESSED GASES A. Secure _____ B. Storage <u>N/A</u>	III PERMITS REQUIRED
Condition _____		1. Aerosol Products _____ 2. Amusement Building _____ 3. Aviation Facility _____ 4. Carnivals and Fairs _____ 5. Battery Systems _____ 6. Cellulose Nitrate Film _____ 7. Combustible Dust-Producing Mat's _____ 8. Combustible Fibers _____ 9. Compressed Gases _____ 10. Covered Mall Buildings _____ 11. Cryogenic Fluids _____ 12. Cutting and Welding _____
6. FIRE DOORS		13. Dry Cleaning Plants _____ 14. Exhibits and Trade Shows _____ 15. Explosives _____ 16. Fire Hydrants and Valves _____ 17. Flammable and Combustible Liquids _____ 18. Floor Finishing _____ 19. Fruit and Crop Ripening _____ 20. Hazardous Materials _____ 21. HPM Facilities _____ 22. High-Pile Storage _____ 23. Hot Work Operation _____ 24. Industrial Ovens _____ 25. Lumber Yards and Woodworking Plants _____ 26. Liquid or Gas-Fueled Vehicles or Equipment in Assembly Buildings _____ 27. LP-Gas _____ 28. Magnesium _____ 29. Miscellaneous Combustible Storage _____ 30. Open Flame and Candles _____ 31. Organic Coating _____ 32. Place of Assembly <u>(2)</u> _____ 33. Private Hydrants _____ 34. Pyroxylin Plastics _____ 35. Refrigeration Equipment _____ 36. Repair Garage _____ 37. Rooftop Heliport _____ 38. Spraying or Dipping _____ 39. Storage of Scrap Tires and Byproducts _____ 40. Temp. Memb. Struct., Tents & Canopies _____ 41. Tire Rebuilding Plant _____ 42. Waste Handling _____ 43. Wood Products _____
Condition _____ Operation _____ Marked _____ Obstructions _____		44. Other _____
7. FIRE STOPPING		
Vertical Openings _____ Horizontal Openings _____		
8. STORAGE		
Condition _____ Height _____ Housekeeping _____		
9. ELECTRICAL		
Temporary Wiring _____ Electrical Hazards _____ Electrical Motors _____ Extension Cords _____ Multi Plug Adapters _____ Access to Panels _____		

Hazards Found -

1007.2.1.1 Emergency lights shall be operational at all times (5)

1007.2.10.4 Exit sign not working in the cafeteria

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTED VIOLATION(S) AND APPEAL PROCEDURE IS ON REVERSE SIDE. THE ABOVE LISTED VIOLATION(S) MUST BE COMPLETED BY 12/15/15

Notice received by YOU HAVE THE RIGHT TO APPEAL AS STATED IN SECTION 26-103.1.4.3 OF THE FIRE PREVENTION CODE OF KANSAS CITY, MISSOURI.

INSP DATE 12/15/15 REINSP DATE _____ REINSP DATE _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

INSPECTOR: M. Robinson

ORIGINAL

ALLIANCE FIRE PROTECTION

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspection Contract# _____

Name of Inspected Property: ADULTS AND SENIORS FOR PROSPERITY

Inspector Name: S.M. Date: 7-19-15

Inspection Frequency: Monthly Quarterly Annually Other

Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
B.1.0 System in service on inspection	✓		
B.2.0 Hydraulic nameplate attached and legible	✓		
B.2.1 Alarm device free from physical damage	✓		
B.3.0 FDC is visible	✓		
B.3.1 FDC is accessible	✓		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	✓		
B.3.3 FDC plugs/caps in place/undamaged	✓		
B.3.4 FDC gaskets in place and in good condition	✓		
B.3.5 FDC identification sign in place	✓		
B.3.6 FDC check valve not leaking	✓		
B.3.7 FDC automatic drain valve in place and operating properly	✓		
B.3.8 FDC clapper is in place and operating properly	✓		
B.3.9 FDC interior inspected where caps missing	✓		
B.3.10 FDC obstructions removed as necessary			✓
B.4.0 Pressure reducing control valves (PRV) indicate open			✓
B.4.1 PRV not leaking			✓
B.4.2 PRV maintaining downstream pressure per design			✓
B.4.3 PRV in good condition			✓
B.4.4 PRV handwheel installed and not broken			✓
B.5.0 ALARM PANEL CLEAR	✓		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
C.1.0 System in service before testing	✓		
C.1.1 Pertinent parties notified before testing	✓		
C.1.2 Adequate drainage provided before flow testing	✓		
C.2.4 Alarm devices appear free of physical damage	✓		
C.3.0 A main drain test conducted downstream from backflow preventer	✓		✓
C.3.1 A main drain test conducted downstream from pressure reducing valve			✓
C.3.2 Supply water gauge reading before flow (static)			125 psi
C.3.3 Gauge reading during stable flow (residual)			106 psi
C.3.4 Time for supply pressure to return to normal			3 sec
C.4.0 Pertinent parties notified of test conclusion	✓		
C.5.0 ALARM PANEL CLEAR	✓		
C.6.0 SYSTEM RETURNED TO SERVICE	✓		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
D.1.0 System in service before testing	✓		
D.1.1 Pertinent parties notified before testing	✓		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	✓		
D.2.1 Signal restored only when valve returned to normal position	✓		
D.3.0 Adequate drainage provided before flow testing	✓		
D.4.0 Water flow alarm tested and is operational	✓		
D.4.1 Test conducted with inspector's test connection	✓		
D.4.2 Test conducted with bypass connection (freezing weather)			✓
D.4.3 Test conducted per manufacturer's instructions	✓		
D.5.0 Pertinent parties notified of test conclusion	✓		
D.6.0 ALARM PANEL CLEAR	✓		
D.7.0 SYSTEM RETURNED TO SERVICE	✓		
D.8.0 COMMENTS:			

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE _____

Heartland Center for Behavioural Health1514 campbell
Kansas city , MO
64108**Contact Info:**Tim Wyrick
(785) 554-2008**System Summary:**Manufacturer: Est
Model Number: IRC 3
System Type: Addressable
Monitoring Agency: Alarm Central
Monitoring Account No.: D1000529**Inspection/Testing Results Summary**

Site Devices	Total	Pass	Fail
Horns/Strobes	38	38	0
Horns	1	1	0
Strobes	18	18	0
Photo Smoke Detectors	29	29	0
Ion Smoke Detectors	20	20	0
Manual Pull Stations	15	15	0
Heat Detectors	33	33	0

Inspected By: Matt on 2015-12-03

Control Panel

Control Panel - 1

	Result
CPU	Pass
Lamps/LED's	Pass
Fuses	Pass
Trouble Signals	Pass
Ground Fault Monitoring	Pass
Circuit Supervision	Pass
Primary Power Supply	Pass
Secondary Power Supply	Pass
Disconnect Switches	Pass
Isolation Modules	N/A
System Cards	Pass
Amplifiers	N/A
LCD	Pass

Notification Extender

Notification Extender - 1

	Result
CPU	Pass
Lamps/LED's	Pass
Fuses	Pass
Trouble Signals	Pass
Ground Fault Monitoring	Pass
Circuit Supervision	Pass
Primary Power Supply	Pass
Secondary Power Supply	Pass

Notification Extender - 2

	Result
CPU	Pass
Lamps/LED's	Pass
Fuses	Pass
Trouble Signals	Pass
Ground Fault Monitoring	Pass
Circuit Supervision	Pass
Primary Power Supply	Pass
Secondary Power Supply	Pass

Battery List

Locations	Voltage	Amp Rating	% Tested
In Bps Above ceiling	12	7	100
In Bps Above ceiling	12	7	100
In Bps In Basement	12	7	100
In Bps In Basement	12	7	100
In Dialer Above Ceiling	12	7	100
In Panel	12	7	100
In Panel	12	7	100

Device List

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 2015-12-03 Inspection/Test Completion Date/Time: 2015-12-03

Supplemental Form(s) Attached: Yes (yes/no)

1. PROPERTY INFORMATION

Name of Property: Heartland Center for Behavioural Health

Address: 1514 campbell

Description of property: _____

Name of property representative: Tim Wyrick

Address: _____

Phone: (785) 554-2008 Fax: _____ Email: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: Keller Fire & Safety

Address: 1138 Kansas Ave, Kansas City

Phone: (913) 371-8494 Fax: _____ Email: info@kellerfire.com

Monitoring organization: Alarm Central

Address: 5100 sw 31st Street

Phone: (816) 86-1 15 Fax: _____ Email: _____

Account number: D1000529 Phone line 1: _____ Phone line 2: _____

Means of transmission: Dact

Entity to which alarms are retransmitted: Alarm Central Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Site Office

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: _____ Est _____ Model Number: IRc 3

4.2 Software and Firmware

Firmware revision number: 4.2

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 120 Amps: 20A Location: Unknown

Overcurrent protection type: _____ Amps: 20A Disconnecting means location: _____

4.3.2 Secondary Power

Type: BAT Location: In Panel

Battery type (if applicable): SLA

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring Organization	Contact: <u>Alarm Central</u>	Time: <u>10:30</u>
Building Management	Contact: <u>Tim And Carl</u>	Time: <u>10:30</u>
Building Occupants	Contact: <u>All</u>	Time: <u>10:30</u>
Authority Having Jurisdiction	Contact: _____	Time: _____
Other	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
LCD	 	 	See Attached
CPU	 	 	See Attached
Lamps/LED's	 	 	See Attached
Fuses	 	 	See Attached
Trouble Signals	 	 	See Attached
Disconnect Switches	 	 	See Attached
Ground Fault Monitoring	 	 	See Attached
Circuit Supervision	 	 	See Attached
Isolation Modules	 	 	See Attached
Primary Power Supply	 	 	See Attached
Secondary Power Supply	 	 	See Attached
System Cards	 	 	See Attached
Amplifiers	 	 	See Attached

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	 	 	See Attached
Load voltage	 	 	See Attached
Discharge test			N/A
Charger test			N/A
Remote panel batteries			N/A

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm Signal		X		
Alarm Restoration		X		
Trouble Signal		X		
Trouble Restoration		X		
Supervisory Signal		X		
Supervisory Restoration		X		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm Signal		X		
Alarm Restoration		X		
Trouble Signal		X		
Trouble Restoration		X		
Supervisory Signal		X		
Supervisory Restoration		X		

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring Organization	Contact: Alarm Central	Time: 13:00
Building Management	Contact: Tim and Carl	Time: 13:00
Building Occupants	Contact: All	Time: 13:00
Authority Having Jurisdiction	Contact: _____	Time: _____
Other	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 2015-12-03 Time 13:00

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: _____	Printed name: Matt	Date: 2015-12-03
Organization: Keller Fire & Safety	Title: Bankston	Phone: (913) 787-3689
Qualifications (refer to 10.5.3): _____	Senior Tech	

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

(See Attached)

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____	Printed name: Tim Wyrick	Date: 04-12-2015
Organization: Heartland Center for Behavioural Health	Title: _____	Phone: (785) 554-2008



FP 23709 FIRE PRODUCTS WORK ORDER

**24 HOUR SERVICE
WE'RE THINKING OF
YOUR FIRE SAFETY
800-825-0349**

1138 Kansas Avenue
Kansas City, Kansas 66105
(913) 371-8194

3032 S. Clifton, C500
Springfield, Missouri 65807
(417) 867-4800

kellerfire.com

CHANGE	HEARTLAND CTP FOR BEHAVIORAL P	Technician ID #
1730 PROSPECT	1014 CAMPBELL	JOB NUMBER
KANSAS CITY, MO 64127	KANSAS CITY, MO 64104	4/19/2016
07/18/16		DATE

REQUESTED START DATE	REQUESTED FINISH DATE	CUSTOMER PHONE	JOB PHONE	P.O. NUMBER
----------------------	-----------------------	----------------	-----------	-------------

Terms: 841 COL-RECHARGE				
4/30/13 QUOTED FIRE TRAINING TO ED MF				
Portable Inspection				
1,203 (0.0)	REC'D 4-15-16 4:17 PM	FE918M	2 1/2 TO 4# 6 YEAR	
	10/19/11 IN CHARGE	FE919M	5# D.C. 6 YEAR	
	2 1/2 TANK QUARTERLY	FE920M	10# D.C. 6 YEAR	
	Portable Fire Extinguisher	FE921M	20# D.C. 6 YEAR	
CHARACTER - INSPECTION	2 - Dry Chemical Fire Exp	FE944	2 1/2 GAL. WATER RECHARGE	
	3 - 1 Gallon Fire Extinguisher	FE933	CO2 HYDROTEST UP TO 20#	
		FE935	D.C. HYDROTEST / HALON	
		FE937	WATER PRESSURE HYDROTEST	
		FE960	HOSE HYDROTEST	
		FE901	HOSE INSPECTION	
		FE101	TOP LEVER	
		FE102	CARRY HANDLE	
		FE103	GAUGE	
		FE104	O-RING	

FE903	SERVICE CALL				
FE904	ANNUAL INSPECTION				
FE905	MONTHLY INSPECTION				
FE906	FIRE EXT. INSTALLATIONS				
FE500	FIRE TRAINING				
FE911	5# CO2 REFILL				
FE912	6 TO 10# CO2 REFILL				
FE913	15# CO2 REFILL				
FE914	20# CO2 REFILL				
FE918	2 1/2 TO 4# D.C. RECHARGE				
FE919	5# D.C. RECHARGE				
FE920	10# D.C. RECHARGE				
FE921	20# D.C. RECHARGE				
	SUB TOTAL				MINIMUM CHARGE
	COLUMN 1				SUB TOTAL / COLUMN 2
					TOTAL 1 & 2
					SALES TAX
					GRAND TOTAL

SPECIAL INSTRUCTIONS

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK001.

HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

KELLER REPRESENTATIVE *[Signature]* CUSTOMER SIGNATURE *[Signature]* DATE 5/1/16 C. CARD CASH CHECK

CUSTOMER COPY



1138 Kansas Avenue
Kansas City, Kansas 66105
(913) 371-8494

3052 S. Clifton, C500
Springfield, Missouri 65807
(417) 887-4800

24 HOUR SERVICE
WE'RE THINKING OF
YOUR FIRE SAFETY
800-825-0349
kellerfire.com

FP 17203 FIRE PRODUCTS
WORK ORDER

TECHNICIAN ID # 195427		333 M9	
JOB NUMBER		DATE 10/26/2015	
HENDEN HEARTLAND CENTER FOR BEHAVIORAL CHANGE 1730 PROSPECT KANSAS CITY, MO 64127		ED TANNER/ROTTO HEARTLAND CTR FOR BEHAVIORAL- 1514 CAMPBELL KANSAS CITY, MO 64108	
REQUESTED START DATE 11/1/2015	REQUESTED FINISH DATE	CUSTOMER PHONE (816) 421-5570	JOB PHONE
P.O. NUMBER			

Terms: Bill One - Net 30 Days 4/30/15 QUOTED FIRE TRAINING TO BE MF Portable Inspection 5,200 0.00 ROTTI 816-420-5570 12/14/11 ED TANNER FX'S INSP QUARTERLY Portable Fire Extinguisher QUARTERLY- INSPECTION 37 3	FE918M 2 1/2 TO 4# 6 YEAR FE919M 5# D.C. 6 YEAR FE920M 10# D.C. 6 YEAR FE921M 20# D.C. 6 YEAR FE944 2 1/2 GAL. WATER RECHARGE FE933 CO2 HYDROTEST UP TO 20# FE935 D.C. HYDROTEST / HALON FE937 WATER PRESSURE HYDROTEST FE960 HOSE HYDROTEST FE901 HOSE INSPECTION FE101 TOP LEVER FE102 CARRY HANDLE FE103 GAUGE FE104 O-RING FE105 VALVE STEM FE106 PULL PIN FE108 WALL HANGER FE111 NOZZLE FE114 SERVICE COLLAR
--	--

FE903	SERVICE CALL				
FE904	ANNUAL INSPECTION				
FE905	MONTHLY INSPECTION				
FE906	FIRE EXT. INSTALLATIONS				
FE500	FIRE TRAINING				
FE911	5# CO2 REFILL				
FE912	6 TO 10# CO2 REFILL				
FE913	15# CO2 REFILL				
FE914	20# CO2 REFILL				
FE918	2 1/2 TO 4# D.C. RECHARGE				
FE919	5# D.C. RECHARGE				
FE920	10# D.C. RECHARGE				
FE921	20# D.C. RECHARGE				
SUB TOTAL					
COLUMN 1					
					MINIMUM CHARGE
					SUB TOTAL / COLUMN 2
					TOTAL 1 & 2
					SALES TAX
					GRAND TOTAL

SPECIAL INSTRUCTIONS

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK001.

I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

KELLER REPRESENTATIVE *[Signature]* CUSTOMER SIGNATURE *[Signature]* DATE 10/15/15

C. CARD
CASH
CHECK

CUSTOMER COPY



24 HOUR SERVICE
 WE'RE THINKING OF
 YOUR FIRE SAFETY
800-825-0349
 kellerfire.com

FP 16388 FIRE PRODUCTS
WORK ORDER

1138 Kansas Avenue
 Kansas City, Kansas 66105
 (913) 371-8494

3052 S. Clifton, C500
 Springfield, Missouri 65807
 (417) 887-4800

189209

Technician ID #
 333 M4

HEAVEN
 1514 CAMPBELL
 KANSAS CITY, MO 64108

1700 GROSSPECT
 KANSAS CITY, MO 64127

DATE
 8/27/2015

REQUESTED START DATE: 8/2/2015
 REQUESTED FINISH DATE:
 CUSTOMER PHONE: (816) 421-5570
 JOB PHONE:
 P.O. NUMBER:

QTY	DESCRIPTION	UNIT PRICE	EXT. PRICE
	FE918M 2 1/2 TO 4# 6 YEAR		
	FE919M 5# D.C. 6 YEAR		
	FE920M 10# D.C. 6 YEAR		
	FE921M 20# D.C. 6 YEAR		
	FE944 2 1/2 GAL WATER RECHARGE		
	FE933 CO2 HYDROTEST UP TO 20#		
	FE935 D.C. HYDROTEST / HALON		
	FE937 WATER PRESSURE HYDROTEST		
	FE960 HOSE HYDROTEST		
	FE901 HOSE INSPECTION		
	FE101 TOP LEVER		
	FE102 CARRY HANDLE		
	FE103 GAUGE		
	FE104 O-RING		
	FE105 VALVE STEM		
	FE106 PULL PIN		
	FE108 WALL HANGER		
	FE111 NOZZLE		
	FE114 SERVICE COLLAR		

QTY	DESCRIPTION	UNIT PRICE	EXT. PRICE
40	FE903 SERVICE CALL		
	FE904 ANNUAL INSPECTION		
	FE905 MONTHLY INSPECTION		
	FE906 FIRE EXT. INSTALLATIONS		
	FE500 FIRE TRAINING		
	FE911 5# CO2 REFILL		
	FE912 6 TO 10# CO2 REFILL		
	FE913 15# CO2 REFILL		
	FE914 20# CO2 REFILL		
	FE918 2 1/2 TO 4# D.C. RECHARGE		
	FE919 5# D.C. RECHARGE		
	FE920 10# D.C. RECHARGE		
	FE921 20# D.C. RECHARGE		
	SUB TOTAL COLUMN 1		
	SUB TOTAL / COLUMN 2		
	TOTAL 1 & 2		
	SALES TAX		
	GRAND TOTAL		

SPECIAL INSTRUCTIONS

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK001.

I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

KELLER REPRESENTATIVE: *[Signature]* CUSTOMER SIGNATURE: *[Signature]* DATE: 8/11/15

C. CARD
 CASH
 CHECK

CUSTOMER COPY



1138 Kansas Avenue
Kansas City, Kansas 66105
(913) 371-8494

3052 S. Clifton, C500
Springfield, Missouri 65807
(417) 887-4800

24 HOUR SERVICE
WE'RE THINKING OF
YOUR FIRE SAFETY
800-825-0349
kellerfire.com

FP 13784 FIRE PRODUCTS
WORK ORDER

HEAVY TRUCK EQUIPMENT	183063	Technician ID #	909 MA
HEARTLAND CENTER FOR BEHAVIORAL CHANGE	1730 PROJECT	JOB NUMBER	
REQUESTED START DATE	5/3/2016	REQUESTED FINISH DATE	
CUSTOMER PHONE	(913) 421-5670	JOB PHONE	
P.O. NUMBER			

QTY	DESCRIPTION	UNIT PRICE	AMOUNT	QTY	DESCRIPTION	UNIT PRICE	AMOUNT
	Temp. Bell One 1/2 3/4" dia				FE918M	2 1/2 TO 4# 6 YEAR	
	4730/137 QUOTE FIRE TRAINING TO 21				FE919M	5# D.C. 6 YEAR	
	Portable Inspection				FE920M	10# D.C. 6 YEAR	
	ROCKWELL 120 5570				FE921M	20# D.C. 6 YEAR	
	12/14/14 RECHARGE				FE944	2 1/2 GAL WATER RECHARGE	
	SAFETY INSPECTION				FE933	CO. HYDROTEST UP TO 20#	
	Quarterly Inspection				FE935	D.C. HYDROTEST / HALON	
	37				FE937	WATER PRESSURE HYDROTEST	
	25 1/2 class fire extinguishers				FE960	HOSE HYDROTEST	
					FE901	HOSE INSPECTION	
					FE101	TOP LEVER	
					FE102	CARRY HANDLE	
					FE103	GAUGE	
					FE104	O-RING	
1	FE903 SERVICE CALL			2	FE105	VALVE STEM	
40	FE904 ANNUAL INSPECTION			2	FE106	PULL PIN	
	FE905 MONTHLY INSPECTION				FE108	WALL HANGER	
	FE906 FIRE EXT. INSTALLATIONS				FE111	NOZZLE	
	FE500 FIRE TRAINING			2	FE114	SERVICE COLLAR	
	FE911 5# CO2 REFILL						
	FE912 6 TO 10# CO2 REFILL						
	FE913 15# CO2 REFILL						
	FE914 20# CO2 REFILL						
	FE918 2 1/2 TO 4# D.C. RECHARGE						
3	FE919 5# D.C. RECHARGE						
100	FE920 10# D.C. RECHARGE						
	FE921 20# D.C. RECHARGE						
	SUB TOTAL COLUMN 1					MINIMUM CHARGE	
						SUB TOTAL COLUMN 2	
						TOTAL 1 & 2	
						SALES TAX	
						GRAND TOTAL	

SPECIAL INSTRUCTIONS

CHECKLIST AVAILABLE FOR INSPECTION BY THE STATE / LOCAL FIRE MARSHALL FOR 24 MONTHS. CERTIFICATION # WYXBK001.
I HEREBY ACCEPT ABOVE PERFORMED SERVICE AS BEING SATISFACTORY AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION. I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

REPRESENTATIVE *[Signature]* CUSTOMER SIGNATURE *[Signature]* DATE 5/29/16
C. CARD
CASH
CHECK
CUSTOMER COPY

INSPECTION CERTIFICATE

Issued To

BLRM

Heartland Center

1514 Campbell St

Kansas City

Inspection Date

08/11/2014

Inspected By

Matthew Sobotka

Expiration Date

08/11/2016

Kansas City Community Center

1514 Campbell St

Kansas City, MO 64108-1520



State ID Number

MO024036

Year Built

1958

MAWP

15

Type

Fire Tube LP

Manufacturer

Kewanee

Inspecting Agency

Travelers

NB #

NR

County

Jackson

Variance

N

STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY

Division of Fire Safety
205 E Jefferson, 13th Floor
Jefferson City, MO 65101



Post this certificate in a conspicuous place in the room containing the object. It must be available for viewing.

The object shall not be operated at a pressure in excess of that shown.

Notify the State of Missouri, Division of Fire Safety at 573-751-8709 or your insurance carrier 60 days prior to the expiration date.

It is a Class A Misdemeanor to operate the object without a valid inspection certificate posted near the object.

Jeremiah W. (Jay) Nixon
Governor

Joe Brockman
Deputy Chief

INSPECTION CERTIFICATE

Issued To
BLRM
Heartland Center
1514 Campbell St

Kansas City

Inspection Date Expiration Date
08/11/2014 **08/11/2016**
Inspected By
Matthew Sobotka

State ID Number
MO024037
Year Built
1958
MAWP
15
Type
Fire Tube LP
Manufacturer
Kewanee
Inspecting Agency
Travelers

NB #
NR
County
Jackson
Variance
N

STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
Division of Fire Safety
205 E Jefferson, 13th Floor
Jefferson City, MO 65101



Post this certificate in a conspicuous place in the room containing the object. It must be available for viewing.

The object shall not be operated at a pressure in excess of that shown.

Notify the State of Missouri, Division of Fire Safety at 573-751-8709 or your insurance carrier 60 days prior to the expiration date.

It is a Class A Misdemeanor to operate the object without a valid inspection certificate posted near the object.

Kansas City Community Center
1514 Campbell St
Kansas City, MO 64108-1520



Jeremiah W. (Jay) Nixon
Governor

Joe Brockman
Deputy Chief

INSPECTION CERTIFICATE

Issued To

BLRM

Heartland Center

1514 Campbell St

Kansas City

Inspection Date

08/11/2014

Inspected By

Matthew Sobotka

Expiration Date

08/11/2016

State ID Number

MO034368

Year Built

1983

MAWP

150

Type

Hot Water Storage Tk

Manufacturer

A O Smith

Inspecting Agency

Travelers

NB #

NR

County

Jackson

Variance

N

STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY

Division of Fire Safety
205 E Jefferson, 13th Floor
Jefferson City, MO 65101



Post this certificate in a conspicuous place in the room containing the object. It must be available for viewing.

The object shall not be operated at a pressure in excess of that shown.

Notify the State of Missouri, Division of Fire Safety at 573-751-8709 or your insurance carrier 60 days prior to the expiration date.

It is a Class A Misdemeanor to operate the object without a valid inspection certificate posted near the object.

Kansas City Community Center

1514 Campbell St

Kansas City, MO 64108-1520



Jeremiah W. (Jay) Nixon
Governor

Joe Brockman
Deputy Chief



Water Services Department

Laboratory Services Division

2 N.E. 32nd Avenue,

Kansas City, Missouri 64116

Phones: (816) 513-7000 / Fax: (816) 513-7001

November 13, 2015

Heartland Center for Behavioral Change
Attn: Debra Monday-Maintenance Department
1514 Campbell
Kansas City, MO 64108

Dear Ms. Monday,

The water sample taken from your business on November 4, 2015 meets the state and federal drinking water safety requirements. The water contained no coliform bacteria and the chlorine residual level was consistent with water throughout the Water Services Department distribution system.

If you have any questions, please contact the lab at (816) 513-7000, or the 3-1-1 Action Center at:

3-1-1 Action Center
Phone: 311 or 816-513-1313
Fax: 816-513-1303
E-mail: actioncenter@kcmo.org

Sincerely,

Jacquelyn Hudson
Assistant Laboratory Manager

JH/dmh
Enc. 1

Kansas City Water Services Laboratory

2 NE 32 St Kansas City, MO 64116 Phone: (816) 513-7000 Fax: (816) 513-7001 Lab Certification # MO-00130

Submitter:

Fax:
Email:
County: ID:

CERTIFICATE OF ANALYSIS

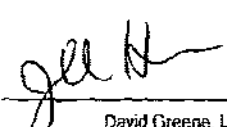
Sample ID: 1514 Campbell Heartland Center

Collect Date: 11/4/2015
Lab# D86224

Collect Time: 10:58:00 AM
Project#

Collect By: Loraine Cutter
Sample Type: Certification

Test	Result	Units	Report		DF	Analysis		CAS#	Qual
			Limit	MDL		Date	Method		
Phenolphthalein Alkalinity	13	mg/L	0	0	1	11/04/15	SM 2320 B		
Total Alkalinity	29	mg/L	0	0	1	11/04/15	SM 2320 B		
pH	9.84	SU	0	0	1	11/04/15	SM 4500-H B		
Color	2				1	11/04/15	SM 2120 B		
Total Chlorine	2.7	mg/L	.1	.1	1	11/04/15	SM 4500-Cl G		
Total Coliform	A	/100mL			1	11/04/15	SM 9223 A 9223		
Escherichia coli (E.coli)	A	/100mL			1	11/04/15	SM 9223 A 9223		
Turbidity	.2	NTU	.05	.011	1	11/04/15	SM 2130 B		
Total Dissolved Solids (TDS)	310	mg/L	1	1	1	11/04/15	SM 2540 C		
Conductivity	617	us/cm		2.97	1	11/04/15	SM 2510 B		
Temperature	16.8	°C			1	11/04/15	SM 2550 B		
pH	10.02	SU			1	11/04/15	SM 4500-H B		



 David Greene, Laboratory Manager
 or other approved signatory

Report Date: 11/13/2015

6:48 AM



Ambassador Electric, Inc.

PO Box 34444

North Kansas City, MO 64116

(816) 507-0570

9/9/2015

HCFBC

DBA: KCCC

1730 Prospect

Kansas City, MO. 64127

Ref: 1514 Campbell

Attn: Tim Wyrick

Tim;

On September 4th 2015 per your request, a visual walk-through electrical inspection was conducted at the above referenced building.

The building's main electrical system and all subpanels appear to be in good working condition with no problems found, meeting current city and National Electrical Code standards.

Thank You

Mario Marra

President (Master Electrician)

Baxter Mechanical Preventive Maintenance Agreement
HCBC 1514 Campbell , KCMO

Check List

Date: 12-15-15

Unit # 5742
 Model # S8D100199 NET 118
 Serial # 1407M000839

Hot Water Heater: Domestic

	Status	Checked By	Comments
Check the boiler for water leaks.	No leaks Checked OK	Ken	
Check the burner operation.	Checked OK	Ken	
Check the safety controls.	Checked OK	Ken	
Check all the operating controls.	Checked OK	Ken	
Discharge Temperature - set point	135°	Ken	
Discharge Temperature - gauge reading	135° N/A	Ken	

Hot Water Circulating Pumps:

Check the pump coupling.	✓OK	Ken	
Check the pump assembly.	LEAKS oil Will NOT Hold oil	Ken	Oil Reservoir Dry Will NOT Hold Oil
Check the amperage of the motors.	1.5A / Rated 1.75	Ken	2.2 AMPS #2 PUMP Rated 2.2 AMPS
Lubricate motor and bearings.	oiled	Ken	

Ken Buckle
 Baxter Mech

Baxter Mechanical Preventive Maintenance Agreement
HCBC 1514 Campbell , KCMO

Check List

Date: 12-15-15

Unit # RAI
 Model # SW 200
 Serial # 080747041

Hot Water Heater: Domestic

	Status	Checked By	Comments
Check the boiler for water leaks.	✓ OK	Ken	
Check the burner operation.	✓ OK	Ken	
Check the safety controls.	✓ OK	Ken	
Check all the operating controls.	✓ OK	Ken	
Discharge Temperature - set point	135°	Ken	
Dicharge Temperature - gauge reading	135° Boiler 112° Storage Tank	Ken	

Hot Water Circulating Pumps:

Check the pump coupling.	N/A	Ken	
Check the pump assembly.	✓ OK	Ken	
Check the amperage of the motors.	1.6A	Ken	
Lubricate motor and bearings.	N/A	Ken	

*Ken
 Baxter
 Mechanical*

Baxter Mechanical Preventive Maintenance Agreement

Check List

HCBC 1514 Campbell, KCMO

Date: 12-15-15

Unit # *American Standard*

Model # *D100T-199-A3*

Serial # *H053853*

Hot Water Heater: Domestic

	Status	Checked By	Comments
Check the boiler for water leaks.	✓ OK	<i>Ken</i>	
Check the burner operation.	✓ OK	<i>Ken</i>	
Check the safety controls.	✓ OK	<i>Ken</i>	
Check all the operating controls.	<i>Dampers NOT WORKING</i>	<i>Ken</i>	<i>Dampers motor BAD Had to jump out TO GET TO Fire</i>
Discharge Temperature - set point	<i>135°</i>	<i>Ken</i>	
Discharge Temperature - gauge reading	<i>N/A</i>	<i>Ken</i>	<i>NOT Heating Due TO Damper motor</i>

Hot Water Circulating Pumps:

Check the pump coupling.	<i>N/A</i>	<i>Ken</i>	
Check the pump assembly.	<i>N/A</i>	<i>Ken</i>	
Check the amperage of the motors.	<i>N/A</i>	<i>Ken</i>	
Lubricate motor and bearings.	<i>N/A</i>	<i>Ken</i>	

*Ken Buehler
Baxter Mech*

Baxter Mechanical Preventive Maintenance Agreement
HCBC 1514 Campbell, KCMO

Check List

Date:

Unit # *Bradford White*
 Model # *D100T1993N*
 Serial # *KB17880562*

Hot Water Heater: Domestic

	Status	Checked By	Comments
Check the boiler for water leaks.	✓ OK	<i>Kem</i>	
Check the burner operation.	✓ OK	<i>Kem</i>	
Check the safety controls.	✓ OK	<i>Kem</i>	
Check all the operating controls.	✓ OK	<i>Kem</i>	
Discharge Temperature - set point	140°	<i>Kem</i>	
Dicharge Temperature - gauge reading	140°	<i>Kem</i>	

Hot Water Circulating Pumps:

Check the pump coupling.	N/A	<i>Kem</i>	
Check the pump assembly.	N/A	<i>Kem</i>	
Check the amperage of the motors.	N/A	<i>Kem</i>	
Lubricate motor and bearings.	N/A	<i>Kem</i>	

Kem Bruehl
Baxter Mech

FOOD ESTABLISHMENT PERMIT

HEALTH DEPARTMENT INDEPENDENT CITY OF
KANSAS CITY, MO.

THIS PERMIT
EXPIRES **Dec. 31, 2016**

This permit is issued on substantial compliance with the requirements of the City of Kansas City, Mo., Ordinance that regulates Food Service Establishments, and is subject to compliance with all applicable City ordinances and/or other authority.

FOR THE OPERATION OF:

Aramark @ Kansas City Community

1514 Campbell

Kansas City MO 64108

Aramark

105358

Food Service



Scan QR to view the
last health inspection

THIS PERMIT MAY BE SUSPENDED OR REVOKED SHOULD CIRCUMSTANCES DICTATE. THIS PERMIT IS NOT TRANSFERABLE AND MUST BE POSTED IN A LOCATION THAT IS CONSPICUOUS TO CONSUMERS.



Public Health

THIS PERMIT REMAINS THE PROPERTY OF THE
City of Kansas City, Mo., Health Department
ENVIRONMENTAL PUBLIC HEALTH PROGRAM
2400 Troost Ave., Suite 3200 • Kansas City, MO 64108
816-513-6315 • www.kcmo.gov

Rex Archer, M.D., M.P.H., Director of Health

CITY OF FOUNTAINS
HEART OF THE NATION



KANSAS CITY
MISSOURI

CITY OF KANSAS CITY, MISSOURI
CITY PLANNING & DEVELOPMENT DEPARTMENT
DEVELOPMENT SERVICES



CERTIFICATE OF OCCUPANCY
CICO 200811607

Project Address: 1514 CAMPBELL ST
Project Name: KC COMMUNITY CENTER (KCCC)
Project Description: Construct interior renovation on existing building per plan reviewed for code compliance.

Area (in SqFt):		Height (in stories):	
Occupancy group: I-1 IBC		Construction Type: V-AS	
Zoning District: M1		Code Edition: 2003 IBC	
Building Permit: CPBF-200725116		Project Number: CR200710457	
Other Permits: CPMP-200726538 , CPMR-200726539 , CPFT-200726948 , CPEP-200727099 , CPPL-200727164 , CPEP-200815771 ,			

Conditions:

This is to certify that the regulated work done under authority of the referenced permits has been inspected in accordance with the codes and ordinances of the City applicable to building construction and use, and is approved for occupancy. The City makes no warranty or guarantee as to the condition of the buildings or structures inspected. The City assumes no liability by the issuance of permits, inspections or this certificate, which is for the benefit of the general public and not intended to create any duty to any individual. This certificate is void when secured through fraud or misrepresentation or when changes in construction or occupancy are made without the approval of the Building Official.


For DONALD N. BOOTH P.E., C.B.O., BUILDING OFFICIAL

03-DEC-2007

DATE

Welch & Associates, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

Ten Main Center
920 Main Street, Suite 640
Kansas City, Missouri 64105
Ph. (816) 756-2620 Fax (816) 756-2621
www.welchcpafirm.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Heartland Center for Behavioral Change
Kansas City, Missouri

Report on the Financial Statements

We have audited the accompanying financial statements of Heartland Center for Behavioral Change (the Organization), which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Heartland Center for Behavioral Change as of June 30, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental information shown on pages 15 to 16 is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards on page 17 is presented for purposes of additional analysis as required by Office of Management and Budget Circular A-133, *Audits of States, Local Government, and Non-Profit Organizations* and is also not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report dated December 22, 2015 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Welch & Associates, L.L.C.

Welch & Associates, L.L.C.
Kansas City, Missouri
December 22, 2015

wgn associates, inc.

ARCHITECTS
4051 BROADWAY
KANSAS CITY, MO. 64111
816-931-2820

March 4, 2011

Ms. Myma Trickey, Executive Director
Kansas City Community Center
1730 Prospect
Kansas City, Missouri 64108

Re: **ADA Compliance**
at 1514 Campbell

Dear Ms. Trickey:

On several occasions in past years, I have been asked to write a letter for KCCC to help satisfy concerns of the Missouri Department of Corrections regarding compliance with the ADA of your main facility at 1514 Campbell. As you know, I have been serving as KCCC's architect for over 2 decades and as such, I have come to know the building very well. During that time, the City of Kansas City, Mo. has revised its building code at least 4 times, most recently adopting the 2006 International Building Code package.

I understand that the purpose of my letter today is because you need a licensed design professional to once again certify that your existing facility at 1514 Campbell is currently in compliance with the ADA. All my past certification letters for KCCC concentrated primarily on how KCMO's currently adopted code embodies the concept that when a multi-story building is either built new or rehabbed, only the ground floor of the building is required to be accessible, with only one exception. Whenever a building is equipped with an elevator, every level reached by that elevator must also be accessible. As you know, since the date of my last letter, KCCC has undergone a series of renovation projects, the most significant of which was the installation of an elevator for the Federal RRC program. This new elevator project, together with all the related project improvements, has now brought every accessible level of every occupied wing at 1514 Campbell into compliance with the ADA.

My interpretation of the intent of the ADA is that all activities and functions offered within a building should be made available to the disabled, as well as to the general public. Over the years, one renovation project at a time, KCCC has chipped away at issue of ADA compliance, always making a special point to provide accessible parking, sleeping, eating, bathing, visiting and conferencing accommodations. Previously our focus was on the ground floor, but now, by virtue of these recent projects, KCCC is now in compliance on every floor. My certification has taken into consideration the following list of functions when determining compliance with the ADA. I believe both you and the State of Missouri will find the list is truly comprehensive in its scope.

- 1) **Parking:** Reserved and marked handicap parking is immediately adjacent to all 3 Campbell entrances, the street-side entrances to the building.
- 2) **Building entry:** Two of the 3 Campbell entrances are accessible; the entrance referred to as the detox entrance and the new entrance for the Federal RRC program.

- 3) Corridor width: All corridors throughout the building which connect the accessible entrance to each of the building's functions exceed 44" in width, the minimum width required for an accessible path.
- 4) Conference & sleeping space: Each such space in the building has a 36" wide doorway with the appropriate clearances on the strike side of the door. Each sleeping room in the building now has a 36" wide doorway and a code compliant emergency egress window.
- 6) Restroom & bathing: Toilets, lavatories and shower facilities meeting ADA requirements are available for both sexes on every level of the existing facility.
- 7) Eating: The cafeteria and kitchen are now available to the disabled via the elevator.
- 8) Visitors: Again, similar to eating, accessibility is now possible for all visitors, including disabled visitors.
- 9) Area of Evacuation Assistance: Inherent with making the upper 2 floors of the building accessible via the elevator is the issue of emergency exiting. An elevator does not qualify as an emergency exit. Therefore, an intercom connecting the front desk to an area of evacuation assistance on each occupied level has been installed. This is not an ADA requirement, but instead a requirement of the International Building Code.

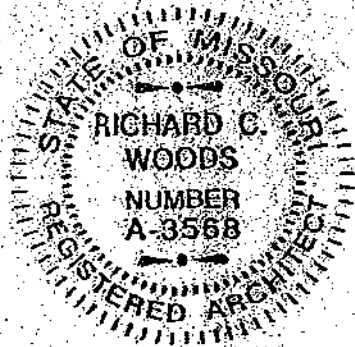
Following up on the last comment in Item 9) and worthy to note in this certification, in my professional opinion 1514 Campbell not only complies with the ADA but it also complies with the entire 2006 International Building Code package. We know the City of Kansas City, Missouri agrees with this assertion because they have issued KCCC a Final Certificate of Occupancy for the building.

I hope this letter will meet your needs regarding the State of Missouri. I wish you well in your endeavors to provide quality programs for all your clients. If you, or the state authorities have any questions regarding my letter or my certification, please do not hesitate to contact me. As ever, WGN stands ready to serve KCCC and it's mission.

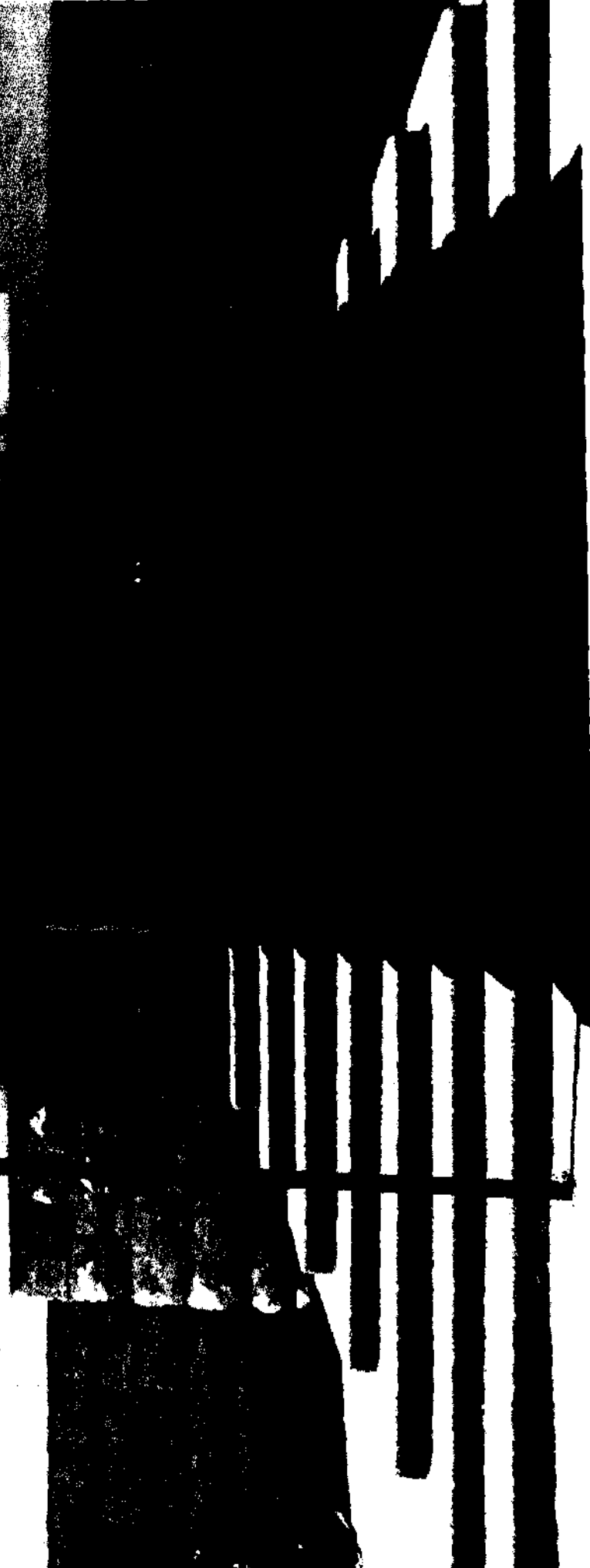
Sincerely,



Cris Woods



HEARTLAND
for behavioral
CENTER change

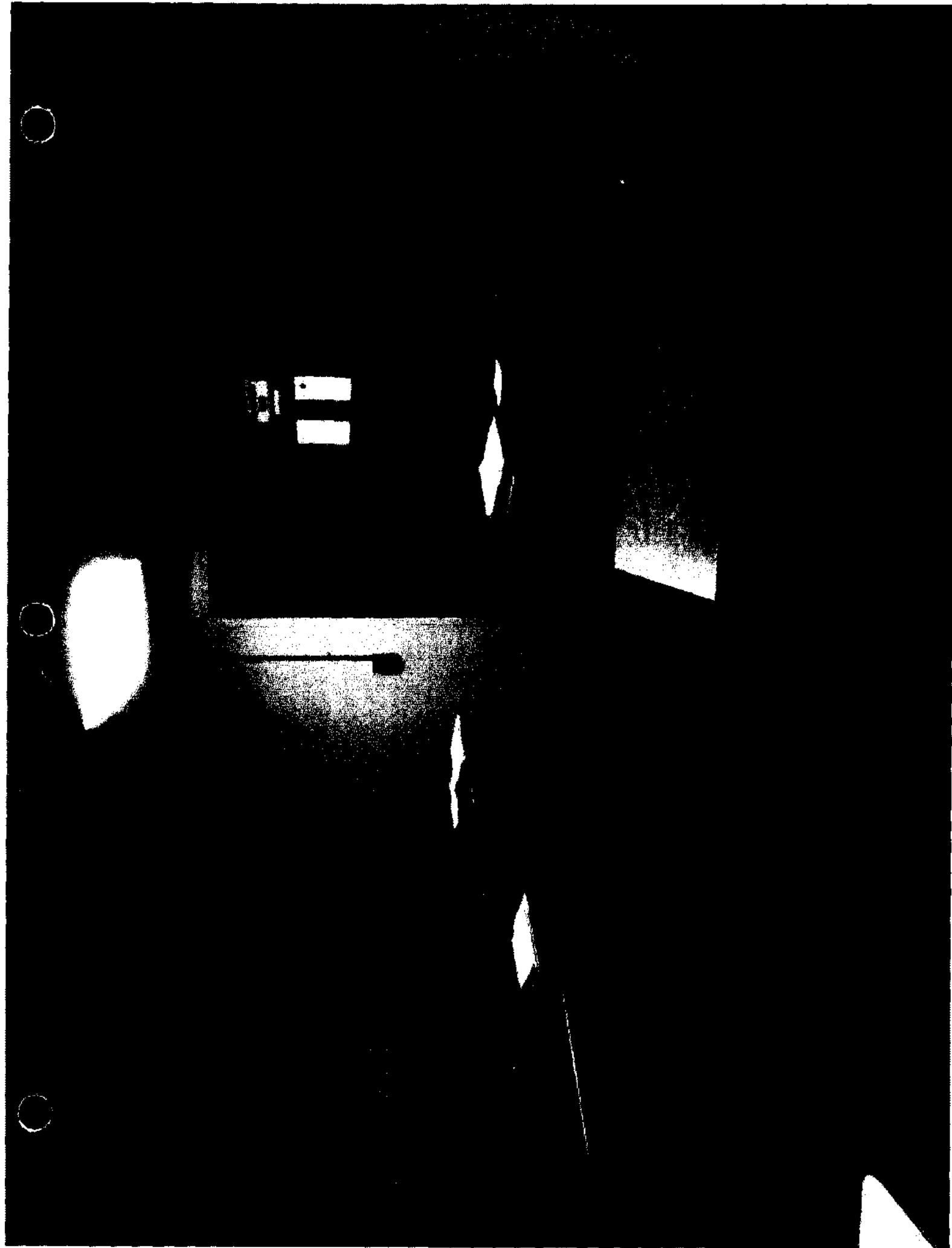




RESPECT

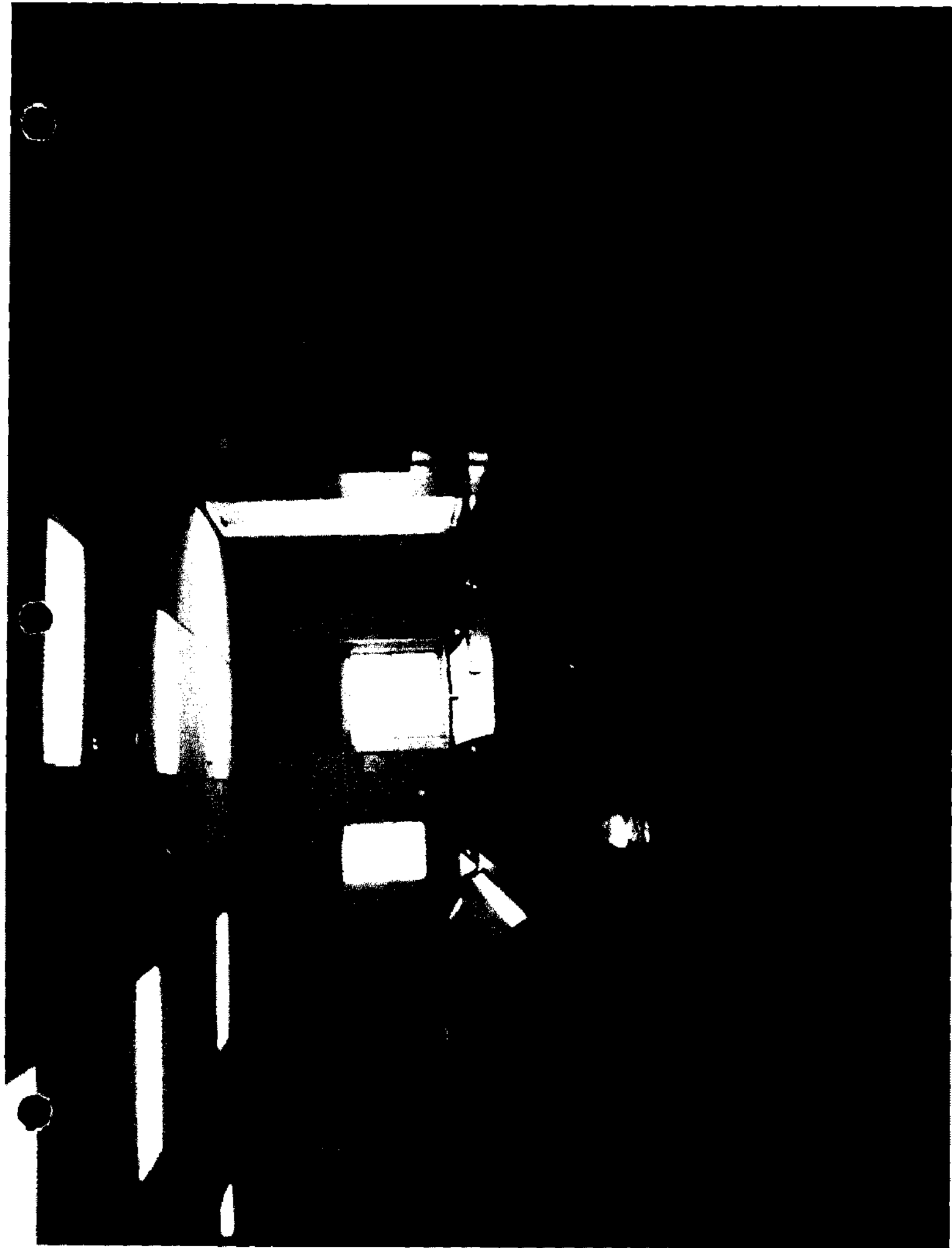




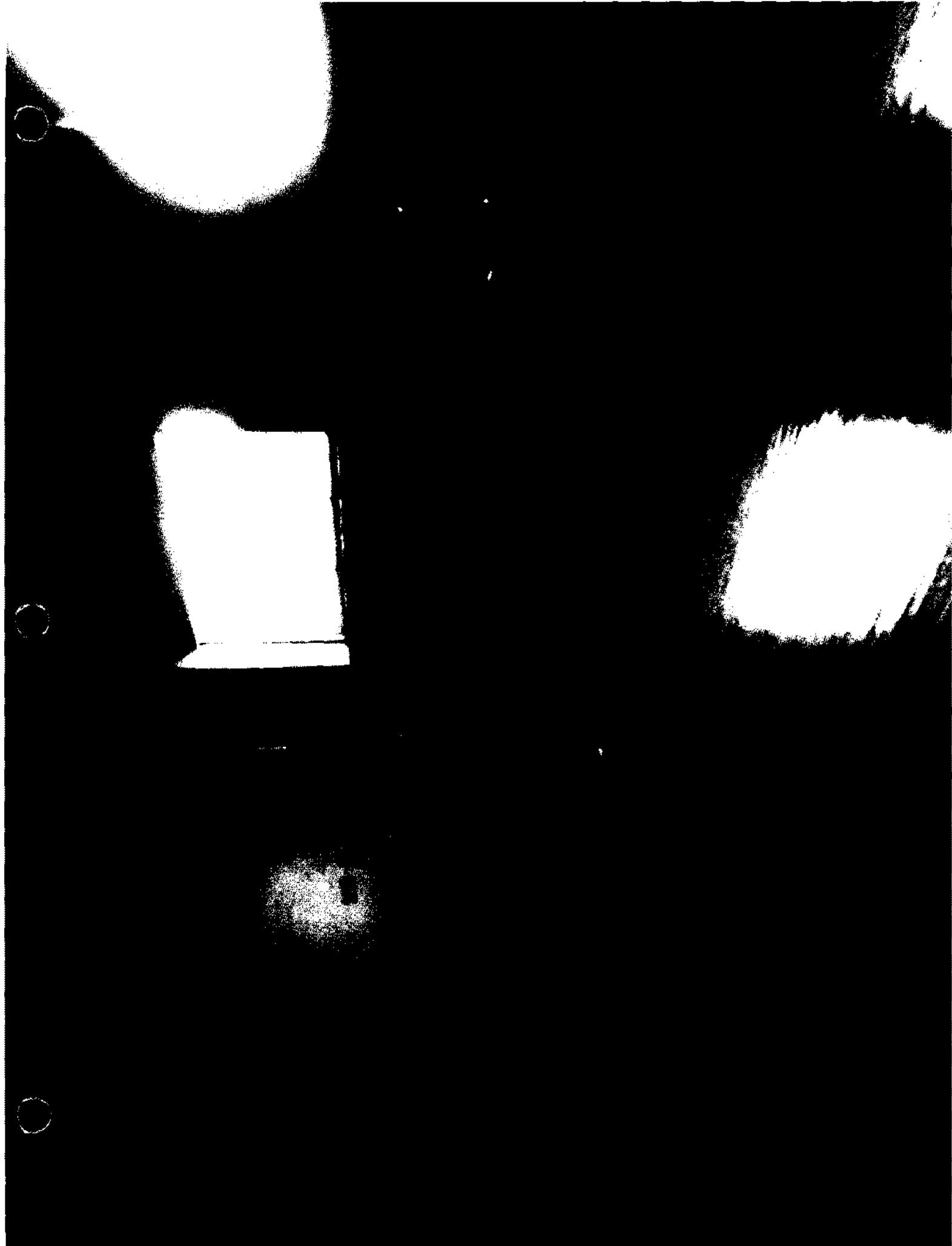




















April 14, 2016

Heartland Center for Behavioral Change
1514 Campbell
Kansas City, MO 64108

To Whom It May Concern:

This letter will confirm that S.O.S. Pest Control, Inc. provides pest control services for the following locations:

Weekly service at 1514 Campbell, in Kansas City, MO
Monthly service at 1534 Campbell, in Kansas City, MO
Monthly service at 1730 Prospect, in Kansas City, MO

If you need further information please do not hesitate to contact me.

Sincerely,

Darryl Franke,

DF:bak



PEST CONTROL

723 TRACY AVENUE
KANSAS CITY, MO 64106
471-5733 or 331-8060
(913) 642-5115

Service Slip / Invoice

WORK ORDER: 52205
WORK DATE: 05/13/16
Friday

Bill To: [3721]
Heartland Ctr for Behavioral Change
1514 Campbell
Kansas City, MO 64108

Work Location: [3721] 816-421-6670
Heartland Ctr. for Behavioral Chg.
1514 Campbell
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
05/13/16			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
		04/07/16	05 Lic#: Mo C18911 Ks 23778

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		
<i>Termite in Laundry - give estimate</i>		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
22 / Maxforce FC	0.0100	OZ		5 / 28 / Temprid SC	31.5000	OZ	
404 / Avert Cock	0.0050	OZ		6 / 29 / Termidor SC	0.0650	GA	
120 / Orthene PC	1.0000	GA		7 / 10 / Contract All	0.0050	OZ	
85 / P.T. Contac	0.5000	OZ		8 / 14 / Demand CS I	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	InTice Granular Bait	73079-2
2	Advion Roach Bait	100-1484	17	InTice Sweet Ant Gel	73079-1
3	Alpine Aero	499-531	18	Invade Bio Foam	not required
4	Alpine Flea	499-540	19	Invict Gold Roach Gel	73079-10
5	Alpine Fly Bait	499-568	20	Maxforce Carp Ant Bait	432-1263
6	Alpine Roach Bait	499-507	21	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
7	Alpine WSG	499-561	22	Maxforce FC Roach Killer Bait Gel	432-1259
8	BP100	499-514	23	Maxforce Fly Spot Bait	432-1455
9	Cime-Xa	73079-12	24	Optigard Ant Gel	1001260
10	Contract All-Weather Blox	12455-79	25	Optigard Flex Liquid	1001306
11	Contract Meal	12455-36	26	P.I. Contact Insecticide Formula 1	499-444
12	Cyzone CS	53883-261	27	Precor IGR Concentrate	2724-352
13	Delta Dust Insecticide	432-772	28	Temprid SC Insecticide	432-1483
14	Demand CS Insecticide	100-1066	29	Termidor SC Termiticide/Insecticide	7969-210
15	Gentrol IGR Concentrate	2724-351	30	Zyrox Fly Bait	100-1541

Outstanding over 30 days from the date of service
are subject to a 1.72% FINANCE CHARGE PER MONTH
or annual percentage rate of 18%.

Customer agrees to pay accrued expenses in the event of collection.
[Signature] 20741 5-13-16
SERVICE TECH DATE

* I hereby acknowledge the satisfactory completion of all services rendered,
and agree to pay the cost of services as specified above.
[Signature]
CUSTOMER SIGNATURE



PEST CONTROL

723 TRACY AVENUE
KANSAS CITY, MO 64106
471-5733 or 331-8060
(913) 642-5115

Service Slip / Invoice

WORK ORDER: 52804
WORK DATE: 05/06/16
Friday

Bill To: [3721]
Heartland Ctr for Behavioral Change
1514 Campbell
Kansas City, MO 64108

Work Location: [3721] 816-421-6670
Heartland Ctr. for Behavioral Chg.
1514 Campbell
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician
05/06/16			RYAN Ryan Meier
Purchase Order	Terms	Last Service	Map Code
		04/07/16	05 Lic#: Mo 018911 R# 23778

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
22 / Maxforce FC	0.0100	OZ		28 / Temprid SC	31.5000	OZ	
404 / Avert Cock	0.0050	OZ		29 / Terimid SC	0.0000	GA	
120 / Orthene PC	1.0000	GA		10 / Conrac All	0.0050	OZ	
26 / P.T. Center	0.5000	OZ		14 / Demand CS I	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	InTice Granular Bait	73079-2
2	Advion Roach Bait	100-1484	17	InTice Sweet Ant Gel	73079-11
3	Alpine Aero	499-531	18	Invade Bio Foam	not required
4	Alpine Flea	499-540	19	Invict Gold Roach Gel	73079-10
5	Alpine Fly Bait	499-568	20	Maxforce Carp Ant Bait	432-1264
6	Alpine Roach Bait	499-507	21	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
7	Alpine WSG	499-561	22	Maxforce FC Roach Killer Bait Gel	432-1259
8	BP100	499-514	23	Maxforce Fly Spot Bait	432-1455
9	Cime-Xa	73079-12	24	Optigard Ant Gel	1001280
10	Conrac All-Weather Blox	12455-79	25	Optigard Flex Liquid	1001806
11	Conrac Meal	12455-36	26	Pl. Contact Insecticide Formula 1	499-444
12	Cyzmic CS	53883-261	27	Precor IGR Concentrate	2724-352
13	Delta Dust Insecticide	432-772	28	Temprid SC Insecticide	432-1483
14	Demand CS Insecticide	100-1066	29	Terimid SC Termiticide/Insecticide	7969-210
15	Genitol IGR Concentrate	2724-351	30	Zyrox Fly Bait	100-1541

outstanding over 30 days from the date of service and subject to a 1.72% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay accrued expenses in the event of collection.
[Signature] 5-6-16
SERVICE TECH DATE

[Signature]
CUSTOMER SIGNATURE



723 TRACY AVENUE
KANSAS CITY, MO 64106
471-5733 or 331-8060
(813) 642-5115

Service Slip / Invoice

WORK ORDER: 51453
WORK DATE: 04/29/16
Friday

Bill To: [3721]
Heartland Ctr for Behavioral Change
1514 Campbell
Kansas City, MO 64108

Work Location: [3721] 816-421-6670
Heartland Ctr. for Behavioral Chg.
1514 Campbell
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician

Purchase Order	Terms	Last Service	Map Code

Lic#: Mo C18911 K# 23778

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
MANAGER 816-421-6670 EXT. 220 OR EXT. 1222 # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 30 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
1 / Maxforce FC	0.0100	OZ		5 / Temprid SC	31.5000	OZ	
2 / Avert Cock	0.0050	OZ		6 / Termidor SC	0.0050	GA	
3 / Orthene PC	1.0000	GA		7 / Confrac All	0.0050	OZ	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	InTice Granular Bait	73079-2
2	Advlon Roach Bait	100-1484	17	InTice Sweet Ant Gel	73079-1
3	Alpine Aero	499-531	18	Invade Bio Foam	not required
4	Alpine Flea	499-540	19	Invict Gold Roach Gel	73079-10
5	Alpine Fly Bait	499-568	20	Maxforce Carp Ant Bait	432-1264
6	Alpine Roach Bait	499-507	21	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
7	Alpine WSG	499-561	22	Maxforce FC Roach Killer Bait Gel	432-1259
8	BP100	499-514	23	Maxforce Fly Spot Bait	432-1455
9	Cime-Xa	73079-12	24	Optigard Ant Gel	1001260
10	Confrac All-Weather Biox	12455-79	25	Optigard Flex Liquid	1001306
11	Confrac Meal	12455-36	26	P1 Contact Insecticide Formula 1	499-444
12	Cyzmic CS	53883-261	27	Precor IGR Concentrate	2724-352
13	Delta Dust Insecticide	432-772	28	Temprid SC Insecticide	432-1483
14	Demand CS Insecticide	100-1066	29	Termidor SC Termiticide/Insecticide	7969-210
15	Genitol IGR Concentrate	2724-351	30	Zyrox Fly Bait	100-154

Outstanding over 30 days from the date of service
are subject to a 1.12% FINANCE CHARGE PER MONTH
on annual percentage rate of 18%.

* I hereby acknowledge the satisfactory completion of all services rendered,
and agree to pay the cost of services as specified above.

Customer agrees to pay all expenses in the event of collection.

Service Tech: David H C 20741 DATE: 4-27-16

[Signature]
CUSTOMER SIGNATURE



PEST CONTROL

723 TRACY AVENUE
KANSAS CITY, MO 64106
471-5733 or 331-8060
(913) 642-5115

Service Slip / Invoice

WORK ORDER: 51761
WORK DATE: 04/15/16
Friday

Bill To: [37211]
Heartland Ctr for Behavioral Change
1514 Campbell
Kansas City, MO 64108

Work Location: [37211] 816-421-6670
Heartland Ctr. for Behavioral Chg.
1514 Campbell
Kansas City, MO 64108

Work Date	Time	Target Pest	Technician	Purchase Order	Terms	Last Service	Map Code
04/15/16			RYAN				
				LIC# MO 018211 R# 23776			

Service	Description	Price
GENERAL PC	ROACHES, RATS AND MICE	0.00
ED TANNER 816-421-6670 EXT. 220 OR EXT. 1222 CELL # 816-564-6226 REGULAR SERVICE PLUS PROBATION/PAROLE 1730 PROSPECT IS PART OF SERVICE		

Pesticide / Product	%	UOM	Amount	Pesticide / Product	%	UOM	Amount
404 / Avert Cock	0.0050	OZ		29 / Termidor SC	0.0600	GA	
120 / Orthene PC	1.0000	GA		10 / Contract All	0.0050	OZ	
26 / P.I. Contac	0.5000	OZ		14 / Demand CS I	0.0300	GA	

Material	Product Name	EPA Registration	Material	Product Name	EPA Registration
1	Advance Granular Ant Bait Formula 1	499-370	16	InTice Granular Bait	73079-2
2	Advion Roach Bait	100-1484	17	InTice Sweet Ant Gel	73079-1
3	Alpine Aero	499-531	18	Invade Bio Foam	not required
4	Alpine Flea	499-540	19	Invict Gold Roach Gel	73079-10
5	Alpine Fly Bait	499-568	20	Maxforce Carp Ant Bait	432-1264
6	Alpine Roach Bait	499-507	21	Maxforce FC Magnum Roach Killer Bait Gel	432-1460
7	Alpine WSG	499-561	22	Maxforce FC Roach Killer Bait Gel	432-1259
8	BP100	499-514	23	Maxforce Fly Spot Bait	432-1455
9	Cime-Xa	73079-12	24	Optigard Ant Gel	1001260
10	Contract All-Weather Blox	12455-79	25	Optigard Flex Liquid	1001306
11	Contract Meal	12455-36	26	P.I. Contact Insecticide Formula 1	499-444
12	Cyzmic CS	53883-261	27	Precor IGR Concentrate	2724-352
13	Delta Dust Insecticide	432-772	28	Temprid SC Insecticide	432-1483
14	Demand CS Insecticide	100-1066	29	Termidor SC Termiticide/Insecticide	7969-210
15	Gentrol IGR Concentrate	2724-351	30	Zyrox Fly Bait	100-1541

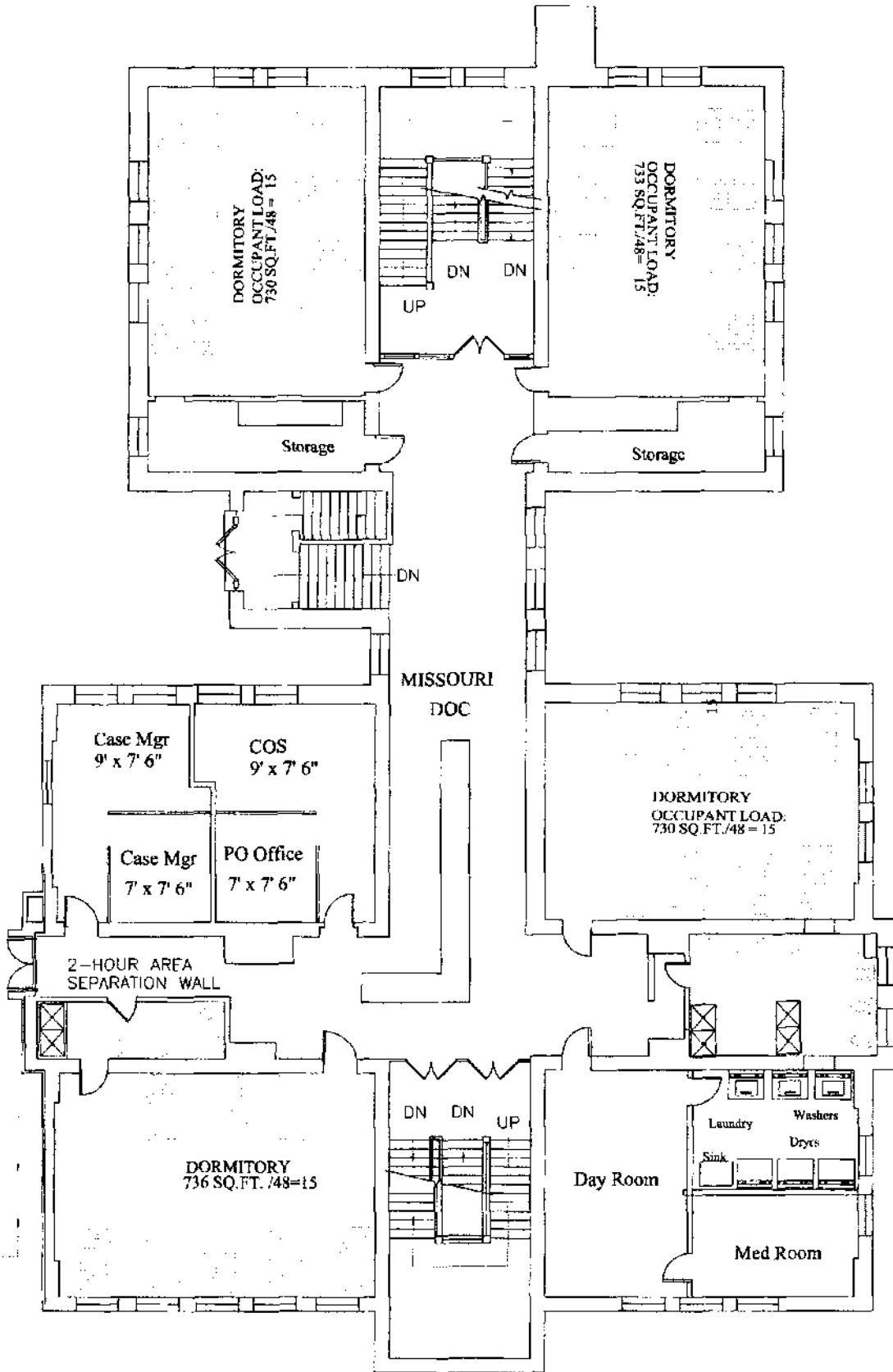
outstanding over 30 days from the date of service and subject to a 1.12% FINANCE CHARGE PER MONTH or annual percentage rate of 13%.

I hereby acknowledge the satisfactory completion of all services rendered and agree to pay the cost of services as specified above.

Customer agrees to pay service expenses in the event of collection.

[Signature] DATE: 4-15-16
 SERVICE TECH

[Signature]
 CUSTOMER SIGNATURE



FLOOR PLAN—MIDDLE LEVEL



PREA MEMORANDUM OF UNDERSTANDING

October 20, 2014

This Memorandum of Understanding (MOU) is entered into between HEARTLAND CENTER FOR BEHAVIORAL CHANGE and Metropolitan Organization to Counter Sexual Assault (MOCSA), and is written to facilitate an agreement between the parties for services related to the federal Prison Rape Elimination Act (PREA).

I. UNDERSTANDING, AGREEMENTS, SUPPORT AND RESOURCE REQUIREMENTS:

A. HEARTLAND CENTER FOR BEHAVIORAL CHANGE agrees to:

- 1) Whenever possible, HEARTLAND CENTER FOR BEHAVIORAL CHANGE will transport a victim of sexual abuse to an area hospital listed on Attachment 1 for a forensic evidence collection exam. MOCSA has pre-existing protocols in place with these hospitals so that a rape crisis advocate will be requested by the hospital to respond in order to provide advocacy to the victim during the sexual assault forensic evidence collection exam. Please see Attachment 1 for a list of the hospitals MOCSA advocates respond to for advocacy during the sexual assault forensic evidence collection exam.
- 2) Facilitate follow-up, whenever possible, between the detainee and a MOCSA advocate by mail or telephone only while the detainee is in the custody of HEARTLAND CENTER FOR BEHAVIORAL CHANGE.
- 3) HEARTLAND CENTER FOR BEHAVIORAL CHANGE agrees to provide a means for confidential communications between the detainee and MOCSA victim advocate. Please see Attachment 2 for an explanation of confidentiality between a victim and advocate as defined by the Violence Against Women Act.
- 4) Provide detainees with confidential, 24-hour access to MOCSA's rape crisis hotline, at no cost to the detainee, through the detainee telephone system.
- 5) Ensure confidential communication in writing or by telephone between MOCSA advocates and victims of sexual abuse detained at HEARTLAND CENTER FOR BEHAVIORAL CHANGE. Written materials from detainees are to be directed to:
Director of Advocacy Services
MOCSA
3100 Broadway, Suite 400
Kansas City, MO 64111
- 6) Facilitate the placement of placards or brochures in areas visible to detainees with information on how to access the MOCSA's rape crisis hotline.
- 7) Communicate any questions or concerns to MOCSA staff to the attention of:
Director of Advocacy Services, 816-931-4527
MOCSA
3100 Broadway, Suite 400
Kansas City, MO 64111

B. MOCSA agrees to:



- 1) Per the pre-existing protocols established by MOCSA and the area Sexual Assault Response Teams, any time a victim of sexual abuse is brought to an area hospital listed on Attachment 1 for a sexual assault forensic evidence collection exam a rape crisis advocate from MOCSA is requested by the hospital to respond and provide advocacy to the victim during the exam. Please see Attachment 1 for a list of the hospitals MOCSA advocates respond to for advocacy during forensic evidence collection exams.
- 2) Provide advocacy to victims of sexual abuse from HEARTLAND CENTER FOR BEHAVIORAL CHANGE who are brought to area hospitals listed on Attachment 1 for sexual assault forensic exams.
- 3) Respond to calls from HEARTLAND CENTER FOR BEHAVIORAL CHANGE detainees received on MOCSA's rape crisis hotline. MOCSA is not able to accept collect calls on the rape crisis hotline.
- 4) Provide follow-up advocacy services during regular business hours to victims of sexual abuse from HEARTLAND CENTER FOR BEHAVIORAL CHANGE by telephone or in writing (U.S. mail) at no cost to the detainee or HEARTLAND CENTER FOR BEHAVIORAL CHANGE, as MOCSA resources allow.
- 5) Maintain confidentiality of communications with clients detained at HEARTLAND CENTER FOR BEHAVIORAL CHANGE per the Violence Against Women Act guidelines for confidentiality. Please see Attachment 2 for a definition of confidential communications between a victim and advocate as defined by the Violence Against Women Act.
- 6) Communicate any questions or concerns to HEARTLAND CENTER FOR BEHAVIORAL CHANGE staff. HEARTLAND CENTER FOR BEHAVIORAL CHANGE will provide MOCSA with a contact person to discuss questions or concerns.

II. TERM OF MOU:

This MOU shall begin October 20, 2014 and continue until it is terminated by either party.

III. MOU TERMINATION AND MODIFICATION:

This MOU may be terminated, without cause, by either of the parties with no less than thirty calendar days' written notice. The MOU may be terminated by either party, with cause, with two days written notice. Otherwise, any modification must be agreed to and signed by both parties and attached to this MOU as a modification.

 HEARTLAND CENTER FOR BEHAVIORAL CHANGE Representative	<i>VP, Correctional Services HCBC</i> Date
 MOCSA Representative	10-17-14 Date

Attachment 1

Region 1: SANE programs in Johnson and Wyandotte Counties (Kansas)

- COVERSA at St. Joseph Medical Center
- COVERSA at Overland Park Regional
- Saint Luke's South
- Shawnee Mission Medical Center
- University of Kansas Medical Center
- Children's Mercy South

Region 2: SANE programs in the Northland Area (Missouri-North of I-70)

- COVERSA at North Kansas City Hospital
- COVERSA at Centerpoint Medical Center
- COVERSA at Liberty Hospital
- St. Luke's Northland
- St. Luke's Smithville

Region 3: SANE programs in Jackson County (Missouri- South of I-70)

- St. Luke's (Plaza)
- Truman Medical Center
- Research Medical Center
- Children's Mercy Downtown

Region 4: SANE programs in Eastern Jackson County & Cass County

- COVERSA at Belton Regional Medical Center
- COVERSA at Cass County Medical Center
- COVERSA at Lee's Summit Medical Center
- St. Luke's East
- Truman Medical Center- Lakewood

Attachment 2

Office on Violence Against Women

Acknowledgement of Notice of Statutory Requirement to Comply with the Confidentiality and Privacy Provisions of the Violence Against Women Act, as Amended

Under section 40002(b)(2) of the Violence Against Women Act, as amended (42 U.S.C. 13925(b)(2)), grantees and subgrantees with funding from the Office on Violence Against Women (OVW) are required to meet the following terms with regard to nondisclosure of confidential or private information and to document their compliance. By signature on this form, applicants for grants from OVW are acknowledging that they have notice that, if awarded funds, they will be required to comply with this provision, and will mandate that subgrantees, if any, comply with this provision, and will create and maintain documentation of compliance, such as policies and procedures for release of victim information, and will mandate that subgrantees, if any, will do so as well.

(A) In general

In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this subchapter shall protect the confidentiality and privacy of persons receiving services.

(B) Nondisclosure

Subject to subparagraphs (C) and (D), grantees and subgrantees shall not—

(i) disclose, reveal, or release any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or

(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor. If a minor or a person with a legally appointed guardian is permitted by law to receive services without the parent's or guardian's consent, the minor or person with a guardian may release information without additional consent.

(C) Release

If release of information described in subparagraph (B) is compelled by statutory or court mandate—

(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and

(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(D) Information sharing

(i) Grantees and subgrantees may share—

(I) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;

(II) court-generated information and law enforcement-generated information contained in secure, governmental registries for protection order enforcement purposes; and

(III) law enforcement-generated and prosecution-generated information necessary for law enforcement and prosecution purposes.

(ii) In no circumstances may—

(I) an adult, youth, or child victim of domestic violence, dating violence, sexual assault, or stalking be required to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the grantee or subgrantee;

(II) any personally identifying information be shared in order to comply with Federal, tribal, or State reporting, evaluation, or data collection requirements, whether for this program or any other Federal, tribal, or State grant program.

(E) Statutorily mandated reports of abuse or neglect

Nothing in this section prohibits a grantee or subgrantee from reporting suspected abuse or neglect, as those terms are defined and specifically mandated by the State or tribe involved.

(F) Oversight

Nothing in this paragraph shall prevent the Attorney General from disclosing grant activities authorized in this Act to the chairman and ranking members of the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate exercising Congressional oversight authority. All disclosures shall protect confidentiality and omit personally identifying information, including location information about individuals.

(G) Confidentiality assessment and assurances

Office on Violence Against Women Grantees and subgrantees must document their compliance with the confidentiality and privacy provisions required under this section.



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION
PENETRATION/ NON-PENETRATION
EVENT CHECKLIST -
RESIDENTIAL FACILITIES

RESIDENTIAL FACILITY	DATE AND TIME REPORTED
FIRST RESPONDER (Name and Title)	HOW WAS THE ALLEGATION REPORTED? (Victim, Staff, Other Resident, Inmate, etc.)
ALLEGATION REPORTED BY:	

ALLEGED VICTIM	DOC NUMBER	DATE / TIME OF INCIDENT
DATE OF BIRTH	RACE	PREA Score
LOCATION OF INCIDENT:		
ALLEGED PERPETRATOR:		
DATE OF BIRTH	RACE	PREA Score
EVENT:		

PROGRAM DIRECTOR RESPONSIBILITIES					
PERSON TO BE NOTIFIED	PERSON NOTIFIED	DATE	TIME	PENETRATION EVENTS (92 hours or less)	PENETRATION EVENTS (over 92 hours & NON PENETRATION EVENTS)
CAO OF RESIDENTIAL FACILITY				Immediate	Immediate
LAW ENFORCEMENT (when applicable)				Immediate	Immediate when appropriate
EMERGENCY MEDICAL (only with penetration)				Immediate	Only with penetration events
MENTAL HEALTH PROVIDER				Immediate	Next business
CAO/DEPUTY OF LIAISON DISTRICT OFFICE				Immediate	Next business
REGIONAL ADMINISTRATOR				Immediate	Next business
DEPARTMENT PREA COORDINATOR				Email	Email

FORENSIC EXAMINATION	
LOCATION OF EXAMINATION	
DATE AND TIME CLIENT LEFT FACILITY	DATE AND TIME VICTIM RETURNED FROM FORENSIC EXAMINATION
SIGNATURE OF SHIFT COMMANDER / SHIFT SUPERVISOR	DATE



STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
 PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
 EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

1. Where did the incident or alleged incident occur?

- In the victim's room (if the victim and perpetrator share a room, count as the victim's room)
- In a dormitory or other multiple housing unit
- In a program service area (commissary, kitchen, storage, laundry, cafeteria, workshop)
- Outside the facility but on facility grounds
- Other - specify:

2. What time did the incident or alleged incident occur? (select all that apply)

- Morning (6 a.m. to noon)
- Afternoon (noon to 6 p.m.)
- Evening (6 p.m. to midnight)
- Overnight (midnight to 6 a.m.)

3. Number of victims or alleged victims involved in the incident? (if there were more than one victim please note additional victims' age, gender and race in the comment section)

4. Demographic information of victims or alleged victims: (if more than one victim please note additional demographic information in the comment section)

Age at the time of incident: Gender:

Race / ethnic origin:

5. Did the victim or alleged victim sustain any physical injury during the incident? Yes No N/A

- Broken bones
- Internal injuries
- Anal or vaginal tearing
- Knocked unconscious
- Chipped or knocked out teeth
- Bruises, black eye, sprains, cuts, scratches, swelling, welts
- Other - specify:

6. If the victim or alleged victim received injuries, did the victim receive medical treatment for the injuries?

- Yes No N/A

7. Who reported the incident or alleged incident? (select all that apply)

- Victim
- Medical or Mental Health staff member
- Another offender (non-victim)
- Instructor or Teacher
- Family of victim
- Counselor
- Residential staff member
- Other - specify:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

VICTIM (CONTINUED)

8. After the incident was reported, was the victim or alleged victim: (select all that apply)

- Given a medical examination
- Administered a rape kit
- Tested for HIV / AIDS
- Tested for other sexually transmitted diseases
- Provided with counseling or mental health treatment
- None of the above

9. Are medical records pertaining to this incident included with the file material attached in the master report folder?

- Yes
- No
- N/A

TYPE OF OFFENDER/SEXUAL VIOLENCE

- Offender on Offender
- Non-consensual Sexual Acts
- Abuse Sexual Contact
- Staff Member on Offender
- Sexual Misconduct
- Sexual Harassment

OFFENDER-ON-OFFENDED/SEXUAL VIOLENCE

1. How many perpetrators or alleged perpetrators were involved in the incident? (if there were more than one perpetrator, please note additional perpetrators' age, gender and race in the comment section)

2. What was the alleged perpetrator's gender? Female Male

3. Demographic information of perpetrator:

Age at the time of incident: Gender:
Race or ethnic origin:

4. What was the nature of the incident or alleged incident? (select all that apply)

- Voluntary sexual contact between adults
- Unwanted touching for sexual gratification
- Pressure or coercion (without force) resulting in a non-consensual sexual act
- Physical force (or the threat of force) resulting in a non-consensual sexual act

5. What type of pressure or physical force was used by the perpetrator or alleged perpetrator on the victim? (select all that apply)

- Persuasion or talked into sexual activity
- Bribery or blackmail
- Gave victim drugs or alcohol
- Offered protection from other offenders
- Threatened with physical harm
- Physically held victim down or restrained in some way
- Physically harmed or injured victim
- Threatened with a weapon
- Other - specific:
- None



STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
 PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
 EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

STATE MEMBER-ON-OFFENDER SEXUAL MISCONDUCT AND HARASSMENT

1. What was the nature of the incident or alleged incident? (select all that apply)

- Physical force resulting in a non-consensual sexual act
- Pressure or abuse of power resulting in a non-consensual sexual act
- Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
- Unwanted touching for sexual gratification
- Sexual harassment or repeated verbal statements of a sexual nature by staff member
- Sexual relationship between offender and staff member that appeared to be willing
- Level of coercion unknown
- Other - specify:

2. How many staff members were involved or alleged to have been involved in the incident? (if more than one staff member was involved in the incident note staff member demographics in the comment section)

3. Demographic information of staff members involved or alleged to have been involved in the incident:

Age at the time of incident: Gender:
 Race / ethnic origin:

4. Which of the following describes the staff member that was involved or alleged to have been involved in the incident? (select all that apply)

- Full or part-time paid employee
- Contracted employee or vendor
- Volunteer or intern
- Other - specify:

5. What was the primary position description of the staff member involved or alleged to have been involved in the incident? (select all that apply)

- Administrator
- Supervision staff member
- Clerical including secretaries, clerks, receptionists, and other administrative support
- Maintenance and other facility support staff members, including grounds keepers, janitors, cooks, and drivers
- Education staff members, including instructors, teachers, librarians, and education assistants
- Other program staff members
- Other - specify:



STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
 PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
 EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

COMMENTS:

INFORMATION:

Offender Sexual Abuse Includes the following

1. Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident; and
2. Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer.

Offender on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Staff Member on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the offender, detainee, or resident.

1. Contact between the penis and vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;



STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
 PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
 EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

INFORMATION (CONTINUED)

Staff Member on Offender Sexual Abuse (continued):

5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1 through 5 of this definition;
7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender, detainee, or resident, and
8. Voyeurism by a staff member, contractor, or volunteer which is an invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

Offender Sexual Harassment:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender, detainee, or resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

***It is required to notify emergency medical personnel by phone for all allegations of sexual penetration defined as a sexual activity that involves the entry into the vagina, anus, and/or mouth, however slight, with a body part or an object. All other allegations of sexual abuse will be investigated and forwarded to the Chief Administrative Officer of the liaison district.**

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: August 14, 2015

Auditor Information	
Auditor name: Elizabeth L Rice	
Address: PO Box 440294, Lawrence, KS 66044	
Email: overtonrice@gmail.com	
Telephone number: 785-865-2728	
Date of facility visit: June 8, 2015 and August 13, 2015	
Facility Information	
Facility name: Heartland Center For Behavioral Change	
Facility physical address: 1514 Campbell St., Kansas City, MO 64108	
Facility mailing address: (if different from above)	
Facility telephone number: (816)421-2045	
The facility is:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County
	<input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit
Facility type:	<input type="checkbox"/> Community treatment center <input type="checkbox"/> Community-based confinement facility
	<input checked="" type="checkbox"/> Halfway house <input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center <input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Ron Schmitz, Vice President of Correctional Services	
Number of staff assigned to the facility in the last 12 months: 97	
Designed facility capacity: 173	
Current population of facility: 170	
Facility security levels/inmate custody levels: Community/Minimum	
Age range of the population: 18 over	
Name of PREA Compliance Manager: Debra Monday	Title: PREA Coordinator/Training Technician
Email address: dmonday@heartlandchc.org	Telephone number: 816-421-6670 x1862
Agency Information	
Name of agency: Heartland Center For Behavioral Change	
Governing authority or parent agency: (if applicable)	
Physical address: 1730 Prospect avenue, Suite 100, Kansas City, MO 64127	
Mailing address: (If different from above) Click here to enter text.	
Telephone number: 816-421-6670	
Agency Chief Executive Officer	
Name: Myrna Trickey, President/CEO	Title: President/CEO
Email address: mtrickey@heartlandchc.org	Telephone number:
Agency-Wide PREA Coordinator	
Name: same as facility	Title: Click here to enter text.
Mailing address: Click here to enter text.	Telephone number: Click here to enter text.

AUDIT FINDINGS

NARRATIVE

Department of Justice Certified Auditors Liz Rice and Ron Baker received the pre-audit questionnaire on June 1, 2015 in preparation for the onsite audit scheduled for June 8 & 9, 2015. The auditors arrived at the facility at 8am on June 8 and were greeted by the facility PREA Compliance Manager. The PCM introduced auditors to senior staff and provided a tour of the facility. During the facility tour auditors were notified that all state inmates had been removed from the facility on the last business day before the onsite audit. The facility was still housing federal inmates and the state is replacing their female inmates with male inmates in early July, 2015. Auditors met privately and considered whether to continue the audit. Due to the separate use areas of the facility (see facility description below) it was decided to continue with the audit and complete the day one interviews with staff and inmates housed on the federal side as well as speciality posts for the state side of the facility. Some executive staff are shared by both sides of the facility. The notice of the audit was posted and staff and inmates interviewed reported that they had been posted for the required time. No letters were received from federal or state inmates. Auditors decided to move the second day of the audit to a date in July 2015 (this was later pushed back to August 13) that would allow auditors to review the files and interview staff assigned to the state housing unit after the state inmates are back on site. Auditors were able to review all areas of the facility, state and federal, and review policies and protocols for both sides. This was a unique situation in which auditors believed that they could not fully assess compliance without the ability to interview line staff assigned to the state side, to review files related to the state housing side of the facility, observe operations on the state side, and to interview inmates that are housed on the state side. Auditors were able to fully assess the federal side of the facility.

Auditors were able to select a random sample of male and female inmates for interviews from the federal inmate roster. Staff interviews were selected based on job duties for required specialty interviews and a random sample of staff were selected from the staff roster.

On the return trip to the facility the auditors will review state inmate files, observe operations on the state side and conduct interviews related to the state inmate housing side of the facility. This was completed on August 13, 2015.

Auditors returned to the facility on August 13, 2015 and completed interviews with a random sample of state inmates and a random sample of Heartland employees assigned to the state side. All staff were found to be knowledgeable and supportive of the facility policies regarding PREA. All inmates interviewed indicated that they felt safe at this facility. Inmates indicated that they had received orientation that including an assessment. All inmates interviewed were aware of the purpose of our visit and acknowledged that notices had been posted notifying of our return visit. No letters were received prior to the second visit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Heartland Center For Behavioral Change Facility is located in an urban area of Kansas City, MO and is one building that houses two separate programs, one for state offenders and one for federal offenders. There are separate staff in place for each of the programs, however, the agency policies related to PREA are the same for all areas of the facility. The state program housed female offenders until June 5, 2015 when the state removed the female offenders due to a change in the state housing needs. The State of Missouri Department of Corrections plans to begin housing male offenders in the portion of the building previously used to house state females in July 2015. The federal program housed both male and female offenders in separate housing wings. State inmates were returned to the facility on July 1, 2015.

All HCBC staff are authorized to work with the state inmate population. There are additional requirements in the federal contract that require staff who will work on the federal unit to undergo federal background check and additional training on the specific policies related to the supervision of federal inmates.

The state housing unit of the facility is referred to as the Community Transition Unit (CTU) and the federal housing unit is referred as the Residential Reentry Center (RRC).

The building itself is an old building that has been converted for its current use. The inmate housing areas are dormitory style and there is a shared dining room and gym for units. The showers are in common use areas based on housing unit and gender.

SUMMARY OF AUDIT FINDINGS

Auditors were able to review all of the policies, interview staff and inmates, and observe operational practices in the unit housing federal inmates on June 8, 2015. There were no state inmates housed at the facility on June 8, 2015. The state inmate expected return to the facility is July 1, 2015. Auditors were able to review policies and interview executive staff for the state housing unit on June 8, 2015. Auditors returned on August 13, 2015 to observe operations and interview line staff and inmates assigned to the state housing unit.

The current policies and procedures were formally developed in March 2015 as a requirement in the HCBC contract with the State of Missouri for housing state inmates. Those policies were approved by the Board of Directors on March 19, 2015. All measures in this audit are considered from the date of implementation of the approved policies, March 20, 2015. The practice outlined in most of the policy have been in place for over a year but had not been fully approved by the board until March 2015, therefore staff had been following most PREA standards for over a year. The culture of the facility was one of safety and care for the inmates who live there and it was clear to auditors that Heartland Administration fully support PREA.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0 (interim report contained 2- Standard 115.241 Screening for risk of victimization and abusiveness, Standard 115.242 Use of screening information)

Number of standards not applicable: 3 - Standard 115.212 Contracting with other entities for the confinement of residents, Standard 115.235 Specialized training: Medical and mental health care, Standard 115.234 Specialized training: Investigations

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.1-Prevention Planning
Page 6: IV.PROCEDURES

A.Zero Tolerance of Sexual Abuse and Sexual Harassment

- 1.Heartland Center for Behavioral Change (HCBC) has a zero tolerance policy toward all forms of offender sexual abuse and offender harassment.
- 2.The approach to preventing, detecting, and responding to such conduct shall be outlined in HCBC policies and procedures and all full and part time staff members, volunteers, and contractors serving offenders or otherwise under HCBC’s jurisdiction or contract to serve offenders shall be required to comply with the policy and procedure.

B. PREA Coordinator

A PREA Coordinator shall be appointed who has sufficient time and authority to develop, implement, and oversee HCBC efforts to comply with the applicable PREA standards.
The PREA Coordinator shall have a direct reporting relationship to the Vice President of the Division of Correctional Services (DCS).

This policy includes the required definitions of prohibited behaviors. Specific policies related to prevention, detection, a response will be noted in those specific standard sections.

Through observation and interviews auditors were able to determine that the PREA Coordinator has sufficient time and authority to meet the requirements of this standard.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The item is not applicable as Heartland Center For Behavioral Change (HCBC) does not contract with other entities for housing of residents.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RFP B3Z14319 page 15 and page 24 outline the security and case management staffing requirements.

Through review of the staffing plan and interviews with staff auditors were able to determine that consideration is given to the physical layout of the facility, the type of offender being housed at the facility, and other information that may come from review of incidents and allegations.

Any deviations from the plan such as call in's for sickness for self or family member, funeral etc., the security officer on shift stays over or another security officer is called in to ensure shift coverage.

HCBC reports no deviations from staffing plan since implementation of the current state contract in January 2015.

The staffing plan was reviewed in March 2015 and documentation was provided that indicate the required elements were considered.

38 Cameras of which three are PTZ cameras. These cameras are located in various locations of the building including the outside. Cameras are located in common areas such as day rooms, TV rooms, hallways, stairways, control desks, elevator and including our medication rooms. The facility has one centralized DVR room that houses all four of the DVR's .

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy related to strip searches is defined for the state housing unit (CTU) and the federal unit (RRC). HBC policy 8.12 provides guidance to staff on conducting searches and cross gender viewing. Cross gender pat searches and strip searches are prohibited. Body cavity searches are prohibited.

Policy requires all staff to announce their presence prior to entering into an area where inmates of the opposite gender may be in a state of undress to include showering, tending to bodily functions, or changing clothes. Interviews with staff and inmates as well as observation by auditors substantiate the adherence to this policy.

Policy prohibits inspection, search, examination, or viewing of transgender or intersex inmate solely for determining genital status.

Security staff are trained in proper search procedure. Interviews with staff and inmates and review of training records indicate compliance with this standard.

The 38 cameras currently in use do not allow view of areas where inmates may be in a state of undress. (changing, showering, using toilet facilities).

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.1-Prevention Planning Page 7 & 8

E. Offenders With Disabilities and Offenders Who Are Limited English Proficient

1. The Vice President, DCS shall implement appropriate internal operating procedures to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of HCBC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a. Steps shall include ensuring effective communication with offenders who are deaf or hard of hearing and when necessary providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

b. In addition, the PREA Coordinator shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

c. Actions shall not be required to be taken if they would result in a fundamental alteration in the nature of a service, program, or activity, or undue financial or administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFS 31. 164.

The Vice President, DCS shall implement appropriate internal operating procedures to ensure meaningful access to all aspects of HCBC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary when such resources are needed.

3. Offender interpreters, offender readers, or other types of offender assistants shall not be relied upon as interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under HCBC Policy #13.6, "Official Response," Section D or the investigation of the resident's allegations.

There were no inmates requiring accommodation housed at HCBC during the audit, therefore no interviews could be conducted that included inmates with disabilities or limited english proficiency.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.1-Prevention Planning Page 8,9, &10
Hiring and Promotion Decisions

F. Hiring and Promotion Decisions

In addition to the requirements outlined in HCBC Policy #3.3, "Selection of Qualified Staff and in HCBC Policy # 3.4, "Employee Promotions, Transfers, Demotions, and Dismissals," the Human Resource Department and all HCBC staff involved in the hiring and promotion of persons to provide services to offenders shall comply with the requirements of PREA described herein.

The Human Resource Department shall ensure that no person is hired or promoted who may have contact with offenders, or that any contractor is enlisted who may have contact with offenders, who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Has been convicted of engaged or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activities described in (b) above.

Incidents of sexual harassment shall be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. In such a case, the President/CEO shall be notified of the incident by Human Resources and shall make the final decision in the consideration process.

Before hiring new employees who may have contact with offenders, the Human Resource Department shall:

Perform a criminal background records check; and

Consistent with federal, state, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Human Resource Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders.

The Human Resource Department shall conduct criminal background checks at least every 5 years of current employees and contractors who may have contact with offenders.

The Human Resource Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct as described in this section. Applications for employment and promotion, interviews, written self-evaluations and performance appraisals shall require the employee or applicant to disclose if they:

Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Have been convicted of engaged or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;

Have been civilly or administratively adjudicated in the activities described above;

Have engaged in sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; and/or

Are currently the subject of an investigation in the activities described above.

Employees, volunteers, and contractors shall have a continuing affirmative duty to disclose any such misconduct as described above directly to Human Resources.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Unless prohibited by law, the Human Resource Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Auditors interviewed staff from the HR department. In the past 12 months 97 employee background checks have been completed for staff with direct contact with inmates.

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC has not made any substantial changes to their facility but are in the process of upgrading their electronic surveillance. A review of current camera placements and proposed changes was completed and an interview with the facility executive staff indicates that considerable thought has been given to protecting residents from sexual abuse.

38 Cameras of which three are PTZ cameras. These cameras are located in various locations of the building including the outside. Cameras are located in common areas such as day rooms, TV rooms, hallways, stairways, control desks, elevator and including our medication rooms. There is one centralized DVR room that houses all four of our DVR's.

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.2-Responsive Planning Page 6

A. Evidence Protocol and Forensic Medical Examinations

1. Allegations of sexual abuse shall be immediately reported to law enforcement for investigation. (See HCBC Policy #13.6, Official Response).
2. The Program Manager or Vice President, Division of Correctional Services (DCS) in his/her absence shall ensure that all victims of sexual abuse are offered a forensic medical examinations at an outside medical facility, without financial cost, where evidentiary or medically appropriate.
 - a. Such examinations shall be performed to Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
 - b. The PREA Coordinator shall ensure that efforts to provide SAFEs or SANEs are documented.

HCBC refers all criminal cases to local law enforcement. The Kansas City, MO police department provided an outline of the training that investigators receive for Crisis Intervention. HCBC requested but was denied an MOU with KCPD. The police department will respond to the facility as they would for any crime committed within their jurisdiction.

Interviews with staff indicate that preservation of the scene to allow evidence collection by law enforcement is a consideration whenever a report is made to staff.

Memo from Facility PCM "The victim will always have a victim's advocate present and based on the needs of the victim the PREA Audit Report

appropriate organization will be contacted to provide assistance. For instance if the victim is LGBTI and experience's a hate crime, the KC LGBTI anti violence group will be contacted. If a victim needs to speak with someone from the rape crisis center (MOCSA) and requires a therapist, the person will be referred to the licensed therapists. Veronica's Voice is an agency designed to assist former prostitutes who for whatever reasons were in because they had no choice. This organization assist individuals who have experienced trauma due to prostitution.

A copy of the MOU with MOSCA was provided to the auditors. Posters about MOSCA services were found posted throughout the facility in areas where inmates were present.

Facility PCM has established contact with the area SANE manager and received the following information:

"Any time an offender who has experienced sexual abuse/assault is taken to the Truman Medical Emergency, KC SANE Manager is contacted by the hospital to provide comprehensive support. SANE provides a SAFE sexual medical exam. This includes contacting MOCSA prior to the exam who will provide advocacy during the forensic medical exam/rape kit. The victim may have the advocate in to hold their hand or step outside until the exam is complete. All questions asked are therapeutic questions reinforcing good coping skills. They never ask why you were with him or her as that is a blaming question. MOCSA advocate also informs the victim of support available in the form of free counseling and support groups. SANE address any of the victim's worries such as catching a disease. Provide medications to prevent diseases, provide contraception if afraid of getting pregnant. Everything they need to heal. In order to assist a victim in the healing process you need to target the issue and refer the victim to the agencies that would be of the most assistance to them. Refer to PTSD clinic which addresses post-traumatic stress disorder, KC anti-violence program for all LGBTI hate crimes, or same sex crimes."

There have been no reports in past 12 months of sexual assault at this facility and, therefore no forensic exams have been conducted.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There were 3 allegations reported in the past 12 months, all were investigated administratively as they did not include allegations of sexual assault.

HCBC Policy 13.7-Investigations Page 1

I. POLICY

All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

HCBC Policy 13.7-Investigations Page 6 & 7

IV. PROCEDURES Criminal Investigations

All allegations of sexual abuse and sexual harassment shall be referred to a law enforcement agency.

It shall be the responsibility of the law enforcement agency investigator to gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, no action shall be taken by HCBC to conduct interviews or investigate the allegation except after the Vice President, Division of Correctional Services (DCS) has consulted with the assigned prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The offender who alleged sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

In the event that any State entity or Department of Justice component conducts an investigation of the report, such investigations shall be

completed pursuant to the above requirement.

When outside agencies investigate sexual abuse, all HCBC staff shall be required to cooperate with the outside investigators.

The Vice President DCS shall endeavor to remain informed about the progress of the investigation and shall apprise the President/CEO in a timely manner of the progress.

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

B. HCBC Administrative Investigations

HCBC shall conduct an internal administrative investigation if the law enforcement agency determines the allegation of sexual abuse or sexual harassment is not criminal and chooses not to investigate the matter. In such a case, the Vice President, DCS shall request authorization that the government contractor (Bureau of Prisons, U.S. Marshall, or Missouri Department of Corrections, as applicable), promptly initiate an investigation into the report of non-criminal sexual abuse and/or allow HCBC to conduct an internal administrative investigation.

Investigations by HCBC shall be conducted by the HCBC Corporate Compliance Officer or other designee appointed by the President/CEO.

The HCBC administrative investigation shall include an effort to determine whether staff actions or failures contributed to the abuse.

The HCBC administrative investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

HCBC shall retain all written reports of an alleged PREA incident for as long as the alleged abuser is incarcerated or employed by HCBC, plus five years.

The departure of the alleged abuser or victim from the employment or control of HCBC shall not provide a basis for terminating an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirement.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.3-Training and Education Page 5, 6 & 7 cover the specific training requirements for staff,

I. PROCEDURE

A. Employee Training

1. All HCBC Division of Correctional Services (DCS) employees shall be provided an HCBC brochure that describes PREA, HCBC's zero tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA requirements. Documentation of receipt of the brochure shall be maintained in the employee training file.
2. All HCBC DCS employees shall receive PREA training. Staff training shall include:
 - a. The HCBC zero tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill their responsibilities under HCBC sexual abuse and harassment prevention, detection, reporting, and response policies and procedures;

- c. Offenders' right to be free from retaliation for reporting sexual abuse and harassment;
 - d. The dynamics of sexual abuse and sexual harassment in confinement;
 - e. The common reactions of sexual abuse and sexual harassment victims;
 - f. How to detect and respond to signs of threatened and actual sexual abuse;
 - g. How to avoid inappropriate relationships with offenders;
 - h. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
 - i. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
3. Employee training shall be tailored to the gender of the offenders at the facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
 4. PREA training shall be a part of the orientation training provided to new employees and refresher training shall be provided annually to all employees. Training shall include a review staff responsibilities to prevent and report sexual assaults, and other relevant PREA-related material.
 5. All current employees who have not received such training as of the effective date of this policy shall be trained within one year.
 6. Staff shall sign an acknowledgement that they have understand the training they have received.
 7. Documentation of the training shall be submitted to the HCBC Training Coordinator and maintained in the training record of the person.

Auditors were provided documentation of completed training while onsite. All required areas of training were completed by staff. Staff interviews indicate that staff have received training and have retained the information from that training. The training module was provided for the auditors to review. Documentation indicated that 54 current staff have received the required training.

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.3-Training and Education Page 12

B. Training of Volunteers and Contractors

1. All HCBC Division of Correctional Services (DCS) volunteers and contractors who have contact with offenders shall be provided an HCBC brochure that describes PREA, HCBC's zero tolerance of sexual abuse and sexual harassment of offenders, and an overview of the duties of volunteers and contractors to meet PREA requirements.

Documentation of receipt of the brochure shall be maintained in the training file of volunteers and contractors.

2. All volunteers and contractors who have contact with offenders shall be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
3. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
4. Documentation of receipt of the training shall be maintained in the volunteer and contractor training file and shall include a signed acknowledgement that they understand the training that they have received.

There were no volunteers currently working with HCBC, Aramark provides contracted food service and staff currently assigned by Aramark have completed required training according to a review of training records provided to auditors onsite.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC Policy 13.3-Training and Education Page 8

F. Offender Education

During the intake process, offenders shall be provided written information and education about:

HCBC's zero-tolerance policy regarding sexual abuse and sexual harassment;

How to report incidents or suspicions of sexual abuse or sexual harassment;

Offender rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and

HCBC policies and procedures for responding to such incidents.

Offender education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as offenders who have limited reading skills.

Each offender shall be required to acknowledge receipt of the written information and education. The acknowledgement shall be maintained in the offender management system.

In addition to providing such education, key information shall be continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

There is only one facility in this agency that houses inmates therefore, standard requiring refresher education upon transfer to other facility is not applicable.

Documentation of inmate education was reviewed by auditors in a randomly selected group of inmate files.

Posters were found throughout inmate areas of the facility that provided information about the zero tolerance policy, how to report, and the inmates rights.

A randomly selected group of inmates were interviewed and it was clear from those interviews that inmates receive significant education about PREA and are comfortable talking with staff should the need arise. Copies of the handouts in english and spanish were provided for the auditors review. All inmates interviewed reported receiving the brochures. Staff meeting minutes were reviewed and information related to inmate education in PREA was discussed.

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable "HCBC shall not conduct sexual abuse investigations and shall refer all such matters to outside law enforcement agencies."

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable "HCBC shall not rely on medical and mental health care practitioners to work regularly in the correctional facility and shall refer residents needing such services to appropriate practitioners in the community."

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The federal housing side of this facility was assessed in June and found to be in full compliance with this standard. Due to absence of state inmates for two weeks in June while the state replaced female inmates with male inmates, auditors had to return in August to assess this standard on the state side. On August 13, 2015 auditors found the state side in full compliance with this standard. On the federal side the instrument was designed by the Heartland staff and approved by federal bureau of prisons. A review of completed forms shows that assessments are completed at required intervals and contain information appropriate to aid in decision making. Heartland staff complete the assessments for the federal side. On the state side Heartland is required by contract with Missouri DOC to utilize the form created by Missouri DOC. The assessments on the state side are completed by employees of the Missouri DOC who have offices on site at the Heartland facility. All staff at Heartland have access to the final assessment score but only administrative staff can view the full assessment to ensure confidentiality. Auditors were able to view assessments for all state inmates assigned to this facility.

The Federal BOP provides a packet of historical information for each inmates that includes the documentation necessary to complete initial and 30 day assessments. The state does not provide the same level of information and therefore Heartland staff do not have CHRI information necessary to complete the assessments and therefore must rely on the state staff that are assigned to the facility. Auditors believe that this arrangement meets the current standard as it is a collaborative effort between the state and Heartland. Inmates interviewed all reported feeling safe at this facility.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The federal housing side of this facility was assessed in June and found to be in full compliance with this standard. Due to absence of state inmates for two weeks in June while the state replaced female inmates with male inmates, auditors had to return in August to assess this standard on the state side. On August 13, 2015 auditors found the state side in full compliance with this standard. This facility uses information gathered in the screening instrument to inform housing and in house job assignments. Most inmates work offsite in the community. Housing dorms have assigned bunk areas and bathrooms to ensure that potential or known aggressors are not housed with potential or known victims.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy covers this standard. For the reporting duties and confidentiality section A covers it. They have several ways to report incidents. They also have established hotlines for both staff and inmates to use to report PREA incidents. The auditors tried the phone number while on-site and it worked appropriately.

A. Staff and HCBC Reporting Duties

1. HCBC requires all staff to report immediately, in accordance with HCBC Policy #13.5, any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. All information concerning an event of offender sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse/harassment report to anyone other to the extent necessary, as specified in HCBC Policy 13.5, to make treatment, investigation, and other security and management decisions

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has not had anything filed under this standard. They do not impose any time limits. They have several ways for inmates to file a grievance that allow them to avoid giving it to the staff member it is against. Policy 13.5 addresses this standard.

C. Grievances Alleging Sexual Abuse

1. Informal Resolution of Grievance
Offenders shall not be required to use the HCBC informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with employees.
2. Time Limits
The time limits and requirements for offenders to file grievances alleging sexual abuse shall promote reporting and investigating such complaints.
 - a. There shall be no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. However, HCBC may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Signs were posted throughout the facility and they have a MOU with MOSCA. Interviews with inmates indicate that they were aware of the outside resources and how to contact them.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates interviewed were aware of how they would report incidents including by third party. HCBC policy 13.5

4. Third Party Involvement

Third party involvement to assist offenders in the grievance process shall be allowed.

- a. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.6 along with the interviews with staff showed the auditors this standard is being followed.

A. Staff and HCBC Reporting Duties

- 1. HCBC requires all staff to report immediately, in accordance with HCBC Policy #13.5, any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Standard 115.262 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has not had any incidents of this type in the last year. Policy 13.

- B. Immediate Response
Immediate action shall be taken to protect any offender who is at a substantial risk of imminent sexual abuse. In all cases of reported or alleged sexual abuse, the below listed actions shall be taken.

Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC has not had any incidents reported to them or that they have had to report during the auditing period. They do have a policy that cover their responsibilities if it were to occur. HCBC 13.6

E. Reporting to Other Confinement Facilities

1. Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Program Manager shall notify the contracting authority. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
2. The PREA Coordinator shall document that it has provided the notification required above.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff interviewed were familiar with their responsibilities and when asked said they would be able to respond to a PREA event

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.7 The auditors saw examples of this being completed.

D. Sexual Abuse Response Team (SART)

1. Members

The Vice President, DCS shall ensure a coordinated response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and HCBC leadership. S/he shall coordinate the activities of a Sexual Abuse Response Team (SART) consisting of the following staff:

- a. Vice President, DCS;
- b. Program Manager;
- c. PREA Coordinator; and
- d. Chief of Security.

2. SART Responsibilities

SART members shall have delineated responsibilities to support the HCBC response to reports or allegations of sexual abuse including:

- a. Responding to reported incidents of sexual abuse;
- b. Responding to victim assessment and support needs;
- c. Ensuring policy and procedures are enforced to enhance resident safety; and
- d. Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA.

3. Member Responsibilities

- a. The Vice President, DCS shall have the following responsibilities:
 - 1) Serve as the SART Coordinator making sure that all members are provided the resources and support needed to fulfill their responsibilities;
 - 2) Keep the President/CEO timely apprised of the activities of SART; and
 - 3) Secure all evidence related to the report/allegation including securing the video recordings from the time period implicated by the report/allegation.
- b. The Program Manager shall have the following responsibilities:
 - 1) Immediately report all allegations of rape, sexual assault, or employee on offender sexual misconduct to state or local law enforcement agencies for criminal investigation.
 - 2) Serve as a primary liaison with local law enforcement and medical responders;
 - 3) Make timely required reports to the contractor's official representative and keep the contractor informed of the PREA event and subsequent activities, as required; and

- 4) Ensure that medical and mental health referrals are completed as required.
- c. The PREA Coordinator shall have the following responsibilities:
- 1) Ensure the alleged victim is assessed;
 - 2) Ensure that a mental health referral is made and that mental health needs are addressed according to PREA policy;
 - 3) Attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim. Efforts to identify and utilize a victim advocate shall be documented;
 - 4) Ensure that offenders are aware they may access additional victim resources through community victim resource agencies;
 - 5) Ensure that alleged victims are informed of their rights to care and protection from further victimization.
 - 6) Review HCBC's response to the sexual abuse report or allegation with the Program Manager to ensure the policy is implemented effectively and victim needs are addressed;
 - 7) Ensure the completion of the PREA Event Checklist (Attachment A) is completed; and
 - 8) Ensure that the PREA monitoring is conducted by the designated staff following an allegation of sexual abuse to protect against potential retaliation against residents or employees. This shall include periodic checks of residents.
 - a) Monitoring shall be documented on the PREA Retaliation Monitoring Report form, (Attachment B)
 - b) Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need.
- d. The Chief of Security shall have the following responsibilities:
- 1) Ensure the resident safety needs are addressed, including separating the alleged victim and perpetrator;
 - 2) Ensure employee responses to reports or allegations of sexual abuse are timely and consistent with policy; and

Preserve any video recordings of the alleged crime scene from the time period implicated by the report or allegation

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC has not been involved with any new negotiations with bargaining units.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PCM monitors retaliation. They provided examples on the monitoring. The policy is below.

F. HCBC Protection Against Retaliation

1. All offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff.
2. Multiple protection measures shall be available to prevent retaliation such as:
 - Housing changes or transfers for offender victims or abusers;
 - Removal of alleged staff or offender abusers from contact with victims; and
 - Emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
3. The PREA Coordinator shall be responsible to monitor retaliation. For a minimum of 90 days following a report of sexual abuse, the PREA Coordinator shall monitor the conduct and treatment of reporting offender by staff or other offenders to see if there are changes that may suggest possible retaliation from either staff or other offenders, and shall act promptly to remedy any such retaliation.
 - a. The PREA Coordinator shall monitor any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
 - b. In the case of offenders who may be subject to retaliation, such monitoring shall also include periodic status checks.
 - c. Monitoring for retaliation shall be conducted thirty (30), sixty (60), and ninety (90) days after an allegation of sexual abuse.
 - d. The PREA Coordinator shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.
 - e. The monitoring efforts of the PREA Coordinator shall be documented using the PREA Retaliation Monitoring Report (Attachment B).
4. If any other individual who cooperates with an investigation expresses a fear of retaliation, HCBC shall take appropriate measure to protect that individual against retaliation.
5. The obligation to monitor shall terminate if HCBC determines that the allegation is unfounded. Such decisions and the information relied upon shall be documented and approved by the President/CEO.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

They have a policy regarding this standard. They did not have any incidents to report.

A. Criminal Investigations

1. All allegations of sexual abuse and sexual harassment shall be referred to a law enforcement agency.
2. It shall be the responsibility of the law enforcement agency investigator to gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.
3. When the quality of evidence appears to support criminal prosecution, no action shall be taken by HCBC to conduct interviews or investigate the allegation except after the Vice President, Division of Correctional Services (DCS) has consulted with the assigned prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
4. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The offender who alleged sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
5. In the event that any State entity or Department of Justice component conducts an investigation of the report, such investigations shall be completed pursuant to the above requirement.
6. When outside agencies investigate sexual abuse, all HCBC staff shall be required to cooperate with the outside investigators.
7. The Vice President DCS shall endeavor to remain informed about the progress of the investigation and shall apprise the President/CEO in a timely manner of the progress.
8. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
9. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution

B. HCBC Administrative Investigations

1. HCBC shall conduct an internal administrative investigation if the law enforcement agency determines the allegation of sexual abuse or sexual harassment is not criminal and chooses not to investigate the matter. In such a case, the Vice President, DCS shall request authorization that the government contractor (Bureau of Prisons, U.S. Marshall, or Missouri Department of Corrections, as applicable), promptly initiate an investigation into the report of non-criminal sexual abuse and/or allow HCBC to conduct an internal administrative investigation.

2. Investigations by HCBC shall be conducted by the HCBC Corporate Compliance Officer or other designee appointed by the President/CEO.
3. The HCBC administrative investigation shall include an effort to determine whether staff actions or failures contributed to the abuse.
4. The HCBC administrative investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
5. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
6. HCBC shall retain all written reports of an alleged PREA incident for as long as the alleged abuser is incarcerated or employed by HCBC, plus five years.
7. The departure of the alleged abuser or victim from the employment or control of HCBC shall not provide a basis for terminating an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirement

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.7

C. Evidentiary Standard for Administrative Investigations

HCBC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.7 discusses this procedures for this standard, they provided examples of the follow up after an incident

D. Reporting to Offenders

1. Following an investigation into an offender's allegation of sexual abuse at HCBC, the PREA Coordinator shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. If HCBC did not conduct the investigation, the PREA Coordinator shall request the relevant information from the investigative agency in order to inform the offender.
3. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the PREA Coordinator shall subsequently inform the offender (unless HCBC has determined that the allegation is unfounded) whenever:
 - a. The staff member is no longer posted within the offender's unit;
 - b. The staff member is no longer employed at HCBC;
 - c. HCBC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - d. HCBC learns that the staff member has been convicted on a charge related to sexual abuse with HCBC.
4. Following an offender's allegation that he or she has been sexually abused by another offender, the PREA Coordinator shall subsequently inform the alleged victim whenever:
 - a. HCBC learns that the alleged abuser has been indicted on a charge related to sexual abuse within HCBC, or
 - b. HCBC learns that the alleged abuser has been convicted on a charge related to sexual abuse within HCBC.
5. All such notifications or attempted notifications shall be documented.
6. HCBC's obligation to report under this standard shall terminate if the offender is released from HCBC's custody.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.8 cover this standard. They had no incidents to report.

A. Disciplinary Sanctions for Staff

1. HCBC staff shall be subject to disciplinary sanctions up to and including termination for violating HCBC sexual

abuse or sexual harassment policies.

2. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
3. Disciplinary sanctions for violations of HCBC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
4. All staff terminations for violations of HCBC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal. In all cases, the termination of staff pursuant to HCBC's zero tolerance policy shall also be reported to the representative of the contractor and to relevant licensing bodies.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.8 covers this standard. They showed the auditors a report from one incident.

C. Disciplinary Sanctions for Offenders

1. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.
1. Sanctions imposed by HCBC and/or the contracting authorities shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
2. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
3. HCBC may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
4. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
5. HCBC prohibits all sexual activity between offenders and offenders shall be disciplined for such activity. However, HCBC will not deem such activity to constitute sexual abuse if it is determined that the activity was not coerced.

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy 13.8 covers this standard.

C. Disciplinary Sanctions for Offenders

1. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.
6. Sanctions imposed by HCBC and/or the contracting authorities shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
7. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
8. HCBC may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
9. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
10. HCBC prohibits all sexual activity between offenders and offenders shall be disciplined for such activity. However, HCBC will not deem such activity to constitute sexual abuse if it is determined that the activity was not coerced.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is covered under HCBC policy 13.9. They did not have any examples as these services have not been needed.

6. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)

- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC 13.9 covers this standard. They also provided the auditors examples.

B. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

1. The PREA Coordinator shall offer to all offenders who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility, access to medical and mental health evaluations and, as appropriate, treatment.

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

They follow policy HCBC 13.10, they also provided examples for the auditors to review.

A. Sexual Abuse Incident Reviews

1. Preliminary Review

A preliminary review of a sexual abuse incident and the HCBC response shall be conducted within seventy-two (72) hours of the incident. The review will be convened by the Vice President, DCS.

- a. Participants of the review team shall include Sexual Abuse Response Team (SART) and the HCBC Corporate Compliance Officer and may include any other employee who may have had a significant role in the HCBC response to the event.
- b. At a minimum, the review of the incident shall include:
 - 1) Discussion of the incident and whether the HCBC response met PREA standards and HCBC policy requirements;
 - 2) Categorization of the incident report, if known, (i.e., substantiated, unsubstantiated, unfounded); and
 - 3) Whether there appears to be employee actions or failures to act that may have contributed to the sexual abuse.

The results of the review shall be submitted to the President/CEO including the findings in each of the above areas by the Vice President, DCS within five (5) working days of the incident

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provided the auditors examples of reports, the actions taken why investigating the report and the results of the investigations. They have the procedures in HCBC policy 13.10

B. Data Collection

1. The PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
2. The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.
3. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
4. The PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.
5. Upon request, the Vice President, DCS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCBC policy dictates information is reviewed and actions are taken based on the review. He showed the auditors where they had reviewed incidents that had occurred at their facility and the actions they took based on the review.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard is met based on HCBC policy 13.10. The policy has not been effect long enough to look at any historical data but the policy is in place and they are familiar with it.

D. Data Storage, Publication and Destruction

1. The PREA Coordinator shall make all aggregated sexual abuse data readily available to the public at least annually through its website.
2. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.
3. Upon publication of the HCBC annual report, the PREA Coordinator shall submit all data collected to the office of the President/CEO for secure retention. Such data shall be retained for at least ten (10) years after the date of the initial collection unless federal, state, or local law required otherwise.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Elizabeth L. Rice

08/14/2015

Auditor Signature

Date

PREA MEMORANDUM OF UNDERSTANDING
October 20, 2014

This Memorandum of Understanding (MOU) is entered into between HEARTLAND CENTER FOR BEHAVIORAL CHANGE and Metropolitan Organization to Counter Sexual Assault (MOCSA), and is written to facilitate an agreement between the parties for services related to the federal Prison Rape Elimination Act (PREA).

I. UNDERSTANDING, AGREEMENTS, SUPPORT AND RESOURCE REQUIREMENTS:

A. HEARTLAND CENTER FOR BEHAVIORAL CHANGE agrees to:

- 1) Whenever possible, HEARTLAND CENTER FOR BEHAVIORAL CHANGE will transport a victim of sexual abuse to an area hospital listed on Attachment 1 for a forensic evidence collection exam. MOCSA has pre-existing protocols in place with these hospitals so that a rape crisis advocate will be requested by the hospital to respond in order to provide advocacy to the victim during the sexual assault forensic evidence collection exam. Please see Attachment 1 for a list of the hospitals MOCSA advocates respond to for advocacy during the sexual assault forensic evidence collection exam.
- 2) Facilitate follow-up, whenever possible, between the detainee and a MOCSA advocate by mail or telephone only while the detainee is in the custody of HEARTLAND CENTER FOR BEHAVIORAL CHANGE.
- 3) HEARTLAND CENTER FOR BEHAVIORAL CHANGE agrees to provide a means for confidential communications between the detainee and MOCSA victim advocate. Please see Attachment 2 for an explanation of confidentiality between a victim and advocate as defined by the Violence Against Women Act.
- 4) Provide detainees with confidential, 24-hour access to MOCSA's rape crisis hotline, at no cost to the detainee, through the detainee telephone system.
- 5) Ensure confidential communication in writing or by telephone between MOCSA advocates and victims of sexual abuse detained at HEARTLAND CENTER FOR BEHAVIORAL CHANGE. Written materials from detainees are to be directed to:
Director of Advocacy Services
MOCSA
3100 Broadway, Suite 400
Kansas City, MO 64111
- 6) Facilitate the placement of placards or brochures in areas visible to detainees with information on how to access the MOCSA's rape crisis hotline.
- 7) Communicate any questions or concerns to MOCSA staff to the attention of:
Director of Advocacy Services, 816-931-4527
MOCSA
3100 Broadway, Suite 400
Kansas City, MO 64111

B. MOCSA agrees to:

- 1) Per the pre-existing protocols established by MOCSA and the area Sexual Assault Response Teams, any time a victim of sexual abuse is brought to an area hospital listed on Attachment 1 for a sexual assault forensic evidence collection exam a rape crisis advocate from MOCSA is requested by the hospital to respond and provide advocacy to the victim during the exam. Please see Attachment 1 for a list of the hospitals MOCSA advocates respond to for advocacy during forensic evidence collection exams.
- 2) Provide advocacy to victims of sexual abuse from HEARTLAND CENTER FOR BEHAVIORAL CHANGE who are brought to area hospitals listed on Attachment 1 for sexual assault forensic exams.
- 3) Respond to calls from HEARTLAND CENTER FOR BEHAVIORAL CHANGE detainees received on MOCSA's rape crisis hotline. MOCSA is not able to accept collect calls on the rape crisis hotline.
- 4) Provide follow-up advocacy services during regular business hours to victims of sexual abuse from HEARTLAND CENTER FOR BEHAVIORAL CHANGE by telephone or in writing (U.S. mail) at no cost to the detainee or HEARTLAND CENTER FOR BEHAVIORAL CHANGE, as MOCSA resources allow.
- 5) Maintain confidentiality of communications with clients detained at HEARTLAND CENTER FOR BEHAVIORAL CHANGE per the Violence Against Women Act guidelines for confidentiality. Please see Attachment 2 for a definition of confidential communications between a victim and advocate as defined by the Violence Against Women Act.
- 6) Communicate any questions or concerns to HEARTLAND CENTER FOR BEHAVIORAL CHANGE staff. HEARTLAND CENTER FOR BEHAVIORAL CHANGE will provide MOCSA with a contact person to discuss questions or concerns.

II. TERM OF MOU:

This MOU shall begin October 20, 2014 and continue until it is terminated by either party.

III. MOU TERMINATION AND MODIFICATION:

This MOU may be terminated, without cause, by either of the parties with no less than thirty calendar days' written notice. The MOU may be terminated by either party, with cause, with two days written notice. Otherwise, any modification must be agreed to and signed by both parties and attached to this MOU as a modification.

<u><i>RK Schmitz</i></u> VP, Correctional Services HCBC	
HEARTLAND CENTER FOR BEHAVIORAL CHANGE Representative	Date
<u><i>Paul S. Don</i></u>	<u>10-17-14</u>
MOCSA Representative	Date

HEARTLAND
CENTER for behavioral
change

REBUILDING LIVES SINCE 1982



HANDBOOK

Revised: June 2016

TABLE OF CONTENTS

Emergency Phone Numbers.....	1
Introduction.....	2
Workplace Safety	2
General Safety Rules	3
Safety Equipment	3
Emergency Procedures.....	4
General Evacuation Procedures.....	4
Fire Procedures.....	6
Tornado Procedures.....	7
Earthquake Procedures.....	8
Bomb Threat Procedures	9
Utility Failure Procedures.....	10
Medical Emergency.....	12
Workplace Violence.....	12
Active Shooter Policy.....	13
Infection Control Plan.....	14
Crisis Intervention Plan.....	15
Training.....	18
Summary of Health and Safety Policies.....	18
Attachments.....	20
Emergency Response Report	21
Critical Incident Report.....	22
Bomb Threat Checklist	25



Dear Staff:

The Heartland Center for Behavioral Change is firmly committed to the safety of everyone who enters our doors. We will do everything possible to prevent accidents, to provide a safe working environment for employees, and a safe treatment environment for the people that we serve.

Accident prevention is good business and the best way to prevent accidents and injuries is to be prepared. Being prepared means knowing your emergency plans; knowing where first aid and fire suppression equipment is located; knowing and following evacuation plans; and understanding how to handle difficult situations.

Keeping our facilities safe also means practicing work safety every day and reporting unsafe work practices or safety hazards encountered on the job. All accidents and incidents, no matter how slight, must be immediately reported to the supervisor on duty. This improves our overall program of safety.

This handbook provides the Heartland Center for Behavioral Change's expectations for workplace safety and offers you guidance when emergencies occur. You should read this handbook thoroughly and know what actions you should take when an emergency happens. You should keep this handbook readily available at your work site for easy reference. If you have any questions, you should contact your supervisor or a member of management for assistance.

Help us keep the Heartland Center for Behavioral Change a safe and accident free environment. Safety is everyone's responsibility and I'm counting on you.

Sincerely,

Myrna Trickey
CEO/President

EMERGENCY PHONE NUMBERS

✦ IN CASE OF AN **EMERGENCY**, CALL **911** ✦

Poison Control Hotline: 1-800-222-1222

Child Abuse Hotline 1-800-392-3738

National Suicide Prevention Hotline 1-800-273-8255

Mental Health Crisis Intervention 1-888-279-8188

Utility Emergency:

Kansas City area:

Kansas City Power and Light 1-888-544-4852

Missouri Gas Energy 1-800-582-0000

Springfield area:

City Utility: 1-417-863-9000

Telephone Alerts:

Administration:	x1264
Correctional Services	x1284
MMID	x1284
R2	x1284
Free and Clean	x1371
Jackson County Drug Court	x1373
Liberty	x1374
Independence	x1842
Springfield	x1372

INTRODUCTION TO HEALTH AND SAFETY MANUAL

It is the policy and practice of the Heartland Center for Behavioral Change to maintain healthy, safe, and clean environments which support quality services and minimize risk of harm to persons served, personnel, and other stakeholders. Health and safety requirements are met through adherence to local, state, and federal standards and contractual and certification requirements. HCBC maintains policies that provide the essential elements for the prevention, detection, and response to emergencies and other critical situations.

WORKPLACE SAFETY

The Vice President of the Division of Correctional Services shall be responsible for the overall safety of HCBC facilities. S/he shall be assisted by the HCBC Safety Officer. The Safety Officer shall hold meetings of the Health and Safety Committee at least quarterly; shall ensure appropriate training of HCBC staff in safe practices and emergency procedures; shall review safety incidents and identification of safety incidents; and hold debriefings following safety incidents when warranted.

Safety Coordinators shall be appointed at each HCBC location whose primary duty shall be to ensure that a coordinated safety program is established at all HCBC facilities. The Safety Coordinators attend Health and Safety Committee meetings. They conduct self inspections quarterly for outpatient programs, monthly for residential programs. They review health and safety policies and procedures and ensure that staff is trained in the procedures.

If you should see any unsafe work condition, you should report it immediately to your Safety Coordinator or Program Manager. Examples of unsafe conditions are:

- Slippery floors without a caution sign
- Blocked hallways or walkway
- Extension cords
- Any trip hazard
- Exposed electrical wires

Unsafe acts should also be reported immediately to the Safety Coordinator or Program Manager. Examples of unsafe acts are:

- Horseplay
- Not cleaning up spills immediately
- Not using personal protective equipment
- Not following procedures
- Improper lifting

It is everyone's responsibility to maintain a safe and healthy work environment.

GENERAL SAFETY RULES

1. Report all work injuries and illnesses no matter how minor immediately to your supervisor, Program Manager, and Human Resources.
2. Report all unsafe acts or unsafe conditions immediately to your supervisor, Program Manager or Safety Coordinator.
3. Use seat belts when on HCBC business in any vehicles.
4. Firearms, weapons, or explosives are not permitted on company property by any person other than authorized law enforcement or Probation and Parole personnel.
5. Use, possession, sale, or being under the influence of illegal drugs, misuse of prescription drugs, and/or alcohol is not permitted on company property or while on duty.
6. Keep work areas clean and aisles clear. Do not block emergency equipment or exits.
7. Wear and use the personal protective equipment provided in the spill kits when cleaning up a spill. This includes eye and mouth protection, gloves and an apron.
8. Smoking is permitted only in the designated "smoking areas".
9. Clean up spills and pick up debris immediately. Use wet floor signs when needed.
10. Keep work areas clean.

SAFETY EQUIPMENT

HCBC provides safety equipment at all locations. Be sure you locate each piece of equipment at your work site and are familiar with its operation. Your Safety Coordinator or the Safety Officer will give instructions in the operation of each during orientation and annually thereafter. The equipment includes:

Evacuation plans are posted in hallways through the program sites. The floor plans show the evacuation routes to the outside gathering place and tornado safe areas.

Fire extinguishers are placed strategically throughout the buildings. Each is tagged with the annual inspection and monthly charge checks. To operate, use the acronym PASS:

- P—Pull the pin
- A—Aim at the base of the fire
- S—Squeeze the trigger
- S—Sweep back and forth at base of fire

Pull stations/pull alarms are located strategically throughout the buildings; pull to set off alarm to evacuate the building.

Spill kits are located in an accessible area. The kits contain personal protective equipment and infectious waste bags used to clean up and dispose of any spill of bodily fluids.

First aid kits are located in an accessible area. These are used for minor injuries.

EMERGENCY PROCEDURES

It is the policy of the Heartland Center for Behavioral Change to protect persons served, staff members, visitors, and property in the event of an emergency. Emergencies can occur for a variety of reasons including fire, tornado, earthquake, bomb threat, or a utility emergency.

The following are the components of HCBC's emergency procedures. These serve as the basic approaches for responding to emergencies. However, it is the responsibility of the Safety Coordinators at each location to ensure that the characteristics of the facility which may impact emergencies are communicated to all affected persons. It is the responsibility of all personnel to follow the dictates of the HCBC emergency plans as follows:

- I. GENERAL EVACUATION PROCEDURES:
 - A. The Safety Officer and Safety Coordinators are responsible for oversight of emergency disaster plans and drills and ensuring that the facility is well prepared to respond effectively to any emergency.
 - B. Evacuation drills, such as evacuation of the building during a simulated fire emergency, will be conducted at least annually. Residential facilities will conduct evacuations monthly. The Safety Coordinators will be responsible for coordination of the drills with Maintenance in the case of residential facilities. The Coordinators shall complete the Emergency Response Report following the drill. A copy of the form will be maintained in the coordinator's safety binder and will be sent to the Safety Officer.
 - C. Emergency situations that require evacuation:
 1. Fires: If it is immediately determined that the extent of the fire cannot be contained with quick and direct actions, the building will be evacuated.
 2. Violence and/or Aggression: If a crisis situation occurs that involves a direct threat to any persons in the building, the building may be evacuated.

3. Utility Disruption or Crisis: Situations that will necessitate evacuation in this area include gas leaks and electrical malfunctions determined to present a health risk.
4. Noxious Odors or Fumes: If it is determined there are odors or fumes that are a health risk due to eye, skin, or lung irritation, the building will be evacuated.
5. Bomb threat: In the event of a bomb threat made at any location, that building will be evacuated.

D. Evacuations:

1. All staff in direct care service areas will assist the persons served by the organization, and any visitors, in exiting the building according to the facility emergency evacuation plan posted in each facility. Safety Coordinators or designees are responsible for checking all rooms including rest rooms, meeting rooms, or any other spaces to ensure that all persons evacuate.
2. The Safety Coordinator, or his/her designee, will exit the building with visitor sign in sheets, client lists, group logs, and client emergency contact forms if available.
3. All staff and persons served will proceed to the evacuation area designated at each building as quickly as possible.
4. The Safety Coordinator, or designee, will determine if all staff, persons served, and visitors are present and out of the building, through surveying staff to determine if all persons being treated during the time of evacuation are accounted for and determining if all staff are also accounted for.
5. If someone who was in the building is not accounted for outside the building, the Safety Coordinator, or designee, will determine if the nature of the emergency presents a threat to life and/or health to the degree that it would not be prudent to re-enter the building briefly to seek the location of the missing individual. If it is determined that the situation would allow a quick re-entry to locate the missing individual, the Safety

Coordinator, or designee, will briefly re-enter and call out the name of the individual. If there is no response, the Safety Coordinator, or designee, will exit the building and wait for emergency personnel to arrive and manage the situation.

6. Once an emergency evacuation has occurred, the building cannot be re-occupied until the responding emergency authority grants permission after determining that the health and safety of staff and persons served is no longer compromised. Should an immediate re-occupation not be allowed by the authorities, occupation will be permitted when the building is brought back into compliance with health and safety standards such as the gas company, fire department, and building inspector.

II. FIRE PROCEDURES:

- A. Activate the fire alarm (pull station) or announce over the intercom that there is a fire in the building and that all occupants are to immediately evacuate according to procedures.
- B. Call or instruct another staff member to call 911 and report the fire. Provide the name and address of the site to the 911 operator.
- C. To expedite the evacuation process, all ambulatory persons served and visitors are to be evacuated first, followed by staff members who will assist all others in evacuation.
- D. Close all doors to contain the fire if safe to do so.
- E. If the fire is small, attempt to extinguish it using a fire extinguisher.
- F. All personnel assist in the evacuation process and account for all persons served, employees, and visitors.
- G. All persons will be evacuated and assembled at a location that is pre-determined by each facility as the evacuation assembly area, as indicated below:
 - RRC: parking lot at Truman and Charlotte
 - CTU, MMID, R2: east side of Campbell Street at 16th Street
 - Free and Clean: south side of 31st Street

- Administration: northeast corner of HCBC parking lot
 - Liberty: north of building across Ashton Court
 - Independence: at Harry S. Truman Statue on Main
 - JCKC: east side of McGee
 - Springfield: north of building on Page St.
- H. The Safety Coordinator, or designee, will provide any special information to arriving emergency personnel such as size and location of fire and location of any flammable or explosive items, and will relinquish control of the situation to the local authorities.
- I. The Fire Department will be the final authority in determining any building re-entry.
- J. If a building cannot be re-occupied, the Program Manager, with approval of the CEO, will manage the continuation of essential services, as per policy.
- K. The Safety Coordinator will fill out a Critical Incident Report and an Emergency Response Report.

III. TORNADO PROCEDURES:

The National Weather Service closely monitors conditions and will issue a Tornado Watch if tornadoes are possible in the area. Each location must have a weather radio and employees should listen closely for a Tornado Warning if a tornado has been sighted or is shown on radar.

- A. If a warning is issued, the Safety Coordinator or designee shall announce over the emergency alert phone system or intercom that a tornado warning is in effect. All employees and person served and visitors must take shelter immediately. Each location has a tornado shelter location on the evacuation floor plans that are posted at each location.
- B. The Safety Coordinator or designee will determine if all staff, persons served, and visitors are present in the tornado shelter area.
- C. The Safety Coordinator will be responsible for issuing the "All Clear" announcement.

IV. EARTHQUAKE PROCEDURES:

- A. If you are inside, stay inside. DO NOT run outside or to other rooms during shaking.
- B. In most situations, you will reduce your chance of injury from falling objects and even building collapse if you immediately:
 - 1. DROP down onto your hands and knees before the earthquake knocks you down. This position protects you from falling but allows you to still move if necessary.
 - 2. COVER your head and neck (and your entire body if possible) under the shelter of a sturdy table or desk. If there is no shelter nearby, get down near an interior wall or next to low-lying furniture that won't fall on you, and cover your head and neck with your arms and hands. Clients in residential programs should shelter under their beds.
 - 3. HOLD on to your sturdy shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around.
- C. Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- D. Do not stand in a doorway. You are safer under a table.
- E. If you are in bed, hold on and stay there, protecting your head with a pillow unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- F. Stay inside until shaking stops and it is safe to go outside.
- G. If you are outside, stay outside, and stay away from buildings, utility wires, and fuel and gas lines. The greatest danger from falling debris is just outside doorways and close to outer walls. Windows and architectural details are the first part of buildings to collapse.

V. BOMB THREAT PROCEDURES:

- A. In the event of a bomb threat received by telephone (a call in which an individual indicated a bomb has been placed within or near the facility):
1. Obtain as much information as possible from the caller, noting details of voice, speech patterns, and any background noise.
 2. Ask where the bomb is and when it will go off.
 3. Document all information that is provided by the caller.
- B. If the threat is by letter or note:
1. Do not handle the letter or note any more than necessary so evidence is not compromised.
 2. Provide the letter or note to responding law enforcement authorities.
- C. If you notice a package, container, briefcase or other object that is out of place within the facility, does not have common identifiable markings or labeling, and is not recognized as belonging to an employee, person served, or visitor, proceed as follows:
1. Upon the discovery of a suspicious object/package/container, do not touch or move it.
 2. Ask people in the area the object was discovered if they know what it is or if it belongs to someone.
 3. If the object/package cannot be identified, or is not claimed and identified by someone within the facility, evacuate the building and contact law enforcement authorities.
- D. In all situations involving the threat of a bomb, follow these procedures:
1. Remain calm and do not alarm persons served, visitors or other staff members.
 2. When telephone connection with the person making the threat is broken, immediately notify 911.

3. Notify the Safety Coordinator and the highest ranking official on duty at the facility. The highest-ranking official will be responsible for notifying administration.
4. Evacuate the building by pulling the fire alarm.
5. Wait for the arrival of law enforcement authorities outside the building. Turn over management of the situation to law enforcement upon their arrival.
6. Re-enter the building and resume services only after clearance is obtained from the officials managing the situation.

VI. UTILITY FAILURE PROCEDURES:

POWER FAILURE:

- A. A power failure is defined as a full or partial power outage that affects the ability of the organization to provide services and operations and may compromise the safety of the persons served and staff.
- B. In the event of a power failure that leaves an interior office without natural light or emergency lighting, utilize the flashlights provided by HCBC to the Safety Coordinators to provide for egress to a lighted area. Assist persons served to the lighted area, if necessary.
- C. The highest ranking staff member on site, the Safety Coordinator of designee will call the local utility company to report the outage. If the building is owned by HCBC, Maintenance should be notified.

Kansas City area:

KCPL: 1-888-544-4852

Springfield:

City Utility: 1-417-863-9000

- D. If deemed necessary by the highest ranking staff member or the Safety Coordinator, evacuate the building following evacuation procedures.
- E. The highest ranking staff member or the Safety Coordinator shall contact administration to determine if the site will be shut down and, in consultation with utility company employees, will determine when the building is ready for occupancy.

- F. Prior to re-entry, the utility company and maintenance staff will ensure that the facility is ready for occupancy.
- G. The Safety Coordinator or designee will prepare a critical incident report.

NATURAL GAS LEAK:

- A. If someone in the facility indicates they smell natural gas, don't do anything that could cause a spark.
- B. If there is a confirmed smell of natural gas, persons served and staff shall be evacuated from the facility immediately following evacuation procedures.
- C. The highest ranking staff member or Safety Coordinator should contact the gas company from a phone outside the building. The Maintenance Unit should be contacted if it is an HCBC-owned building or the landlord in leased buildings.

Kansas City area:

MGE: 1-800-582-0000

Springfield:

City Utility: 1-417-863-9000

- D. Contact the emergency responders at 911.
- E. The highest ranking staff member or the Safety Coordinator will contact administration who will determine if the site will be shut down and, in consultation with Fire Department, will determine when the building is ready for occupancy.
- F. Prior to re-entry, the Fire Department and maintenance staff will ensure that the facility is ready for occupancy.
- G. The Safety Coordinator or designee will prepare a critical incident report.

CLIENT SAFETY:

- If the authorities have not given the "All Clear" signal that the building is safe to re-enter after 30 minutes, clients will be released from their group or individual sessions.

- In the residential programs, contingency plans may be implemented to move clients to different facilities.

VII. MEDICAL EMERGENCY

A medical emergency is defined as an incident that requires interventions beyond simple first aid available at the facility in order to stabilize a condition that may result in a serious medical outcome.

Conditions include, but are not limited to:

- injury,
- failure or obstruction of the respiratory system,
- failure of the circulatory system,
- chest pain or severe abdominal pain,
- loss of consciousness unrelated to predictable seizure activity, or
- any type of distress that is determined to seriously limit an individual's normal level of daily functioning and be assessed to be an emergent threat to their immediate health and well-being.

When an event occurs that is determined to be an emergency health care incident, 911 shall be immediately called to access emergency personnel to assist and transport the individual to medical services.

If it is determined that supportive intervention is needed prior to the arrival of emergency personnel to stabilize a serious and acute medical condition, qualified staff members will implement CPR and/or First Aid procedures, when appropriate to the situation, to assist in stabilizing a condition prior to the arrival of external emergency personnel.

Following containment of the emergency, a critical incident report will be completed and submitted to the Program Manager prior to going off duty.

VIII. WORKPLACE VIOLENCE

Staff has the following responsibilities when responding to verbal or physical threats and acts of violence:

- A. Evaluate any alleged threat or act of violence by assessing whether there is an imminent risk of harm to persons or property; the perceived intent and the capacity and means to fulfill the threat; duration of risk; and the likelihood that harm will occur.

- B. Time permitting, notify the ranking on-duty staff member and Program manager of the crisis and request assistance, if appropriate.
- C. Separate and isolate the combative individuals.
- D. If the circumstances do not indicate an imminent danger to persons or damage to property, implement an appropriate response to the crisis and document the event and response in the consumer record.
- E. If the circumstances do indicate an imminent danger to persons or damage to property, call 911.
- F. After the crisis has been resolved, write a Critical Incident Report before leaving duty.

IX. ACTIVE SHOOTER POLICY

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; active shooter use firearm(s) and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.

Because active shooter situations are over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

Good practices for coping with an active shooter situation:

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and lock the door; blockade the door with heavy furniture
- If you are in a hallway, get into a room and lock the door; blockade the door with heavy furniture
- Silence your cell phone; hide behind large items; remain quite
- As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her by

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

CALL 911 WHEN IT IS SAFE TO DO SO!

INFECTION CONTROL PLAN

HCBC has developed a communicable disease and infection control plan to reduce the health and safety risks of persons served and personnel at all HCBC service locations. The agency has established rigorous health and safety standards to reduce and control the incidence and spread of infection and communicable disease that is based on the requirements of local, state, and federal authorities and the practices recommended by health departments.

1. All facilities used by HCBC shall comply with applicable health, sanitation, safety codes and regulations.
2. There shall be regular self inspections of each service location and corrective action taken.
3. All facilities shall have readily accessible hand washing and toilet facilities that include hot and cold water, soap, and appropriate provisions for hand drying. Always wash hands thoroughly after using the restroom.
4. Each facility shall be clean and maintained in good repair. Procedures for the proper storage of biohazard material and disposal of refuse shall be followed according to HCBC Policy 8.5.
5. Regular pest control inspections and treatment shall be arranged at all HCBC locations as necessary to maintain a healthy environment.
6. Personal protective equipment shall be available to staff at each facility location.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.

All staff having direct contact with persons served shall, as a condition of employment, be required to offer annual evidence of tuberculin testing and the results, or evidence that an active infection is not present. TB testing shall be arranged at no cost to employees annually.

Universal precautions shall be used by all staff to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious materials.

Personal protective equipment shall be made available to all staff at all facility locations and shall always be used by staff when there is a potential of coming

into contact with mucous membranes, the non-intact skin of an individual, or other potentially infectious materials. Hands shall be washed thoroughly as soon as possible before and after using PPE.

Infectious waste bags shall be available in the spill kits at all HCBC locations for the safe disposal of infectious waste. Staff shall place all PPE, disposable gloves, dressings, discarded specimen equipment and any disposable items contaminated with blood in the properly labeled, leak proof infectious waste bags. Once securely bagged, the material may be disposed using ordinary disposal methods.

Employees who become exposed to potentially infectious materials shall immediately report the exposure to the supervisor, Program Manager, and Human Resources. A Critical Incident Report and an Injury/Incident report shall be completed by the staff member immediately.

Sharps shall be maintained and disposed of using agency approved containers. Staff must utilize the designated containers for sharps disposal only. Each unit that has sharps materials will be provided with a red biohazard container for disposal. The sharps containers, when ready for disposal, will be sealed. The lid should be securely sealed and sent for disposal in accordance with the instructions.

CRISIS INTERVENTION PLAN

What is a Crisis Situation?

- Definition: "any event that is, or expected to lead to, an unstable and dangerous situation affecting an individual or group" <http://en.wikipedia.org/wiki/Crisis>

What leads to a crisis?

- Mental State—Stress or mental illness
- Physical State—Pain
- Spiritual State—Lack of hope, support or interconnectedness
- Emotional State—Hurt, fear, loss or frustration
- Social State—Control, seeking respect, getting needs met

Of these what do we have control over.... NONE!

Cues for Aggression

- Verbal cues
 - What is being said
- Para-verbal cues
 - How something is expressed
 - Volume of speech
 - Too loud or too quiet

- Yelling
- Cursing
- Name calling
- Cadence
 - Rate and rhythm in which someone is speaking
 - Speaking to self, others or someone who isn't there?
- Behavioral cues – Non-Directive Energy
 - What the person is doing
 - Pacing
 - Fidgeting – Tapping fingers, twirling hair, popping gum
 - Posturing – Making fists, shadow boxing, punching their hands
 - Blaming
 - Rationalizing
 - Sweating

De-escalation Techniques

- De-escalation is a technique used during a potential crisis situation in an attempt to prevent a person from causing harm to themselves or others

Three Things to Remember

- Three main factors to consider when confronted with a de-escalation situation
 - Self-control –being aware of your own responses
 - Physical presence –taking a supportive stance
 - The de-escalating conversation-the strategies you employ

De-escalation Techniques: Self-control

- Appear calm, centered and self-assured -even if you don't feel it
- Anxiety can make the patient feel anxious and unsafe which can escalate aggression
- Use a modulated, low monotonous tone of voice
- Do not be defensive
- Even if the comments or insults are directed at you, they are not about you
- Be aware of available back-up resources
- Know that you have the choice to leave or call for help if de-escalation does not work
- Be respectful even when firmly setting limits or calling for help
- The agitated person is still sensitive to feeling shamed and disrespected

De-escalation Techniques: Stance

- Do NOT turn your back for any reason
- Know where the door is and stand between it and the individual
- Stay at the same eye level
- Sit and encourage the individual to be seated -if he stands, you stand, too
- Allow extra physical space between you

- Allow yourself at least three feet in between yourself and the individual
- Do NOT stand fully in front of the individual
- Stand at an angle so you can sidestep away if needed
- Do NOT maintain constant eye contact, that can come off as a challenge
- Allow yourself and the individual to look down or away

De-escalation Techniques: Approach

- Do NOT smile
- This can look like mockery or anxiety
- Do NOT touch the individual –even if some touching is generally something you do when talking
- It is far too easy for an agitated person to misinterpret reaching out as hostile or threatening
- Keep hands out of your pockets, up and available to protect yourself – this also demonstrates that you are not concealing anything
- Do NOT point or shake your finger
- Do not argue or try to convince
- Give choices and empower the individual

De-escalation Techniques: Communication

- Remember the intent is to calmly bring the level of arousal to a safer place
- Do not get loud and try to yell over a screaming person
- Wait until the individual takes a breath, then talk
- Speak calmly and at an average volume
- Respond selectively
- Answer all informational question, no matter how rudely asked
- Ex: “Why do I have to fill out these (expletive) forms?”
- This is a real, information seeking question
- Do NOT answer abusive questions
- Explain limits and rules in a firm but respectful tone
- Give choices where possible in which both alternatives are safe ones
- Ex: “Would you like to calmly continue this conversation now or would you prefer to stop and discuss it later when we can be more relaxed?”
- Empathize with feelings but NOT with the behavior
- Ex: “I understand that you feel angry, but it is not okay for you to yell at me.”
- Do NOT argue or try to convince
- Suggest alternative behaviors where appropriate
- Ex: “Would you like to take a break from this discussion to have breakfast? We can continue after we are done.”
- Give the consequences of inappropriate behavior without threats or anger
- Ex: “If you do not stop yelling at me, I will not continue this discussion.”

Maintaining Personal Safety

- Trust your instincts
- You will know fairly quickly if it's beginning to work
- If you think that de-escalation is not working, STOP!

Make sure you are safe

- Leave the situation
- Call for assistance
- Call the police

Adapted from: "Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation", *Skolnik-Acker, E* (2008)

**IF EVER THERE APPEARS A DANGER OF HARM TO
SELF OR OTHERS - CALL 911 IMMEDIATELY!**

Making 911 Emergency Phone Calls

It is recommended that if the need arises to call 911 that staff use a cell phone. At many of HCBC satellite locations, if a call is made from the location's HCBC phone line, it will show to the 911 dispatcher as the main HCBC phone number at 1730 Prospect Ave, KCMO. If the dispatcher calls back to ascertain the location of the caller or make further contact to obtain more information, the number will go automatically to the main HCBC phone number and will be routed through the main answering line. This could mean a delay in emergency responders being able to locate where the actual emergency is occurring. Calling from a cell phone will allow emergency responders to directly contact and speak to the caller and will more readily allow them to determine the correct location of the emergency thus providing a faster response time.

TRAINING

Staff shall be trained on all health and safety policies and procedures at orientation, on the job training, annually, and at other times as necessary. Training records for each employee are maintained by Human Resources.

SUMMARY OF HEALTH AND SAFETY POLICIES

7.1 Environmental Requirements:

- This policy ensures that HCBC maintains a healthy and safe environment in all programs.
- The policy requires inspections to be conducted annually such as fire marshal inspections;
- It requires self inspections by the Safety Coordinators; and
- Ensures that the space and furnishings are clean and comfortable, and meet contractor guidelines

8.1 Emergency Preparedness:

- This policy ensures that ongoing attention is given to safe practices and provides the elements of the plan for prevention, detection and response to emergencies.
- The policy requires emergency evacuation drills and training in all emergency procedures.
- This policy outlines the information to be included in the Health and Safety manual.

8.2 Critical Incident Reporting:

- This policy states the steps to be taken to identify events that are not consistent with routine care and requires the reporting of such events.
- The procedures include the staff responsibilities for prompt reporting to the supervisor of such an event and the preparation of the critical incident report prior to leaving duty.
- The policy includes the responsibilities of the supervisor, the Program Manager, and the Vice President.
- It defines "sentinel events" as those that result in a death or serious injury.
- It also calls for a root cause analysis and a sentinel event task force when appropriate.

8.3 Tobacco Free Workplace:

- This policy limits smoking to designated outdoor areas.

8.4 Weapons and Concealed Firearms:

- This policy prohibits weapons and concealed firearms on any agency property by any person other than authorized law enforcement or Probation and Parole personnel.

8.5 Communicable Disease and Infection Control Plan:

- This policy establishes rigorous health and safety standards to reduce and control the incidence and spread of infection and communicable diseases.

- The policy requires self-inspections at each facility and accessible hand washing and toilet facilities with hot and cold water, soap, and provisions for hand drying. It requires the use of universal precautions.
- Staff having direct contact with persons served shall be required to be tested for tuberculosis annually.
- The testing is arranged for employees for the Human Resources Department.

8.6 Vehicle Operation and Maintenance:

- This policy covers staff whose job responsibilities include transporting persons served in agency or personal vehicles.
- The policy states that all vehicles used in business activities are to be operated only by qualified and authorized employees and maintained in safe operating condition.
- All employees who transport clients must take a vehicle safety training course offered by HCBC and must carry a Vehicle Safety Manual in their cars.
- Agency vehicles are insured and properly equipped. They are maintained in good condition and repairs are made.
- Vehicles are inspected quarterly and as-needed.
- All accidents when transporting clients must be reported immediately.
- Drivers are responsible for the care and use of the agency vehicle in his/her possession.
- All traffic violations of persons approved to transport clients must be reported to the Human Resources Department. This applies to violations whether on *duty or off duty*.

8.8 Use or Possession of Alcohol, or Illegal Substances on Premises:

- This policy prohibits the use and/or possession of alcohol and illegal substances on HCBC premises by consumers and employees, contractors, and volunteers.
- Employees, contractors and volunteers are permitted to possess legal drugs such as over-the-counter medication, vitamins, and/or herbs, and prescribed medication.
- The policy covers actions to be taken whenever any client is in possession of an illegal substance and/or alcohol or is chemically impaired.

8.9 Hazardous Materials:

- The Safety Officer and Safety Coordinators are responsible for the safe handling, use and storage of hazardous materials.
- MSDS sheets shall be placed in a binder for all hazardous materials on site.
- Hazardous materials shall be disposed on in accordance with the manufacturers' instruction.

Attachments:

Attachment A: Emergency Response Report
Attachment B: Critical Incident Report
Attachment C: Bomb Threat Checklist

HEARTLAND CENTER FOR BEHAVIORAL CHANGE
EMERGENCY RESPONSE REPORT

1. PROGRAM: _____ DATE and TIME: _____
2. ACTUAL EMERGENCY* yes no EMERGENCY DRILL: yes no
3. Type of emergency (fire, utility failure, tornado, earthquake, etc.) _____ tornado _____
4. Evacuation to inside safe area or outside gathering place? Y N
If yes, start time _____ am/pm At designated area _____ am/pm
"All clear" given by: _____ Building/unit reentered at _____ am/pm
5. Type of warning: Building Alarm _____ Intercom _____ Telephone _____ Verbal _____
6. Were program participants involved: Yes ___ No ___
If not, why not _____
7. Method of drill: Evacuation? Tabletop? Other? _____
8. Did everyone meet at the designated area? Yes ___ No ___
9. Did anyone remain in the building other than safe area? Yes ___ No ___
If yes, then why _____
10. Were the written emergency procedures followed: Yes ___ No ___
11. Does the policy need to be changed to enhance safety? Yes ___ No ___
What are your recommendations? _____
12. Does additional safety education and/or training need to be provided, based on the outcome of the drill? ** Yes ___ No ___
13. What are your recommendations? ** _____

Drill report completed by: _____

Date: _____

Submitted to: _____

*If this is an actual emergency, fill out the critical incident report in addition to this report.

**Attach a report if more space is needed

WRITTEN INCIDENT REPORTING REQUIREMENTS

MANDATED REPORTING TO PROGRAM MANAGER	MANDATED REPORTING TO CONTRACTORS (As Applicable)	
	Bureau of Prisons (RRC) OR MO. Dept. of Corrections (CTU)	Dept. of Mental Health
<i>Note: Any critical incident (below) resulting in the death or serious physical or psychological injury or serious physical or physiological injury or the risk thereof to a consumer MUST be immediately reported as a "Sentinel Event" to the supervising Vice President and President/CEO by the Program Manager (or Correctional Duty Officer).</i>		
Accidents on premises (Notify BOP and DOC if more than first aid (Report to Safety Coordinator)	X	X
Accidents transporting consumers (Report to HR; Safety Coord.)	X	
Adverse events that may result in significant publicity	X	
Assault of staff or consumer on premises (Report to HR)	X	
Bomb threat	X	
Bribery (allegation against staff)	X	
Civil disturbance or protests	X	
Communicable disease requiring removal or quarantine	X	
Crime resulting in law enforcement response	X	
Damage to property (significant)	X	
Death of consumer resident; Death of consumer within 30 days of his/her discharge from a substance abuse program.	X	X
Death of staff member on duty (Notify HR)	X	
Disturbance	X	
Fire resulting in 911 call	X	
Food poisoning (alleged)	X	
Gang Activities	X	
Hazardous spill of materials	X	
Injury of consumer resulting in hospitalization	X	X
Injury of consumer on-site due to slip/fall or safety violation (Notify BOP/DOC if more than first aid is required) Report to Safety Coordinator)	X	
Injury to staff member on duty (Complete Supervisor's report of Staff Injury and follow policy #3.27; Notify HR and Safety Officer)	X	
Law Enforcement Visits	X	
Medication error resulting in intervention or treatment of consumer	X	X
Missing medication (Controlled Substance)	X	
Misuse of funds or property of a consumer	X	X
Natural disaster	X	
Neglect of a consumer (alleged)	X	X
Physical Abuse (alleged)	X	X
Sexual Abuse (alleged)	X	X
Staff Misconduct (alleged)	X	
Strip Searches	X	
Suicide Attempt or Gesture	X	
Use of force or restraint	X	
Verbal abuse of consumer (alleged)	X	X
Workplace Violence	X	

HCBC CRITICAL INCIDENT REPORT

1. Program:	2. Persons Involved:	3. Date and Time of Incident:																								
4. Where Did Incident Happen (be specific as to location)		5. Date and Time Incident was Reported:																								
6. Type of Incident: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Abuse of Client</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Injury to Client</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Safety Violation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Accident</td> <td style="border: none;"><input type="checkbox"/> Misuse of Funds</td> <td style="border: none;"><input type="checkbox"/> Serious Illness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Assault</td> <td style="border: none;"><input type="checkbox"/> Medication Error</td> <td style="border: none;"><input type="checkbox"/> Suicide Gesture/Attempt</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bomb Threat</td> <td style="border: none;"><input type="checkbox"/> Medication Miscalculation</td> <td style="border: none;"><input type="checkbox"/> Theft</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Communicable Disease</td> <td style="border: none;"><input type="checkbox"/> Neglect</td> <td style="border: none;"><input type="checkbox"/> Use of Force</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Death of Client</td> <td style="border: none;"><input type="checkbox"/> Physical Abuse</td> <td style="border: none;"><input type="checkbox"/> Vehicular Accident</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fire/911 Response</td> <td style="border: none;"><input type="checkbox"/> Property Damage</td> <td style="border: none;"><input type="checkbox"/> Verbal Abuse Workplace Violence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Food Poisoning</td> <td style="border: none;"><input type="checkbox"/> Safety Violation</td> <td style="border: none;"><input type="checkbox"/> Workplace Violence</td> </tr> </table>			<input type="checkbox"/> Abuse of Client	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Accident	<input type="checkbox"/> Misuse of Funds	<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Assault	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Suicide Gesture/Attempt	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Medication Miscalculation	<input type="checkbox"/> Theft	<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Neglect	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Death of Client	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Vehicular Accident	<input type="checkbox"/> Fire/911 Response	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Abuse Workplace Violence	<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Workplace Violence
<input type="checkbox"/> Abuse of Client	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Safety Violation																								
<input type="checkbox"/> Accident	<input type="checkbox"/> Misuse of Funds	<input type="checkbox"/> Serious Illness																								
<input type="checkbox"/> Assault	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Suicide Gesture/Attempt																								
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Medication Miscalculation	<input type="checkbox"/> Theft																								
<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Neglect	<input type="checkbox"/> Use of Force																								
<input type="checkbox"/> Death of Client	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Vehicular Accident																								
<input type="checkbox"/> Fire/911 Response	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Abuse Workplace Violence																								
<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Workplace Violence																								
IMMEDIATE ACTIONS: <input type="checkbox"/> Ambulance called <input type="checkbox"/> Police called <input type="checkbox"/> Fire Department Called Time Called: _____ Time Arrived: _____ News Media Involved: <input type="checkbox"/> YES <input type="checkbox"/> NO *NOTE: All media requests must be forwarded to Media Coordinator																										
7. To Whom was Incident First Reported:	8. Date/Time of Verbal Notifications: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Time</td> </tr> <tr> <td>Program Manager:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Safety Coord.:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Contract Rep.:</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Program Manager:	_____	_____	Safety Coord.:	_____	_____	Contract Rep.:	_____	_____												
	Date	Time																								
Program Manager:	_____	_____																								
Safety Coord.:	_____	_____																								
Contract Rep.:	_____	_____																								
9. Witnesses to Incident (staff and clients): Attach witness statements.																										
10. Description of Incident (who, what, when, where, why): Attach relevant documentation and additional sheets if necessary.																										
11. Action Taken:																										
_____ Reporter's Printed Name, Signature, and Date:																										
12. Program Manager's Action:	13. Date/Time of Verbal Notifications: (Required if Sentinel Event) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Time</td> </tr> <tr> <td>Vice President</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>President/CEO</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Vice President	_____	_____	President/CEO	_____	_____															
	Date	Time																								
Vice President	_____	_____																								
President/CEO	_____	_____																								
_____ Program Manager's Printed Name, Signature, Title, and Date:																										
13. Vice President's Action:																										
_____ Vice President's Printed Name, Signature, Title, and Date:																										
RECEIVED BY QUALITY IMPROVEMENT: DATE _____ INITIALS _____																										



Department of the Treasury
Bureau of Alcohol, Tobacco & Firearms
BOMB THREAT CHECKLIST



1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause the bomb to explode?
6. Did you place the bomb?
7. Why?
8. What is address?
9. What is your name?

EXACT WORDING OF BOMB THREAT:

Sex of caller: _____ Race: _____

Age: _____ Length of call: _____

Telephone number at which call is received: _____

Time call received: _____

Date call received: _____

CALLER'S VOICE

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Rasp | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Distinct |

- | | |
|--|--|
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Whispered |
| <input type="checkbox"/> Ragged | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Familiar (If voice is familiar, who did it sound like?) _____ | |

BACKGROUND SOUNDS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Street noises | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Crockery |
| <input type="checkbox"/> Animal noises | <input type="checkbox"/> Clear |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> House noises |
| <input type="checkbox"/> Long distance | <input type="checkbox"/> Local |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Office machinery |
| <input type="checkbox"/> Booth | <input type="checkbox"/> Other (Please specify) _____ |

BOMB THREAT LANGUAGE:

- | | |
|--|---|
| <input type="checkbox"/> Well spoken (education) | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Message read by threat maker |
| <input type="checkbox"/> Taped | <input type="checkbox"/> Irrational |

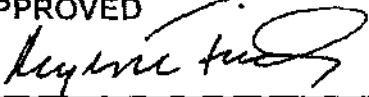
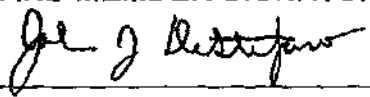
REMARKS:

Your name: _____

Your position: _____

Your telephone number: _____

Date checklist completed: _____

HCBC	POLICY AND PROCEDURES	NUMBER 8.1	PAGES 9
APPLICABILITY Agency - Wide	REFERENCES DMH: 9 CSR 10-7.120 ACA: 4-ACRS1C02-5; 1C08-16 CARF: Section 1.H		
CHAPTER EIGHT (8) Safety and Emergency Procedures	SECTION ONE (1) Emergency Preparedness		
REVISED DATE December 3, 2015	APPROVED 		
DATE OF BOARD SIGNATURE 4-21-2016	BOARD MEMBER SIGNATURE 		

I. POLICY

It is the policy, procedure, and practice of the Heartland Center for Behavioral Change (HCBC) to maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

II. DISCUSSION

HCBC ensures that ongoing attention is given to safe practices and the reduction of health and safety risks, for the persons served and all personnel. Health and safety requirements are met through adherence to local, state, and federal authorities in addition to contractual and certification requirements. HCBC maintains policies that provide the essential elements of the agency plan for the prevention, detection, and response to emergencies and other critical situations.

III. DEFINITIONS

NONE

IV. PROCEDURES

A. General Safety and Health Requirements

HCBC shall maintain safe environments for the provision of services, meeting all local, state, and federal regulations, as applicable. There shall be an ongoing safety program and well communicated emergency preparedness plan.

1. Responsibility for Safety

The Vice President, Correctional Services shall be responsible for the overall safety of HCBC facilities. S/he shall be assisted by the HCBC Safety Officer whose duties shall include, but not be limited to:

- Holding regular safety committee meetings
- The ongoing monitoring of HCBC safety provisions and practices
- Development and implementation of emergency preparedness plans and evacuation drills
- Appropriate training of HCBC staff in safe practices and emergency procedures
- Timely review of safety incidents and identification of corrective action, when needed, and
- Debriefings following safety incident reports.

2. Safety Committee

There shall be an appointed Safety Committee whose primary duty shall be to ensure that a coordinated safety program has been established at all HCBC facilities.

- a. Safety Coordinators shall be appointed at each HCBC location who shall member the HCBC Safety Committee. Additional members may be appointed to ensure appropriate representation by all levels of the organization.
- b. The chair of the Safety Committee shall be the HCBC Safety Officer. The Vice President of Correctional Services shall co-chair the Committee.
- c. The Committee shall meet at least quarterly. Minutes shall be maintained of all meetings and distributed to Committee members, Program Managers, and Executive staff.
- d. The duties of the Safety Committee shall include, but not be limited to the following:
 - Development and coordination of competency-based training for all HCBC staff

- Review of health and safety policies and procedures to determine needs for training, changes to procedure, or policy revisions
 - Review and analysis of safety incidents with recommendations for safety improvements
 - Annual review of Health and Safety Manual
 - Review of evacuation drill results
 - Review of self inspections and identification of corrective action
 - Review of debriefings following emergency events with recommendations for corrective action, when needed
- e. The Safety Committee shall prepare an annual report to the Board of the Directors addressing each of the above duties, the results, compliance, performance and other important issues regarding emergency preparedness.

3. Health and Safety Manual

HCBC shall maintain a comprehensive Health and Safety Manual that shall be used to inform staff of HCBC's health and safety practices and requirements.

1. The Health and Safety Manual shall include emergency preparedness plans that address the following:
 - Fires
 - Bomb threats
 - Natural Disasters
 - Utility Failures
 - Medical Emergencies
 - Violent or Other Threatening Situations
 - Exposure Control

- Response to consumer emergencies
2. Evacuation plans shall be delineated in the Health and Safety Manual, including:
 - When evacuation is appropriate
 - The safety of evacuees
 - Accounting for facility personnel, consumers, and visitors
 - Temporary shelter, when applicable
 - Identification and continuation of essential services
 - Emergency phone numbers
 - Notification of the appropriate emergency authorities
 3. The Health and Safety Manual shall include information that promotes workplace safety including information on:
 - Reporting and responding to accidents
 - The safe use and proper storage of equipment
 - The safe use and proper storage of hazardous materials
 - The use of personal protective equipment

B. Emergency Evacuation Drills

1. Emergency evacuation drills shall be conducted to ensure the preparedness of staff in responding to fires and natural disasters.
 - a. Unannounced tests of all emergency procedures shall be conducted by the Safety Officer and on site Safety Coordinator at least annually on all shifts.
 - b. There shall be emergency evacuation drills at all HCBC facilities on all shifts, no less than less than annually.

- c. Additional evacuation drills at outpatient service locations may be simulations or may include the actual involvement of the persons served.
 - d. Evacuation drills at residential sites shall be conducted monthly and shall require the actual evacuation of persons served.
 - e. Drills shall include the simulation of the evacuation of persons with disabilities.
2. The Emergency Response Report (Attachment A) shall be used to report all drills, documenting the effectiveness of each test of the emergency plans. Corrective action, when indicated, shall be taken and documented.

The Emergency Response Report shall be distributed to the HCBC Safety Officer, the facility Safety Coordinator, and the facility Program Manager.

3. As part of the Safety Committee meeting, the Emergency Response Report forms shall be reviewed and corrective action taken, when indicated.
4. The Safety Officer shall prepare a monthly health and safety report summarizing emergency responses and evacuations, self-inspections, safety related incidents, actions taken, and any emergent or unresolved safety concerns.
 - a. The summary report will be submitted to the Director of Quality Improvement by the 5th day of each month.
 - b. The summary report will be presented to the HCBC Executive Team monthly as part of the Health and Safety Committee report.

C. Building Use and Code Designation

1. All HCBC buildings shall conform to the state or local fire and safety requirements and state or local zoning, building, and sanitation codes.
2. Buildings owned or leased by HCBC for provision of services shall be inspected annually and approved by a representative from the local fire department or other appropriate fire authority.

3. Documentation shall be maintained in program certification manuals of all inspections and corrective actions for all cited deficiencies to assure compliance with applicable state and local fire safety requirements.
4. The *Life Safety Code* of the National Fire Protection Association (NFPA) shall prevail in the interpretation of fire safety standards.

D. Training

1. Emergency Procedures
Employees shall be adequately trained to respond to emergencies. Staff will receive competency-based training in the HCBC Health and Safety Manual and related policies within thirty (30) days of employment with HCBC; annually thereafter, and when changes occur in HCBC health and safety practices. The training shall include information and guidance in the following:

- a. Health and safety practices
- b. Identification of unsafe environmental factors
- c. Emergency procedures
- d. Evacuation procedures
- e. Identification and reporting of critical incidents
- f. Medication management, when appropriate
- g. Reducing physical risks

A record of training in emergency procedures shall be maintained in each employee's personnel record.

2. Medical Emergencies
It shall be the responsibility of each program manager to ensure that a sufficient number of employees are trained and have access to appropriate resources to respond to medical emergencies that may arise during all operational hours.
- a. In residential programs, persons served shall be supervised at all times by a staff member with current certification in First Aid and CPR.
 - b. In outpatient programs, first aid kits shall be made available and staff trained to respond to medical emergencies. The

telephone number for emergency response shall be prominently posted at the reception telephone.

3. Off-Site Safety

Services provided in the community shall be conducted in a manner that supports the safety of persons served and personnel. Staff shall be trained in the potential risks of providing services in the community at off site locations. Training shall include but not be limited to:

- c. Potential risks
- d. Ways to prevent risks
- e. Emergency Procedures
- f. Liability

4. Consumer Training

Consumers participating in programs within the organization shall receive information related to their safety and well-being. This will include training on emergency plans and evacuation routes and other related issues defined by each program.

E. Emergency Medical Information

Emergency medical information about employees and persons served should be readily available in the event of an emergency. The following emergency information should be accessible to designated staff to ensure an appropriate response in the event of an emergency:

- 1. Name
- 2. Persons to notify in case of emergency
- 3. Medical alerts and allergies

F. Debriefings

Debriefings shall be held following each traumatic emergency situation to provide support to personnel and the persons served. The extent and type of debriefing shall be determined by the nature of the emergency and may include:

- a. Crisis or grief counseling
- b. Individual or group discussions with employees and consumers
- c. Referral to appropriate community resources and professionals

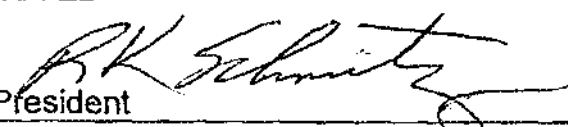

The supervising Vice President shall determine the need for the debriefing. Debriefings, when held, shall be documented and retained in the administrative offices.

V. ATTACHMENTS

A. Emergency Response Report

VI. HISTORY

Original: August 1, 1994
Revised: February 1, 1995
April 1, 1995
May 1, 1996
April 1, 1998
July 1, 1999
July 1, 2000
Reviewed: July 1, 2001
Revised: November 1, 2002
January 20, 2006
March 1, 2008
Reviewed: March 1, 2009
Revised: March 1, 2010
November 17, 2011
July 18, 2013
August 21, 2014
September 15, 2015
December 3, 2015
Reviewed: April 21, 2016

HCBC	INTERNAL OPERATING PROCEDURES	NUMBER 8.1.2 DCS	PAGES 6
APPLICABILITY Division of Correctional Services	REFERENCES HCBC: 8.1 ACA: 4-ACRS 1C-02 thru 05 4-ACRS 1C-08 thru 14 MDOC: 2.7.1 thru 2.7.3; 2.10.2; 2.11.8; 2.13.3 SOW: Chapter 4 (RRC)		
CHAPTER EIGHT (8) Safety and Emergency Procedures	SECTION ONE (1) Emergency Preparedness		
APPROVED  Vice President	SUBSECTION TWO (2) Life/Safety, Fire Evacuation and Emergency Plans		
APPROVED  President	EFFECTIVE May 30, 2015		

I. POLICY

It is the policy, procedure and practice of the Heartland Center for Behavioral Change Division of Correctional Services to ensure safety and security of the facility through utilization of fire and safety standards that meet the requirements of its contracting authorities.

II. DISCUSSION

The safety and welfare of offenders and staff will be maintained through complying with the most current editions of applicable fire safety codes, standards and regulations of the National Fire Protection Association (NFPA).

III. DEFINITIONS

None

IV. PROCEDURES

HCBC Policy #8.1 Emergency Procedures identifies the agency requirements related to the procedures for the prevention, detection, and

response to emergencies and other critical situations within its facilities. The following additional procedures shall apply to the Division of Correctional Services.

A. Life Safety Systems

1. Life safety systems include the following:
 - a. smoke detectors;
 - b. alarm systems located at the CTU Control Center;
 - c. manual pull stations throughout the RRC;
 - d. automatic emergency lighting systems;
 - e. illuminated routes of egress;
 - f. boiler room heat sensor and alarm;
 - g. alarm systems heard throughout the building;
 - h. security office staffed 24 hours per day/7 days per week to monitor any emergency systems;
 - i. dry chemical fire extinguishers; and
 - j. automatic fire suppression system.

B. Inspections

1. All HCBC buildings shall conform to the state or local fire and safety requirements and state or local zoning, building, and sanitation codes.
2. Buildings owned or leased by HCBC for provision of services shall be inspected annually and approved by a representative from the local fire department or other appropriate fire authority.
3. Inspections will be maintained in the Maintenance Manager's Office for review at any time.
4. HCBC will maintain compliance with all Kansas City, Jackson County, Missouri fire codes.
 - a. Annually inspected items include: smoke detectors, fire

alarm systems by a certified independent source to determine compliance with NFPA 101 Life Safety Code.

- b. Semi-annually inspected items include: the automatic fire Suppression system in the vent hood of the kitchen by an independent source to determine compliance with NFPA Life Safety Codes.
 - c. Quarterly all fire extinguishers will be inspected by an Independent source to determine compliance with NFPA Life Safety Codes.
 - d. Monthly there will be a documented fire and safety equipment check by the Maintenance Manager.
 - e. At least weekly, security staff will inspect the facility for fire hazards, security issues and life safety concerns. Any concerns will be reported to the Program Manager and the Maintenance Manager.
5. Copies of all inspections will be maintained by the Program Manager and by the Maintenance Manager.

C. Emergency Plans and Training

1. HCBC shall maintain written emergency plans. HCBC staff shall be trained in emergency procedures within one (1) week of their initial employment and annually as a refresher. Documentation of this training will be signed by the staff member and maintained in their personnel file.
2. All staff will be trained in the following:
 - a. emergency equipment and response to emergency situations;
 - b. CPR and First Aid updated annually; and
 - c. location of emergency equipment, including First Aid kits.
3. All offenders will receive training in emergency procedures upon arrival at the facility as indicated in RRC Emergency Procedures (Attachment A) and CTU Emergency Procedures (Attachment B).
4. Fire and tornado drills will be held monthly. Earthquake drills will be held quarterly. Documentation of these drills, including any problems or concerns will be maintained on the Emergency Drill

Report (Attachment C) and given to the Safety Officer for Maintenance and review at any time.

5. The RRC elevator is not to be used as a means of evacuation from the building in an emergency situation.

D. Fire Safety

1. If the fire alarm goes off, a staff member should call 9-1-1.
2. The building should be evacuated immediately according to the posted Emergency Evacuation diagrams (Attachment D). All offenders and staff will be trained on these emergency exits upon orientation to the facility.
3. Offenders will gather in the designated location and staff will walk through the building ensuring everyone has evacuated.
4. Offenders with physical limitations may be directed to the nearest area of refuge, as indicated on the Emergency Evacuation diagrams.
5. The facility will utilize an outside Fireman's Box to provide local fire department personnel immediate access to building diagrams to include all internal and external areas of refuge as well as keys to access all areas of the building.
6. Staff will maintain accountability of all offenders through performing a head count and documenting the head count on the appropriate census sheet for the day.
7. Security staff may attempt to control the fire with the appropriate fire extinguisher; however, neither staff nor offenders may enter a smoke-filled area.
8. Evacuation routes will be posted throughout the building.
9. Offenders will exit the building through the designated stairways and fire exits and will report to the south end of the alley behind the building. Neither offenders nor staff will use the elevators in an emergency evacuation.

E. Tornado Safety

1. In the event of a tornado alarm, offenders will progress down the stairs and gather in the hallway outside the gymnasium. Federal offenders will gather toward the south side of the hallway in rows of

two (2). Staff will conduct a head count and will ensure all offenders are accounted for. The Shift Supervisor will announce over the intercom that a tornado alert is in effect and will also secure the sign in/out logs so that an accurate head count can be conducted.

2. Offenders should not enter the gymnasium during a tornado alarm.

F. Earthquake Safety

1. In the event of an earthquake, offenders will go to the appropriate stairway and move as quickly as possible down the stairs and out of the building.
2. Offenders will be directed to the south end of the alley behind the building where the federal offenders are gathered. The Shift Supervisor will secure the sign in/out logs so that an accurate head count can be conducted.

G. Return to the Center

1. Once the alarm has been cleared by the Program Manager, Chief of Security, or by emergency personnel, offenders and staff may return to the facility. The Shift Supervisor or Chief of Security will document the alarm, any problems with evacuating the building, time necessary to evacuate the building or other concerns about the emergency procedures.

H. Annual Review of Emergency Plans

1. There will be an annual review of the emergency plans to revise and update any points of egress, meeting places or procedures.

I. Reporting

1. If an emergency occurs at the RRC, a Critical Incident Report (Attachment E) should be completed and forwarded to the BOP Representative within twenty-four (24) hours of the occurrence.

V. **ATTACHMENTS/FORMS**

- A. RRC Emergency Procedures
- B. CTU Emergency Procedures
- C. Emergency Response Report

D. Emergency Evacuation Diagrams

E. Critical Incident Report

VI. HISTORY

Original: October 1, 2007
Revised: June 1, 2009
Revised: May 30, 2015

RRC EMERGENCY PROCEDURES

FIRE

Get to the appropriate stairway and move as quickly as possible down the stairs and out of the building. Residents who are unable to negotiate the stairs may gather at the nearest Area of Refuge as indicated on the posted Emergency Evacuation signs. All residents should gather at the designated location, which is located at the back parking lot at Charlotte and Truman. During inclement weather, the basement in the Detox Building (1534 Campbell) will be the designated location. Any use of electronic device is prohibited during emergency evacuations.

REMEMBER:

- When the fire alarm sounds, don't waste time gathering personal items or locking the door...Leave the Building immediately
- If your door is closed at the time the fire alarm sounds, place your hand on the door before opening it to determine if it is hot. A hot door may mean that hot, toxic gasses may have already spread to the hallway. Open the door cautiously before entering the hallway.
- When exiting the building, stay as close to the wall as possible. Firemen may be coming up the stairway with equipment. You must stay out of their way.

A copy of the Center's floor plan, with escape exits and fire extinguishers designated are located on the walls throughout the building.

SEVERE WEATHER

Tornado:

In the event of a tornado, or notification of a tornado drill, go quickly to the basement to the long hallway located on the west side of the gymnasium. Stay out of the gymnasium.

Flood:

In the event of a flood, all residents will be kept on the upper floors in their rooms.

Earthquake:

In the event of an earthquake, follow this plan when exiting the building:

- If you're inside, stay inside. **DO NOT** run outside or to other rooms during shaking.
- **DROP** down onto your hands and knees before the earthquake knocks you down.
- **COVER** your head and neck (and your entire body if necessary) under the shelter of a sturdy table, desk or under your bed.
- **HOLD** on to your shelter (or to your head and neck) until the shaking stops.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.

It is important that you follow all the directives of RRC staff in case of an emergency.

FAILURE TO DO SO WILL RESULT IN DISCIPLINARY ACTION

CTU EMERGENCY PROCEDURES

ALL RESIDENTS SHOULD FOLLOW THIS PLAN FOR EXITING THE BUILDING SAFELY

FIRE

Get to the appropriate stairway and move as quickly as possible down the stairs and out of the building. All residents should gather at the southeast corner of 16th and Campbell.

REMEMBER THE FOLLOWING POINTS:

- When the fire alarm sounds, don't waste time gathering personal items or locking your door... **LEAVE THE BUILDING IMMEDIATELY!**
- If your door is closed at the time the fire alarm sounds, place your hand on the door before opening it to determine if it is hot. A hot door may mean that hot, toxic gasses may have already spread to the hallway. Open the door cautiously before entering the hallway.
- When exiting the building, stay as close to the wall as possible. Firemen may be coming up the stairway with equipment. **You must stay out of their way.**

A copy of the center's residential floor plan, with escape exits and fire extinguishers designated are located on the walls throughout the building.

SEVERE WEATHER

A. Tornado

In the event of a tornado, go quickly to the basement to the long hallway located on the west side of the gymnasium. Stay out of the gymnasium. The Shift Supervisor will announce over the intercom that a tornado alert is in effect, and will also secure the sign-in/sign-out books so that an accurate head count can be conducted.

B. Flood

In the event of a flood, all residents will be kept on the upper floors in their rooms. The Shift Supervisor will secure the sign-in/sign-out books so an accurate head count can be conducted.

C. Earthquake

In the event of an earthquake, follow this plan:

- Drop, cover your head and neck with your hands and hold on to a piece of furniture if available.

**HEARTLAND CENTER FOR BEHAVIORAL CHANGE
EMERGENCY RESPONSE REPORT**

1. PROGRAM: _____ DATE and TIME: _____
2. ACTUAL EMERGENCY* yes no EMERGENCY DRILL: yes no
3. Type of emergency (fire, utility failure, tornado, earthquake, etc.) _____
4. Evacuation to inside safe area or outside gathering place? Y N
If yes, start time _____ am/pm At designated area _____ am/pm
"All clear" given by: _____ Building/unit reentered at _____ am/pm
5. Type of warning: Building Alarm ___ Intercom? ___ Telephone ___ Verbal ___
6. Were program participants involved: Yes ___ No ___
If not, why not _____
7. Method of drill: Evacuation? Tabletop? Other? _____
8. Did everyone meet at the designated area? Yes ___ No ___
9. Did anyone remain in the building other than safe area? Yes ___ No ___
If yes, then why _____
10. Were the written emergency procedures followed: Yes ___ No ___
11. Does the policy need to be changed to enhance safety? Yes ___ No ___
What are your recommendations? _____
12. Does additional safety education and/or training need to be provided, based on the outcome of the drill? ** Yes ___ No ___
13. What are your recommendations? ** _____

Drill report completed by: _____

Date: _____

Submitted to: _____

*If this is an actual emergency, fill out the critical incident report in addition to this report.

**Attach a report if more space is needed

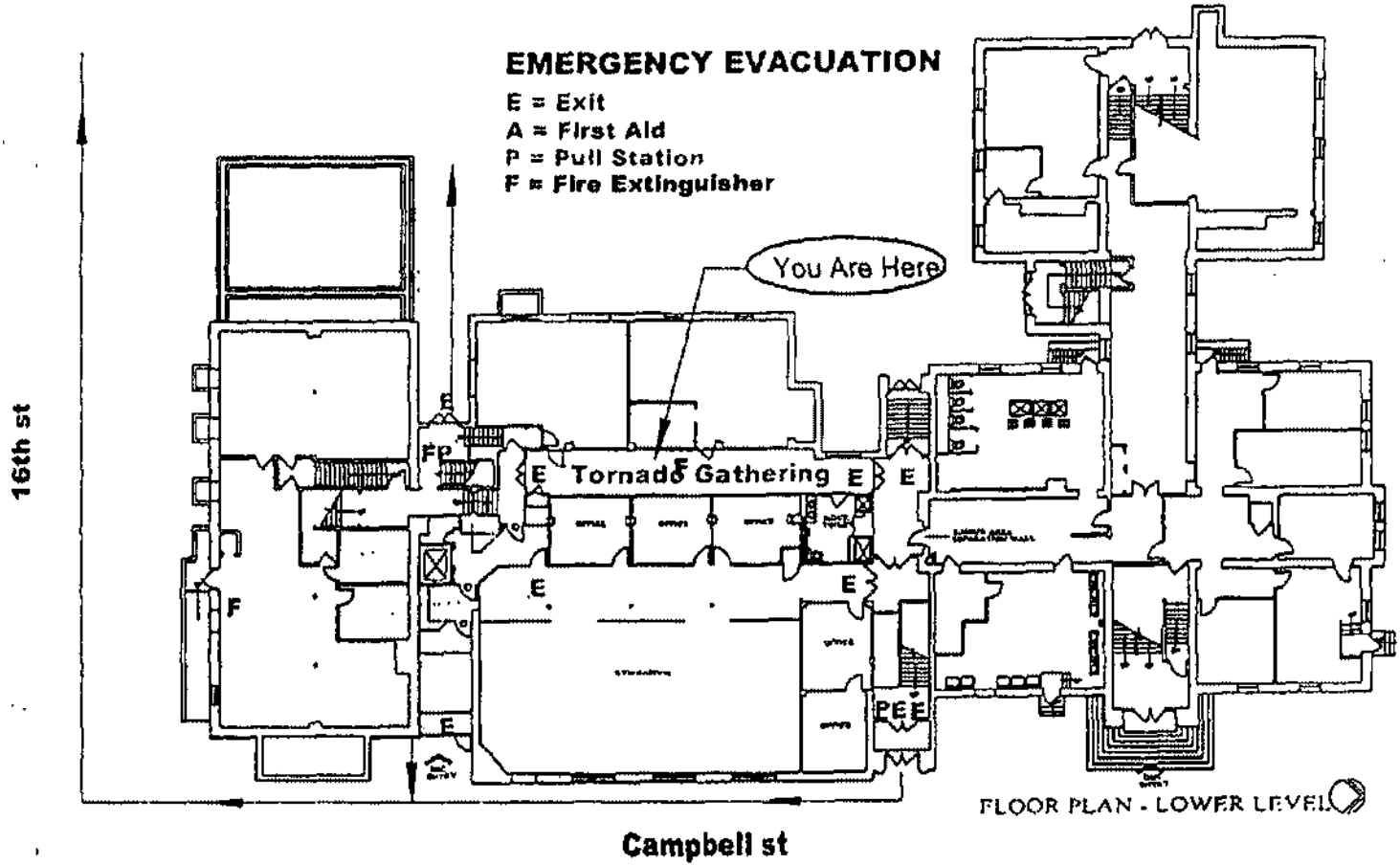
ALLY

Outside Emergency Gathering

ALLY

EMERGENCY EVACUATION

- E = Exit
- A = First Aid
- P = Pull Station
- F = Fire Extinguisher



Outside Emergency Gathering in Ally

Bad Weather Gathering on Lower Level

EMERGENCY EVACUATION

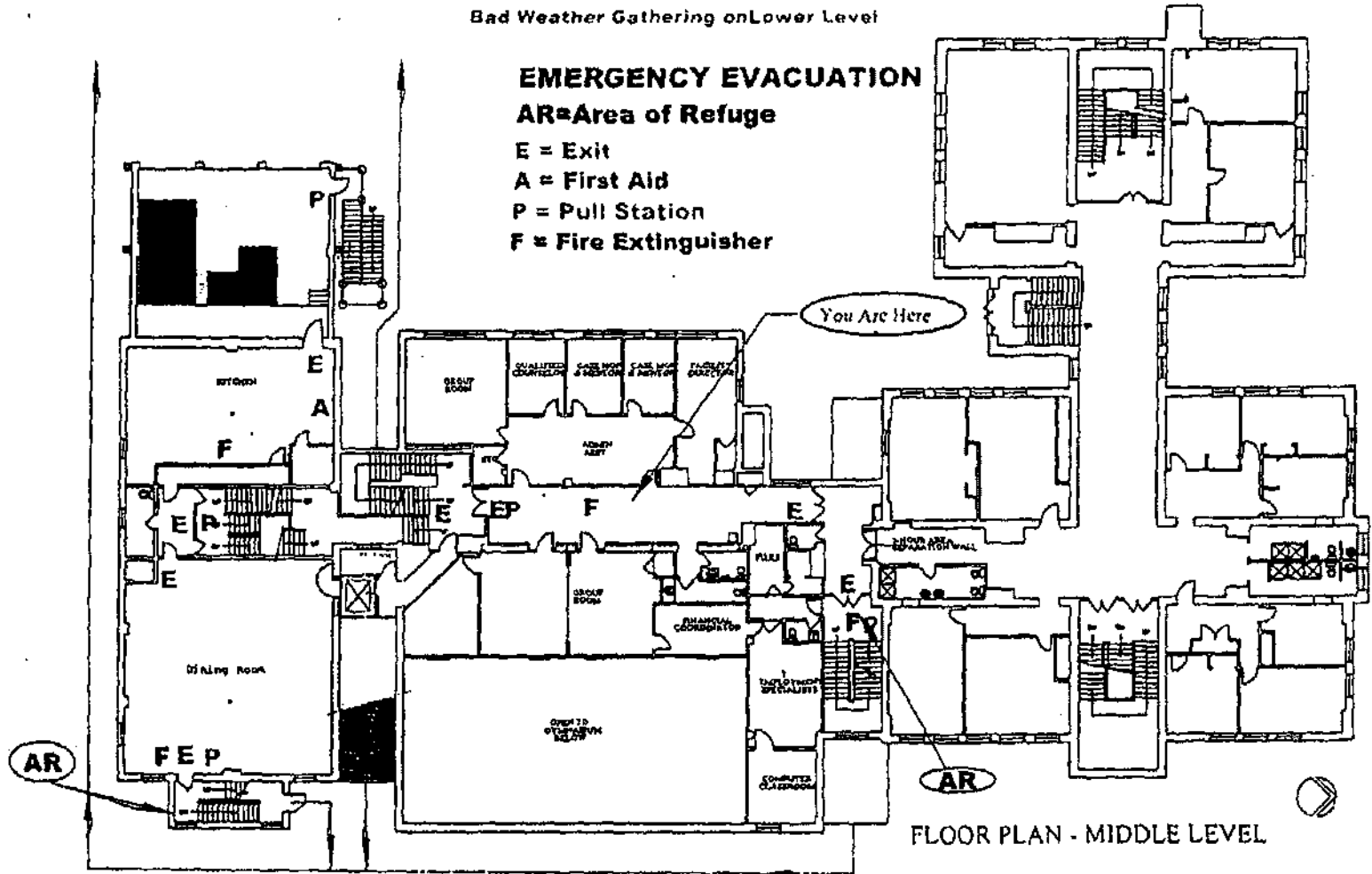
AR=Area of Refuge

E = Exit

A = First Aid

P = Pull Station

F = Fire Extinguisher



Outside Emergency Gathering In Alley

Bad Weather Gathering on Lower Level

EMERGENCY EVACUATION

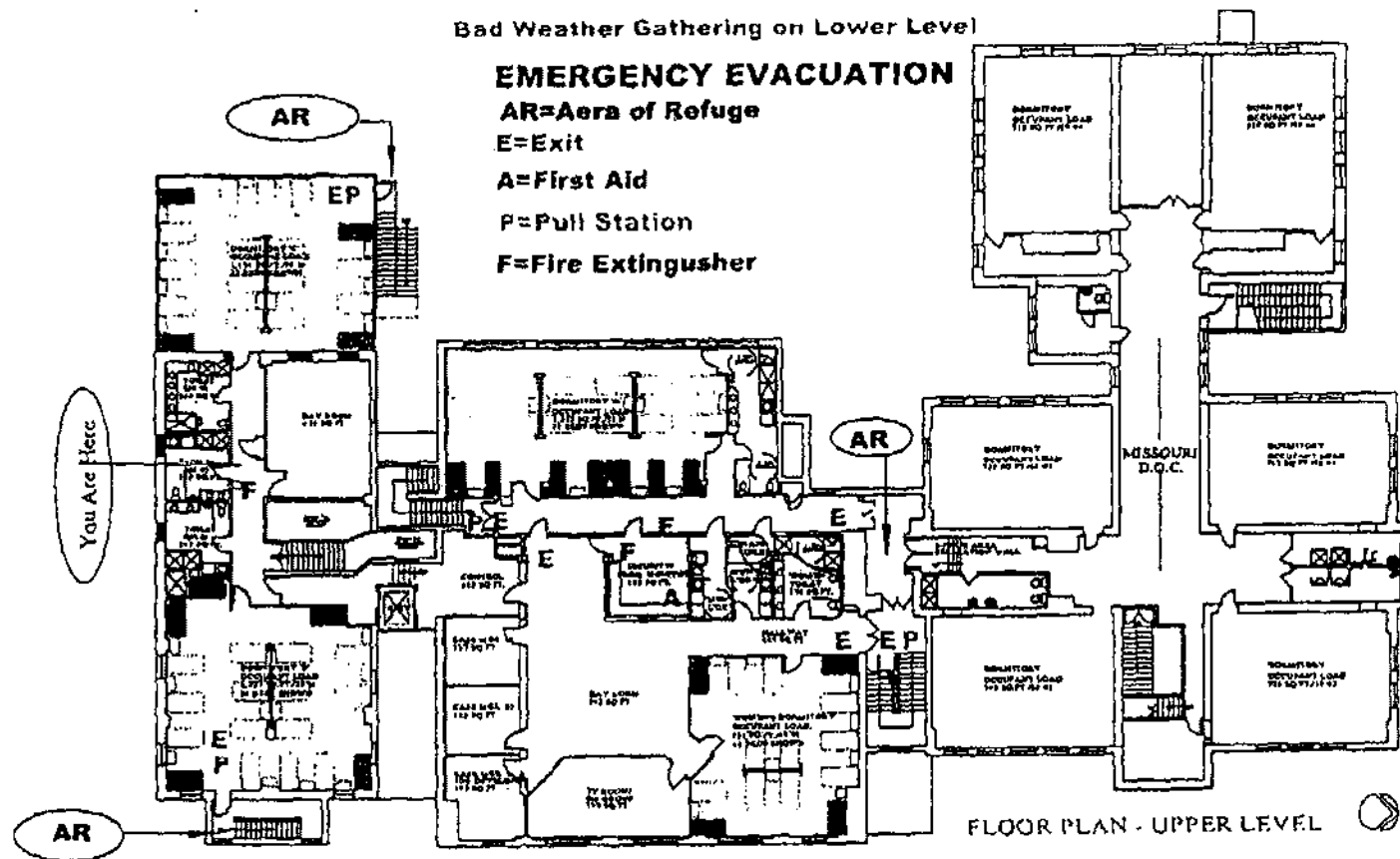
AR=Area of Refuge

E=Exit

A=First Aid

P=Pull Station

F=Fire Extinguisher



Outside Emergency Gathering in Ally

Bad Weather Gathering on Lower Level

EMERGENCY EVACUATION

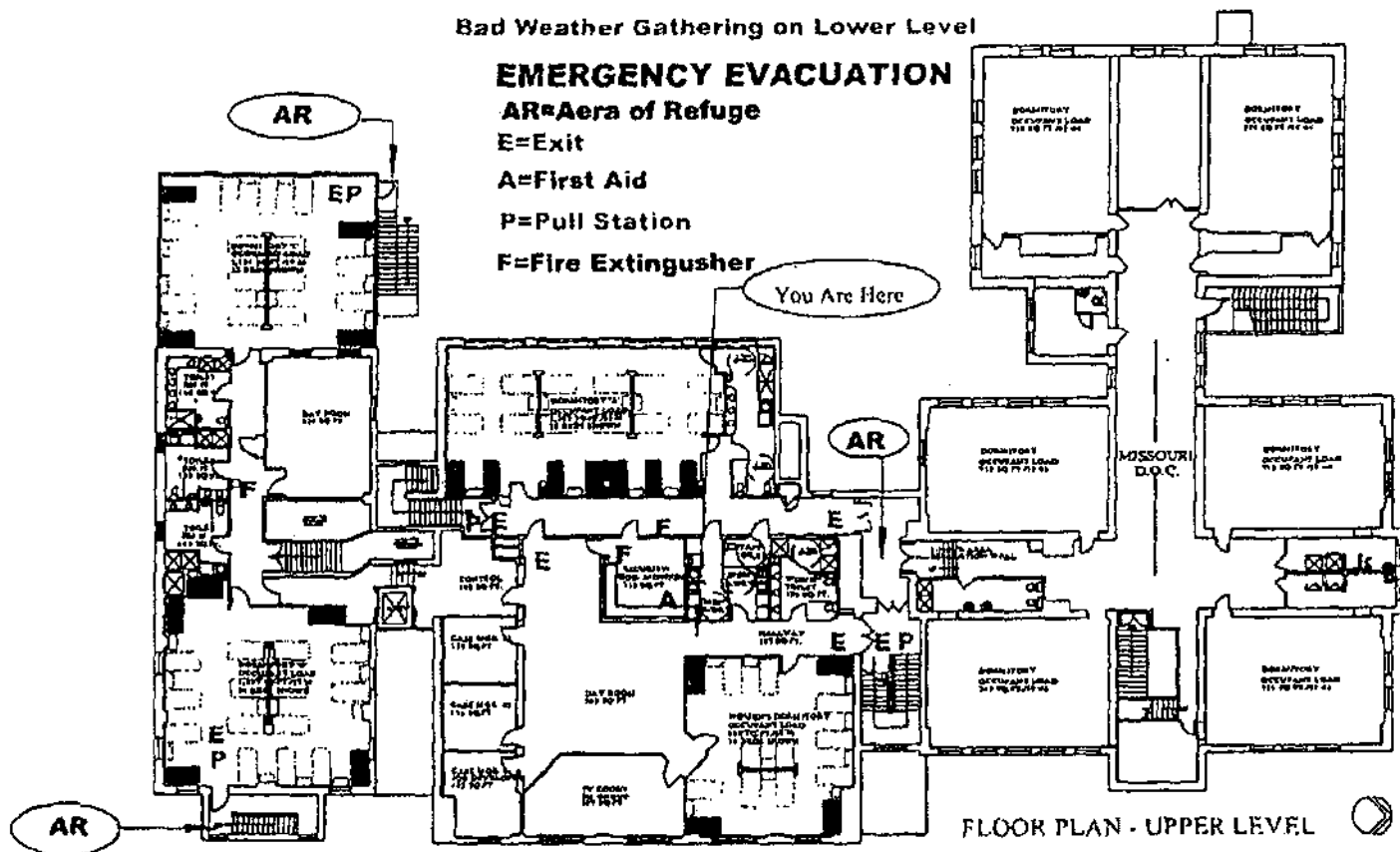
AR=Aera of Refuge

E=Exit

A=First Aid

P=Pull Station

F=Fire Extingusher



Outside Emergency Gathering in Alley

Bad Weather Gathering on Lower Level

EMERGENCY EVACUATION

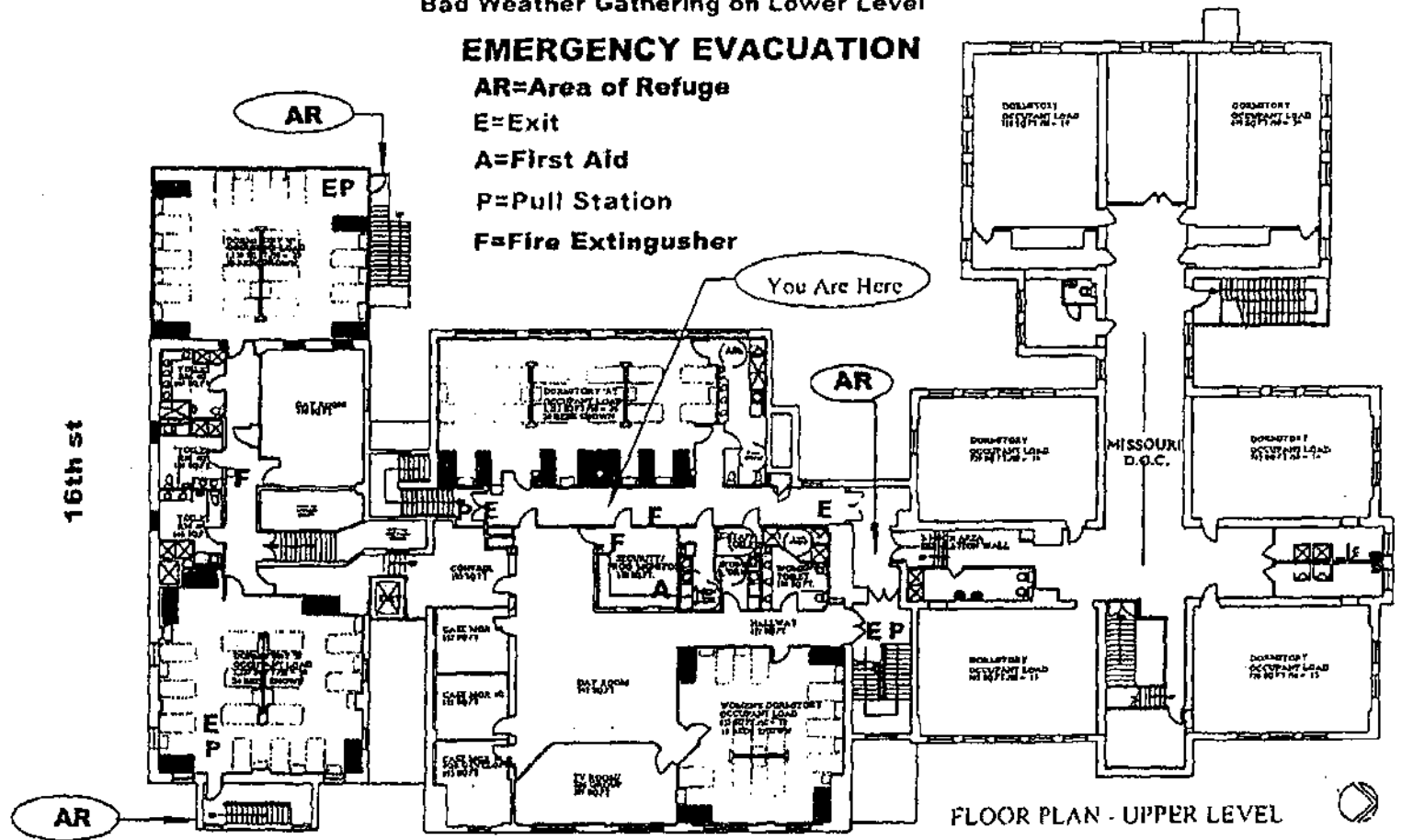
AR=Area of Refuge

E=Exit

A=First Aid

P=Pull Station

F=Fire Extinguisher



Campbell

HCBC CRITICAL INCIDENT REPORT

1. Program:	2. Persons Involved:	3. Date and Time of Incident:																								
4. Where Did Incident Happen (be specific as to location)		5. Date and Time Incident was Reported:																								
6. Type of Incident: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Abuse of Client</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Injury to Client</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Safety Violation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Accident</td> <td style="border: none;"><input type="checkbox"/> Misuse of Funds</td> <td style="border: none;"><input type="checkbox"/> Serious Illness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Assault</td> <td style="border: none;"><input type="checkbox"/> Medication Error</td> <td style="border: none;"><input type="checkbox"/> Suicide Gesture/Attempt</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bomb Threat</td> <td style="border: none;"><input type="checkbox"/> Medication Miscount</td> <td style="border: none;"><input type="checkbox"/> Theft</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Communicable Disease</td> <td style="border: none;"><input type="checkbox"/> Neglect</td> <td style="border: none;"><input type="checkbox"/> Use of Force</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Death of Client</td> <td style="border: none;"><input type="checkbox"/> Physical Abuse</td> <td style="border: none;"><input type="checkbox"/> Vehicular Accident</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fire/911 Response</td> <td style="border: none;"><input type="checkbox"/> Property Damage</td> <td style="border: none;"><input type="checkbox"/> Verbal Abuse Workplace Violence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Food Poisoning</td> <td style="border: none;"><input type="checkbox"/> Safety Violation</td> <td style="border: none;"><input type="checkbox"/> Workplace Violence</td> </tr> </table>			<input type="checkbox"/> Abuse of Client	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Accident	<input type="checkbox"/> Misuse of Funds	<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Assault	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Suicide Gesture/Attempt	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Medication Miscount	<input type="checkbox"/> Theft	<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Neglect	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Death of Client	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Vehicular Accident	<input type="checkbox"/> Fire/911 Response	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Abuse Workplace Violence	<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Workplace Violence
<input type="checkbox"/> Abuse of Client	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Safety Violation																								
<input type="checkbox"/> Accident	<input type="checkbox"/> Misuse of Funds	<input type="checkbox"/> Serious Illness																								
<input type="checkbox"/> Assault	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Suicide Gesture/Attempt																								
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Medication Miscount	<input type="checkbox"/> Theft																								
<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Neglect	<input type="checkbox"/> Use of Force																								
<input type="checkbox"/> Death of Client	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Vehicular Accident																								
<input type="checkbox"/> Fire/911 Response	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Abuse Workplace Violence																								
<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Workplace Violence																								
IMMEDIATE ACTIONS: <input type="checkbox"/> Ambulance called <input type="checkbox"/> Police called <input type="checkbox"/> Fire Department Called Time Called: _____ Time Arrived: _____ News Media Involved: <input type="checkbox"/> YES <input type="checkbox"/> NO *NOTE: All media requests must be forwarded to Media Coordinator																										
7. To Whom was Incident First Reported:	8. Date/Time of Verbal Notifications: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Time</td> </tr> <tr> <td>Program Manager:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Safety Coord.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Contract Rep.</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Program Manager:	_____	_____	Safety Coord.	_____	_____	Contract Rep.	_____	_____												
	Date	Time																								
Program Manager:	_____	_____																								
Safety Coord.	_____	_____																								
Contract Rep.	_____	_____																								
9. Witnesses to Incident (staff and clients): Attach witness statements.																										
10. Description of Incident (who, what, when, where, why): Attach relevant documentation and additional sheets if necessary.																										
11. Action Taken:																										
_____ Reporter's Printed Name, Signature, and Date:																										
12. Program Manager's Action:	13. Date/Time of Verbal Notifications: (Required if Sentinel Event) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Time</td> </tr> <tr> <td>Vice President</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>President/CEO</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Vice President	_____	_____	President/CEO	_____	_____															
	Date	Time																								
Vice President	_____	_____																								
President/CEO	_____	_____																								
_____ Program Manager's Printed Name, Signature, Title, and Date:																										
13. Vice President's Action:																										
_____ Vice President's Printed Name, Signature, Title, and Date:																										
RECEIVED BY QUALITY IMPROVEMENT: DATE _____ INITIALS _____																										

HCBC	INTERNAL OPERATING PROCEDURES	NUMBER 8.4.2 DCS	PAGES 5
APPLICABILITY Division of Correctional Services		REFERENCES HCBC: 8.4 ACA: 4-ACRS 1C-02	
CHAPTER EIGHT (8) Safety and Emergency Procedures		SECTION FOUR (4) Weapons and Concealed Firearms	
APPROVED Vice President <i>BK Schmitt</i>		SUBSECTION TWO (2) Active Shooter Procedure	
APPROVED President <i>[Signature]</i>		EFFECTIVE June 8, 2016	

I. POLICY

It is the policy, procedure and practice of the Heartland Center for Behavioral Change Division of Correctional Services to implement an active shooter procedure to provide for the safety of all staff and offenders within its correctional facilities.

II. DISCUSSION

In order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide our response to this event to maximize survivability and, most importantly, quickly determine the most reasonable way to protect your own life. Active shooter situations are unpredictable and evolve quickly. Typically, an active shooter situation lasts approximately 10-15 minutes and end before law enforcement arrives on the scene. Individuals must be prepared both mentally and physically to deal with an active shooter.

III. DEFINITIONS

A. Active Shooter

An individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims.

IV. PROCEDURES

HCBC Policy #8.4 Weapons and Concealed Firearms identifies the agency requirements related to the possession of weapons. The following additional procedures shall apply to the Division of Correctional Services.

A. General

The intent of most active shooters is to kill as many people as quickly as possible. Traditional law enforcement response will include the concept of "surround and contain" in order to minimize the number of victims. In order to save lives, the law enforcement agency having jurisdiction will initiate an immediate response.

B. Response

Upon discovery of an active shooter situation, as soon as possible and when safe to do so, staff should notify law enforcement (911) and provide overhead announcement of the presence and location of an active shooter.

1. The phone call to 911 should be made from an area where the caller is safely concealed and should provide the following information:
 - a. Description of subject and possible location;
 - b. Number and types of weapons;
 - c. Suspect's direction of travel; and
 - d. Location and condition of any victims.
2. If there is an accessible escape path, staff and offenders should attempt to evacuate the premises ensuring to:
 - a. Have an escape route and plan in mind;
 - b. Evacuate regardless of whether others agree to follow;
 - c. Leave their belongings behind;
 - d. Help others escape, if possible;
 - e. Prevent individuals from entering an area where the active shooter may be located;
 - f. Keep their hands visible;
 - g. Follow the instructions of any law enforcement officers;

- c. Take action against the active shooter – As a last result, and only when their life is in imminent danger, staff should attempt to disrupt and/or incapacitate the active shooter by:
 - i. Acting as aggressively as possible against him/her;
 - ii. Throwing items and improvising weapons;
 - iii. Yelling; and
 - iv. Committing to their actions.

C. Report

If an emergency occurs at a Division of Correctional facility, a Critical Incident Report (Attachment A) should be completed and forwarded according to policies and procedures regarding critical incidents within twenty-four (24) hours of the occurrence.

D. Recovery

1. Initially, the site of a violent incident will be secured as a crime scene. After the authorities have completed their investigation and have released the crime scene, management will need to have the facility appropriately cleaned and sanitized.
2. The health and wellbeing of our staff and offenders assigned to the correctional facilities is critical. As soon as possible after law enforcement has relinquished command and control of the scene, the Vice President of Correctional Services will designate staff to develop information strategies to address staff, offender, and family questions related to the event.
3. Effective coordination with the media and timely dissemination of information can help reduce media pressure on those who are the most vulnerable. The HCBC Media Specialist/Community Relations Department is authorized to speak on behalf of the facility to the media.
4. Assistance with employee benefits and other administrative issues can reduce the burden on victims and families. EAP is available to all employees. If applicable, a licensed healthcare professional should be made available to any staff or offender of the Division of Correctional Services.

V. **ATTACHMENTS/FORMS**

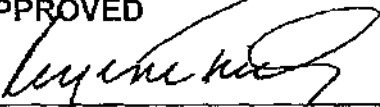
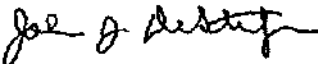
A. Critical Incident Report

VI. HISTORY

Original IOP: June 8, 2016

HCBC CRITICAL INCIDENT REPORT

1. Program:	2. Persons Involved:	3. Date and Time of Incident:																								
4. Where Did Incident Happen (be specific as to location)		5. Date and Time Incident was Reported:																								
6. Type of Incident: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Abuse of Client</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Injury to Client</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Safety Violation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Accident</td> <td style="border: none;"><input type="checkbox"/> Misuse of Funds</td> <td style="border: none;"><input type="checkbox"/> Serious Illness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Assault</td> <td style="border: none;"><input type="checkbox"/> Medication Error</td> <td style="border: none;"><input type="checkbox"/> Suicide Gesture/Attempt</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bomb Threat</td> <td style="border: none;"><input type="checkbox"/> Medication Miscalculation</td> <td style="border: none;"><input type="checkbox"/> Theft</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Communicable Disease</td> <td style="border: none;"><input type="checkbox"/> Neglect</td> <td style="border: none;"><input type="checkbox"/> Use of Force</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Death of Client</td> <td style="border: none;"><input type="checkbox"/> Physical Abuse</td> <td style="border: none;"><input type="checkbox"/> Vehicular Accident</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fire/911 Response</td> <td style="border: none;"><input type="checkbox"/> Property Damage</td> <td style="border: none;"><input type="checkbox"/> Verbal Abuse Workplace Violence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Food Poisoning</td> <td style="border: none;"><input type="checkbox"/> Safety Violation</td> <td style="border: none;"><input type="checkbox"/> Workplace Violence</td> </tr> </table>			<input type="checkbox"/> Abuse of Client	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Accident	<input type="checkbox"/> Misuse of Funds	<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Assault	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Suicide Gesture/Attempt	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Medication Miscalculation	<input type="checkbox"/> Theft	<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Neglect	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Death of Client	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Vehicular Accident	<input type="checkbox"/> Fire/911 Response	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Abuse Workplace Violence	<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Workplace Violence
<input type="checkbox"/> Abuse of Client	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Safety Violation																								
<input type="checkbox"/> Accident	<input type="checkbox"/> Misuse of Funds	<input type="checkbox"/> Serious Illness																								
<input type="checkbox"/> Assault	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Suicide Gesture/Attempt																								
<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Medication Miscalculation	<input type="checkbox"/> Theft																								
<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Neglect	<input type="checkbox"/> Use of Force																								
<input type="checkbox"/> Death of Client	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Vehicular Accident																								
<input type="checkbox"/> Fire/911 Response	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Abuse Workplace Violence																								
<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Workplace Violence																								
IMMEDIATE ACTIONS: <input type="checkbox"/> Ambulance called <input type="checkbox"/> Police called <input type="checkbox"/> Fire Department Called Time Called: _____ Time Arrived: _____ News Media Involved: <input type="checkbox"/> YES <input type="checkbox"/> NO *NOTE: All media requests must be forwarded to Media Coordinator																										
7. To Whom was Incident First Reported:	8. Date/Time of Verbal Notifications: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> <tr> <td>Program Manager:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Safety Coord.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Contract Rep.</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Program Manager:	_____	_____	Safety Coord.	_____	_____	Contract Rep.	_____	_____												
	Date	Time																								
Program Manager:	_____	_____																								
Safety Coord.	_____	_____																								
Contract Rep.	_____	_____																								
9. Witnesses to Incident (staff and clients): Attach witness statements.																										
10. Description of incident (who, what, when, where, why): Attach relevant documentation and additional sheets if necessary.																										
11. Action Taken:																										
_____ Reporter's Printed Name, Signature, and Date:																										
12. Program Manager's Action:	13. Date/Time of Verbal Notifications: (Required if Sentinel Event) <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> <tr> <td>Vice President</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>President/CEO</td> <td>_____</td> <td>_____</td> </tr> </table>			Date	Time	Vice President	_____	_____	President/CEO	_____	_____															
	Date	Time																								
Vice President	_____	_____																								
President/CEO	_____	_____																								
_____ Program Manager's Printed Name, Signature, Title, and Date:																										
13. Vice President's Action:																										
_____ Vice President's Printed Name, Signature, Title, and Date:																										
RECEIVED BY QUALITY IMPROVEMENT: DATE _____ INITIALS _____																										

HCBC	POLICY AND PROCEDURES	NUMBER 12.2	PAGES 8
APPLICABILITY Division of Correctional Services	REFERENCES ACA: 4-ACRS 2A-01-05; 2A-11-13; 2C 02-06; 6C 01-04		
CHAPTER TWELVE (12) Program Requirements	SECTION TWO (2) Offender Management		
ORIGINAL RULE DATE June 17, 2015	APPROVED 		
DATE OF BOARD SIGNATURE 4-21-2016	BOARD MEMBER SIGNATURE 		

I. POLICY

HCBC correctional residential facilities shall be operated in a manner that protects the community, staff, and offenders from harm. There shall be a comprehensive program of offender accountability established at each correctional residential facility that ensures every offender is accounted for while in the facility; in the community participating in work and educational release; on furlough; on temporary release; or on home detention.¹ Additionally, written rules and regulations shall be established and provided to offenders that establish clear expectations of behavior and systems of accountability within the correctional residential facility.

II. DISCUSSION

This policy is established to promote safety in the community and within each correctional residential facility. It identifies the general requirements of each facility to account for residents at all times. It also establishes a requirement that all residents be provided the rules of each facility and the actions that can be taken when there are violations of the facility rules.

III. DEFINITIONS

NONE

IV. PROCEDURE

A. Sufficient Staff¹

1. There shall be sufficient staff available at all times to ensure the accountability of offenders and the delivery of the services required by government contractors.
2. The staffing pattern shall concentrate staff when most offenders are in the facility.
3. Staff shall be assigned to designated security posts within each correctional residential facility 24 hours daily, 7 days per week.iii
4. When both males and females are housed in the facility, at least one male and one female staff members shall be on duty at all times.iv
5. The staffing pattern shall be reviewed no less than annually and adjusted as necessary to ensure the accountability of offenders both on-site and when in the community.

B. Control of Access and Egressv

1. Access to and egress from each correctional residential facility shall be controlled.
2. Except in the case of an emergency, there shall be only one (1) designated point of entry and egress from each correctional residential facility.
3. A Security Officer shall be posted at the designated entry/egress point to monitor offender, visitor, contractor, and volunteer movement in and out of each HCBC correctional residential facility.
4. Offenders shall be permitted to leave the facility only for approved reasons.
5. A sign-in and sign-out procedure shall be used to chronologically document the movement of offenders in and out of the facility in accordance with the requirements of the government contractor. Documentation of the movement shall be electronically maintained in the Secure Manage record.
6. Escape procedures shall be implemented as required by the government contractor in the event that any offender fails to return to the facility at the expected time of return.vi
7. The movement of all visitors, contractors, and volunteers entering and leaving each HCBC correctional residential facility shall also be

documented on a separate Visitor Log. Only approved persons shall be permitted to enter the correctional residential facility.

8. The visitor logs shall be submitted to the Chief of Security for review and subsequently forwarded to the ACA Accreditation Manager. Records shall be maintained for a period of one (1) year.

C. Counts^{vii}

1. Each correctional residential facility shall conduct at least two (2) name and number head counts during each eight (8) hour shift, daily.
2. There shall be designated times established for the name and number head count.
3. The count shall be reconciled at the conclusion of the head count, identifying:
 - The number of offenders in the facility
 - The number of offenders who have signed out of the facility for approved activities in the community (e.g. employment, training, health appointments, recreation, passes, etc.)
 - The number of offenders on furlough status (federal residential re-entry center only)
 - The number of offenders on home confinement (federal residential re-entry center only)
4. The count shall be recorded by the Shift Supervisor or designee.
5. In the event that during a head count an offender cannot be located or accounted for, the Chief of Security or Duty Officer in his/her absence shall be contacted and escape procedures shall be implemented as required by the government contractor.
6. Daily count records shall be reviewed by the Chief of Security and subsequently forwarded to the ACA Accreditation Manager. Records shall be maintained for a period of one (1) year.

D. Authorized Absences

1. There shall be procedures established at each correctional residential facility to verify and monitor the movement and activities of offenders who are participating in approved activities in the community including job searches, work, religious services, programming activities, social/extended passes, and for federal residential re-entry center programs, furloughs and home detention.

2. All absences from the correctional residential facility by an offender must be approved in writing by the Program Manager or the offender's assigned Case Manager. (Note: Absences from the Community Transitions Unit must be approved by the assigned supervising probation and parole officer.)
3. The offender's location when absent from the correctional residential facility shall be randomly verified by designated staff by telephone and/ or in person at random times.
4. All documents verifying the location of offenders who are absent from the correctional residential facility shall be submitted to the ACA Accreditation Manager and maintained for a period of one (1) year.
5. Absences that may be authorized as follows:
 - a. Social/Extended Pass
Offenders may be approved for an overnight or weekend pass. The requested pass location must be verified and approved by the Program Manager or designee in accordance with the requirements of the government contractor prior to a pass being approved. Security staff shall be designated to conduct random checks of each pass by contacting a landline telephone or through in-person visits each day. The checks and results shall be documented.
 - b. Furlough
Federal residential re-entry center offenders may be approved for a furlough by the government contractor for exceptional purposes. When approved, random daily checks verifying the offender's presence at the furlough destination shall be conducted by designated security staff through landline telephone contacts or through in-person visits.
 - c. Employment Search
Offenders may be approved by the assigned Case Manager to leave the correctional residential facility for the purpose of searching for employment. A Job Search form shall be completed by the offender identifying the location of prospective employers and contact numbers. Random checks of the location of the offender on an employment search shall be conducted by designated staff either through telephone contacts with the prospective employer or through in-person visits.

d. Employment

Offenders shall be allowed to leave the correctional residential facility for approved work. An on-site visit shall be conducted and documented by designated staff during federal residential re-entry center offender's first seven (7) calendar days at work and documented, random verification of the offender's employment by telephone or via on-site visits shall be conducted no less than weekly thereafter.

e. Home Confinement

Federal residential re-entry center offenders on home confinement shall be required to submit a weekly schedule of activities. The schedule shall be verified on a random basis by case management staff. Additionally, offenders on home confinement shall be expected to report to the facility a minimum of twice weekly.

f. Recreational and Other Passes

Recreational passes and passes to participate in necessary community activities (e.g., medical or mental health appointments, treatment, etc.) may be by the assigned case manager and shall be subject to verification by case management or designated security staff.

E. Electronic Monitoring^{viii}

1. Designated offenders shall be placed on Global Position Tracking (GPS) to account for the location of offenders at all times.
2. GPS shall be used to monitor the location of all sex offenders on home confinement. GPS may also be used to monitor the location of offenders on social passes.
3. The location of each offender assigned a GPS unit will be checked daily by security staff. In the event that the GPS identifies an offender at an unapproved location, an Incident Report shall be prepared and the Chief of Security or Duty Officer, in his her absence, shall be notified and escape procedures shall be implemented in accordance with the requirements of the government contractor.

F. Searches^{ix}

1. A plan of searches shall be established at each correctional residential facility to control the introduction of contraband.

2. At the time of admission, a resident handbook shall be provided to each offender that identifies and establishes limits to the items that can be maintained by offenders. Prohibited items (contraband) shall also be identified.
3. Searches of the facility, resident personal property, and of offenders shall be conducted on a scheduled and unscheduled basis by security staff who have been trained in conducting searches.
4. Offender pat searches shall be conducted by staff of the same sex whenever possible.
5. Strip searches and the manual inspection of the body cavities of offenders shall be prohibited. In the event that a correctional supervising authority requests a strip search, the Vice President shall be notified and arrangements shall be made for the search by law enforcement officials.
6. A log of all searches shall be maintained.
7. In the event that contraband is discovered, a violation report shall be prepared. The contraband and report shall be submitted to the Chief of Security.
8. Physical evidence obtained in connection with a violation of law and/or facility rules shall be preserved and controlled until a disposition is made.
9. There shall be a procedure established at each correctional residential facility that addresses the chain of custody, handling of evidence, and the location and storage of evidence.
10. Under no circumstances shall staff use or take personal possession of contraband items.

G. Offender Discipline_{x, xi}

1. The facility rules of each correctional residential facility shall be identified in writing and included in a handbook provided to all offenders and staff. The handbook shall be provided to offenders at the time of admission.
2. The rules shall specify the range of penalties/sanctions that can be imposed for a violation of the rules. Penalties shall be proportionate to the importance of the rule and the severity of the violation.
3. There shall be a process for the informal resolution of minor infractions of the rules of the facility.

4. An offender charged with a major rule violation shall receive a written statement of the alleged violation including a description of the incident and the specific rules violated. An approved form shall be used and shall be completed in its entirety including an identification of witnesses, (if any) and the response of the offender to the report.
5. Violation reports shall be submitted to the office of the Program Manager and the offender shall be scheduled for a timely formal hearing except in the case of a violation of law. In such a case, the government contractor shall be notified of the violation and shall take control of the violation process.
6. The violation hearing shall be conducted by one (1) or more staff designated by the Program Manager. If necessary an investigation of the incident shall be conducted and witnesses shall be called to provide testimony. The offender shall be notified of the hearing; shall be present unless s/he waives the right to be present; and may call witnesses in his/her behalf.
7. In the event the offender is adjudged guilty of the violation, a sanction shall be imposed consistent with the published range of sanctions.
8. The hearing and results shall be recorded on the violation report and the report shall become part of the offender file.
9. A chronological record of the violation, hearing, and results shall be maintained by the Program Manager.
10. In the event the offender is adjudged not guilty of the violation, the report shall be expunged from the record of the offender.
11. The disciplinary process of each correctional residential facility shall be defined in internal operating procedures and shall include a description of the procedural safeguards including:
 - Report of incident and charge
 - Notice
 - Time to prepare for hearing
 - Assistance as needed
 - Timely hearing
 - Opportunity to present evidence
 - Fair decision

- Written notice of decision
- Opportunity to appeal

H. Internal Operating Procedures

The Vice President, Division of Correctional Services shall develop and implement internal operating procedures to comply with the requirements of this policy and the unique requirements of government contractors.


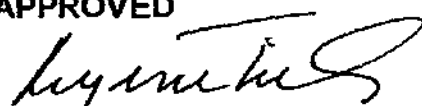
V. **ATTACHMENTS**

NONE

VI. **HISTORY**

Original: June 17, 2015
Reviewed: April 21, 2016

-
- i 4 ACRS 2A-11
 - ii 4 ACRS 2A-03
 - iii 4 ACRS 2A-04
 - iv 4 ACRS 2A-05
 - v 4 ACRS 2A-01
 - vi 4 ACRS 2A-12
 - vii 4 ACRS 2A-11
 - viii 4 ACRS 2A-13
 - ix 4 ACRS-2C-02-06
 - x 4 ACRS 3A-01-03
 - xi 4 ACRS 6C-01-04

HCBC	INTERNAL OPERATING PROCEDURES	NUMBER 12.2.1 DCS	PAGES 6
APPLICABILITY Division of Correctional Services Community Transition Unit (CTU)	REFERENCES HCBC: 8.12 ACA: 4-ACRS 2A-11-12 MDOC: B3Z14319-2.9.1		
CHAPTER TWELVE (12) DIVISION OF CORRECTIONAL SERVICES	SECTION TWO (2) Offender Management		
APPROVED  Vice President	SUBSECTION ONE (1) Offender Accountability		
APPROVED  President	EFFECTIVE May 30, 2015		

I. POLICY

It is the policy, procedure and practice of Heartland Center for Behavioral Change Correctional Services to have a comprehensive offender accountability plan that ensures every offender is accounted for while in the facility, at work, or when participating in all activities outside the facility. There is a systematic method of determining which offenders are authorized to leave the facility at various times. Sign in/out procedures and the process for verifying the presence of offenders at their worksites, pass destinations and other program-related locations are imperative for ensuring accountability of the clients.

II. DISCUSSION

It is imperative that CTU staff be able to locate and verify the location of offenders at all times. This policy outlines the process for ensuring the accounting of all offenders while within or outside of the facility in order to maintain the safety and security of the offenders, staff, and community.

III. DEFINITIONS

- A. **Count:** A procedure completed by staff in which all offenders are accounted for, to include offenders inside the facility and those outside the

- B. **Destination:** An authorized residence/location the offender has permission to be at when out on an approved pass or employment.
- C. **ETA:** Estimated time of arrival; i.e. the estimated time the offender is expected to return to the CTU facility.
- D. **Pass Verification:** A procedure for staff to follow in order to verify the offender's location when out of the facility on an approved pass.

IV. PROCEDURES

A. ACCOUNTABILITY:

1. To ensure the accountability of all offenders assigned to the facility, a minimum of six (6) head counts will be conducted daily with a minimum of two (2) being performed by each 8-hour shift.
2. Security staff conducting the count will be identified by initialing the start and completion time of each count performed on a Daily Count Sheet (Attachment A). The count sheet will document every offender assigned to reside in the facility as well as those on home confinement. A visual confirmation of every offender within the facility will be recorded.
3. For any offender residing in the facility, who is not confirmed to be in the facility at the time of the count, staff will review the individual Sign In/Out log in the Offender Management System (OMS) to determine location of the client.
4. In the event of an emergency, CTU staff will ensure offender accountability as outlined in procedures regarding to emergency plans.

B. LEAVING THE FACILITY:

1. The following process will occur for all offenders leaving the facility for work, employment seeking, approved passes, program activities or any other authorized activity outside the facility:
 - a. The offender must present a pass to security staff at the Front Desk or the assigned case manager must document in the OMS.
 - b. Staff will verify the pass in the electronic database.
 - c. All offenders authorized to leave the facility for an approved activity will have to sign out on the Sign In/out log in the

OMS. The Sign In/Out log will serve as the offender movement log providing a chronological record of the offender's movement and will contain the following:

- (1) offender name;
 - (2) register number;
 - (3) destination;
 - (4) address;
 - (5) phone number;
 - (6) estimated return date/time;
 - (7) actual return date/time;
 - (8) breath analysis results;
 - (9) staff and offenders signature; and
 - (10) documentation of all contacts made
2. The offender's location out of the facility will be noted on the count sheet (Attachment A).
 3. Offenders signing out for employment searching will be allowed to sign out to the Kansas City area for a specified period of time. The offender will be required to bring back a completed Job Search Form (Attachment B) indicating the exact locations and telephone numbers where employment was pursued during the search.
 4. Employed offenders will not be allowed to sign out to work for more than twelve (12) consecutive hours daily. Overtime or circumstances that may warrant an offender being out longer than twelve (12) hours will be approved on case-by-case basis.
 5. CTU curfew is 9:45 p.m. Other than for employment and required programming, the residential offender must be in the facility by 9:45pm. Exceptions must be approved by the case manager or PO.
 6. The offender's location outside of the facility will be verified Telephonically or in person at random times. All contacts used to verify offenders' location must be documented by the staff member conducting the verification.

7. **Extended passes (passes out of the facility for more than three (3) hours) must be pre-approved by case management staff and the assigned PO. The following must occur**
 - a. **An extended pass must be requested on the Pass Request form (Attachment B) and be pre-approved by the case management staff and assigned PO.**
 - b. **The offender must provide an exact address and telephone number of the destination.**
 - c. **The length of time allowed out of the facility will be determined by case management staff with consideration given to travel times, means of travel, and the purpose of the pass.**
 - d. **An extended pass to a residence must be submitted to the case manager. Prior to submitting the pass request to the PO for approval the case manager will contact the person at the pass destination for confirmation and approval for the offender to visit. The case manager must also inform that person of the rules for the offender while on pass.**
 - e. **The person contacted at the pass destination must be informed of the pass rules:**
 - (1) **No alcohol, firearms, or ammunition at residence.**
 - (2) **No other felons may be present at the residence.**
 - (3) **The offender must be able to answer the landline telephone at the residence at all times. That the person at the residence understands security staff may call to verify at any time for a minimum of three (3) calls in each twenty-four (24) hour period that the offender is on pass to the residence.**
 - (4) **That the residence has a landline phone and is capable of receiving long distance calls if applicable.**
 - (5) **A minimum of three (3) telephone contacts will be completed by a staff member for each twenty-four (24) hour period the offender is away from the facility on an Extended Pass.**
8. **All other activities outside of the facility such as; medical/mental health appointments, drug and/or alcohol treatment meetings,**

etc., will be subject to verification, requiring that offenders are responsible for providing documentation of attendance, location, contact information, and arrival/departure times.

9. Offenders sent outside the facility for emergency medical treatment will verify their arrival at the hospital and conduct accountability checks hourly thereafter until released or admitted.
 - a. Notification must be made to the CTU if an offender is admitted to the hospital. Security staff will document the offenders' location and room number in the OMS shift log.
10. If at any time, a staff member cannot confirm the location of an offender, a Three Hour Warrant Checklist (Attachment C) will be completed documenting the efforts of staff to locate the offender.
11. If the offender is not located, staff will contact the Program Manager/Facility Director to report the escape/abscond from the facility. The assigned PO will be contacted by the established means by the Program Manager/Designee and a violation report (Attachment E) will be written by the staff member and submitted for distribution to the PO.

C. FACILITY RETURN:

1. The following process will occur for all offenders returning to the facility from work, approved passes, program activities, or any other authorized activity outside the facility:
 - a. The offender must stop at the Front Desk and be processed back into the facility by security staff.
 - b. Staff will verify the return time on the pass in the electronic database in the OMS.
 - c. The offender will submit to a pat search of their person and belongings as a means of ensuring that no contraband is brought into the facility.
 - d. A breath analysis test will be conducted on every offender returning to the facility. Results will be documented on the Sign In/Out Log in the OMS.
 - e. Security staff will log the offender's return in the electronic database.

V. ATTACHMENTS/FORMS

- A. Daily Count Sheet
- B. Job Search Form
- C. Pass Request Form
- D. Three Hour Warrant Checklist
- E. Violation Report

VI. HISTORY

Original: October 1, 2007

Revised: April 1, 2009

Revised: May 30, 2015

CTU ROOM LIST

DATE: _____

IOP 12.2.1
Attachment A

Supervisor signature and initials: 1st Shift _____

2nd Shift: _____ 3rd Shift: _____

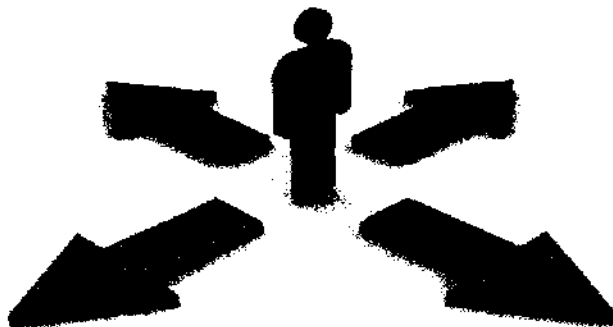
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	CODE 1=WORK 2=JOB SEARCH 3=FREE TIME 4=PASS 5=IN HOUSE 6=AWOL 7=OTHER																	
2	RM	BED	NAME	1	1	2	2	3	3	RM	BED	NAME	1	1	2	2	3	3
3	A	1								A	7							
4		2									8							
5		3									9							
6		4									10							
7		5									11							
8		6									12							
9																		
10	B	1								B	7							
11		2									8							
12		3									9							
13		4									10							
14		5									11							
15		6									12							
16																		
17	C	1								C	7							
18		2									8							
19		3									9							
20		4									10							
21		5									11							
22		6									12							
23																		
24	D	1								D	4							
25		2									5							
26		3																
27																		
28	E	1								E	7							
29		2									8							
30		3									9							
31		4									10							
32		5									11							
33		6									12							
34	COUNT START										COUNT START							
35	COUNT END										COUNT END							
36	SUPERVISOR APPROVAL										SUPERVISOR APPROVAL							
37																		

HEARTLAND
CENTER for behavioral
change

REBUILDING LIVES SINCE 1982

Community Transition Unit (CTU)

Offender Handbook



Index

<i>Introduction</i>	3
<i>Mission, Vision and Values</i>	4
<i>History</i>	5
<i>PREA Prison Rape Elimination Act</i>	6
<i>Program Expectations</i>	6
<i>Affordable Care Act</i>	(Attachments)

Authorized Property List	8
Alcohol/Drug Treatment	9
Arrests and Old Warrants	9
Boundaries	9
Building/Housekeeping Duties	9
Case Management	9
Complaints/Grievances	10
Contraband	10
Conduct	10
Curfew	10
Deliveries	10
Dress Code	11
Driving Privileges	11
Emergency Procedures	11
Employment and Job Seeking	12
Fees and Savings	12
Laundry	13
Linen	13
Locks	13
Lights Out	13
Meals	13
Medical/Dental Care	14
Medications	14
Orientation	15
Passes/Free Time	15
Personal Property	16
Recreation	17
Resident Meetings	17
Room Condition Requirements	17
Searches	17
Sexual Misconduct	18
Signing In/Out	18
Sunglasses	18
Telephones	18
Service Plan	18
Visitors	18
Rules of Conduct	20



COMMUNITY TRANSITION UNIT (CTU) **RESIDENTIAL PROGRAM**

INTRODUCTION

Welcome to the Heartland Center for behavioral change (HCBC), Community Transition Unit (CTU) Residential Program. We wish you every success in your stay here.

The CTU Residential Program is designed to offer you assistance. Although each of you may arrive here for a different reason, all of you are here for some type of help. It is our hope that while you are here, you encounter caring staff and obtain the help you need to prepare you for success in the community.

The residential program is a program funded by the Missouri Department of Corrections. Our rules are designed to meet the requirements of the Department. It is important that you read and understand these rules.

The majority of residents assigned to CTU have problems related to alcohol and drug abuse, and all have legal problems. The staff at CTU are professionally trained to support you in your efforts to become free of chemical dependency, and ultimately, the criminal justice system. However, the decision to succeed rests with you. You must have the desire and willingness to succeed.

The program is designed with a length of stay of 30-90 days, dependent on satisfactory adjustment. Upon arrival to the center you will be given a tour of the facility, a handbook which explains the rules and regulations, and a summary of the overall program. You will meet with a staff member who will further explain the program and assist you in completing your initial paperwork.

Our program is described in detail in the remainder of this booklet. Services and requirements are listed alphabetically.

Good luck to you, we wish you every success.

Our Mission

The Heartland Center For Behavioral Change provides behavioral healthcare and substance abuse services to help individuals lead healthier, happier, more productive lives.

Our Vision

We envision healthy individuals contributing to healthy communities.

Our Values

Integrity. At Heartland Center For Behavioral Change, we believe that all work should be performed with integrity. We act in an ethical, honest, trustworthy, and transparent manner at all times.

Respect

People are the focus of our work and we treat each person and each other with dignity.

Diversity

We respect the culture and values of others and emphasize and promote diversity in our ideas, our workforce, and the services and supports we provide.

Commitment

We take personal responsibility and do what we say we will do, when we say we will do it.

Excellence

Our work reflects pride, high professional standards, best practices, and is directed at producing the greatest possible results for those we serve.

Collaboration

We produce the best results when we work together as a team, with the people and families we serve, with communities and other stakeholders.

At the Heartland Center For Behavioral Change, WE HELP PEOPLE REBUILD THEIR LIVES!

History

1982 - Shirley Johnson, the founder of KCCC, receives funding and certification from the Missouri Division of Alcohol and Drug Abuse to open a social setting detoxification center in Kansas City.

1983 - Our first halfway house (100 beds) is funded by the Missouri Department of Corrections, and we open at 1514 Campbell, Kansas City Mo.

1986 - A 22-bed Recovery Home providing long-term respite opens.

1987 - Operations expand to Arizona. KCCC opens a 20-bed halfway house for offenders in Phoenix.

1988 - KCCC opens a second residential treatment program for chemically dependent persons in Excelsior Springs, Mo

1991 - KCCC receives Jackson County COMBAT funds for residential treatment at KCCC's Recovery Home. • Hearing-impaired persons in Kansas City are able to fully participate in unique substance abuse treatment services offered only by KCCC.

1992 - Services are expanded to the State of Florida. KCCC becomes the first private contractor for the Florida Department of Corrections to provide therapeutic community treatment for prisoners. Services start at the Gainesville and Brooksville Drug Treatment Centers and later expand to other locations.

1993 - KCCC begins Missouri's first in-prison therapeutic community treatment program. Services start at the Ozark Correctional Center, a 650-bed prison. This was one of the largest treatment centers in the nation. It served as a model Residential Substance Abuse Treatment Program funded by the Department of Health and Human Services Substance Abuse and Mental Health.

1994 - The first CSTAR Alt Care Program for women and children is opened by KCCC through funding provided by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse.

1997 - In-prison treatment services are expanded by the Missouri Department of Corrections, and KCCC opens the first partial-day treatment program at the Tipton Correctional Center. Additional programs soon follow.

1998 - Outpatient services are made possible in the Northland at Excelsior Springs through funding from the Clay, Platte, Ray Mental Health Levy Board. • KCCC wins the award to provide the TREND residential treatment program for youthful offenders. This Missouri Department of Corrections program was the only one of its kind in the State.

2003 - Substance abuse treatment services are expanded to the communities of St. Louis, Springfield, and Branson through a contract with the Missouri Department of Corrections.

2005 - KCCC becomes a provider of drug court treatment services. The Jackson County COMBAT Commission awards KCCC the Jackson County Drug Court contract. • A wide range of services becomes available to Kansas City area municipal courts: driver improvement, SATOP, private probation, and shoplifting and domestic violence counseling services.

2007 - Drug court services are expanded to Greene County Drug Court in Springfield, through a contract with the Office of State Courts Administrator. • KCCC opens its Residential Re-Entry Center in Kansas City for federal inmates after receiving a contract from the Federal Bureau of Prison

2008 -The Free and Clean reentry intensive counseling contract (only one of two in the state) is awarded by the Department of Corrections as well as the OPTS case management program for chronically mentally ill offenders.

2012 - KCCC opens the first publicly-funded, Medically Monitored Inpatient Detoxification Program in Kansas City.

PRISON RAPE ELIMINATION ACT (PREA)

CTU has zero tolerance toward all forms of sexual abuse/misconduct. Resident on resident, Staff on resident and resident on staff sexual assault, sexual abuse, and/or sexual relationships will not be tolerated. Residents will be free from fear of sexual assault and if a report of sexual assault is made, it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy, without fear of retaliation.

Resident should report all instances of sexual assault/abuse, residents engaging in, or attempting to engage in a sexual act with one another or the use of threats, intimidating, inappropriate touching, or other actions and/or communications by one or more persons aimed at coercing and/or pressuring another to engage in a sexual act.

In order to ensure your safety, all residents are encouraged to report instances of sexual assault to any program staff member. Residents may also report a sexual assault/abuse through a grievance form or contacting the agency PREA coordinator. All allegations will be taken seriously and thoroughly investigated and staff shall take the necessary steps to protect you and ensure your safety.

Staff will make assistance available for the resident to receive medical evaluation and care as well as needed mental health support. The community resources are listed in this handbook under medical care.

PROGRAM EXPECTATIONS

Residents are expected to use appropriate (non-cursing/non-aggressive) language and communication with peers and staff. This includes both inappropriate but non-threatening language or gestures, and threatening language or gestures.

Residents are expected to refrain from any inappropriate physical interaction including the following:

- Invasion of personal space and physical gestures.
- Any form of physical horseplay, fighting, physical assault and consensual or non-consensual sexual activity with another person.
- Exposure of genitals or non-discreet masturbation.

Residents are expected to maintain respect for other's property. This includes stealing, damaging, or destroying the property of peers or CTU. Gaining money, property damages, or reputation through threat of force.

Residents are expected to respect residents or staff of a different race or culture. This includes respecting the observance of religious behavior or refraining from making racial, sexist, homophobic or other slurs.

Residents are expected to follow staff requests. A staff request is any reasonable request that a staff person makes directly to the client.

Residents are expected to have appropriate boundaries when interacting with staff. This includes physical boundaries, boundaries around staff time and staff personal issues.

Residents are expected to;

- Respect confidentiality.
- Follow program expectations related to self-care.
- Respect for personal safety.

- Appropriate use of own property.
- Maintain appropriate hygiene.
- Follow their daily schedule.
- Refrain from gang related activities or gestures.
- Attend all scheduled assessments and programming; complete all assignments.
- Meet employment expectations related to attendance and job duties.
- Maintain an appropriate manner of dress.
- Follow program expectations related to building and resident safety/security and program structure.
- Be respectful of the physical property of the building.
- Sign in and out of the facility.
- Follow itinerary expectations.
- Remain drug/alcohol/substance abuse free.
- Keep the environment free from prohibited/unsafe contraband.
- Maintain appropriate movement in the facility and the community.
- Refrain from gambling.

**HEARTLAND CENTER for BEHAVIORAL CHANGE
COMMUNITY TRANSITION UNIT**

AUTHORIZED PROPERTY LIST

ITEM	QUANTITY	COMMENTS
Alarm Clock	1	No clock radios
Cloth Tote	1	See through plastic or mesh
Belt	2	No chains
Blanket	1	Twin size single Center will provide.
Blowdryer	1	
Clothing		Only what will fit in space provided
Coffee and Creamer	1 ea	Instant coffee and a creamer no larger than 16 oz.
Cup/Drinking Container	2	Plastic 16oz. max
Hygiene Products		Must fit in 1 shoebox size plastic container that is stored in foot locker. This includes shampoo, gel, toothpaste etc.
Electric Razor/Trimmer	1	
Fan	1	Not larger than 12 inches
Hangers	10	Plastic
Headgear	2	This includes religious
MP3 Player	1	Cannot access internet or have video or be able to record.
Mesh Bag for Dirty Laundry	1	Provided by Center
Photo Album	1	
Plastic Container	1	Shoebox size only. Stored in footlocker containing hygiene products.
Reading Lamp Clip on only	1	
Reading Material-Books	(4?)	No more than will fit in the space provided.
Reading Material-Mag/Newspaper	3	No censored material.
Sewing Kit	1	Blunt scissors only
Sheets	2	Center will provide.
Sunglasses	1pr.	
Surge Protector Extension Cord	1	Must be UL rated
Towels and washcloth	2 towels and 2 washcloth	Center will provide.
Umbrella	1	Must be collapsible
Wallet	1	No chains

Amended 02/10/16

ALCOHOL/DRUG TESTING

Alcohol or drugs may not be used, sold, traded, taken, or given away, on or off the premises of CTU.

Drinking or possession of alcohol, use of drugs or possession of drugs, on the premises may result in your automatic termination from the program (and arrest when applicable).

CTU reserves the right to administer a breathalyzer (BA) test or take a urine (UA) sample at any time. Residents are given two (2) hours to provide a urine sample. If you fail to produce a sample within the allotted time, a violation is written. A refusal to comply with a request to submit to a BA or a UA test is considered an admission of guilt and may result in termination from the program.

ARREST AND OLD WARRANTS

You are required to *immediately* report any contact with police, a new arrest, or difficulty with an old warrant to your case manager *and* probation/parole officer.

You are not permitted to associate with any convicted felons or misdemeanants outside of the center, including other residents of the program, without the expressed permission of your probation or parole officer.

BOUNDARIES

While a resident of CTU, you must remain within certain building boundaries. You are never allowed to visit residents on other units. All residents going to dining room or gym must leave the unit together and return together accompanied by staff.

There are also outer boundaries. You are permitted to congregate near the main center only in the area where the picnic tables are located. Residents are never permitted to congregate or loiter on the steps of the building, near the adjacent building located at 1534 Campbell, in the rear parking lot, or in any areas other than the designated area on the north side of the building.

BUILDING/HOUSEKEEPING DUTIES

The residential center is a community where many people live. To maintain an orderly and clean environment it is necessary for all that live in the building to take part in cleaning it. You are required to maintain your belongings, bed and living area in a neat and orderly manner. All beds must be properly made and all belongings neatly stored daily before leaving the premises. You may also be required to complete a daily unit task before leaving the premises. Area must be checked before signing out on job search.

Staff inspections are conducted daily. If your area is in an unacceptable condition you may be written a violation and/or not allowed to sign out until area is compliant with room condition requirements. Please review the Room Condition requirements, which are included in this booklet.

Total building clean-ups are conducted monthly when all residents work together as a team to ensure the entire building and yard is cleaned.

CASE MANAGEMENT

You will meet weekly with your assigned case manager to review and provide feedback to you on your progress towards your goals of reentry to the community and discuss day to day needs such as schedule approval. This service is meant to provide opportunity for you to share needs and challenges you are experiencing. Your case manager will be expected to provide you with referrals for resources in the community to obtain your goals and or your needs and challenges.

COMPLAINTS/GRIEVANCES

A locked complaint/grievance box is located on the north wall from the front desk. The complaint box is for your convenience to report any incidents that may endanger your welfare, safety and/or security while a resident at CTU. We encourage you to try and resolve any complaints you have with your case manager. All complaints will be investigated and answered.

CONTRABAND

We cannot allow you to possess any items which present a danger to others, which serve as a fire safety hazard, or which would offend or annoy others living in this environment. Dangerous items of any type are prohibited, including but not limited to: weapons, knives, ice picks, brass knuckles, guns, etc. **You may be immediately terminated from the program and arrested if any of these items are found in your possession or on your person.**

Possession of alcohol and/or drugs will result in your unsuccessful termination.

Possession of drug paraphernalia, such as roach clips, hemostats, syringes, is considered a serious infraction and may result in your immediate termination.

Possession of an **unauthorized** cell phone will result in your cell phone being confiscated and the **loss of cell phone privileges for your entire stay.**

Possession of tobacco products and/or lighters will result in those items being removed and disposed of.

Only items listed on Authorized Property List are allowed. Any items not on this list will be confiscated and disposed of.

A property removal form and/or Conduct Violation will be written when property is removed.

CONDUCT

CTU and the Missouri Department of Corrections establish the Rules of Conduct. Rules are necessary to maintain a safe and orderly environment and to offer you an opportunity to prepare for successful release. The Rules of Conduct and usual sanctions are included as an attachment to this booklet.

CURFEW

All residents may be eligible for free time. If granted, you must report back to the center by 9:45 p.m. In the event you cannot return on time, you must contact the center immediately. Although you may notify the center, late returns are considered a conduct violation and as such we are required to report them.

Please note: If you are more than three (3) hours late, you are subject to arrest.

DELIVERIES

You are allowed to receive packages from friends and relatives. **All packages brought inside the building will be searched, regardless of who brings it in, family, friends, or yourself.**

Packages and property from friends and relatives are accepted on visitation times only. Special arrangements to bring property in outside of those times will need to be arranged in advance with the program staff. **All packages must be brought to the front desk. Packages accepted outside of the building will not be allowed and can result in a violation. All packages will be kept at the Front Desk until they have been properly searched. Property must be approved in advance by case manager. NO FOOD DELIVERIES.**

DRESS CODE

HCBC facilitates programs for both men and women, and we employ both men and women. As such, proper dress and behavior is expected of all residents at all times. It is unacceptable to enter any common area of the building undressed or in any type of nightwear. Promiscuous or suggestive clothing is not acceptable. Clothing should cover the body. No sagging, low cut jeans or revealing tops. No baseball hats, hoodies, do-rags or any other head covering, while in the facility. If you are unsure of whether your clothing is acceptable it probably isn't.

When leaving your room, you must be fully dressed. Shirts and shoes must be worn at all times. Pajamas and robes are not appropriate when out of your room. Clothing which depicts racist statements, promotes drug or alcohol use, is profane or offensive, or is revealing, is not permitted.

DRIVING PRIVILEGES

Residents on Non-Inmate Status (e.g., parole, probation, conditional release):

- You are not allowed to drive a motor vehicle without permission from your probation or parole officer. Ordinarily, permission would permit you to drive at work ONLY (NOT TO AND FROM WORK). If granted permission to drive at work you may not drive your private vehicle. The company vehicle assigned to you must be fully insured and proof of that insurance must be given to your probation/parole officer and case manager.
- You will be allowed to renew a current license to prevent expiration.

EMERGENCY PROCEDURES

ALL RESIDENTS SHOULD FOLLOW THIS PLAN FOR EXITING THE BUILDING SAFELY

FIRE

Get to the appropriate stairway and move as quickly as possible down the stairs and out of the building. All residents should gather at the southeast corner of 16th and Campbell.

REMEMBER THE FOLLOWING POINTS:

- When the fire alarm sounds, don't waste time gathering personal items or locking your door...**LEAVE THE BUILDING IMMEDIATELY!**
- If your door is closed at the time the fire alarm sounds, place your hand on the door before opening it to determine if it is hot. A hot door may mean that hot, toxic gasses may have already spread to the hallway. Open the door cautiously before entering the hallway.
- When exiting the building, stay as close to the wall as possible. Firemen may be coming up the stairway with equipment. **You must stay out of their way.**

A copy of the center's residential floor plan, with escape exits and fire extinguishers designated are located on the walls throughout the building.

SEVERE WEATHER

A. Tornado

In the event of a tornado, go quickly to the basement to the long hallway located on the west side of the gymnasium. Stay out of the gymnasium. The Shift Supervisor will announce over the intercom that a

tornado alert is in effect, and will also secure the sign-in/sign-out books so that an accurate head count can be conducted.

B. Flood

In the event of a flood, all residents will be kept on the upper floors in their rooms. The Shift Supervisor will secure the sign-in/sign-out books so an accurate head count can be conducted.

C. Earthquake

In the event of an earthquake, follow this plan:

- Drop, cover your head and neck with your hands and hold on to a piece of furniture if available.

EMPLOYMENT AND JOB SEEKING

- You are expected to seek and obtain employment. Time away from the center is provided to help you achieve this goal.
- You are expected to dress appropriately when job searching.
- Residents are not permitted to be self-employed, work for a family member, significant other, codefendant or an HCBC employee.
- Job search forms must be completed and turned in upon your return to the facility. Job search forms are available at the Front Desk. Failure to turn in job search forms will result in an AWOI violation.
- Thirty-five hours per week is considered full-time. Sixty (60) hours per week/twelve (12) hours per day is the maximum number of hours you may be signed out to work without permission from your case manager or liaison officer.
- Resident's employers must withhold appropriate taxes on each paycheck. Taxes must be itemized-federal, state, local etc.
- Your case manager must approve acceptance of a job and an Employment Form must be completed.
- Once employed you will not be allowed to sign out to search for a "better" job without the permission of your case manager, and then only to a specific job site.
- You may be banned from working for certain employers/companies.
- You must provide your own transportation.
- A pay stub must be submitted with your savings money order. The pay stub must indicate the time period which the paycheck covers and the amount received. The pay stub may not be hand written.
- Savings should be received from you on the day you are paid by your employer, or within forty-eight hours. Failure to pay savings will result in a major conduct violation and immediate restriction.
- You may not quit a job without your PO/case manager's permission. You must report any change in your employment status to your case manager/PO immediately. If you lose your job, you are to report directly back to the center and immediately report the incident to your case manager.

FEES and SAVINGS

You may be required to pay intervention fees while you are a resident of CTU. Your P.O. will explain the process for submitting your fees to the state.

Each resident who is employed will be responsible for figuring the amount of savings he owes. Savings are **50% of gross wages**. Residents who receive disability check(s) will be required to save **50% of their check(s)**.

Upon receipt of your paycheck, a copy of the check must be made and the **original** check stub must be submitted. You are responsible for cashing your check and obtaining a money order or cashier's check made out to the Heartland Center for behavioral change, for the total amount due for savings. A pass to cash your

check must be obtained from your case manager. Savings is calculated on the gross NOT the net (take home) wages.

Your case manager will be available to assist you with any questions you may have. The resident is responsible for insuring that her savings are paid in a timely manner. Failure to pay savings will result in a major violation and immediate restriction.

LAUNDRY, LINEN AND LOCKS

You will, upon arrival, be issued linen, (2) sheets, (2) towels, (2) wash cloths, (1) pillowcase, (1) blanket, (1) pillow and one (1) combination lock. You are responsible to launder your linen and clothing once a week

during assigned days and times. A laundry sign-up sheet is located at the front desk for you to sign to verify that your linens have been washed. *Failure to launder your linens weekly will result in a violation.*

Detergent and bleach are furnished. Your dirty clothes and laundry must be kept in a mesh bag. (No cardboard boxes)

In an effort to ensure equal access to the laundry facilities, a room by room schedule will be located at the front desk. Laundry can not be started after 8pm.

Upon discharge from the program, you must turn in all linen (2 sheets, 2 towels, 2 wash cloths, 1 pillowcase, 1 blanket and 1 pillow) and your combination lock to the front desk to avoid being charged for them. Like property, linen is your responsibility. If linens are stolen, damaged, badly soiled, lost or for whatever reason, not turned in upon your discharge from the program, you will be charged for the linen and the lock you were issued.

You may not bring in and use personal linens. Personal locks are allowed if the combination is given to the chief of security.

LIGHTS OUT

You are to be in your room at 10:45 pm – lights out 11:00 pm on weekdays. Weekends you are to be in your room at 11:45 p.m. – lights out 12:00 Midnight.

Weekdays are considered Sunday through Thursday, and weekends Friday and Saturday. As a courtesy to those who have to rise early for work, you are not to engage in excessive talking after lights out.

MEALS

Your scheduled meal times are:

Breakfast:	6:00 am to 6:30 am
Lunch:	12:00 pm – 12:30 pm
Dinner:	4:30 pm – 5:00 pm

This schedule is effective 7 days a week. On holidays or special occasions a substitute schedule may be followed.

A sack lunch sign-up sheet is posted at the front desk if you know you are going to be at work, job searching, appointments etc. during lunch time.

A late dinner sign-up sheet is located at the Front Desk if you are returning to the facility after serving hours due to employment or other required activities.

Special dietary needs will require a doctor's confirmation in writing. You should provide this document to your case manager. Your case manager will notify the culinary staff.

MEDICAL/DENTAL CARE

As a resident of HCBC, **you are financially responsible for any medical or dental care needs.** If you do not have a personal care physician or dentist, we generally refer residents to the following agencies for care:

Truman Medical Center
2301 Holmes
Kansas City, Missouri

**Truman Medical Center is a provider of SAFE/SANE
Victim Advocate/Rape Crisis Services.**
Telephone: (816)404-1000

Swope Parkway Health Center
3801 Blue Parkway
Kansas City, Missouri
Telephone: (816)923-5800

Samuel Rodgers Community Health Center
825 Euclid
Kansas City, Missouri
Telephone: (816)474-4920

For residents requiring mental, behavioral or emotional needs, we generally refer the residents to the following agency:

T.M.C. Behavioral Health
300 West 19th Terrace
Kansas City, Missouri
Telephone: (816)404-5700

Notify your case manager or, in the case manager's absence, the security shift supervisor. They will assist you in making arrangements for medical attention.

In a medical emergency, an ambulance will be called and you will be transported to Truman Medical Center.

MEDICATIONS

No medication can be brought into HCBC and retained by you. Under no circumstances may you keep your own medication. **All medication must be retained in its original packaging and checked in at the front desk.**

It is your responsibility to inform your doctor that you reside in a drug free facility and must be prescribed a nonnarcotic medication if available.

You will be assigned a number to a bin in the medication cart and a key to secure your medications. The key will be kept in a secure place in the medication room.

Medications are distributed at the following times: 5-5:30 am, 11-11:30 am, 6-6:30 pm, and 9-10 pm.

All over-the-counter medication must be retained in its original packaging and checked in at the front desk. However, any product that contains alcohol will not be permitted. Possessing products containing alcohol (i.e., cough syrup, mouthwash, etc.) will result in you receiving a conduct violation for contraband and the products will be disposed of. If you are unsure, discuss the matter with your case manager or security staff.

ORIENTATION

The initial orientation will begin upon your arrival. This will include a tour of the facility, an overview of the program, emergency procedures, financial procedures, medical procedures, pass/free time procedures, meals and sack lunch procedures, program expectations and requirements. You will also be required to attend a one time orientation in a group setting. This orientation occurs twice weekly. Present at this orientation will be a liaison officer (PO), a case manager, and a security officer. This orientation is to provide you the opportunity to ask any questions and receive further information about the program. You will be notified of your orientation time/day upon your arrival and at your first meeting with your case manager.

In compliance with the federal Prison Rape Elimination Act (PREA) orientation will include information regarding PREA. This knowledge will consist of at a minimum:

- an explanation of PREA
- ways to report an incident(s) of sexual harassment/sexual abuse
- where to receive appropriate care if a victim of these types of abuse (See Medical Care, SAFE/SANE Victim Advocate/Rape Crisis Service Provider, pg 8 of this handbook)
- clarification of your rights to be free from sexual abuse/sexual harassment, as well as freedom from retaliation for reporting incidents of this nature.

“Orientation is mandatory”.

PASSES/FREE TIME

Passes and free time may be available for you after meeting the following conditions:

1. Full-time employment of 35 hours during a seven-day pay period and
2. Savings current and paid and
3. No major violations and/or
4. Approval from either your case manager, PO or both.

The following guidelines will be used to determine the amount of pass/free time available:

- Completion of employment week #1 – three (3) hours free time
- Completion of employment week #2 – six (6) hours free time and one (1) 48-hour pass. *Free time may only be given in increments of 3 hours or less. Any time over 3 hours will require a extended pass request form and PO approval*
- Extended pass forms are located at the front desk.

NOTE: Criteria for verification of required employment hours are met through the submission of paychecks and paycheck stubs.

- All passes are considered *on a case by case basis*. Listed below are the general guidelines:
- Pass requests must be turned in the Tuesday prior to the dates of the pass.
- Signature and approval of case manager and probation/parole officer must be obtained before an extended pass may be granted.
- Verification of pass with the name of the person verifying the pass.
- **Disabled residents** will be considered for passes on a case by case basis.
- You will be contacted at your pass destination during the course of the pass. Phone numbers listed on the pass form should include the area code, if different than the local one (816), and should indicate if the call will be a toll call. ***If you are not at your pass address at the time verification is attempted, your pass will immediately be cancelled and you will be required to report back to the Center within one (1) hour. You will also be counted as AWOL and a conduct violation will be written.***

- If you are granted a pass to a residence requiring a long distance call for verification, you must accept the call. Passes to residences with collect call blocks are not permitted. (*You may leave a calling card with your pass*)
- The residence where you take the pass must have a landline. Cell phones numbers will not be accepted.
- Free time is to be used for any constructive purpose as well as personal enjoyment. Free time may not be used when mandatory house activities are taking place. Free time can be taken in three-hour increments, or less. Any time over three hours will require an extended pass form being completed.
- Passes needed for court, legal counsel or access to law library will be given upon request from your case manager.
- All pass/free time must be approved in advance by your assigned case manager.

PERSONAL PROPERTY

The amount of personal property you may keep is *limited* to the storage area we provide you in your room. You may maintain personal property that is listed on the Authorized Personal Property List. Your property must be kept in the space allotted to you which consists of a drawer, a footlocker and approximately one foot of hanging space in an armoire. Hygiene/cosmetics must not exceed what fits into a shoebox size plastic box, stored in your footlocker.

You may listen to your hand held personal stereo, etc., but only with headphones. Otherwise the noise producing equipment will be confiscated. No such equipment may be played after "lights out".

You are allowed a maximum of three (3) plug-in appliances. Space heaters, air conditioners, coffeepots, water heaters (stingers) and hot plates are **prohibited**.

You are encouraged to mark your personal items and clothing for identification since HCBC accepts "no responsibility" for your possessions. Personal property that is not properly identifiable and is confiscated due to a dispute of ownership will be donated to a charitable organization or disposed of.

All personal property should be logged on a personal property list. This list should be updated as you acquire more or remove belongings. It is your responsibility to keep this list current. Any property found in your possession or living area that is not on your personal property list will be confiscated and disposed of.

If you arrive without clothing, you may have relatives/friends bring clothes to you at the Center. The amount of clothing cannot exceed the amount listed on the Authorized Property List. If you are without these resources, Center staff will assist you in obtaining clothes from area resources. If you have this need, let your case manager know as soon as possible.

You are allowed to bring the following items into the facility:

- Clothing – Not to exceed what is listed on Authorized Property List. Clothing must be free of vulgar slogans, insults of any kind, or references to drugs or alcohol. All clothing worn inside CTU must be reasonably modest and appropriate for a coed setting. Clothing which is believed to be gang associated will not be allowed.
- Reading and writing material is permitted. Pornographic materials are not allowed.
- One plastic shoebox sized container used for hygiene/cosmetics.
- You may bring your personal jewelry-unless staff determines the jewelry is inordinately expensive, destructive, or disruptive to the order of the facility. Please remember that CTU is not responsible for your belongings. Be careful not to bring expensive items.

- Once you receive your first paycheck you are required to have an alarm clock.
- You may carry your own green money and personal identification on your person or in your wallet.
- See Authorized Property List for entirety.

DISPLAYING PERSONAL PROPERTY

No wall hangings or pictures hung on walls etc. You may hang pictures inside your locker. Please remember that you are responsible for all items in your storage area, bed, mattress, etc. *All items are subject to search at any time.*

RECREATION

Board games, cards, dominoes and cable television are provided for recreation. An onsite gym with various exercise equipment is also available for your use at designated times. You may use pass and free time to participate in recreational activities with approval.

RESIDENT MEETINGS

Dorm meetings are held at a minimum of once a month. These meetings are conducted to allow the residents to voice their general concerns and also to update the residents on any changes or upcoming events (i.e. extended pass time for holidays, etc.) If you have specific questions about yourself these should be discussed with your case manager privately. These type of questions are not appropriate in a group setting.

ROOM CONDITION REQUIREMENTS

There are many people living at HCBC, each with personal habits of cleanliness. We must enforce standards of building condition-cleanliness to ensure that all residents are provided with a reasonable, well-ordered and sanitary environment. You are expected to comply with our room condition standards. Room inspections are

done daily. Failure to meet expectations and/or excess of property will result in a conduct violation being written and excess property being confiscated.

Room Cleanliness

- Bed – Sheets straightened and tucked in. Bedspread or blanket covering the entire bed – straightened and tucked in. Nothing blocking the view of the bed.
- Floors – Floors swept daily and mopped.
- Trash – Trash emptied daily and liners replaced.
- Clothing Storage – All clothes either hung neatly in hanging space or folded and placed in drawers or footlockers. Shoes neatly lined up under bed. Dirty clothes placed in mesh laundry bag.
- **NO CARDBOARD BOXES.**
- Food – No food in the rooms.
- Dressers – Dressers and footlockers dusted.
- Electrical Appliances – All electrical appliances must be turned off when room is unoccupied. Extension cords are not allowed. A surge protector may be used.
- Blinds – Window ledges and blinds must be kept clean and dusted.
- Lights – Turn off room lights when they are not needed.

SEARCHES

Personal searches – You may be stopped and pat searched at any time. A pat search consists of emptying your pockets, turning them inside out, removing shoes and allowing a staff member to frisk the outside of your clothing. Unless special circumstances exist, members of the same gender of the resident will conduct pat searches.

You must submit to pat searches under risk of a major conduct violation.

Room Searches – Rooms will be searched at least once a month. If your room needs to be searched, it will be, whether you are present or not.

SEXUAL MISCONDUCT

HCBC Community Transition Unit has **zero tolerance** for sexual misconduct. Residents participating in sexual activities in the facility whether consensual or not will be recommended for unsuccessful termination from the facility.

SIGNING IN/OUT

You must sign in and out when you leave or arrive at the facility. You must have permission from a staff member to leave HCBC property. If you depart without permission or **are not at the destination you are signed out to**, you will be considered absent without leave (AWOL) status and a warrant may be issued for your arrest.

Sign-in/out logs are located at the security Front Desk in the offender management system (OMS). Your case manager will enter all destinations you have requested to go in the OMS. You must sign the OMS signature pad each time you sign in or out. Upon return to the facility you will be asked to submit to a B. Staff will record BA results and initial your return in the OMS.

SUNGLASSES

Sunglasses may not be worn inside the Center unless a doctor has given written permission.

TELEPHONE SERVICE

Pay phones are provided as a convenience to residents, but a limit of 15 minutes per resident is imposed due to the number of residents in the facility. *Under no circumstances do residents receive calls through the Center's business number.*

INDIVIDUALIZED PLAN

The Individualized Plan will serve as a guideline for the resident to ensure successful completion of the program and the resident's requirements to the Department of Corrections. All residents must meet with their case managers on a weekly basis to review their progress. Your case manager will set up a day and a time for your weekly meeting.

Residents are also required to report to their probation/parole officer biweekly. The report days will be posted at the front desk.

VISITORS

Visiting is permitted in the Cafeteria only. Visiting hours are 6:30 pm – 9:30 pm, Sunday and Saturday. Holiday visiting hours will be posted prior to the holiday. Only four (4) visitors per resident per day are allowed.

Visiting during other times than the posted visiting hours will require prior approval from your case manager and PO.

Professional visitors may visit with prior approval from your case manager and PO. A private area will be provided for confidentiality. (Attorneys, Social Workers etc.)

All visitors must have prior approval from PO and case manager.

Your case manager will provide you with a visitor request form. No more than four visitors are allowed on resident's visitor list.

VISITING DURING OTHER TIMES OR OUTSIDE OF THE CAFETERIA WITHOUT PRIOR APPROVAL, WILL RESULT IN A VIOLATION.

Children under the age of 18 must be accompanied by an adult. All children must be kept under an adult's supervision at all times.

All visitors must sign-in for visits from 6:30 pm – 7:30 pm only. Visitors arriving before or after this time will be refused admittance, unless prior staff approval has been granted.

Visitors will be asked to remove the contents of their pockets and have any packages searched. Purses will be examined for contraband. Failure to submit to these requests will result in the visitor being denied visitation rights on HCBC property.

You are not allowed to kiss, touch or engage in any form of sexual activity within the Center. A brief welcoming and departing hug and kiss is allowed. Visitors may not leave and return the same evening. This includes going to their car for any reason. Former staff and former residents of HCBC cannot visit unless prior approval is granted from your PO or case manager.

NOTES

HEARTLAND CENTER FOR BEHAVIORAL CHANGE COMMUNITY TRANSITION UNIT

RULES OF CONDUCT

It is necessary for CTU to establish Rules of conduct to maintain a safe and orderly environment. Our rules are comprised of Major, Medium and Minor violations. Please review these closely.

MAJOR (1-10) – Major conduct violations are those that threaten the safety, security or the integrity of the program. Major violations will be reviewed by your case manager and your PO. Generally the consequences imposed are severe. Your consequences may include restriction or discharge from the program.

1. Laws:

- New law violation of any kind
- Failure to report arrest to probation/parole officer and case manager.
- Failure to abide by conditions of probation/parole or courts (i.e., crossing state lines or driving without permission).

2. AWOL:

- Unauthorized leave from Center for any reason including failure to return from work, free time or pass time at estimated arrival time.
- Failure to be at destination indicated on the sign in/out sheet.
- Failure to turn in job search forms when job searching.
- Failure to provide proof of whereabouts when returning from a pass to the store, show, etc.

3. Violence or Threatening Behavior:

- Striking, pushing, or fighting with another, or engaging in verbal threats.

4. Illicit Use of Substances:

- Possession of alcohol or non-authorized drugs, paraphernalia or mind altering drugs – K2
- Use of alcohol and/or drugs
- Refusal to submit to a BA/UA test.
- Refusal to submit to a search.
- Failure to provide a UA sample within 2 hours
- Smoking cigarettes in the building (Safety hazard, State Law).

5. Sexual Misconduct:

- Engaging in sexual activity with other residents or staff, on or off property
- Sexual harassment of other residents and/or staff.
- Engaging in sexual activity with visitors on property.
- Possession of sexually explicit materials (i.e. videos, pictures etc)

6. Weapons:

- Possession of gun, knives, brass knuckles or similar instruments designed to cause harm.
- Refusal to submit to a search.
- Refusal to relinquish cell phone or any other piece of property.

7. Stealing or theft:

- Stealing or taking possession of property belonging to another without permission
- Destroying HCBC property.

8. Employment: Failure to meet requirements related to employment including:

- Termination from work (resident's fault)/Quitting without permission.
- Failure to maintain full-time employment.
- Failure to pay savings.

9. Accumulation of Conduct Violations:

- Continued infractions of minor and/or medium conduct violations

10. Treatment:

- Failure to meet requirement or hours of required treatment.
- Absent from individual case manager or PO appointment.
- Failure to attend mandated counseling, (outpatient, AA/NA, mental health appointments, etc.).

MEDIUM (11-15) – Medium conduct violations are those which create disorder in the program. Consequences may include restriction, extra duty, and/or a learning experience. Medium violations will be reviewed by your case manager.

11. Property:

- Possession of unauthorized property (contraband), (e.g., tattoo equipment, unauthorized over the counter medication, cigarettes, lighter etc.)
- Unauthorized cell phone
- Excessive property
- Destruction of property
- Loaning, selling, or trading items.

12. Disobeying Orders/Manipulation of Staff:

- Failure to comply with staff orders.
- Knowingly giving false information to staff.
- Visiting outside of the visitation times without prior authorization.

13. Insulting Behavior or Intimidation:

- Insulting language or offensive/insulting behavior.
- Attempt to intimidate others through gestures, posture, or language.

14. Late:

- Late return to Center from work if less than one hour. No late returns from pass or free time.

15. Out of Bounds:

- Failure to remain within unit boundaries (i.e., in restricted area, etc.)
- Being in another resident's room.

MINOR (16-23) – Minor conduct violations are violations that affect the CTU environment. These violations will be discussed with your case manager. Consequences may include extra duty loss of free time/pass time and/or a learning experience.

16. Disturbance

- Disturbing others with loud noises.
- Arguing or engaging in horseplay

17. Malingering/Loitering

- Pretense of illness to avoid responsibility
- Failure to abide by curfew rule
- Loitering at the Front Desk, in hallways, or in dining room

18. House Tasks

- Failure to complete assigned in-house task on time.

19. Sanitation Violation

- Dirty or disorderly room, clothing, linens, or failure to attend to personal hygiene.
- Failure to do linens weekly.

20. Gambling

- Engaging in betting competition for money or goods.

21. Tattooing/Body Piercing

- Engaging in tattooing/body piercing of self or others on HCBC property

22. Unit Rules

- Failure to abide by unit rules, including such things as eating in dorm room, dress code, etc.

23. Cell Phone Usage

- Unauthorized cell phone usage. No using phone in day room area, dining room, or PO/CM office. *(1st violation will result in a two week restriction from using cell phone. 2nd violation will result in phone being confiscated till discharge. Possession of an unauthorized cell phone will result in loss of cell phone privileges till discharge.)*

Original:	February 1,1995	Revised:	October 13, 2005	Revised:	February 10, 2016
Revised:	November 1, 1995	Revised:	December 18, 2006		
Revised:	February 15, 1996	Revised:	January 22, 2007		
Revised:	November 13, 1997	Revised:	March 24, 2008		
Revised:	November 15, 1998	Revised:	March 12, 2009		
Revised:	June 15, 1999	Revised:	June 15, 2009		
Revised:	April 24, 2000	Revised:	April 6, 2010		
Revised:	February 5, 2004	Revised:	July 14, 2011		
Revised:	March 24, 2011	Revised:	October 21, 2011		
Revised:	July 21, 2011	Revised:	January 30, 2013		
Revised:	November 6, 2012	Revised:	March 20, 2013		
Revised:	August 5, 2013	Revised:	May 11, 2015		
Revised:	August 11,2014	Revised:	June 22, 2015		



Community Transition Unit (CTU)

I acknowledge on this date, I have received a copy of the CTU Offender Handbook. I understand that it is my responsibility to learn the contents of this handbook and abide by its entirety.

Name (Please Print)

DOC #

Signature

Date

Staff Signature

Date

Original: Offender File

OFFENDER COMPLAINT

If additional information is needed - attach to this form.

Offender Name _____ Number _____

Supervising Officer _____ Date ____/____/____

OFFENDER COMPLAINT:

Offender Signature _____ Date ____/____/____

FACILITY PROGRAM DIRECTOR RESPONSE

Date Received ____/____/____ Date Reviewed ____/____/____

Director's Signature _____

I accept the decision made on ____/____/____ Offender Signature _____
(date)

I wish to appeal the decision made on ____/____/____ Offender Signature _____
(date)

STATE AGENCY REPRESENTATIVE RESPONSE

Date Received ____/____/____ Date Reviewed ____/____/____

Signature _____

I have received and reviewed the response of the Department on ____/____/____ (date)

Offender Signature _____ Date ____/____/____

HEARTLAND
CENTER

Resident Name: _____
 D.O.C. Number: _____
 Social Security#: _____
 Date of Birth: _____

OFFICIAL USE ONLY

CM/PO: _____
 Room: _____
 Date Arrived: _____
 Time Arrived: _____
 Breathalyzer: _____

INTAKE CONFIRMATION

Date of Arrival ____ / ____ / ____ Date Initial Orientation Completed ____ / ____ / ____

I have read or have had read to me the rules under which I am expected to abide by while a resident of _____. I have been given the opportunity to ask questions regarding these rules and understand the possible consequences if I fail to abide by these rules.

My initials and signature below verify that I understand the following:

	Resident / Staff	Case Resident/Manager
1. The Emergency Procedures (tornado, fire, etc.)	____ / ____	____ / ____
a. evacuation routes, emergency exits and assembly areas	____ / ____	____ / ____
b. fire extinguishers	____ / ____	____ / ____
2. Program Expectations	____ / ____	____ / ____
3. Complaint Procedures	____ / ____	____ / ____
4. Medical Procedures		
Responsibility for expenses	____ / ____	____ / ____
Standards on medications	____ / ____	____ / ____
Medical Resources/Addresses	____ / ____	____ / ____
5. Fees/Savings	____ / ____	____ / ____
6. Pass/Free Time Procedures	____ / ____	____ / ____
7. Meals/Sack Lunch Procedures	____ / ____	____ / ____
8. Escape/Absconder Warrant Process	____ / ____	____ / ____
9. Censorship Material Rules	____ / ____	____ / ____
10. Resident Handbook	____ / ____	____ / ____

Further, I have participated in a tour of the facility that was conducted by a staff person _____

I have been assigned _____ as a Case Manager and _____ as a PO

Resident's Signature _____ Date _____

Staff Member's Signature _____ Date _____

Disposition and Release of Personal Property

Offender Name _____ DOC Number _____

(Release of Property)

In the event of my discharge from the residential housing facility, I understand that every attempt will be made to release my personal property to the person listed below.

Further, I understand that if my contacts listed do not pick up my property within 30 calendar days it will be disposed of by the residential facility.

Release to:

Name _____ Relationship _____

Address _____

Telephone number _____ Alternate Telephone Number _____

Alternate Contact for release

Name _____ Relationship _____

Address _____

Telephone Number _____ Alternate Telephone Number _____

(Release of Money)

In the event that I abscond from my assigned residential housing facility, I understand that all monies shall be considered *forfeited and sent to MO Department of Corrections, attn: Offender Finance.*

In the event I am in custody for reasons other than absconding, I understand that all monies shall be forwarded to me.

Offender Signature _____ Date _____

Witness _____ Date _____

Consent for Release of Confidential Information


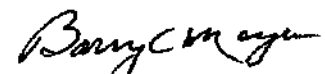
Offender Name: _____ **Number:** _____

I, _____, a participant in _____, hereby give consent for the release of all information relative to my program participation including but not limited to: progress; work place and performance; violations; attitude; behavior; dates of treatment; nature of discharge; social history; community involvement; drug, alcohol or other treatment; problems; breathalyzer testing; drug test result; medical care and treatment; mental health care and treatment; and any information that would affect my successful reintegration into the community), to the Missouri Department of Corrections, Division of Probation and Parole.

I understand this consent will expire one year from the signing date, unless I revoke my consent for release of information earlier.

Offender Signature _____ **Date** _____

Witness Signature _____ **Date** _____

HCBC	POLICY AND PROCEDURES	NUMBER 9.4	PAGES 9
APPLICABILITY Agency - Wide	REFERENCES DMH: 9 CSR 10-7.020 (7) ACA: 4-ACRS-6B-01, 03 CARF: Section 1.K		
CHAPTER NINE (9) Rights of Persons Served	SECTION FOUR (4) Consumer Grievance and Appeal Process		
EFFECTIVE September 15, 2015	APPROVED 		
DATE OF BOARD REVIEW 4/15/15	BOARD MEMBER SIGNATURE 		

I. POLICY

The Heartland Center for Behavioral Change (HCBC) encourages persons served to state complaints or grievances if they believe their rights have been violated, and to pursue a resolution to their concerns in a structured format that provides fair and equitable results through due process. Consumers shall have the opportunity to initiate grievance procedures on any condition or action within the program without being subjected to any adverse action.

II. DISCUSSION

HCBC is committed to providing services that meet consumer needs. A review of formal complaints, grievances, and appeals provides HCBC with valuable information to facilitate change that results in better service and results for the persons served.

III. DEFINITIONS

NONE

IV. PROCEDURES

A. Consumer Grievance System

1. Consumers will be fully informed of grievance procedures during their orientation to services. This orientation shall include how to file a grievance, time frames, rights of appeal, and notification of

outcome. In addition, they will receive printed material that will provide an overview of this process for later reference.

2. Consumers will be encouraged to resolve day-to-day issues informally by discussing concerns with the primary staff member responsible for his/her service coordination. But, if the problem or complaint is not resolved to the satisfaction of the consumer, s/he will be provided the option of filing a formal complaint and assistance in initiating it.
3. Consumers shall be accorded due process in the grievance process and staff will provide the consumer with every reasonable opportunity for informal and/or formal resolution of the grievance.
4. Persons who may bring grievances include, but are not limited to:
 - a. The person served.
 - b. The guardian of the person served (when applicable).
 - c. The person's attorney, designated representative, or a representative of an advocacy agency of the person served.
5. A grievant shall in no way be subject to disciplinary action or reprisal, including reprisal in the form of denial or termination of services, loss of privileges, or loss of services as a result of filing a grievance.
6. Notices summarizing a person's right to due process, which grievances may be filed and copies of forms to be used for such purpose, shall be available at a centralized location available to consumers. All such notices shall be offered in a format that is understandable to the persons served.
7. Each person served shall be informed of his/her right to grieve and the right to be assisted throughout the grievance process by a staff representative of his/her choice. The information shall be provided in a manner that is understandable to the person served.
8. Consumers receiving services funded by the Missouri Division of Behavioral Health shall also be given the name, address and phone number of the Department of Mental Health, Office of Constituent Services and informed that the monitor may be contacted regarding a complaint of abuse, neglect or violation of rights. The representative may attend resolution meetings as a non-participating witness.

9. In the event that HCBC has entered into a contractual agreement to provide a grievance system at variance with HCBC's, the contractual requirements, where applicable, shall govern.

B. Matters Not Grievable

The complaint:

1. Cannot be filed by a consumer on behalf of another consumer.
2. Must involve an action under the control of HCBC.
3. Must be filed in a timely manner (i.e., within seven (7) days of the reported incident).
4. Must follow the established steps and timelines established for the grievance process.

C. Grievance Steps

Grievances shall be processed through a series of time sensitive steps. In the event that a delay is necessary to respond to a complaint due to an extended staff absence or need for an investigation, the consumer will be notified of the delay and reason for the delay. In such a case, staff shall not delay a response beyond that reasonably necessary.

The steps of the formal grievance are as follows:

STEP 1: Formal grievances shall be filed with the supervisor having purview of the grievance issue within seven (7) calendar days of the date that the incident occurred. A copy of the grievance shall be forwarded to the Program Manager.

The supervisor will meet with the grievant and representative, (if applicable), within five (5) calendar days of receipt of the filing and shall attempt to resolve the complaint. The resolution shall be provided to the grievant in writing within five (5) calendar days of the meeting. A copy shall be provided to the Program Manager.

If the consumer accepts the resolution, no further action will be taken.

STEP 2: If the consumer wishes to continue the complaint, s/he shall forward the grievance to the Program Manager for resolution within five (5) calendar days of receipt of the Step 1

response. The consumer shall attach a written response clarifying reason(s) to further the grievance.

The Program Manager shall meet with the grievant and representative, (if applicable), within five (5) calendar days of receipt of the grievance and shall attempt to resolve the complaint. The resolution shall be provided in writing to the grievant within five (5) calendar days of the meeting. A copy shall be provided to the Vice President.

If the consumer accepts the resolution, no further action will be taken.

STEP 3: If the consumer wishes to continue the complaint, s/he shall forward the grievance with a written response clarifying reason(s) to further the grievance to the Vice President for resolution within five (5) calendar days of receipt of the Step 2 response.

The Vice President shall review all materials related to the complaint and within ten (10) calendar days of receipt of the complaint, shall respond to the grievant in writing. A copy of the written response and all related evidence shall be provided to the President.

STEP 4: If the consumer wishes to continue the complaint, she/he shall forward the grievance with a written response clarifying reason(s) to further the grievance to the President for resolution within five (5) calendar days of receipt of the Step 3 response.

The President shall review all materials related to the complaint and within ten (10) calendar days of receipt of the complaint, shall respond to the grievant in writing.

If the consumer accepts the resolution, no further action will be taken.

STEP 5: If the consumer wishes to continue the complaint, s/he shall forward the grievance with a written response clarifying reason(s) to further the grievance to the Chair, Board of Directors for resolution within five (5) calendar days of receipt of the Step 4 response.

The Board of Directors shall review all materials related to the complaint and within thirty (30) calendar days, shall provide a written response to the complaint.

The decision of the Board of Directors shall be final.

- D. Cooperation in Contractor Investigations
Staff shall cooperate with contracting agencies in any review or investigation conducted by a contractor's authorized representative.
- E. Staff Training
All staff members will be trained in the implementation of this policy and procedure through orientation training, and will receive ongoing training of the procedures to ensure the process is applied in a comprehensive manner if a grievance is filed.
- F. Personnel Investigations and Resolution
Grievances regarding the actions of specific staff members will be handled in accordance with the requirements of Corporate Compliance, personnel rules, and contract provisions.
- G. Grievance Log
A Grievance Log will be maintained by the Director of Quality Improvement.
 - 1. Staff shall forward a copy of each grievance and the related written materials of each step in the grievance process, to the Director of Quality Improvement.
 - 2. The Director of Quality Improvement shall maintain a Grievance Log. The Log will identify the nature of the complaint, relevant information obtained in the investigation, and the outcome of the process.
 - 3. The information shall be summarized and reported in the agency monthly report and reported to the Quality Improvement Committee. This information shall be analyzed for trends at each committee meeting.
 - 4. There shall be an annual review of grievances by the Performance Improvement Team.

V. ATTACHMENTS/FORMS

- A. Grievance Form

VI. HISTORY

Original: August 1, 1994
Revised: July 1, 2000
Reviewed: July 1, 2001
Revised: November 1, 2002
Reviewed: October 22, 2004
Revised: March 1, 2008 (Renamed 12.5 from 12.6)
Reviewed: March 1, 2009
March 1, 2010
Revised: April 19, 2012 (Modified from #12.5 to #9.4)
August 15, 2013
September, 18, 2014
September 15, 2015

Heartland Center for Behavioral Change
GRIEVANCE

Printed Name _____ Program Assignment: _____

Date of Incident _____ Current Date _____

Step 1 Complaint: (Describe as fully as possible)

Witnesses to the Incident (if any):

Desired Resolution:

Signature _____

Date _____

Step 1 – SUPERVISOR RESPONSE

Completed by counselor/case manager supervisor within ten (10) days of receipt of the complaint

Signature _____

Date _____

I accept / do not accept the response (circle one).

Signature _____

Date _____

If response is not accepted, grievant may appeal to Program Manager within five (5) days of response.

Reason for Appeal: _____

Step 2 – PROGRAM MANAGER RESPONSE

Completed by Program Manager within ten (10) days of receipt of the complaint

Signature _____

Date _____

I accept/do not accept the response (circle one).

Signature _____

Date _____

If response is not accepted, grievant may appeal to Vice President within five (5) days of response.

Reason for Appeal: _____

Step 3- VICE PRESIDENT RESPONSE

Completed by Vice President within ten (10) days of receipt of the complaint

Signature _____

Date _____

I accept / do not accept the response (circle one).

Signature _____

Date _____

If response is not accepted, grievant may appeal to President within five (5) days of response.

Reason for Appeal: _____

Step 4- PRESIDENT'S RESPONSE

Completed by President within ten (10) days of receipt of the complaint

Signature

Date

I accept / do not accept the response (circle one).

Signature

Date

If response is not accepted, grievant may appeal to Chair, Board of Directors within five (5) days of response.

Reason for Appeal: _____

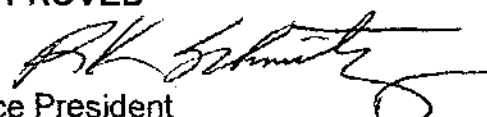

Step 5- BOARD OF DIRECTOR'S RESPONSE

Completed by Board of Directors within thirty (30) days of receipt of the complaint

Signature

Date

THE DECISION OF THE BOARD OF DIRECTOR'S IS FINAL

HCBC	INTERNAL OPERATING PROCEDURES	NUMBER 9.4.1 DCS	PAGES 6
APPLICABILITY Division of Correctional Services Community Transition Unit (CTU)	REFERENCES HCBC: 9.4 ACA: 4-ACRS 6B-01-03 MDOC: B3Z14319- 2.9.5		
CHAPTER NINE (9) Rights of Persons Served	SECTION FOUR (4) Consumer Grievance and Appeal Process		
APPROVED  Vice President	SUBSECTION ONE (1) Grievance Procedures and Administrative Remedies		
APPROVED  President	EFFECTIVE May 30, 2015		

I. POLICY

It is the policy, procedure, and practice of the Heartland Center for Behavioral Change State Community Transition Unit (CTU) to allow offenders the opportunity to initiate grievance procedures on any condition or action within the program without being subject to any adverse action.

II. DISCUSSION

Offenders should have the opportunity to express themselves regarding problems they are having with the program without being subject to any adverse action. The ability to express personal complaints provides staff with opportunities to review agency procedures and consider alternatives that may improve the program. It provides offenders an opportunity to ventilate feelings in a formal manner and thereby acts to minimize the frustrations that may be associated with community transition. The formal grievance process enables constructive two-way communication between staff and offenders, and as such, should not be discouraged. Though this procedure addresses the offender's formal grievance and appeal process, informal grievance problem solving remains the preferred method of remedying complaints or grievances.

III. DEFINITIONS

None

IV. PROCEDURES

HCBC Policy #9.4 Consumer Grievance and Appeal Process identifies the agency requirements related to the process of reporting complaints or grievance if offenders residing in its facilities believe their rights have been violated. The following additional procedures shall apply to the Division of Correctional Services State Community Transition Unit Reentry.

A. Notification of Grievance Procedure

1. The offender will be apprised of the CTU's grievance/complaint procedure during the intake orientation process. The Control Center will maintain a supply of the Complaint/Grievance forms available for the offenders. Offenders requesting a grievance form will be given one.

B. Submission of a Complaint

1. The offender should first discuss the problem with case management staff. If a satisfactory response is not received from the case management staff responding to the problem, then the offender shall, in writing complete a Complaint/Grievance form (Attachment A).
2. The offender should forward this to the Program Manager by inserting it into the locked "Grievance Box" located adjacent to the Control Center desk. The "Grievance Box" is checked daily during the business week by designated staff who forward any grievances to the Program Manager.
3. The Complaint/Grievance form should include the following:
 - a. identifying offender information;
 - b. the specific nature of the complaint, including the date, time and location where the incident occurred, other persons involved, and how the situation has affected the offender;
 - c. rules, regulations, policies, or circumstances about which the offender is filing the complaint;
 - d. action the offender believes should be taken;
 - e. date the complaint was filed; and
 - f. signature of the offender.

C. Grievance Steps

1. Grievances shall be processed through a series of time sensitive steps. In the event that a delay is necessary to respond to a complaint due to an extended staff absence or need for an investigation, the consumer will be notified of the delay and reason for the delay. In such a case, staff shall not delay a response beyond that reasonably necessary.
2. The steps of the formal grievance are as follows:
 - a. STEP 1:
 - (1) Grievances/complaints shall be filed with the program manager within seven (7) calendar days of the date that the incident occurred.
 - (2) The program manager/designee will meet with the grievant within five (5) calendar days of receipt of the filing and shall attempt to resolve the complaint.
 - (3) If the offender accepts the resolution, no further action will be taken.
 - b. STEP 2:
 - (1) If the offender wishes to continue the complaint, the program manager shall forward the grievance to the state contract representative for resolution within five (5) calendar days of receipt of the Step 1 response.
 - (2) The Program Manager shall meet with the grievant and representative, if applicable, within five (5) calendar days of receipt of the grievance and shall attempt to resolve the complaint.
 - (3) If the offender accepts the resolution, no further action will be taken. If the offender does not accept the resolution the RF Unit Supervisor will be notified by the RF liaison officer and requested to meet with the grievant.

D. Grievances Alleging Sexual Abuse

1. Informal Resolution of Grievance:

- a. Offenders shall not be required to use the HCBC informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with employees.
2. Time Limits:
 - a. The time limits and requirements for offenders to file grievances alleging sexual abuse shall promote reporting and investigation such complaints.
 - (1) There shall be no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. However, HCBC may apply otherwise-applicable time limits on any portions of a grievance that does not allege an incident of sexual abuse.
 - (2) Nothing in this section shall restrict HCBC's ability to defend against a lawsuit filed by a correctional residential offender on the ground that the applicable statute of limitations has expired.
3. Allegations of Sexual Abuse Against Employee:
 - a. Offenders shall be permitted to submit grievances alleging sexual abuse directly to the Vice President of the Division of Correctional Services, the PREA Coordinator, or to the HCBC Corporate Compliance Officer without submitting it to a staff member who is the subject of the complaint; and such a grievance shall not be referred to a staff member who is the subject of the complaint.
4. Third Party Involvement:
 - a. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.
 - b. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

- c. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. The documentation shall be maintained in the offender's permanent record.

5. Resolution of Grievances:

- a. A final decision on the merits of any portion of a grievance by offenders alleging sexual abuse shall be rendered within ninety (90) days of the initial filing of the grievance.
- b. Computation of the 90-day time frame shall not include time consumed by offenders in preparing any administrative appeal.
- c. An extension of the HCBC time to respond to a grievance may be permitted when authorized by the Vice President. The extension may be granted for a period of up to ninety (90) days, if the normal time period for response is insufficient to make an appropriate decision. In such a case, the Vice President shall notify the offender in writing of any such extension and provide a date by which a decision will be made. The President shall be copied on the written notification of the extension.
- d. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

6. Emergency Grievances:

- a. Grievances shall be processed as an emergency grievance *when it is alleged that an offender is subject to a substantial risk of imminent sexual abuse*. The following steps will be implemented to identify and respond to grievances that allege a substantial risk of imminent sexual abuse:

- (1) After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Vice President, or in his absence, to the President, to ensure that higher level of review is available at which immediate corrective action may be taken;

(2) The Vice President, or President in his absence, shall provide an initial response within forty-eight (48) hours, and shall issue a final agency decision with five (5) calendar days; and

(3) The initial response and final agency decision shall document HCBC's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

7. Discipline for Bad Faith Grievances:

a. Offenders may be subjected to appropriate discipline when it is determined that nay offender has filed a grievance alleging sexual abuse in bad faith. The determination that the grievance was in bad faith shall be made after the grievance and related documentation reviewed by the Corporate Compliance Officer and President and the result of the review is recorded in writing and provided to the Vice President.

V. ATTACHMENTS/FORMS

A. Complaint/Grievance Form

VI. HISTORY

Original: October 1, 2007
Revised: January 1, 2010
Revised: May 30, 2015

OFFENDER COMPLAINT

If additional information is needed – attach to this form.

Offender Name _____ Number _____

Supervising Officer _____ Date ____/____/____

OFFENDER COMPLAINT:

Offender Signature _____ Date ____/____/____

FACILITY PROGRAM DIRECTOR RESPONSE

Date Received ____/____/____

Date Reviewed ____/____/____

Director's Signature _____

I accept the decision made on ____/____/____ (date) Offender Signature _____

I wish to appeal the decision made on ____/____/____ (date) Offender Signature _____

STATE AGENCY REPRESENTATIVE RESPONSE

Date Received ____/____/____

Date Reviewed ____/____/____

Signature _____

I have received and reviewed the response of the Department on ____/____/____ (date)

Offender Signature _____ Date ____/____/____

PROPOSED MENUS

1) Proposed Inmate Menu: 3,200 Calories

Hot Breakfast

Hot Lunch

Hot Dinner

2) Enhanced Salad Bar

3) Spirit Lifter / Holiday Meals (12 each)

4) Weekly Nutritional Analysis



Week: 1

THURSDAY

FRIDAY

SATURDAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

Meal Name: Breakfast

Sweetened Farina 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion	Fruit (1@ or 1/2 cup equivalent) 1 portion	Sweetened Cinnamon Oatmeal 1 1/2 cup	Sweetened Farina 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion	Sweetened Cinnamon Oatmeal 1 1/2 cup
Breakfast Sausage (1 ozw each) 1 patty	Sweetened Whole Grain Oatmeal 1 1/2 cup	Coon Grits 1 1/2 cup	Breakfast Sausage (1 ozw each) 1 patty	Baked Pancakes 1 each	Gran Flakes Cereal 3 ozw	Scrambled Eggs 3 ozw
Baked Pancakes 1 each	Scrambled Egg w/ Cheese 1 1/2 cup	Creamy Country Gravy (1 oz*) 6 ozw	Cajun Potatoes 1 cup	Syrup 3 fl oz	Creamy Country Gravy (1 oz*) 6 ozw	Hash Brown Potatoes 3/4 cup
Syrup 3 fl oz	Salsa 3 ozw	Cottage Fries 3/4 cup	Coffeecake (1/54 2@) 1/27 cut	T. Ham 1 ozw	Lyonnais Potatoes 3/4 cup	Blueberry Muffins (1/54 2@) 1/27 cut
Whipped Margarine 1/2 ozw	O'Brien Potatoes 1 cup	Bakery Biscuit (1/54 2@) 1/27 cut	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Bakery Biscuit (1/54 2@) 1/27 cut	Whipped Margarine 1/2 ozw
1% Milk (Half Pint) 1 each	Flour Tortilla (6") 2 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each
Coffee 1 cup	1% Milk (Half Pint) 1 each	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup
Sugar 1 packet	Coffee 1 cup	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet

Meal Name: Lunch

T. Salami 2 ozw	Horn-style Scalloped Potatoes (2 oz*) 12 ozw	Tex-Mex Taco Filling (2 oz*) 3 ozw	Roast Turkey 2 ozw	T. Bologna 2 ozw	T. Hot Dogs (1.5 oz each) 2 each	Farmhouse Stew (2 oz*) 12 ozw
Mustard & Ketchup (1/3 oz each) 1 serving	Peas LF 1/2 cup	Rice LF 1/2 cup	Gravy 2 fl oz	Mustard 1/3 fl oz	Mustard 1/2 fl oz	Green Beans LF 1/2 cup
Enriched Bread 2 slice	Coleslaw Vinaigrette LF 3/4 cup	Refried Pinto Beans 1/2 cup	Mashed Potatoes 3/4 cup	Enriched Bread 2 slice	Enriched Bread 2 slice	Salad Bar 1/2 cup
Oven Browned Potatoes 1 cup	Salad Bar 1/2 cup	Shredded Lettuce 1/2 cup	Bread Dressing 3/4 cup	AuGratin Potatoes 1 cup	Baked Beans 3/4 cup	Fresh Baked Roll 2 ozw
Kettle Blend Mixed Vegetables LF 1/2 cup	Bakery Biscuit 1/54 cut	Cheese Sauce 1/2 fl oz	Irish Blend Vegetables LF 1/2 cup	Cabbage & Tomatoes LF 1/2 cup	Carrots LF 1/2 cup	Whipped Margarine 1/2 ozw
Salad Bar 1/2 cup	Whipped Margarine 1/2 ozw	Corn Tortilla 6" 2 each	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Fresh Baked Cookie 2 ozw
Iced Cake 1/54 cut	Fresh Baked Cookie 2 ozw	Salad Bar 1/2 cup	Fudge Brownie 1/54 cut	Fresh Baked Cookie 2 ozw	Iced Cake 1/54 cut	Fruit Drink w/ Vitamin C 1 cup
Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Lemon Square 1/54 cut	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup

Meal Name: Dinner

Rotini & Italian Sauce (2 oz*) 12 ozw	BBQ Chicken Quarter 1 each	Savory Stroganoff w/ Noodles (2 oz*) 12 ozw	Sloppy Joe (2 oz*) 3 ozw	Baked Meatloaf (3 ozw each) 1 patty	Peppery Picadillo (2 oz*) 12 ozw	Meatballs (1/2 oz each) 6 each
Cabbage LF 1/2 cup	Macaroni & Cheese 1 cup	Green Beans LF 1/2 cup	BBQ Pinto Beans 1 cup	Gravy LS 2 fl oz	Kettle Blend Mixed Vegetables LF 1/2 cup	BBQ Sauce (scratch) LS 1 fl oz
Salad Bar 1/2 cup	Carrots LF 1/2 cup	Vinaigrette Calico Coleslaw 1/2 cup	Carrots 1/2 cup	Parsley Rice 1 cup	Coleslaw Vinaigrette LF 1/2 cup	Rice LF 1 cup
Fresh Baked Roll 2 ozw	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Hamburger Bun 1 each	Broccoli LF 1/2 cup	Salad Bar 1/2 cup	Peas & Carrots LF 1/2 cup
Whipped Margarine 1/2 ozw	Fresh Baked Roll 2 ozw	Southern Cornbread 1/54 cut	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Fresh Baked Roll 2 ozw	Salad Bar 1/2 cup
Fresh Baked Cookie 2 ozw	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Fresh Baked Cookie 2 ozw	Bakery Biscuit 1/54 cut	Whipped Margarine 1/2 ozw	Southern Cornbread 1/54 cut
Sweetened Tea 1 cup	Fruity Oatmeal Bar 1/54 cut	Fresh Baked Cookie 2 ozw	Sweetened Tea 1 cup	Whipped Margarine 1/2 ozw	Fresh Baked Cookie 2 ozw	Whipped Margarine 1/2 ozw
	Sweetened Tea 1 cup	Sweetened Tea 1 cup		Iced Cake 1/54 cut	Sweetened Tea 1 cup	Frosted Brownie 1/54 cut
				Sweetened Tea 1 cup		Sweetened Tea 1 cup

SALT & PEPPER SHAKERS PROVIDED EACH MEAL
 HOT SAUCE PROVIDED DAILY ON SALAD BAR
 PEANUT BUTTER & JELLY SANDWICH ALTERNATE ENTRÉE AVAILABLE UPON REQUEST

All entree portions purchased fully cooked, within manufacturer tolerance specifications, are weight measurements prior to reheating. Casseroles and combination items made from scratch are based upon approximate cooked weight measurements. Weights on cookies, bread, rolls, and breadsticks made from mix or scratch are prior to baking. Pancakes made from mix or scratch are better volume measurement prior to cooking. Side dishes are volume measurements. All starches, vegetables, and cooked cereal are prepared with margarine unless indicated as LF (Low Fat). No pork is used unless item is named pork. Imitation cheese with calcium is used.

*This item made with mechanically separated poultry used in accordance with USDA standards.
 NUTRITION STATEMENT: This menu meets the nutritional guidelines of the American Correctional Association which are based upon the current DRI's for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Adequate levels of protein, vitamin A, vitamin C, calcium, and iron are included.

FLM QUARTERLY MENU REVIEW (initial/date) Q1 _____ Q2 _____ Q3 _____ Q4 _____

In accordance with ACA Standard (ref. 4-ALDF-4A-07) (MANDATORY) Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established daily servings.

Reviewed 11/15

ARAMARK Dietitian's Signature:

Crawley
 CRAWLEY, MICHELLE, RD, FCS200

Client's Signature:

R.K. Schmitz

Date:

12/1/15

FLM Signature:

Thel White

Date:

Implemented: 1/14
Revised: 11/15

MISSOURI
MINI 100 CALORIES PER DAY
SALAD BAR DAILY AT LUNCH & DINNER



Week: 2
THURSDAY FRIDAY SATURDAY SUNDAY MONDAY TUESDAY WEDNESDAY

Meal Name: Breakfast

Fruit (1@ or 1/2 cup equivalent) 1 portion	Sweetened Farina 1 1/2 cup	Corn Flakes Cereal 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion	Sweetened Whole Grain Oatmeal 1 1/2 cup	Sweetened Farina 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion
Sweetened Whole Grain Oatmeal 1 1/2 cup	T. Ham 1 ozw	Scrambled Eggs 3 ozw	Bran Flakes Cereal 1 1/2 cup	Breakfast Sausage (1 ozw each) 1 patty	Scrambled Eggs w/ Onions & Peppers 3 ozw	Cheesy Grits 1 1/2 cup
Breakfast Sausage (1 ozw each) 1 patty	French Toast Bake (2@1/50) 2 each	Hash Brown Potatoes 3/4 cup	Creamy Country Gravy (1 oz*) 6 ozw	Baked Pancakes 1 each	Cottage Fries 1 cup	Creamy Country Gravy (1 oz*) 6 ozw
Coffeecake (1/54 2@) 1/27 cut	Syrup 3 fl oz	Blueberry Muffins (1/54 2@) 1/27 cut	Cottage Fries 3/4 cup	Syrup 3 fl oz	Bakery Biscuit (1/54 2@) 1/27 cut	Hash Brown Potatoes 3/4 cup
Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Bakery Biscuit (1/54 2@) 1/27 cut	Whipped Margarine 1/2 ozw	Jelly 1/2 fl oz	Bakery Biscuit (1/54 2@) 1/27 cut
1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each
Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup
Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet

Meal Name: Lunch

T. Bologna 2 ozw	Cheesy Broccoli Noodle Casserole (2 oz*) 12 ozw	BBQ Chicken Quarter 1 each	Spicy Rice Casserole (2 oz*) 12 ozw	T. Salami 2 ozw	Spaghetti & Italian Tomato Sauce (2 oz*) 12 ozw	Sloppy Joe (2 oz*) 3 ozw
Mustard 1/3 fl oz	Green Beans LF 1/2 cup	Pinto Beans 3/4 cup	Cabbage LF 1/2 cup	Mustard 1/3 fl oz	Kettle Blend Mixed Vegetables LF 1/2 cup	Hamburger Bun 1 each
Enriched Bread 2 slice	Salad Bar 1/2 cup	Kettle Blend Mixed Vegetables LF 1/2 cup	Corn & Carrots LF 1/2 cup	Enriched Bread 2 slice	Salad Bar 1/2 cup	Ranch Pinto Beans LS 3/4 cup
Parsley Potatoes 1 cup	Fresh Baked Roll 2 ozw	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Cajun Potatoes 1 cup	Fresh Baked Roll 2 ozw	Vinaigrette Calico Coleslaw 1/2 cup
Coleslaw Vinaigrette LF 1/2 cup	Whipped Margarine 1/2 ozw	Fresh Baked Roll 2 ozw	Southern Cornbread 1/54 cut	Broccoli LF 1/2 cup	Whipped Margarine 1/2 ozw	Salad Bar 1/2 cup
Salad Bar 1/2 cup	Frosted Brownie 1/54 cut	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Salad Bar 1/2 cup	Iced Cake 1/54 cut	Lemon Square 1/54 cut
Iced Cake 1/54 cut	Fruit Drink w/ Vitamin C 1 cup	Iced Cake 1/54 cut	Fresh Baked Cookie 2 ozw	Fudge Brownie 1/54 cut	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup
Fruit Drink w/ Vitamin C 1 cup		Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup		

Meal Name: Dinner

Chili con Carne w/ Beans (2 oz*) 12 ozw	Salisbury Steak (3 ozw each) 1 patty	Noodles & Gravy Casserole (2 oz*) 12 ozw	Charbroiled Patty (3 ozw) 1 patty	AuGratin Potatoes (2 oz*) 12 ozw	Glazed BBQ Patty (3 ozw each) 1 patty	Frito Pie (2 oz*) 12 ozw
Rice 1 cup	Gravy LS 2 fl oz	Peas LF 1/2 cup	Mustard 1/3 fl oz	Green Beans LF 1/2 cup	Oven Browned Potatoes 1 cup	Spanish Rice 1/2 cup
Salad Bar 1/2 cup	Mashed Potatoes 1 cup	Creamy Coleslaw LF 1/2 cup	BBQ Pinto Beans 1/2 cup	Coleslaw Vinaigrette LF 3/4 cup	Cabbage LF 1/2 cup	Salad Bar 1/2 cup
Fresh Baked Roll 2 ozw	Irish Blend Vegetables LF 1/2 cup	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Corn Tortilla 6" 2 each
Whipped Margarine 1/2 ozw	Salad Bar 1/2 cup	Southern Cornbread 1/54 cut	Fresh Baked Roll 2 ozw	Southern Cornbread 1/54 cut	Southern Cornbread 1/54 cut	Iced Cake 1/54 cut
Fresh Baked Cookie 2 ozw	Bakery Biscuit 1/54 cut	Whipped Margarine 1/2 ozw	Iced Cake 1/54 cut	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Sweetened Tea 1 cup
Sweetened Tea 1 cup	Whipped Margarine 1/2 ozw	Fresh Baked Cookie 2 ozw	Sweetened Tea 1 cup	Fresh Baked Cookie 2 ozw	Fresh Baked Cookie 2 ozw	
	Fresh Baked Cookie 2 ozw	Sweetened Tea 1 cup		Sweetened Tea 2 ozw	Sweetened Tea 2 ozw	
	Sweetened Tea 2 ozw			Sweetened Tea 1 cup	Sweetened Tea 1 cup	

SALT & PEPPER SHAKERS PROVIDED EACH MEAL
HOT SAUCE PROVIDED DAILY ON SALAD BAR
PEANUT BUTTER & JELLY SANDWICH ALTERNATE ENTRÉE AVAILABLE UPON REQUEST

All entree portions purchased fully cooked, within manufacturer tolerance specifications, are weight measurements prior to reheating. Casseroles and combination items made from scratch are based upon approximate cooked weight measurements. Weights on cookies, bread, rolls, and breadsticks made from mix or scratch are prior to baking. Pancakes made from mix or scratch are batter volume measurement prior to cooking. Side dishes are volume measurements. All starches, vegetables, and cooked cereal are prepared with margarine unless indicated as LF (Low Fat). No pork is used unless item is named pork. imitation cheese with calcium is used.

*This item made with mechanically separated poultry used in accordance with USDA standards.
NUTRITION STATEMENT: This menu meets the nutritional guidelines of the American Correctional Association which are based upon the current DRI's for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Adequate levels of protein, vitamin A, vitamin C, calcium, and iron are included.

FLM QUARTERLY MENU REVIEW (Initial/date) Q1 Q2 Q3 Q4

In accordance with ACA Standard (ref. 4-ALDF-4A-07) (MANDATORY) Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established daily servings.

Reviewed 11/15

ARAMARK Dietitian's Signature:

[Signature]
11/15/15

Client's Signature:

[Signature] Date: 12/1/15

FLM Signature:

[Signature]

Date:



Week: 3

THURSDAY FRIDAY SATURDAY SUNDAY MONDAY TUESDAY WEDNESDAY

Meal Name: Breakfast

Sweetened Farina 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion	Cheesy Grits 1 1/2 cup	Sweetened Cinnamon Oatmeal 1 1/2 cup	Sweetened Farina 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion	Crispy Rice Cereal 1 1/2 cup
Breakfast Sausage (1 ozw each) 1 patty	Sweetened Whole Grain Oatmeal 1 1/2 cup	Scrambled Eggs 3 ozw	Breakfast Sausage (1 ozw each) 1 patty	Baked Pancakes 1 each	Toasted Oats Cereal 1 1/2 cup	Scrambled Eggs w/ Ham (.5 oz diced ham) 3 ozw
Baked Pancakes 1 each	Creamy Country Gravy (1 oz*) 6 ozw	Hash Brown Potatoes 3/4 cup	Cajun Potatoes 3/4 cup	Syrup 3 fl oz	Creamy Country Gravy (1 oz*) 6 ozw	Hash Brown Potatoes 3/4 cup
Syrup 3 fl oz	Cottage Flies 1 cup	Bakery Biscuit (1/54 2@) 1/27 cut	Coffeecake (1/54 2 @) 1/27 cut	T. Ham 1 ozw	Lyonnais Potatoes 3/4 cup	Blueberry Muffins (1/54 2@) 1/27 cut
Whipped Margarine 1/2 ozw	Bakery Biscuit (1/54 2@) 1/27 cut	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Bakery Biscuit (1/54 2@) 1/27 cut	Jelly 1/2 fl oz
1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each
Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup
Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet

Meal Name: Lunch

T. Salmi 2 ozw	T. Hot Dogs (1.5 oz each) 2 each	Asian Fried Rice (2 oz*) 1/2 ozw	Meatballs (1/2 oz each) 6 each	T. Bologna 2 ozw	AuGratin Potatoes (2 oz*) 1/2 ozw	Crunchy Country Patty (3 ozw each) 1 patty
Mustard 1/3 fl oz	Mustard 1/2 fl oz	Carrots LF 1/2 cup	Italian Tomato Sauce 4 fl oz	Mustard 1/3 fl oz	Green Beans LF 1/2 cup	Cream Gravy LS 2 fl oz
Enriched Bread 2 slice	Enriched Bread 2 slice	Vinaigrette Calico Coleslaw 1/2 cup	Noodles 3/4 cup	Enriched Bread 2 slice	Salad Bar 1/2 cup	Noodles 3/4 cup
Macaroni & Cheese 1 cup	Pinto Beans 1 cup	Fresh Baked Roll 2 ozw	Salad Bar 1/2 cup	Parsley Potatoes 1 cup	Southern Cornbread 1/54 cut	Cabbage LF 1/2 cup
Green Beans LF 1/2 cup	Creamy Coleslaw 1/2 cup	Salad Bar 1/2 cup	Fresh Baked Roll 2 ozw	Kettle Blend Mixed Vegetables LF 1/2 cup	Whipped Margarine 1/2 ozw	Salad Bar 1/2 cup
Salad Bar 1/2 cup	Salad Bar 1/2 cup	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Salad Bar 1/2 cup	Fresh Baked Cookie 2 ozw	Fresh Baked Roll 2 ozw
Frosted Brownie 1/54 cut	Iced Cake 1/54 cut	Lemon Cake w/ Powdered Sugar Topping 1/54 cut	Fresh Baked Cookie 2 ozw	Iced Cake 1/54 cut	Fruit Drink w/ Vitamin C 1 cup	Whipped Margarine 1/2 ozw
Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup	Fruit Drink w/ Vitamin C 1 cup		Frosted Pink Cake 1/54 cut
						Fruit Drink w/ Vitamin C 1 cup

Meal Name: Dinner

American Goulash (2 oz*) 12 ozw	New Mexico Green Chili Stew (2 oz*) 12 ozw	Charbroiled Patty (3 ozw) 1 patty	Chili con Carne w/ Beans (2 oz*) 12 ozw	Roini & Alfredo Sauce (2oz *) 12 ozw	Honey Lemon Chicken 1/4 LF 1 each	Cajun Jambalaya (2 oz*) LS 12 ozw
Cabbage LF 1/2 cup	Corn & Carrots LF 1/2 cup	Mustard 1/3 fl oz	Rice 1/2 cup	Kettle Blend Mixed Vegetables LF 1/2 cup	Gravy LS 2 fl oz	Pinto Beans 3/4 cup
Carrot Salad 3/4 cup	Salad Bar 1/2 cup	Enriched Bread 2 slice	Salad Bar 1/2 cup	Creamy Coleslaw 1/2 cup	Rice 1/2 cup	Salad Bar 1/2 cup
Salad Bar 1/2 cup	Southern Cornbread 1/54 cut	Lyonnais Potatoes 3/4 cup	Fresh Baked Roll 2 ozw	Salad Bar 1/2 cup	Broccoli LF 1/2 cup	Southern Cornbread 1/54 cut
Fresh Baked Roll 2 ozw	Whipped Margarine 1/2 ozw	Peas LF 1/2 cup	Whipped Margarine 1/2 ozw	Southern Cornbread 1/54 cut	Salad Bar 1/2 cup	Whipped Margarine 1/54 cut
Whipped Margarine 1/2 ozw	Fresh Baked Cookie 2 ozw	Salad Bar 1/2 cup	Fresh Baked Cookie 2 ozw	Whipped Margarine 1/2 ozw	Fresh Baked Roll 2 ozw	Fruit (1@ or 1/2 cup equivalent) 1 portion
Fresh Baked Cookie 2 ozw	Sweetened Tea 1 cup	Fruity Oatmeal Bar 1/54 cut	Sweetened Tea 1 cup	Iced Cake 1/54 cut	Whipped Margarine 1/2 ozw	Sweetened Tea 1 cup
Sweetened Tea 1 cup		Sweetened Tea 1 cup		Sweetened Tea 1 cup	Lemon Square 1/54 cut	
					Sweetened Tea 1 cup	

SALT & PEPPER SHAKERS PROVIDED EACH MEAL
HOT SAUCE PROVIDED DAILY ON SALAD BAR
PEANUT BUTTER & JELLY SANDWICH ALTERNATE ENTRÉE AVAILABLE UPON REQUEST

All entree portions purchased fully cooked, within manufacturer tolerance specifications, are weight measurements prior to reheating. Casseroles and combination items made from scratch are based upon approximate cooked weight measurements. Weights on cookies, bread, rolls, and breadsticks made from mix or scratch are prior to baking. Pancakes made from mix or scratch are batter volume measurement prior to cooking. Side dishes are volume measurements. All starches, vegetables, and cooked cereal are prepared with margarine unless indicated as LF (Low Fat). No pork is used unless item is named pork. Imitation cheese with calcium is used.
*This item made with mechanically separated poultry used in accordance with USDA standards.

NUTRITION STATEMENT: This menu meets the nutritional guidelines of the American Correctional Association which are based upon the current DRI's for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Adequate levels of protein, vitamin A, vitamin C, calcium, and iron are included.

FLM QUARTERLY MENU REVIEW (Initial/date) Q1 Q2 Q3 Q4

In accordance with ACA Standard (ref. 4-ALDF-4A-07) (MANDATORY) Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established daily servings.

Reviewed 11/15

ARAMARK Dietitian's Signature:

[Signature]
CROSS, MISSOURI 4193200

Client's Signature:

[Signature]

Date:

12/1/15

FLM Signature:

[Signature]

Date:

Proposed on 1/15
 Implemented: 1/14
 Revised: 1/15

PEARL LAND CENTER FOR BEHAVIORAL CHANGE

MISSOURI
 Minimum 200 Calories Per Day
 Salad Bar Daily at Lunch & Dinner



Week: 4

THURSDAY FRIDAY SATURDAY SUNDAY MONDAY TUESDAY WEDNESDAY

Meal Name: Breakfast

Fruit (1@ or 1/2 cup equivalent) 1 portion	Corn Grits 1 1/2 cup	Sweetened Cinnamon Oatmeal 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion	Corn Flakes Cereal 1 1/2 cup	Sweetened Farina 1 1/2 cup	Fruit (1@ or 1/2 cup equivalent) 1 portion
Sweetened Whole Grain Oatmeal 1 1/2 cup	T. Ham 1 ozw	Scrambled Eggs 3 ozw	Brain Flakes Cereal 1 1/2 cup	Breakfast Sausage (1 ozw each) 1 patty	Scrambled Eggs w/ Onions & Peppers 3 ozw	Cheesy Grits 1 1/2 cup
Breakfast Sausage (1 ozw each) 1 patty	French Toast Bake (2@/1/60) 2 each	Hash Brown Potatoes 3/4 cup	Creamy Country Gravy (1 oz ²) 6 ozw	Baked Pancakes 1 each	Cajun Potatoes 1 cup	Creamy Country Gravy (1 oz ²) 6 ozw
Coffee (1/54 2@) 1/27 cut	Syrup 3 fl oz	Blueberry Muffins (1/54 2@) 1/27 cut	Cottage Fries 3/4 cup	Syrup 3 fl oz	Bakery Biscuit (1/54 2@) 1/27 cut	Hash Brown Potatoes 3/4 cup
Whipped Margarine 1/2 ozw	Lyonnais Potatoes 1 cup	Whipped Margarine 1/2 ozw	Bakery Biscuit (1/54 2@) 1/27 cut	Whipped Margarine 1/2 ozw	Jelly 1/2 fl oz	Bakery Biscuit (1/54 2@) 1/27 cut
1% Milk (Half Pint) 1 each	Whipped Margarine 1/2 ozw	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each	1% Milk (Half Pint) 1 each
Coffee 1 cup	1% Milk (Half Pint) 1 each	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup	Coffee 1 cup
Sugar 1 packet	Coffee 1 cup	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet	Sugar 1 packet
	Sugar 1 packet					

Meal Name: Lunch

Peppery Picadillo (2 oz ²) 12 ozw	T. Bologna 2 ozw	Ziti & Italian Sauce (2 oz ²) 12 ozw	BBQ Chicken Quarter 1 each	Spicy Rice Casserole (2 oz ²) 12 ozw	Crispy Chicken Patty (3 ozw each) 1 patty	Sloppy Joe (2 oz ²) 3 ozw
Green Beans LF 1/2 cup	Mustard 1/3 fl oz	Cabbage LF 1/2 cup	Sautéed Potatoes 3/4 cup	Green Beans LF 1/2 cup	Mayo-Type Dressing 1/3 fl oz	Hamburger Bun 1 each
Salad Bar 1/2 cup	Enriched Bread 2 slice	Salad Bar 1/2 cup	Coleslaw Vinaigrette LF 1/2 cup	Salad Bar 1/2 cup	Fresh Baked Roll 2 ozw	BBQ Pinto Beans 3/4 cup
Fresh Baked Roll 2 ozw	Rice O'Brien 1 cup	Southern Combread 1/54 cut	Salad Bar 1/2 cup	Southern Combread 1/54 cut	Cottage Fries 1 cup	Carrots LF 1/2 cup
Whipped Margarine 1/2 ozw	Peas & Carrots LF 1/2 cup	Whipped Margarine 1/2 ozw	Fresh Baked Roll 2 ozw	Whipped Margarine 1/2 ozw	Peas LF 1/2 cup	Salad Bar 1/2 cup
Fresh Baked Cookie 2 ozw	Salad Bar 1/2 cup	Fresh Baked Cookie 2 ozw	Whipped Margarine 1/2 ozw	Iced Cake 1/54 cut	Salad Bar 1/2 cup	Fudge Brownie 1/2 cup
Fruit Drink w/ Vitamin C 1 cup	Blueberry Oat Square 1/54 cut	Fruit Drink w/ Vitamin C 1 cup	Iced Cake 1/54 cut	Fruit Drink w/ Vitamin C 1 cup	Fresh Baked Cookie 2 ozw	Fruit Drink w/ Vitamin C 1 cup
	Fruit Drink w/ Vitamin C 1 cup		Fruit Drink w/ Vitamin C 1 cup		Fruit Drink w/ Vitamin C 1 cup	

Meal Name: Dinner

T. Hot Dogs (1.5 oz each) 2 each	Savory Rice & Peppers (2 oz ²) 12 ozw	Oven Fried Breaded Fish Patty (3 ozw) 1 patty	Cheesy Broccoli Noodle Casserole (2 oz ²) 12 ozw	Glazed BBQ Patty (3 ozw each) 1 patty	Mac & Cheese Casserole (2 oz ²) 12 ozw	Meatballs (1/2 oz each) 6 each
Mustard 1/2 fl oz	Kettle Blend Mixed Vegetables LF 1/2 cup	Tartar Sauce 1/2 fl oz	Carrots LF 1/2 cup	Pinto Beans 3/4 cup	Carrots LF 1/2 cup	Sweet & Sour Sauce 2 fl oz
Enriched Bread 2 slice	Salad Bar 1/2 cup	Baked Beans 3/4 cup	Salad Bar 1/2 cup	Kettle Blend Mixed Vegetables LF 1/2 cup	Creamy Coleslaw 1/2 cup	Rice 3/4 cup
Ranch Pinto Beans LS 1 cup	Southern Combread 1/54 cut	Irish Blend Vegetables LF 1/2 cup	Southern Combread 1/54 cut	Salad Bar 1/2 cup	Salad Bar 1/2 cup	Kettle Blend Mixed Vegetables LF 1/2 cup
Creamy Coleslaw 1/2 cup	Whipped Margarine 1/2 ozw	Salad Bar 1/2 cup	Whipped Margarine 1/2 ozw	Fresh Baked Roll 2 ozw	Bakery Biscuit 1/54 cut	Salad Bar 1/2 cup
Salad Bar 1/2 cup	Fresh Baked Cookie 2 ozw	Fresh Baked Roll 2 ozw	Fresh Baked Cookie 2 ozw	Whipped Margarine 1/2 ozw	Whipped Margarine 1/2 ozw	Fresh Baked Roll 2 ozw
Frosted Pink Cake 1/54 cut	Sweetened Tea 1 cup	Whipped Margarine 1/2 ozw	Sweetened Tea 1 cup	Fresh Baked Cookie 2 ozw	Iced Lemon Cake 1/54 cut	Whipped Margarine 1/2 ozw
Sweetened Tea 1 cup		Iced Cake 1/54 cut		Sweetened Tea 1 cup	Sweetened Tea 1 cup	Fresh Baked Cookie 2 ozw
		Sweetened Tea 1 cup				Sweetened Tea 1 cup

SALT & PEPPER SHAKERS PROVIDED EACH MEAL
 HOT SAUCE PROVIDED DAILY ON SALAD BAR
 PEANUT BUTTER & JELLY SANDWICH ALTERNATE ENTRÉE AVAILABLE UPON REQUEST

All entree portions purchased fully cooked, within manufacturer tolerance specifications, are weight measurements prior to reheating. Casseroles and combination items made from scratch are based upon approximate cooked weight measurements. Weights on cookies, bread, rolls, and breadsticks made from mix or scratch are prior to baking. Pancakes made from mix or scratch are batter volume measurement prior to cooking. Side dishes are volume measurements. All starches, vegetables, and cooked cereal are prepared with margarine unless indicated as LF (Low Fat). No pork is used unless item is named pork. Imitation cheese with calcium is used.

*This item made with mechanically separated poultry used in accordance with USDA standards.
 NUTRITION STATEMENT: This menu meets the nutritional guidelines of the American Correctional Association which are based upon the current DRI's for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Adequate levels of protein, vitamin A, vitamin C, calcium, and iron are included.

FLM QUARTERLY MENU REVIEW (Initial/date) Q1 _____ Q2 _____ Q3 _____ Q4 _____
 in accordance with ACA Standard (ref. 4-ALDF-4A-07) (MANDATORY) Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established daily servings.

Reviewed 11/15

ARAMARK Dietitian's Signature:

[Signature]
 Carolyn, MISSOURI 1932060

Client's Signature:

[Signature] 12/1/15

Date:

FLM Signature:

[Signature]

Date:

ENHANCED SALAD BAR



ARAMARK (4) WELL SALAD BAR DESIGN						
JALAPENO PEPPERS	CHERRY PEPPERS	CHOPPED EGGS	BLACK OLIVES	SLICE MUSHROOM	BEEF SALAD	ROMANE LETTUCE / GARDEN HEAD LETTUCE
DICED GREEN PEPPERS	CHOPPED ONIONS	SHREDDED CARROTS	DICED HAM	SUNFLOWER SEEDS	POTATO SALAD PASTA SALAD COLE SLAW	
ITALIAN DRESSING	FRENCH DRESSING	RANCH DRESSING	BACON BITS	HOME MADE CROUTONS	GARBANZO BEANS	SPRING GARDEN MIXED GREENS



SAMPLE SPIRIT-LIFTER MENUS

Wednesday, January 1

Monday, January 20

Monday, March 17

Sunday, April 20

Monday, May 5

Monday, May 26

Date TBD

Friday, July 4

Date TBD

Monday, September 7

Thursday, November 27

Thursday, December 25

New Year's Day

Birthday of Martin Luther King Jr.

St. Patrick's Day

Easter

Cinco de Mayo

Memorial Day

June Picnic

Independence Day

August Picnic

Labor Day

Thanksgiving Day

Christmas Day

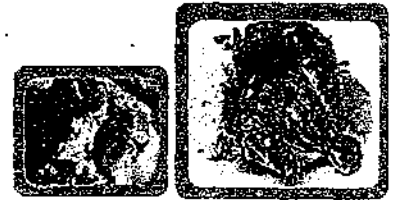
NEW YEAR

Oven Fried Chicken
Black-eyed Peas
Seasoned Corn
Cornbread
Margarine
Cookies
Beverage



MARTIN LUTHER KING DAY

Baked Chicken
Mashed Potatoes
Gravy
Cornbread
Margarine
Peach Cobbler
Beverage



ST. PATRICK'S DAY

Smoked Sausage
Bollod Potatoes
Steamed Cabbage
Rye Bread
Margarine
Mint Frosted Cake
Beverage



Glazed Ham

Au Gratin Potatoes

Seasoned Mixed Vegetables

Mixed Green Salad w/Dressing

Rolls

Margarine

iced Cake

Beverage



CINCO DE MAYO

Beef Burrito
Green Chili Sauce
Rice
Pinto Beans
Tossed Salad w/Dressing
Margarine
Iced Cake
Iced Tea



JUNE PICNIC

Hamburger
Franks
Bun with Condiments
Potato Salad
Bake Beans
Strawberry Shortcake
Beverage



INDEPENDENCE DAY

Hamburger with Bun
Pickle/Lettuce
Onion/Tomato
Mustard/Ketchup
Potato Salad
Seasoned Corn
Fruit Gelatin
Beverage



AUGUST PICNIC

Grilled Hamburger
Grilled Hot Dog
Mustard/Ketchup/Relish
Chips
Gelatin Salad
Watermelon
Ice Cream
Beverage



LABOR DAY

BBQ Turkey
Bun
Chips
Coleslaw
Mustard/Ketchup
Margarine
Dessert Square
Beverage



THANKSGIVING

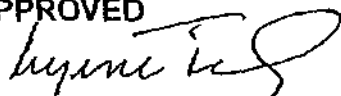
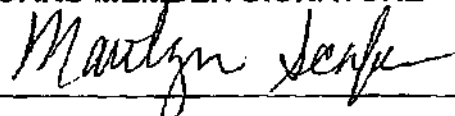
Sliced Turkey
Cranberry Sauce
Bread Dressing
Sweet Potatoes
Seasoned Green Beans
Roll
Margarine
Dessert Square
Beverage



CHRISTMAS

Roast Turkey or Roast Beef
Mashed Potatoes
Gravy
Seasoned Corn
Garden Salad w/Dressing
Roll
Margarine
Cookies
Beverage



HCBC	POLICY AND PROCEDURES	NUMBER 13.1	PAGES 5
APPLICABILITY Agency Wide	REFERENCES DMH: 9 CSR 30-3.100 (11) ACA: 4-ACRS-5A-09 BOP: Chapter 11 (2)		
CHAPTER THIRTEEN (13) Program Requirements	SECTION ONE (1) Urinalysis Surveillance and Breathalyzer Testing Program		
EFFECTIVE October 17, 2013	APPROVED 		
DATE OF BOARD REVIEW 10/17/2013	BOARD MEMBER SIGNATURE 		

I. POLICY

A urinalysis surveillance and breathalyzer testing program shall be established at all program sites. The program shall be used to gauge consumer progress in treatment and rehabilitation services and to detect and deter the illegal introduction and use of drugs and alcohol at facility sites. Minimum requirements for the urinalysis surveillance and breathalyzer testing programs have been established by Heartland Center for Behavioral Change (HCBC) and are stated herein. Each program shall establish clearly written procedures (internal operating procedures) for the administration of the program that are based on this policy.

II. DISCUSSION

Urinalysis surveillance and breathalyzer testing is an effective way to deter and detect the use of drugs and alcohol by persons served. Such programs promote rehabilitation while deterring the introduction of illegal drugs and alcohol at program sites. Appropriate precautions must be taken to ensure that such programs are fair and impartial, and that procedures are established to ensure reliable and accurate test results.

III. DEFINITIONS

NONE

IV. PROCEDURES

A. Urinalysis Surveillance and Breathalyzer Testing Program¹

A written, comprehensive and planned urinalysis and breathalyzer testing program shall be developed and implemented at each service location to deter and detect the introduction and use of illegal drugs and alcohol by persons served.

1. The program shall conform to the requirements of regulators and contractors.
2. Internal operating procedures shall be developed and implemented to ensure staff conformance to the requirements.
3. Designated staff shall be identified at each location to coordinate the urinalysis/breathalyzer testing program.
4. Urinalysis/ breathalyzer testing shall consist of both random and targeted (i.e., when suspicion of use is suspected), testing.
5. Under no circumstances shall urinalysis and/or breathalyzer testing be used as punishment.
6. Only trained staff shall conduct urinalysis/breathalyzer testing.
7. Each program shall develop written procedures that identify the interpretation of results and actions to be taken when the presence of alcohol and/or drugs has been determined.
8. Test results shall be shared with the person served after the results become available.
9. Each consumer shall be provided information that describes the urinalysis surveillance and breathalyzer testing program. The description shall include an identification of the sanctions that may be imposed when there is a positive test result.

B. Urinalysis Testing

The urinalysis surveillance program implemented at each location shall conform to the following:

1. Urinalysis testing shall be conducted on an unscheduled basis.

¹ 9 CSR 30-3.100

2. Laboratories used to analyze specimens must demonstrate proof of conformance to applicable state and federal laws and regulations.
3. Urinalysis tests/collections shall be conducted by persons who are properly trained in the collection of urine specimens and chain of custody procedures.
4. Urinalysis samples shall be obtained from consumers by persons of the same gender.
5. A private area shall be used for the collection of urine samples.
6. Urine or specimens shall be collected in a manner that communicates respect for the persons served while taking reasonable steps to prevent the falsification of samples.
7. Staff shall use universal precautions and wear latex gloves during collection and handling procedures.
8. Staff shall maintain custody and control of urine samples.
 - a. The urine sample shall remain in the possession of HCBC staff from collection through testing or submission to a laboratory.
 - b. Documentation of the custody and control of urine samples shall be maintained by the designated urinalysis coordinator.
 - c. Samples collected for full screen testing shall be immediately labeled, secured, stored, refrigerated (when necessary), and submitted in accordance with the laboratory instructions.
9. All instances of urinalysis testing and the results of the urinalysis tests shall be recorded in the consumer record.
10. A perpetual record (log) shall be maintained of urinalysis tests that includes the following information:
 - Persons tested
 - Name and signature or initials of staff performing the test
 - Date, time, and type of test administered
 - Test results

- Notation of any refusal by the consumer to cooperate

The urinalysis testing coordinator shall maintain the log.

11. All Positive test results or any refusal by the consumer to cooperate in the testing program shall be reported to contractors as required and shall be recorded in the consumer record.
12. Action taken as a result of a positive test result shall be recorded in the consumer record.

C. Breathalyzer Testing

The breathalyzer testing program implemented at each location shall conform to the following:

1. A reliable breathalyzer testing instrument shall be used to detect the use of alcohol by persons served.
2. The instrument shall be calibrated at the intervals identified by the manufacturer and such calibrations shall be documented in a log maintained by the designated urinalysis surveillance program coordinator.
3. Breathalyzer testing shall be conducted by persons who have been trained in the use of the instrument and requirements of the breathalyzer testing policy.
4. Breathalyzer tests shall be recorded on a log when administered.
5. A log shall be maintained that includes the following information:
 - Persons tested
 - Name and signature or initials of staff performing the test
 - Date, time, and type of test administered
 - Test results
 - Consumer signature
 - Notation of any refusal by the consumer to cooperate
6. Positive test results or any refusal by the consumer to cooperate in the testing program shall be reported to contractors as required and shall be recorded in the consumer record.

7. Action taken as a result of a positive test result or refusal to cooperate in the testing program shall be recorded in the consumer record.

D. Training



1. All persons conducting urinalysis and breathalyzer testing shall be appropriately trained.
2. At a minimum the training shall include:
 - Custody of urinalysis samples
 - Use of universal precautions
 - Direct observation process
 - Approved locations for testing
 - Same gender observation requirements
 - Calibration and use of breathalyzer testing instrument
 - Record keeping requirements
3. Evidence of training shall be maintained in the training record of the staff.

V. **ATTACHMENTS/FORMS**

NONE

VI. **HISTORY**

Original: April 1, 1994
Revised: July 1, 2000
July 1, 2001
November 1, 2002
Reviewed: October 22, 2004
Revised: March 1, 2008
March 1, 2009
Reviewed: March 1, 2010
Revised: September 20, 2012
October 17, 2013 (RENUMBERED FROM #13.2)

HCBC	POLICY AND PROCEDURES	NUMBER 10.2	PAGES 10
APPLICABILITY Agency - Wide	REFERENCES DMH: 9 CSR 10-7.070 ACA: 4-ACRS-4C-12; 13 CARF: Section 2.E.		
CHAPTER TEN (10) Medical Care and Health Services	SECTION TWO (2) Medication Management		
REVISED DATE March 17, 2016	APPROVED 		
DATE OF BOARD SIGNATURE 3/17/16	BOARD MEMBER SIGNATURE 		

I. POLICY

It is the policy, procedure, and practice of the Heartland Center for Behavioral Change (HCBC) to have an established system for the storage, self-administration, and disposal of prescription and over-the-counter medication belonging to consumers.

II. DISCUSSION

HCBC is dedicated to following applicable state and federal laws and regulations and to utilize sound clinical practices in its programs. In a residential program all medications must be kept in a secure area for the protection and safety of all consumers. Medication should only be taken as prescribed or according to the directions on the package. Staff must maintain accurate records of the medications that consumers take to help the staff monitor client physical and emotional health, to promote recovery and desired treatment and service outcomes. It is important that staff recognize the necessity of appropriate medication compliance in order to create positive outcomes for client recovery and success. Consumers will not be denied service solely due to taking prescribed medications nor shall they be denied due to not taking their medication, unless the taking or non-taking of medication renders them unable to adequately participate in and benefit from the services offered.

III. DEFINITIONS

- A. Prescription Medication
Any medication prescribed by a physician.
- B. Over-the-Counter Medication
Any medication that can be purchased without a prescription for the express purpose of treating the symptoms of a disease, illness or physical condition.
- C. Medication Profile
The Medication Profile is a written record of the client's name, age, weight, current diagnosis, current medication and dosage, prescribing physician, allergies to medication, non-prescription medication and supplements, medication compliance and other pertinent information including dates and times a client's medication has been provided to them for self-administration. The Profile also records the number of pills remaining after each time the medication is taken by the client and the staff and client's initials verifying the accuracy of the information.
- D. Medication Use
The practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed effective. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the person served while reducing their specific symptoms and minimizing the impact of side effects. Medication use includes prescribed or sample medications, and may include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.
- E. Medication Control
The process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the persons served.
- F. Self-Administration
The application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper

adherence, and closely observing the person served self-administering the medication.

G. Controlled Substance

A controlled substance is a drug or other substance that comes under the jurisdiction of the Federal Controlled Substances Act of 1970. Narcotics, depressants, stimulants, hallucinogens and anabolic steroids are regulated by the Controlled Substances Act (CSA).

H. Professional Direct Service Staff

Staff whose job duties consist primarily of providing direct professional services for consumers. Examples are counselors, case managers, community support specialists, licensed mental health professionals, and licensed medical personnel.

IV. PROCEDURES

A. Use of Medication

HCBC will provide for the appropriate use of medication by consumers receiving residential services.

1. Under no circumstances will staff implement medication practices that serve as:
 - a. Punishment
 - b. Convenience of staff
 - c. As a substitute for services or other treatment
 - d. In quantities that interfere with the individual's participation in treatment and rehabilitation services.
2. Consumers will be allowed to self-administer prescribed medications as directed by a healthcare professional.
 - a. Individuals will not be denied service due to taking prescribed medication as directed. If staff believe that the medication is subject to abuse or could be an obstacle to treatment, then staff shall collaborate with the prescribing physician or other physician in the treatment planning process.
 - b. Individuals will not be denied service solely due to not taking prescribed medication as directed. A consumer may be denied service if he or she is unable to adequately

participate in and benefit from the service offered due to not taking medication as directed. In such a case the referring agency will be notified as applicable.

3. If medication is a part of an individualized plan, staff shall document that the individual and, as indicated, family member understand the purpose and side effects of medications and the importance of medication compliance while in the facility.

B. Collection of Medication and Documentation of Medication Profile

1. Medication at Intake

At intake, consumers newly admitted to any residential unit will be asked to surrender all medication to staff for approval and the development of a medication record. Consumers who refuse to surrender their medication shall not be admitted and the referring agency shall be notified, as applicable.

2. Medication Profile

A Medication Profile will be maintained for each consumer taking medications. The Medication Profile shall contain, at a minimum, the following information:

- a. Client name
- b. Age
- c. Weight
- d. Current medical diagnosis (as applicable)
- e. Current medication and dosage
- f. Prescribing physician (as applicable)
- g. Allergies to medication
- h. Non-prescription medication and supplements
- i. Medication compliance
- j. Other pertinent information related to the individual's medication regimen

3. Authorized Medication

Only prescriptions and over the counter drugs in original packaging that is properly labeled will be authorized.

Staff should check for the following information on the prescription label:

- a. Drug name
 - b. Strength
 - b. Dispense date and amount dispensed
 - c. Directions of administration
 - d. Expiration date
 - e. Client's name
 - f. Name of prescribing physician.
4. If a prescription has a warning sign on it indicating it should not be mixed with alcohol, such medication will not be provided to the client for self-administration if there is an indication of possible alcohol consumption until one of two things happens:
- a. The client has a negative B.A. (.000); or
 - b. A physician gives his/her approval.

All units will follow the appropriate chain of command to answer any question which may arise regarding medication self-administration.

C. Medication Storage

All prescription medications will be placed in a locked medicine cabinet (or drawer) that provides suitable conditions regarding sanitation, ventilation, lighting and moisture. Ingestible medications shall be stored separately from non-ingestible medications and other substances. HCBC will maintain a list of personnel who have authorized access to the locked medication and those staff who are qualified to observe consumers self-administer medication.

D. Self-Administering and Control of Medication

1. Designated Staff

Only designated, trained staff will be identified to observe consumers self-administering medications. This designated person will be responsible for properly recording dosages taken, how much, when, etc. If the designated person notices that a client has

not taken his/her medicine, this information should be passed on to the program manager. Consumers will be required to request medication from the designated HCBC staff person.

2. Preparation for Self Administration of Medication

Staff members authorized to supervise the self administration of medication will check the medication administration record to see when the client last received medication and will check the client's photo identification to ensure the appropriate person is receiving the medication. If the client is due for another dose the designated person will observe the client taking the medication.

3. Medication Compliance

Each unit will devise procedures to assure that consumers are medication compliant. The primary care physician of the client, if any, or a licensed physician shall be informed of any ongoing refusal of medication.

4. Administration and Documentation of Controlled Substances/Abusable Medications

Each self-administration of a controlled substance and/or abusable medication shall be recorded in a consumer medication administration record.

- a. The staff member will count the client medication that has been admitted with the client onto the unit, in the presence of the client. The count shall be recorded on the medication administration record and both the staff member and the client will verify the initial medication count.
- b. Each self-administration of medication shall be documented. The staff member observing the self administration shall document the dosage taken and the ending count. The consumer shall verify the self-administration by signing the medication administration record.
- c. Supervisory or licensed nursing staff shall conduct a medication count of controlled substances and abusable medications on each shift.

The count shall be jointly conducted at shift change by the shift supervisor or a licensed nurse of the departing shift and the shift supervisor or a licensed nurse of the oncoming shift (or relief supervisor or higher supervisory official, in the absence of the shift supervisor). The total amount of each medication shall be verified by both staff. Both shall sign that

the count was completed and that the count was accurate by signing the medication administration record.

Any discrepancy in the count of the medication shall be immediately reported to the Manager. In such an event, each staff member shall complete an Incident Report before departing from the facility. Neither staff shall depart until the report has been completed and authorization has been received from the Manager to leave the facility.

5. Administration and Documentation of Non-Controlled Substances/Non-Abusable Medications

Each self-administration of non-controlled/non-abusable medication shall be recorded in the consumer medication administration record and medication counts verified as follows:

- a. The staff member will count the client medication that has been admitted with the client onto the unit, in the presence of the client.

The count shall be recorded on the medication administration record and both the staff member and the client will jointly verify the initial medication count by signing the medication administration record.

- b. Each self-administration of medication shall be documented. The staff member observing the self administration shall document the dosage taken and the ending count. The consumer shall verify the self-administration by signing the medication administration record.
- c. Any discrepancy in the count of the medication shall be immediately reported on a Critical Incident Report before the staff member departs from duty. The report shall be submitted to the supervisor.
- d. At least monthly, the program manager (or designee) will conduct a random audit of 5% of the medication administration records and verify the accuracy of the medication counts. In the event of any discrepancy in medication counts, an immediate report shall be submitted to the Vice President and an investigation initiated.

The results of random medication administration record audits shall be submitted to the Quality Improvement Director as part of the monthly report.

E. Adverse Drug Reactions

Consumers shall be referred to their healthcare professional or to the emergency room when any adverse reactions to medications are reported or noted. The type of reaction, physician recommendation and subsequent action taken by the program shall be documented in the individual's record.

F. Medication Errors

If a client self-administers a medication or dosage different from that prescribed, the physician of record shall be contacted for advice as soon as the error is discovered. Staff shall document any reaction in the client's progress notes. A critical incident report should be completed and forwarded to the program manager. If the program is under the direction of the Missouri Division of Behavioral Health, a CIMOR EMT Event Report form will be completed as directed by standards in the case of moderate or serious medication errors.

1. Moderate medication errors are those that require treatment and/or intervention in addition to monitoring and observation.
2. Serious medication errors are life threatening and/or have permanent adverse consequences.

Reference material will be maintained on site related to medications, possible side effects, and adverse reactions of each medication under supervision.

G. Return of Medication upon Discharge/Release

Consumers leaving the program will report to a designated staff member and pick up their medications, if any. A notation will be made in the consumer medication record that the medication was released to the consumer and both the consumer and staff will acknowledge this release. The Medication Profile will and administration records will be placed in the consumer's file.

Medication that is abandoned by consumers following their discharge will be immediately picked up by designated staff, counted, verified by a second staff person, and given to the manager. A notation will be made in their record that the medication has been removed. The manager will hold this medication for at least 14 days before disposal. Medications shall be disposed of following HCBC Policy 10.4, Disposal of Medications.

- H. Disposal of Medications and Controlled Substance
The disposal of medications shall be in accordance with HCBC Policy 10.4, Disposal of Medications.
- I. Sharps Disposal
The disposal of sharps shall be in accordance with HCBC Policy 10.3, Sharps and Containers, Collection and Disposal.
- J. Questionable Medication
Consumers in possession of questionable medication, i.e., outdated, not in the proper container, wrong name, etc., will not be given their medication. If medication cannot be identified it will be destroyed in accordance with Policy 10.4.
- K. Training and Education¹
Staff will receive ongoing training related to medication monitoring and practices at HCBC residential locations and will maintain a book of reference material for consultation regarding medications and their actions, possible side effects and potential adverse reactions.

Professional direct service personnel will be trained annually at a minimum, in the following areas:

1. How medication works
2. Risks associated with each medicine
3. Intended benefits, as related to behavior or symptoms targeted
4. Side effects
5. Contraindications
6. Potential implications between medications and diet/exercise
7. Risks associated with pregnancy
8. Importance of taking medications as prescribed, including the identification of potential obstacles to adherence
9. The need for laboratory monitoring
10. The rational for each medication
11. Early signs of relapse related to medication efficacy

¹ CARF 2.E.2

12. Signs of non-adherence to medication prescriptions
13. Potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illicit drugs, and alternative medications
14. Instructions on self-administration, when applicable
15. Wellness management and recovery planning
16. The availability of financial supports and resources to assist the persons served with handling the costs associated with medications
17. Training will be documented in the training file of each employee by Human Resources.

L. Internal Operating Procedures

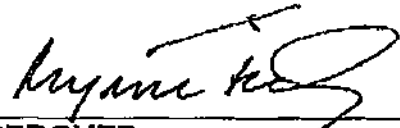
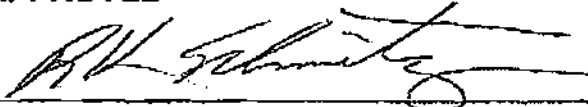
Each residential program will create Internal Operating Procedures dealing with medication management. These IOPs should be available for review by all staff and contractual agencies.

V. ATTACHMENTS

NONE

VI. HISTORY

Original: May 1, 1996
 Revised: April 1, 1998
 August 1, 1999
 June 13, 2000
 Reviewed: July 1, 2001
 Revised: December 1, 2002
 Reviewed: January 20, 2006
 Revised: March 1, 2008
 March 1, 2009
 March 1, 2010
 April 1, 2011
 September 19, 2013
 September 18, 2014
 November 19, 2015
 March 17, 2016

<p>HCBC</p> <p>INTERNAL OPERATING PROCEDURES</p>	<p>NUMBER</p> <p>10.2.1 DCS</p>	<p>PAGES</p> <p>8</p>
<p>APPLICABILITY</p> <p>Division of Correctional Services Community Transition Unit (CTU)</p>	<p>REFERENCES</p> <p>HCBC: 10.2 DBH: 9 CSR 10-5; 10-7.070 ACA: 4-ACRS 4C-12-13 CARF: 2.E.1-3; 2.E.6, 2.; 10 MDOC: B3Z14319 – 2.10.10, b 1-6</p>	
<p>CHAPTER TEN (10)</p> <p>Medical Care and Health Services</p>	<p>SECTION TWO (2)</p> <p>Medication Management</p>	
<p>APPROVED</p> 	<p>SUBSECTION ONE (1)</p> <p>Medication Management</p>	
<p>APPROVED</p> 	<p>EFFECTIVE</p> <p>5/30/15</p>	

I. POLICY

It is the policy, procedure, and practice of the Heartland Center for Behavioral Change State Residential Community Transition Unit (CTU) to have an established system for the storage, self-administration, and disposal of prescription and over-the-counter medication belonging to offenders.

II. DISCUSSION

The Heartland Center for Behavioral Change State Residential Community Transition Unit (CTU) is dedicated to following applicable state and federal laws and regulations and to utilize sound clinical practices in its programs. In a residential program, all medications must be kept in a secure area for the protection and safety of all offenders. Medication should only be taken as prescribed or according to the directions on the package. Staff must maintain accurate records of the medications that offenders take to help the staff monitor offender physical and emotional health, to promote recovery and desired treatment and service outcomes. It is important that staff recognize the necessity of appropriate medication compliance in order to create positive outcomes for offender recovery and success. Offenders will not be denied service solely due to taking prescribed medications nor shall they be denied due to not taking their medication, unless the taking or non-taking of medication renders them unable to adequately participate in and benefit from the services offered.

III DEFINITIONS

- A. Prescription Medication
Any medication prescribed by a physician.
- B. Over-the-Counter Medication
Any medication that can be purchased without a prescription for the express purpose of treating the symptoms of a disease, illness or physical condition.
- C. Medication Use
The practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed effective. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the person served while reducing their specific symptoms and minimizing the impact of side effects. Medication use includes prescribed or sample medications, and may include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.
- D. Medication Control
The process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the persons served.
- E. Self-Administration
The application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.
- F. Controlled Substance
A controlled substance is a drug or other substance that comes under the jurisdiction of the Federal Controlled Substances Act of 1970. Narcotics, depressants, stimulants, hallucinogens and anabolic steroids are regulated by the Controlled Substances Act (CSA).
- G. Professional Direct Service Staff

Staff whose job duties consist primarily of providing direct professional services for offenders. Examples are counselors, case managers, community support specialists, licensed mental health professionals, and licensed medical personnel.

III. PROCEDURES

HCBC Policy #10.2 Medication Management identifies the agency requirements related to the storage, self-administration, and disposal of prescription and over-the-counter medication belonging to offenders residing in its facilities. The following additional procedures shall apply to the Division of Correctional Services State Residential Community Transition Unit (CTU).

A. Use of Medication

1. HCBC will provide for the appropriate use of medication by offenders receiving residential services.
2. Under no circumstances will staff implement medication practices that serve as:
 - a. punishment;
 - b. convenience of staff;
 - c. as a substitute for services or other treatment; or
 - d. in quantities that interfere with the individual's participation in treatment and rehabilitation services.
3. Offenders will be allowed to self-administer prescribed medications as directed by a healthcare professional and observed by designated CTU staff.
 - a. Individuals will not be denied service due to taking prescribed medication as directed. If staff believe that the medication is subject to abuse or could be an obstacle to treatment, then staff shall collaborate with the prescribing physician or other physician in the treatment planning process.
 - b. Individuals will not be denied service solely due to not taking prescribed medication as directed. A consumer may be denied service if he or she is unable to adequately participate in and benefit from the service offered due to not

taking medication as directed. In such a case, the referring agency will be notified as applicable

B. Collection and Storage of Medication

1. At intake, offenders newly admitted to the CTU will be asked to surrender all medication to staff. Offenders who refuse to surrender their medication shall not be admitted and the referring agency shall be notified, as applicable.
2. The following procedure will be followed for recording all new medications, to include over-the-counter, prescription and controlled medication:
 - a. All over-the-counter medications and prescription medications will be stored in the medication cabinet in individually numbered bins.
 - b. Controlled substances will be stored in the designated controlled substance lockbox.
 - c. All types of medications will be documented in the electronic offender management system (OMS) using the Medication field, Prescriptions Tab as indicated on SecurManage: Prescription (Attachment A). All data entry blocks are to be completed. Any discrepancies, such as the pill count not matching the prescription pill issue will be noted in the Note section of the screen. All discrepancies are to be documented on an Incident Report and forwarded through the chain of command
3. Only prescriptions and over-the-counter drugs in original packaging that is properly labeled will be authorized. Staff should check for the following information on the prescription label:
 - a. drug name;
 - b. strength;
 - b. dispense date and amount dispensed;
 - c. directions of administration;
 - d. expiration date;
 - e. offender's name; and

- f. name of prescribing physician.
4. If a prescription has a warning sign on it indicating it should not be mixed with alcohol, such medication will not be provided to the offender for self-administration if there is an indication of possible alcohol consumption until one of two things happens:
 - a. the offender has a negative B.A. (.000); or
 - b. a physician gives his/her approval.
5. All units will follow the appropriate chain of command to answer any question which may arise regarding medication self-administration.

C. Medication Storage

1. Over-the-counter and prescription medications will be stored in a locked cabinet in individually numbered bins. Controlled substances will be stored in the controlled substance lockbox.

D. Self-Administering and Control of Medication

1. Only Shift Supervisors will be assigned to observe offenders self-administering medications. The Shift Supervisor will be responsible for properly recording dosages taken. If the designated person notices that an offender has not taken their medicine, this information should be passed on to the Program Manager.
2. Shift Supervisors authorized to supervise the self-administration of medication will check the OMS to see when the offender last received medication and will check the offender's photo identification to ensure the appropriate person is receiving the medication. If the offender is due for another dose, the Shift Supervisor will observe the offender taking the medication.
3. Each unit will devise procedures to assure that offenders are medication compliant. Case management staff shall be informed of ongoing refusal of medication.
4. Each self-administration of all types of medication shall be recorded in the OMS in the following manner.
 - a. The Shift Supervisor will count the offenders medication that has been admitted onto the unit in the presence of the offender. The count shall be recorded in the OMS and both

the staff member and the offender will verify the initial medication count by signing the computerized signature block.

- b. Each self-administration of medication shall be documented. The Shift Supervisor observing the self administration shall document the dosage taken and the ending count in the OMS as indicated on SecurManage: Dispense Medication (Attachment B). The offender shall verify the self-administration by signing the computerized signature block.
 - c. The Shift Supervisor shall conduct a medication count of controlled substances and/or abusable medications on each shift. The count shall be jointly conducted at shift change by the Shift Supervisor of the departing shift and the Shift Supervisor of the oncoming shift (or relief supervisor or higher supervisory official, in the absence of the Shift Supervisor). The total amount of each medication shall be verified by both staff. Both shall sign that the count was completed and that the count was accurate by signing the end of shift report (Attachment C).
 - d. The CTU First Shift Supervisor will conduct an audit of all prescription medication daily and document it in the OMS.
 - d. Any discrepancy in the count of the medication shall be immediately reported to the Program Manager. In such an event, each staff member shall complete an Incident Report before departing from the facility. Neither staff shall depart until the report has been completed and authorization has been received from the Program Manager to leave the facility.
5. At least monthly, the Chief of Security will conduct a random audit of 5% of the medication administration records and verify the accuracy of the medication counts. In the event of any discrepancy in medication counts, an immediate report shall be submitted to the Program Manager and an investigation initiated.
- a. The results of random medication administration record audits shall be submitted to the Quality Improvement Director as part of the CTU Program Manager's monthly report.

E. Adverse Drug Reactions

1. Offenders shall be referred to their healthcare professional or to the emergency room when any adverse reactions to medications are reported or noted.

F. Medication Errors

1. If an offender self-administers a medication or dosage different from that prescribed, the physician of record shall be contacted for advice as soon as the error is discovered. A critical incident report will be completed and forwarded to the Program Manager.

G. Return of Medication upon Discharge/Release

1. Offenders leaving the CTU will report to the Shift Supervisor and pick up their medications, if any. All returned medications will be documented in the OMS (SecurManage, Dispense Medications Tab), noting the quantity returned in the units in the Dispense field and noting in the Notes field the date of return and staff member returning the medications. The staff member and offender discharging will verify by signing the electronic signature pad.
2. Medication that is abandoned by offenders following their discharge will be immediately counted, verified by a second staff person, and given to the Program Manager. A notation will be made in the OMS as described in the previous paragraph with the exception that in the Notes field, it will be documented the medications were abandoned and disposed of on the indicated date that the medication has been removed. The Program Manager will dispose of the medications following the HCBC policy and procedures on disposal of medications.

H. Failure of the OMS (SecurManage)

1. In the event the OMS is unavailable for use, the Medication Dispensing Log (Attachment D) will be used to document the dispensing of medications. Upon the OMS becoming available, the information logged will be entered immediately. Shift Supervisors will be responsible for communicating effectively shift to shift so as to ensure medication dispensing information is documented in the OMS.

I. Disposal of Medications and Controlled Substance

1. The disposal of medications shall be in accordance with HCBC policy and procedure regarding disposal of medications.

CTU SECURITY OFFICER SHIFT REPORT

SHIFT: 1ST (12AM-8:30AM)
2ND (8AM-4:30AM)
3RD (4PM-12:30AM)

DATE: _____

POPULATION STATUS

BEGIN COUNT _____

NEW ARRIVALS _____

DISCHARGES _____

END COUNT _____

ADMITS: _____

DISCHARGE: _____

SECURITY STAFF

Please print name, signature and initials

STAFF

ABSENCES: _____

OUTCOUNTS:

_____ AWOL/JAIL/MEDICAL/OTHER

_____ AWOL/JAIL/MEDICAL/OTHER

_____ AWOL/JAIL/MEDICAL/OTHER

_____ AWOL/JAIL/MEDICAL/OTHER

SHIFT COMMENTS, PROBLEMS: _____

EMERGENCY SHIFT PROCEDURES

STAFF EVACUATION RESPONSIBILITIES

FIRST FLOOR:(DETOX BATHROOM , RESTROOMS,
LAUNDRY ROOM, DINING ROOM)

SECOND FLOOR:(ADMIN AREA, RESTROOMS)
DORMS - A, B, C, D, E

FIRE TORNADO DRILL CONDUCTED? _____

REPORT COMPLETED BY: _____

SHIFT COMMENTS PROBLEMS:

Outgoing Shift Supervisor Signature _____

Incoming Shift Supervisor Signature; _____

Chief of Security Signature: _____

Your signature above acknowledges that this report is complete and accurate.

Original: Chief of Security
REVISED: February 6, 2015

SHIFT CHECK LIST

1. MED COUNT CONDUCTED? _____
 a. Controlled Substances? _____
 b. Distribution recorded? _____
2. TWO HEAD COUNTS COMPLETED? _____
3. ALL VIOLATIONS COMPLETED? _____
4. CRITICAL INCIDENT REPORTS? _____
5. BLUE SHEETS COMPLETED? _____
6. HAVE AWOL WARRANTS BEEN CALLED? _____
7. ANY WARRANTS WAITING ON APPROVAL? _____
 If yes who? _____
8. PROPERTY PACKED? _____ IF NO WHY NOT?

9. ALL U.A.S COMPLETED? _____
10. B.A. TUBES CLEANED? _____
11. KEYS/RADIOS ACCOUNTED FOR? _____
12. PHONE ACCOUNTED FOR? _____
13. SECURITY WAND ACCOUNTED FOR? _____
14. ROOMS SEARCHES COMPLETE? _____

REG #:
Name:
Date of Arrival:
Program:
Bed:
Counselor:

Phase System Level:

Building / Unit
HCBC-In House

Logged in as:

Logout

Help



Search
Active Residents
HCBC All Centers

- Name Intake Case Management Clinical Scheduling Security Phase Accounts Accounts Admin Management
Activities Call Times Incidents Medication Quick Log Out Reports Resident Forms Resident Inventory Resident Location Resident Log Restrictions Schedule
Security Forms SecurScan Shift Log Status Tasks

Prescription
Staff Member:
Bin Number:
Prescription Number:
Medication Class:
Medication Name:
Dosage:
Physician Name:
Physician Phone:
Pharmacy:
Taken as needed?
Max 1.0 every 24 hours
Morning:
Afternoon:
Evening:
Bedtime:
Initial Units:
Activate Prescription
Crucial Medication
Resident Keeps
Instructions:
Note:
Add Prescription Cancel

SecurManage: Dispense Medication

REG #:
Name:
Date of Arrival:
Program:
Bed:
Counselor:

Phase System Level:

Building / Unit
HCBC-In House

Logged in as:

Search

Active Residents

HCBC-All Centers

Log out

Help



PREV NEXT

Home Intake Case Management Clinical Scheduling Security Phase Accounts Accounts Admin Management

Activities | Call Times | Incidents | Medication | Quick Log Out | Reports | Resident Forms | Resident Inventory | Resident Location | Resident Log | Restrictions | Schedule
Security Forms | SecurScan | Shift Log | Status | Tasks

Dispense Medication

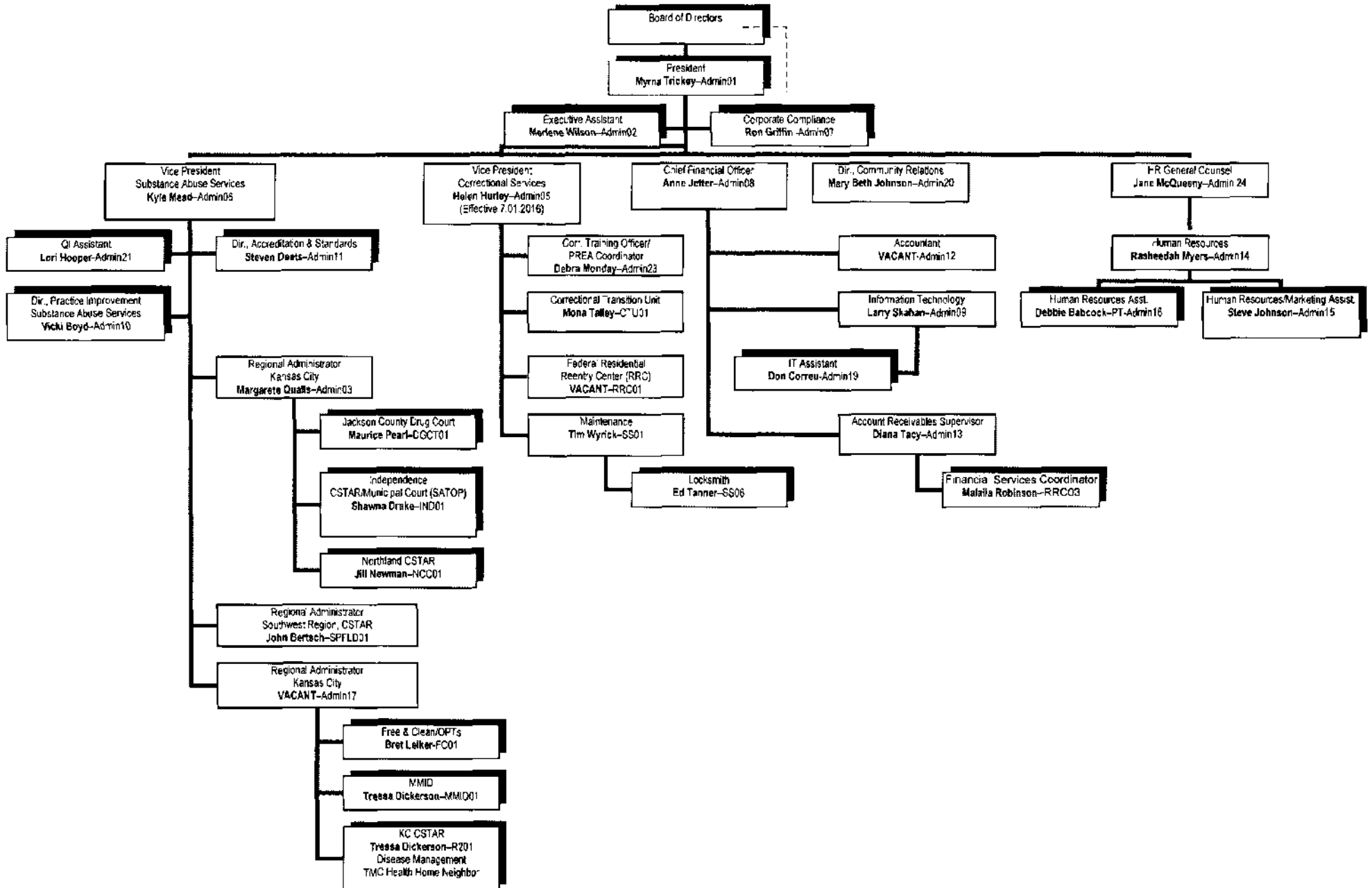
Status:

Name	Rx #	Resident Keeps	CrucialDose	Frequency	Current Count	Units to Dispense
Advil200				1.0 per 24 hours Morning: 0.0 Afternoon: 0.0 Evening: 0.0 Bedtime: 0.0	2.0	<input type="text"/>
Amoxicillin 500	1472153-10845			1.0 per 24 hours Morning: 0.0 Afternoon: 0.0 Evening: 0.0 Bedtime: 0.0	5.0	<input type="text"/>
Claritin 10 mg	OTC			1.0 per 24 hours Morning: 0.0 Afternoon: 0.0 Evening: 0.0 Bedtime: 0.0	1.0	<input type="text"/>
Hydrocodone/Acetaminophen 325mg	1472175-10845		X	4.0 per 24 hours Morning: 1.0 Afternoon: 1.0 Evening: 1.0 Bedtime: 1.0	0.0	<input type="text"/>
Bupropion 300mg	1472157-10845			1.0 per 24 hours Morning: 0.0 Afternoon: 0.0 Evening: 0.0 Bedtime: 0.0	2.0	<input type="text"/>

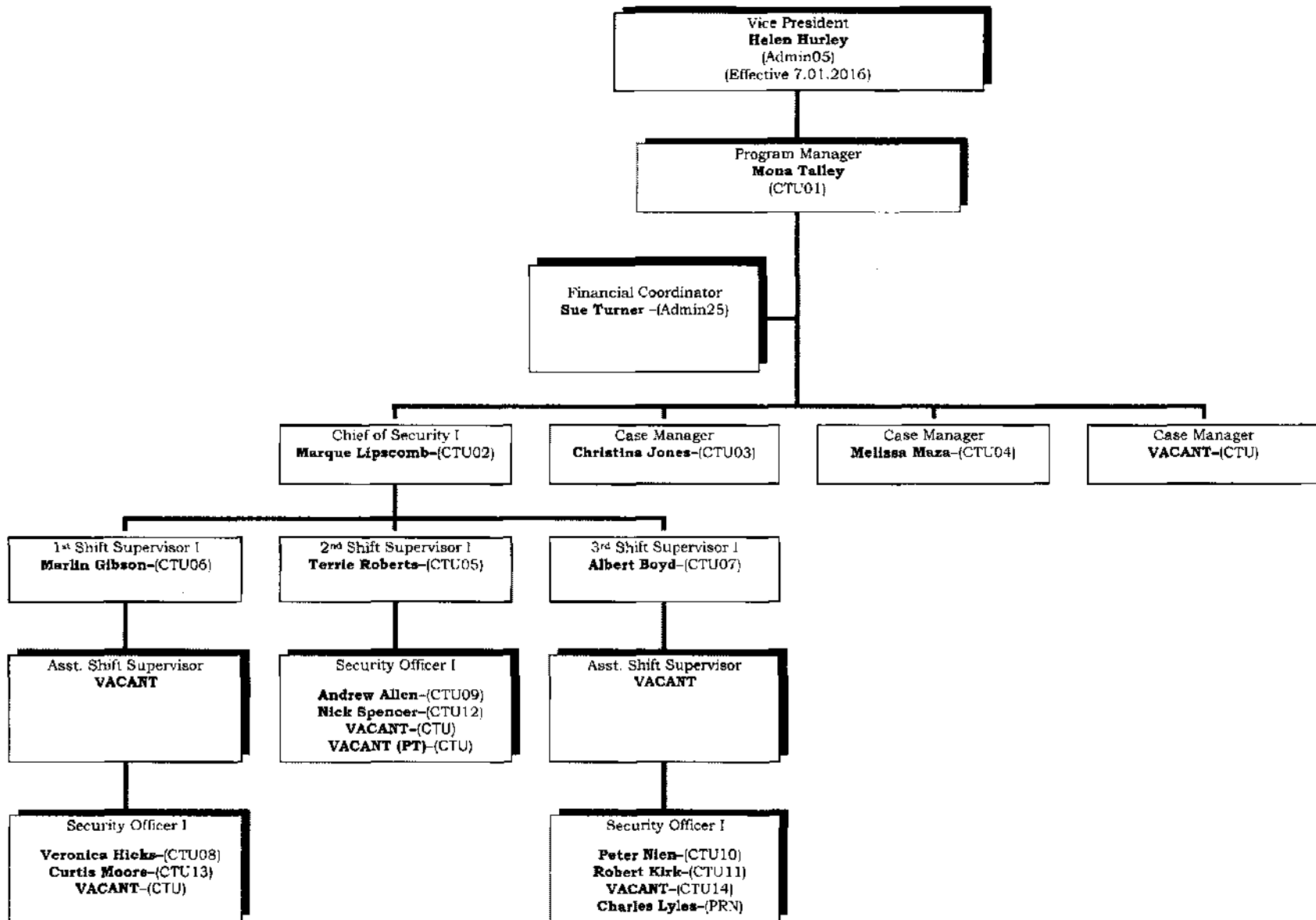
Observed:

Notes:

Heartland Center for Behavioral Change Corporate Organizational Chart



Heartland Center for Behavioral Change Community Transition Unit (CTU)





Myrna E. Trickey, MPA, SPHR

Employment

Heartland Center for Behavioral Change (2010- Present)

Family Guidance Center for Behavioral Healthcare (1998 - 2010)

Kansas City Community Center (1990 - 1998)

Missouri Department of Corrections (1975 - 1990)

Education

University of Missouri at Columbia

Master of Public Administration, 1981

Southeast Missouri State University

Bachelor of Science - Psychology, 1974

Summary of Qualifications

More than 30 years' executive and administrative experience dedicated to improving the lives of others. High level of expertise in correctional and substance abuse services and success in developing innovative, evidence-based treatment programs for offenders. Leadership experience in the public and non profit sectors with working knowledge and thorough understanding of government and non-profit administration, and of government regulations and contracting. Diverse background includes service on many local, state, and national committees, as well as successful collaboration with state and local officials, legislative members, and stakeholders to implement innovative services and improve outcomes of chemically dependent, mentally ill, and offender populations. Extensive experience in strategic planning, budgeting, organizational and business development, human resources and workforce development, and in directing complex operations.

President/CEO, Heartland Center for Behavioral Change (2010- Present)

President/CEO of the Heartland Center for Behavioral Change, a non profit organization that provides assistance and care to offenders and persons suffering from substance abuse problems: 150 employees; annual budget of \$10 million.

Executive Vice President, Family Guidance Center for Behavioral Healthcare (1998 - 2010)

Senior Vice President, Family Guidance Center for Behavioral Healthcare, an administrative agent of the Department of Mental Health serving the Northwest Region of Missouri. Staff of 225 and annual budget in excess of \$12 million. Responsible for addiction treatment services, family planning clinics, human resources, staff development and training, corporate compliance, quality improvement, policy development, and business development. Integral part of agency's public and media relations, strategic planning, budgeting, policy development, and personnel management processes with responsibility for administration of operational units.

Executive Director, National Development, Kansas City Community Center (1990-1998)

Executive responsible for the development and implementation of business opportunities; and the administration of in-prison and community-based, substance abuse treatment programs for offenders. Introduced the agency to the State of Florida and developed first privately operated in-prison therapeutic community in that State.

Division Director, Missouri Department of Corrections (1988 - 1990)

Chief administrator of one of four divisions of the Department of Corrections: Division of Classification and Treatment (now, Division of Offender Rehabilitative Services). Responsible for classification and assignment of inmates, and all treatment services for the 15,000-prisoner population. Staff of 1,000+ and annual budget in excess of \$30 million. Responsible for the Fulton Reception and Diagnostic Center and statewide prison services including medical and hospital services, psychiatric treatment, educational and vocational training programs, mental health services, sexual offender treatment, and substance abuse treatment.

Superintendent, Missouri Department of Corrections (1983 - 1988)

Superintendent of Missouri Eastern Correctional Center (1986): 1,100 bed, male, high-medium security prison, with staff numbering over 200. Prison consisted of general population, administrative and disciplinary segregation units, and services that supported the prison operation. Preceding this appointment served as Asst. Superintendent of Missouri Eastern Correctional Center (1983-1985), and Superintendent of St. Mary's Honor Center (1985).

Missouri Department of Corrections (1975 - 1983)

Missouri Department of Corrections: Executive Assistant to Director (1980-83); Work Release Supervisor (1976-80); and Caseworker (1975-76).

Certifications

Certified as Senior Professional in Human Resources (SPHR), by Society of Human Resource Management.

Consulting Experience

Expert Witness: Missouri Protection and Advocacy Services, Jefferson City, Mo.; Evaluation Consultant: Mo. Division of Alcohol & Drug Abuse, Jefferson City, Mo.; Project Director: UMKC/National Institute of Justice for evaluation of Residential Substance Abuse Treatment for Prisoners. Kansas City, Mo. Grant Specialist: UMKC, Addiction Technology Transfer Center.

Publications

Trickey, Myrna E., Allyson Ashley, and Janet Woodburn (2005). *Substance Abuse, Mental Illness, Crime and Incarceration*. Missouri Coalition of Community Mental Health Centers.

Linhorst, Donald, Knight, K., Johnston, S., and Trickey, M. (2001). *Situational Influences on the Implementation of a Prison-Based Therapeutic Community*. *The Prison Journal*, 81 (4), 436-453.

Conference Presentations

"Department of Corrections, Department of Mental Health and Community Mental Health Centers Collaboration Projects," (2009): Missouri Coalition of Community Mental Health Centers Annual Conference, Lake of the Ozarks, Mo.

"MH 3 and MH 4 Model, Transitioning Offenders to the Community," (2008): Missouri Coalition of Community Mental Health Centers Annual Conference, Lake of the Ozarks, Mo.

"Cultivating A Therapeutic Community," (1995): 125th Congress of Corrections, American Correctional Association, Cincinnati, Ohio.

"The Therapeutic Community," (1995): U. S. Deputy Warden's Association, Kansas City, Mo.

"Community Based Programs for Offenders," (1995): Annual Spring Training Institute for the Missouri Division of Alcohol and Drug Abuse, Lake of the Ozarks, Mo.

"Integration and Treatment Issues of Female Inmates Preparing for Release," (1990): Fourth National Workshop on Women Offenders, Washington, D.C. (1990).

"Correctional Management for the 90s," (1988): West Central Deputy Wardens Association, Annual Conference, Lake of the Ozarks, Mo.

"Women in Leadership," (1987): Annual Leadership Conference, Southern Illinois University, Edwardsville, Ill.

"Searching for a Solution: The Balance Between Overcrowding, Public Opinion, Budget Tightening, Community Corrections, and Inmate Escape Risk," (1981): Annual Midwest Criminal Justice Educators Conference, St. Louis, Mo.

Helen J Hurley

PROFESSIONAL SUMMARY

Dedicated and Versatile Field Services Administrator eager to pursue the roll of the Victim Services Coordinator in a community based organization. Skilled in collaborating with stakeholders and holding staff accountable. Successful in developing and completing comprehensive projects while maintaining positive relations between community partners, staff and peers. Natural leader and skilled negotiator with a commitment to excellence.

SKILLS

- ❖ Community relations
- ❖ Sound judgment
- ❖ Strong interpersonal skills
- ❖ Community based planning
- ❖ Process improvement techniques
- ❖ Workforce planning
- ❖ Approachable
- ❖ Strategic thinker
- ❖ Computer skills

WORK HISTORY

Field Services Administrator

July 2013-Present

Missouri Board of Probation and Parole 615 E 13th Street, Kansas City, Missouri

- ❖ Collaborated with members of other public and private agencies to achieve positive outcomes for offenders in the community.
- ❖ Gathered and analyzed data relative to district work hours and management reports and made recommendations and decisions at the district and regional level based on findings.
- ❖ Responded to citizen, victim and offender complaints and requests for information and assistance.
- ❖ Serves as a representative of the Division on the Cognitive Skills Team.
- ❖ Chairperson for the Continuous Quality Improvement Marketing Team
- ❖ Chair of the Probation and Parole Domestic Violence Task Force
- ❖ Proposed a program to pair paroled participants of the Puppies for Parole Program with the Kansas City Pet Project to enhance reentry opportunities for employment and pro-social activity. Currently supervising 4 participants.
- ❖ Supervising and coaching 8 District Administrators and 1 Training Officer.
- ❖ Conducts regular management meetings and district meetings to achieve district, regional and statewide goals.
- ❖ Respond to all inquiries from internal and external partners in a prompt and professional manner.

Helen J Hurley

- ❖ Serves on interview panels for new staff and Unit Supervisor promotional interviews.
- ❖ Collaborates with fellow Administrators to achieve positive outcomes for offenders, the district, region and state.

District Administrator II

November 2010-July 2013

Missouri Board of Probation and Parole 3111 Swope Parkway, Kansas City, Missouri

- ❖ Collaborated with members of other public and private agencies to achieve positive outcomes for offenders in the community.
- ❖ Gathered and analyzed data relative to district work hours and management reports and made recommendations and decisions at the district and regional level based on findings.
- ❖ Responded to citizen, victim and offender complaints and requests for information and assistance.
- ❖ Served as a representative of the Division on the Cognitive Skills Team.
- ❖ Chairperson for the Continuous Quality Improvement Marketing Team
- ❖ Proposed a program to pair paroled participants of the Puppies for Parole Program with the Kansas City Pet Project to enhance reentry opportunities for employment and pro-social activity. Currently supervising 4 participants.
- ❖ Supervising and coaching 24 District Staff.
- ❖ Conducted regular management meetings and district meetings to achieve district, regional and statewide goals.
- ❖ Responded to all inquiries from internal and external partners in a prompt and professional manner.
- ❖ Served on interview panels for new staff and Unit Supervisor promotional interviews.
- ❖ Collaborated with fellow District Administrators to achieve positive outcomes for offenders, the district, region and state.

Unit Supervisor 910 Kent Liberty, Missouri

March 1997-November 2010

- ❖ Supervised a team of 9-12 Probation and Parole Officers including primary caseloads, Minimum/LI, Interstate Compact, PSI/SAR, Domestic Violence and Drug Court in a suburban and rural setting.
- ❖ Collaborated with the Clay County Court, Ray County Court and Platte County Court to develop Drug and DWI Courts.
- ❖ Participated in interview process for new officers and clerical promotions.
- ❖ Worked with District Administrator and co-supervisors to develop District policies.
- ❖ Collaborated with community partners to enhance positive outcomes for offenders.
- ❖ Responded to community, offender, victim and others in a prompt and professional manner.
- ❖ Served on the Child Support-Probation and Parole Collaboration.
- ❖ Served on the E-Driven Marketing Team.

Helen J Hurley

- ❖ E-Driven staff Trainer.
- ❖ Pathway to Change Facilitator
- ❖ Impact of Crimes On Victims Facilitator

Probation and Parole Officer II

November 1987-March 1997

- ❖ Supervised a primary caseload with an emphasis on substance abuse and employment.
- ❖ PSI writer.
- ❖ Served on the COMBAT steering committee for the Jackson County Drug Court.
- ❖ Drug Court Officer
- ❖ Facilitated programs for offenders.
- ❖ HIV/AIDS educator through the American Red Cross.
- ❖ Served on the Regional Training Committee and PO Advisory Committee

EDUCATION

Bachelor of Arts: Administration of Justice
University of Missouri-Kansas City

AFFILIATIONS and CERTIFICATIONS

- ❖ Camp Quality Volunteer 2006-present
- ❖ Resident Representative for the Western Independence Weed and Seed Group 2010-2013
- ❖ Volunteer for the Kansas City Pet Project/Pawsitive Step Coordinator 2012-present (currently inactive status)
- ❖ Recognized Substance Abuse Professional 2009-present

References upon request

ANNE C. JETTER

Summary

Certified Public Accountant with thirty-seven years in public accounting and four years in private industry. Comprehensive experience in managing complex business issues.

Position and Experience

Sole Practitioner 1986 to Present
Anne C. Jetter, C.P.A., Kansas City, Missouri and West Des Moines, Iowa

Creation and growth of regional public accounting firm, providing tax, accounting, management advisory and business valuation services to small and medium sized businesses, with the support of accounting and administrative staff.

Clients include advertising support service companies, real estate developers and managers, retail operations, website developers, resort operations, sports professionals and facilities, legal firms, medical practices, architectural firms, recruiting firms, investment companies, contractors, professional artists and commercial agricultural operations, among others.

Tax Manager 1983 - 1986
Drees, Dunn & Associates, Overland Park, Kansas City

Management of all tax matters for a firm specializing in the utility industry, and representing various entities throughout the United States. Preparation of materials for representation before the Federal Energy Regulatory Commission and various state utility commissions. Responsible for design and implementation of the firm's pension and profit sharing plan.

Controller and Assistant Treasurer 1980 - 1983
Suburbia Systems, Inc., Leawood, Kansas

Management of all aspects of financial matters and accounting systems, including cash management and financial reporting systems, for manufacturer and international supplier of waste and fresh water treatment plants and industrial tower scrubbers. Supervised a small accounting department. Performed as the chief financial officer, working directly with the sales and engineering staff, during the protracted absence of Company's chief executive officer (who was also the Company's majority shareholder.)

Staff Accountant 1975- 1980
Grant Thornton, J.L.P, Kansas City, Missouri

Gained experience with a wide variety of accounting systems and tax methodologies as part of the firm's tax and audit staffs. Worked directly with the firm's partners and clients in the performance of duties.

Professional Associations

American Institute of Certified Public Accountants

Missouri Society of Certified Public Accountants

National Association of Certified Valuation Analysts
President -- Missouri Chapter

American Society of Women Accountants
Past President -- Kansas City Chapter

Professional and Academic Credentials

Certified Valuation Analyst

Certified Public Accountant

AICPA Certification of Educational Achievement in Business Valuation

Master of Science in Accounting
University of Missouri, Kansas City 1986

Bachelor of Science, Accounting
University of North Texas, Denton 1975

Other Credentials

Moderator for NACVA CAP conferences

Community Service

Board of Directors Audit Committee -- Francis Family Foundation

Treasurer -- St. Paul's Episcopal Church, Kansas City, Missouri

Former Board Member and Treasurer -- Global Montessori Academy

Former Board Member and Treasurer -- CASA Project
(Court Appointed Special Advocate) Jackson County, Missouri

MONA TALLEY

Qualification Summary

Results oriented employee with more than 24 years' experience in progressively responsible supervisory positions within the Criminal Justice and nonprofit organizational systems. Skilled at management of programs, collaboration with executive staff, middle management, and paraprofessional staff to develop quality assurance procedures, implement and maintain corporate policies and procedures, and achieve financial objectives.

Areas of Strength

Organizational Leadership

- Staff management and relations
- Policy and Procedure Development and Revision
- Budget Management
- Strategic Planning

October 2011-Present

Facility Director of DOC 1.2 million dollar women's residential contract. Due to state budget cuts our contract was revised in October 27, 2011. The contract was changed from 150 coed residential beds to 53 women's residential beds. The same responsibilities as the preceding contract at a reduction in size.

January 1995 – October 2011

Facility Director of Department of Corrections 1.9 million dollar residential contract. Responsibilities included direction of the unit in accordance with contractual requirements; supervision of 22 full time subordinate staff including case managers, security and support staff; ensured proper discipline and accountability of residents in accord with contractual and Center policies; developed internal operating procedures and forms; development of regular reports for submission to State Agency; maintaining positive working relationship with liaison officers, unit supervisors and other State employees affiliated with contract. Prepared and successfully passed biannual State Audits.

During the same time period I managed the residential Jackson County Weekender Program and the residential state Second Chance Program which were both housed in the same facility as the Department of Corrections Program.

June 1993 – December 1995

Assistant Manager of State DOC

Responsibilities included supervision of 15 subordinate staff at Department of Corrections residential program. Responsible for maintaining rules and accountability for 90 offenders.

April 1992- May 1993

Desk Clerk/Associate Substance Abuse Counselor

Responsibilities included facilitating groups; processing new client intake; supervising 30+ consumers in their everyday struggles and triumphs as they worked towards maintaining their sobriety and becoming productive members of society.

Education

Missouri Valley College

BA

University of Central Missouri

MA (not completed)

Certifications

Certified Reciprocal Alcohol Drug Counselor

Certified Criminal Justice Addictions Professional CCJP

Certified Clinical Supervisor

Special Training

Trauma Informed Care

Therapeutic Community

Counseling Women Offenders

Professional Affiliations

American Correctional Association

Missouri Corrections Association

MARQUE LIPSCOMB

OBJECTIVE

To obtain a position with a company where a strong background in protecting people and property will be fully utilized. Also utilizing expertise in patrolling, investigating and following-up on incidents.

EXPERIENCE

2013-Present Heartland Center for Behavioral Change Kansas City, MO
Chief of Security

This is responsible, professional, senior level supervisory work in a security program of substantial scope and complexity. The Chief of Security directs and supervises the security program of a community based residential program for assigned offenders, ensuring that the facility is operated in accordance with the requirements of the Agency and those of the contractor (i.e. Probation, Parole, Bureau of Prison, Pre-Trial and the Department of Corrections. An employee of this class is expected to use initiative and work independently under the general supervision of a superior.

2011-2013 Heartland Center for Behavioral Change Kansas City, MO
Shift Supervisor-RRC

This is security work at a residential center for federal offenders. The shift supervisor is responsible for order, safety, and security of the residential program during the assigned shift, following operating procedures. S/he is expected to implement security practices, by supervising security officers assigned to a shift of duty. The supervisor provides appropriate instruction and assistance to officers who provide such activities as: searches, counts, control of movement, monitoring resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under the general supervision of the Chief of Security.

2011-2011 Heartland Center for Behavioral Change Kansas City, MO
Security Officer-RRC

This is advanced security work in a large residential center. The security officer provides order, safety, and security of the center during the assigned shift, following complex operating procedures. S/he is expected to follow offender accountability instructions and to conduct such activities as: searches, counts, control of movement, monitoring and reporting resident behavior, implementing a behavior management system, verifying the location of residents as required, preparing reports, and the administration of the breathalyzer and urinalysis testing program. This position is expected to work independently, under general supervision.

2007-2011 Volunteers of America

Indianapolis, IN

Team Leader

The Team Leader directs and supervises Case Managers and Employment Specialist of a community based residential program for assigned offenders, ensuring that the offenders Service Plans are in accordance with the requirements of the Agency and those of the contractor (i.e. Probation, Parole, Bureau of Prison, Pre-Trial and the Department of Corrections. The Team Leader also audits charts for accuracy.

2004-2007 Volunteers of America Indianapolis, IN

Case Manager

The Case Manager will perform evidence based case management responsibilities including assessment, service coordination, treatment plans, and home visits. This position is responsible for assisting generating accurate daily, monthly, quarterly, and annual reports for all assigned offenders. Ensuring that the offenders Service Plans are in accordance with the requirements of the Agency and those of the contractor (i.e. Probation, Parole, Bureau of Prison, Pre-Trial and the Department of Corrections.

EDUCATION

2010-2016 Concordia University Mequon, WI

- B.A., Management of Criminal Justice Expected December 2016
- Expected to Graduate cum laude.
- First Aid/CPR Certified.
- Received a Certificate of Completion for attending a 6.5 hour workshop entitled Trauma Informed Care on March 27, 2015 at Truman Medical Center. Beth Saver, Trauma Outreach Coordinator and Molly Ticknor, MA, ATR, LPC facilitated this course.

REFERENCE:

References will be provided upon request

Education

Park University
B.A., Social Work
Graduated May 2014

Work Experience & Volunteer Experience

Heartland Center for Behavioral Change

August 2014-Current

- Offender Orientation
- PREA orientation and video intro
- LS/CMI Clinical assessment
- Case Notes on progress and changes in program planning
- Processing violations and interviews
- Tracking offenders participation in treatment
- Referral to community resources
- Verification and monitoring of employment
- Management of offender file
- Collaborate with probation and parole on program planning
- ACA Committee (File Building, reading policies, researching documentation of policies)
- Secure Manage Committee

Synergy Safe Haven Intern

School year 2013-2014

- Hotline calls
- Intake assessments
- Discharge paper work and data entry
- Case management
- Group planning
- All shelter related duties

Metropolitan Missionary Baptist Church (After school program), Kansas City, MO

2013-2014 school year

- Serve meals
- Help with assignments
- Read stories
- Attendance spreadsheets
- Helping with classes

Kansas City Power & Light, Kansas City, MO

Summer Intern

June 2010-August 2010

- Filing backlog, new files, and system improvements
- Project quotes and spreadsheets
- Invoice analysis
- System Cost saving entries
- PeopleSoft item analysis and vendor calls

Virginia State University, Counseling Center, Petersburg, VA

(Volunteered Fall of 2009)

Student Worker January 2010- May 2010, August 2010-May 2011

- Answer phone calls
- Create various documents in Word, PowerPoint, Excel, Publisher, etc.
- Make copies
- Trained on assistive technology

Metropolitan Missionary Baptist Church (Summer Camp), Kansas City, MO

Volunteer Help 2007

Working summer 2011-2014

- Serve meals
- Watch while playing outside
- Help with assignments
- Read stories
- Attendance spreadsheets
- Helping with classes
- Helping on field trips
- Call parents of students to inquire about if they are coming to camp

Melissa Maza

Summary:

I have additional experience working with families from various socio-economical backgrounds with every position I have held in the last 10 years. I am able to speak Spanish and I have a Master's degree in Psychology and hope to someday earn a PhD. in Forensic Psychology.

Professional Experience:

2014-Present

- Case Manager
- Heartland Center for Behavioral Change-CTU
- providing case management services to offenders, providing support and structure to residents throughout their program.

2010-2013

- Bilingual Case Manager
- Wyandot, Inc.-PACES
- assisting families with behavior issues in the home and community, preventing out of home placement

2007-2010

- Family Support Eligibility Specialist
- State of Missouri-Dept. of Social Services
- providing assistance to low-income families in the Kansas City/Jackson County area

2006-2007

- Family Service Advocate
- Economic Opportunity Foundation
- provide services to low-income families in the Head Start Program in Wyandotte County, KS

2004-2005

- Youth Specialist
- Northwest Regional Youth Center
- monitor and supervise behavior of juveniles in a locked treatment facility

2001-2004

- Healthcare Assistant
- University of Kansas Medical Center
- performed basic patient care (vitals, bathing, daily activities)
- supervisor of scheduling of the other assistant staff on the unit
- perfect attendance award for two years

1998-2000

- Certified Nurse Assistant
- Three Rivers Healthcare, Poplar Bluff, MO
- same skills as above

Education

-Poplar Bluff Senior High School

- 1111 Victory Drive
- Poplar Bluff, MO 63901
- attended 8/93-5/97
- graduated with a diploma

-Southwest Baptist University

- 600 University Avenue
- Bolivar, MO 65613
- attended 8/97-12/00
- did not obtain a degree

-University of Missouri-Kansas City

- 5100 Rockhill Road
- Kansas City, MO 64111
- attended 1/01-12/03
- graduated with a B.A. of Psychology

-Walden University

- Baltimore, MD
- attended 12/07-06/10
- graduated with a MS of Psychology

Sue Turner
Kansas City, MO 64134

Energetic leader with ability to relate well to multi - cultural co-workers, customers, and clients
Strong communicator with facilitation skills for coordinating and completing successful projects
Takes initiative & Encourages Win / Win Outcomes
Goal - Driven / Multi - Tasker / Organized / Detail - Oriented

Professional Skills

- Exceptional Customer Service
- HIPPA Compliance
- Ten key by touch and sight / Type 35 WPM
- Excellent with computer programs; Excel, Access, Microsoft Word and Power Point
- Filing Alpha & Numerical / Scanning of Documents
- Proficient Data Entry / Data Management
- Create / Prepare Reports

Professional Work Experience

Heartland Center for Behavioral Change 3/2011 – Present
Financial Coordinator/ Administrative Assistant/Intake Coordinator / Accounts Receivable Billing Clerk / Detox Attendant

- Collect offender savings: including file management, check reconciliation, prepare billing.
- Provide billing of services; including correct coding and data information of client
- Scan medical cards, referrals, & other documents into the computer system and upload into ECR
- Responsible for inbound calls and customer service relations
- Create and prepare reports for supervisor

American National Insurance – Shawnee, KS 4/2011 – 4/2012
Administrative Assistant

- Responsible for inbound/outbound calls
- Collected funds from agents and reconciled balance sheet and bank statements
- Filed important documents by alpha and numerical order
- Direct and indirect customer service relations
- Ran daily reports utilizing in-house software

Robinson and Associates – Kansas City, MO 1/2010 – 6/2010
Clerical Clerk / Short Term Assignment

- Competed taxes for clients and business owners
- Filed important documents by alpha and numerical order

Cargo Largo – Independence, MO 5/2005 – 2/2009
Control Clerk

- Ran truck log reports that included inventory of merchandise daily
- Responsible for inbound/outbound calling

Past Professional Work Experience

Koch Bag and Supply – Kansas City, MO / Receptionist
Missouri Department of Social Service – Kansas City, MO / Office Support Assistant

Education / Certifications & Accomplishments

Business Administration – Metropolitan Community College / Certificate
Odessa High School – Odessa, MO / Diploma
Area Vocational Technical School – Kansas City, KS / Clerical Certificate
Eastern Jackson County – Blue Springs, MO / Medical Assistant Certificate
Red Cross First Aid - Kansas City, MO

FY2016 TRAINING CALENDAR

MONTH	TOPIC	MEDIUM	LOCATION	RESPONSIBLE PARTY
AS NEEDED	SA Staff- Community Support DBH training -Treatment Planning, ASI & ASI-MV, Progress Notes, Transition & Discharge Plans, Discharge Summaries -CareLogic & CIMOR -Leadership Institute	DBH webinar F2F F2F F2F	1730 Prospect	Vicki Boyd Diana Tacy Mary Beth Johnson
	CSS-Drivers' Training	F2F		Safety Officer
	Detox/RRC/CTU-Medication Management	F2F		Detox, RRC & CTU Prog Mgrs
	RRC & CTU-First Aid Training	F2F		RRC & CTU Prog Mgrs
MONTHLY	New Hire Orientation: 2/3 days	F2F	1730 Prospect	Mary Beth Johnson
JULY 2015				
AUGUST 2015				
SEPTEMBER 2015	All HCBC Staff: Health and Safety Training to include: Safety practices, ID of unsafe environmental factors, emergency procedures, ID placement & use of fire extinguisher, evacuation routes/ procedures, medication management where appropriate, reducing physical risks, universal precautions.	F2F	Each Site	Site Health and Safety Coordinators
OCTOBER 2015 OCT. 2-Ethics **OCT. 16-Core OCT. 23-Lunch n' Learn	All HCBC Staff: Crisis Intervention/Suicide Signs, Symptoms & Prevention Lunch n' Learn—Film: "Walking Man" Discussion re. Suicide Signs/Symptoms	Distance Ed F2F		Mary Beth Johnson Mary Beth Johnson
NOVEMBER 2015 **NOV. 13-Core NOV. 17-19-Tx Orientation	All SA Staff: Person Centered Care, Unique Needs of Persons Served (Covered in CORE.-Rights of Persons Served)	Distance Ed		Mary Beth Johnson
DECEMBER 2015 DEC. 18-Lunch & Learn DEC. 15-17-Tx Orientation	Quarter 2 Lunch n' Learn: Topic-Cultural Bias	F2F & Distance Ed		Mary Beth Johnson

MONTH	TOPIC	MEDIUM	LOCATION	RESPONSIBLE PERSON
JANUARY 2016 JAN. 19-21-Tx Orientation	ALL SA STAFF: Relapse prevention strategies using CBT techniques	Distance Ed		Mary Beth Johnson
FEBRUARY 2016 FEB. 16-18-Tx. Orientation	ALL SA STAFF: Customer Service	Distance Ed		Mary Beth Johnson
MARCH 2016 MARCH 11-Lunch & Learn **MARCH 18- Core MARCH 22-24- Tx Orientation	Quarter 3 Lunch n' Learn: Topic--Trauma Informed Care Techniques	F2F & Distance Ed		Mary Beth Johnson
APRIL 2016 APRIL 1-Ethics **APRIL 22Core APRIL 19-21-Tx Orientation				
MAY 2016 MAY 17-19 Tx Orientation	ALL HCBC STAFF: Trauma informed care: Next steps in becoming a TIC provider agency	Distance Ed		Mary Beth Johnson
JUNE 2016 JUNE 24-Lunch & Learn JUNE 21-23 Tx Orientation	Quarter 4 Lunch n' Learn: Topic-TBA	F2F & Distance Ed		Mary Beth Johnson

*Quarterly Lunch n' Learn topics will address training needs identified by Program Managers via managers meetings.

**CORE: Annual Staff Development face to face training topics include: Code of Conduct, Corporate Compliance, HIPAA and confidentiality, client/staff relationships, employee discrimination and harassment, Ethics, Client Abuse and neglect, and Critical incident identification & reporting, non-violent practices, promoting wellness

TARGETED TRAININGS: Dates TBA			
TOPIC	MEDIUM	AUDIENCE	RESPONSIBLE PERSON
Tactical Comm/Break Away	F2F	Safety Coordinators, MMID, CTU & RRC new hires, refresher	Ron Schmitz to contact DOC trainers.
HR Training: Interviewing, Basics of HR law, ADA, performance appraisals, employee discrimination	F2F	Supervisors and Program Managers	Ron Griffin will research appropriate provider.
Expanded Monthly New Hire Orientation	F2F	Corrections and treatment new hires	Mary Beth Johnson

HEARTLAND CENTER FOR BEHAVIORAL CHANGE
Correctional Transitions Unit (CTU)
CASE MANAGER ORIENTATION TRAINING CURRICULUM

(TO BE COMPLETED WITHIN THIRTY DAYS OF EMPLOYMENT)

Items marked with an * to be completed within 7 days of employment

NAME: _____

DATE OF HIRE: _____

TRAINING COMPONENT	TRAINER INITIALS	DATE	EMPLOYEE INITIALS	DATE	SUPERVISORS INITIALS	DATE
Attend orientation and complete required paperwork*						
Review HCBC Personnel Policy & Procedure-*						
Review and sign Code of Ethics*						
Review and sign Code of Conduct*						
Review Time and Attendance procedures*						
Review HCBC Emergency Plan Policy/Procedure*						
Review of alarm system*						
Review emergency plans posted for HCBC residents						
Participate in emergency drill						
Participate in a complete tour of the facility						
Complete PREA training						
Review Breathalyzer Procedure						
Review Urinalysis Procedure						
Review procedure for clients under the influence of drugs or alcohol						
Review contract relative to required case manager responsibilities						
Review security log for a 24 hour period						
Review Policy & Procedure 8.7 -Crisis Intervention						
First Aid Training/ CPR Training						
Review Medication Procedures						
Review and UNDERSTAND Confidentiality Requirements						
Review a minimum of three closed charts						

TRAINING COMPONENT	TRAINER INITIALS	DATE	EMPLOYEE INITIALS	DATE	SUPERVISORS INITIALS	DATE
Review a minimum of two active charts						
Review all chart forms with supervisor or senior case manager/review chart sections (what goes where in file)						
Complete a new intake with supervisor or senior case manager						
Review of procedure for initial orientation of residents						
Offender management techniques – tactical communication, cognitive restructuring						
Review Financial Office Procedure with Financial Coordinator						
Review procedures for charting/file documentation						
Record progress notes for assigned clients and review with supervisor or senior case manager						
Close a file						
Review violation procedures						
Review AWOL procedures						
Write a violation report						
Time Management-Develop a weekly schedule-submit to supervisor						
Develop system for ensuring timely completion of paperwork on each individual client and review with supervisor						
Review Inmate/Parole/Probation conditions						
Participate in a team meeting with P.O.						
Utilization of area treatment/referral agencies-review with supervisor or senior case manager-secure a copy of resource listings						
Employment resources-identify						
Review procedures for follow-up on referrals (phone calls, on-site visits, correspondence, etc.)						

HEARTLAND CENTER FOR BEHAVIORAL CHANGE
Correctional Transitions Unit (CTU)
SECURITY ORIENTATION TRAINING CURRICULUM

(TO BE COMPLETED WITHIN THIRTY DAYS OF EMPLOYMENT)

Items marked with an * to be completed within 7 days of employment

NAME: _____ DATE OF HIRE: _____

Security staff must work under direct supervision until completion of all items identified in the training curriculum below.

Items marked with an asterisk (*) must be completed within 7 days of employment.

TRAINING COMPONENT	TRAINER INITIALS	DATE	EMPLOYEE INITIALS	DATE	SUPERVISORS INITIALS	DATE
Attend orientation and complete required paperwork*						
Review HCBC Personnel Policy & Procedure-*						
Review and sign Code of Ethics*						
Review and sign Code of Conduct*						
Review Time and Attendance procedures*						
Review HCBC Emergency Plan Policy/Procedure*						
Review of alarm system*						
Review emergency plans posted for HCBC residents						
Participate in emergency drill						
Participate in a complete tour of the facility						
Review Breathalyzer Procedure						
Review Urinalysis Procedure						
Review procedure for clients under the influence of drugs or alcohol						
Review and UNDERSTAND Confidentiality Requirements						
Review security log for a 24 hour period						
Review Policy & Procedure 8.7 -Crisis Intervention						
First Aid Training/CPR Training						
Offender management techniques – tactical communication, cognitive restructuring						
Review Medication Procedures						
Review of procedure for initial orientation of residents						
Review violation procedures						

TRAINING COMPONENT	TRAINER INITIALS	DATE	EMPLOYEE INITIALS	DATE	SUPERVISORS INITIALS	DATE
Complete a new intake with security shift supervisor						
Complete PREA training						
Review Financial Office Procedure with Financial Coordinator						
Review AWOL procedures						
Write a violation report						
Review Inmate/Parole/Probation conditions						

01/07/2014mt

Transcript for Allen, Andrew

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	8/28/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/17/2015	0.50	100		Heartland Center for Behavioral Change
Performance Evaluation	7/28/2015	0.00	43		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Staff Development Day 2015-16	11/13/2015	7.00	100		Heartland Center for Behavioral Change

Total Hours: 25.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Boyd, Albert

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
All Staff: Trauma Informed Care	3/11/2016	7.00	100		Heartland Center for Behavioral Change
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	10/5/2015	1.00	N/A		Heartland Center for Behavioral Change
Corrections Basic Training	11/16/2015	40.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/30/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Cultural Diversity	4/29/2015	1.25	91	Relias Learning	Heartland Center for Behavioral Change
Customer Service 2016	3/16/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	9/18/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	10/9/2015	1.00	100		Heartland Center for Behavioral Change
HCBC New Hire Orientation	4/17/2015	8.00	90		Heartland Center for Behavioral Change
HCBC On the Job Training	5/26/2015	30.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy HR 3.2 & 3.15	9/25/2015	0.00	N/A		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
HIPAA Basics	5/26/2015	1.00	80		Heartland Center for Behavioral Change

Transcript for Boyd, Albert

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
KCCC Tactical Communications Training	11/12/2015	8.00	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/27/2015	0.50	100		Heartland Center for Behavioral Change
Offender Searches RRC	7/25/2015	1.00	100		Heartland Center for Behavioral Change
Offenders With Special Needs	10/15/2015	0.00	N/A		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Searches -- Program Overview	7/25/2015	0.50	100		Heartland Center for Behavioral Change
Searches -- Program Overview	10/13/2015	0.50	100		Heartland Center for Behavioral Change
Staff Development Day 2015-16	11/13/2015	7.00	100		Heartland Center for Behavioral Change
Suicide Prevention / Intervention	10/5/2015	1.00	N/A		Heartland Center for Behavioral Change
What Does Policy Say Regarding PREA	5/11/2015	2.00	100		Heartland Center for Behavioral Change

Total Hours: 132.25

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Gibson, Marlin

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	9/30/2015	1.00	N/A		Heartland Center for Behavioral Change
CORE TRAINING	5/20/2016	7.50	100		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/8/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
HCBC CPR Refresher	11/5/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/17/2015	0.50	100		Heartland Center for Behavioral Change
Performance Evaluation	12/3/2015	0.00	46		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Work Stoppage Job Action Plan	3/15/2016	0.00	100		Heartland Center for Behavioral Change

Total Hours: 24.50

I certify that the trainings listed above were completed by me.

Staff Name _____

Transcript for Gibson, Marlin

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Hicks, Veronica

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
CORE TRAINING	3/18/2016	7.50	100		Heartland Center for Behavioral Change
Corrections Basic Training	1/25/2016	40.00	N/A		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	1/29/2016	8.00	96		Heartland Center for Behavioral Change
HCBC New Hire Orientation	3/16/2016	8.00	100		Heartland Center for Behavioral Change
HCBC On the Job Training	2/24/2016	30.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Prohibited Association	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change

Total Hours: 107.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Jones, Christina

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
ACA Accreditation Basics	3/10/2016	0.00	100		Heartland Center for Behavioral Change
ACA Accreditation Basics	3/24/2016	0.00	100		Heartland Center for Behavioral Change
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	9/30/2015	1.00	N/A		Heartland Center for Behavioral Change
CORE TRAINING	10/16/2015	7.50	100		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/11/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Cultural Diversity	12/18/2015	1.25	100	Relias Learning	Heartland Center for Behavioral Change
Customer Relations	3/8/2016	1.50	100	Relias Learning	Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
Federal Prison Rape Elimination Act (PREA)	5/17/2016	2.00	100		Heartland Center for Behavioral Change
First Aid/CPR/AED	10/15/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
Infectious Disease	12/20/2015	1.00	N/A		Heartland Center for Behavioral Change

Transcript for Jones, Christina

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Offender Searches and Rights	8/17/2015	0.50	100		Heartland Center for Behavioral Change
Offenders With Special Needs	12/20/2015	0.00	N/A		Heartland Center for Behavioral Change
Performance Evaluation	9/15/2015	0.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/17/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Suicide Prevention / Intervention	12/20/2015	1.00	N/A		Heartland Center for Behavioral Change
Work Stoppage Job Action Plan	1/21/2016	0.00	100		Heartland Center for Behavioral Change

Total Hours: 40.25

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Kirk, Robert

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
CORE TRAINING	5/20/2016	7.50	100		Heartland Center for Behavioral Change
Corrections Basic Training	11/16/2015	40.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/30/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	5/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	11/20/2015	8.00	96		Heartland Center for Behavioral Change
HCBC CPR Refresher	11/20/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC New Hire Orientation	11/17/2015	6.00	100		Heartland Center for Behavioral Change
HCBC On the Job Training	11/16/2015	30.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
RRO IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change

Total Hours: 111.00

I certify that the trainings listed above were completed by me.

Transcript for Kirk, Robert

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Lipscomb, Marque

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
ACA Accreditation Basics	3/10/2016	0.00	100		Heartland Center for Behavioral Change
ACA Accreditation Basics	3/24/2016	0.00	100		Heartland Center for Behavioral Change
Alcohol and the Family	8/3/2015	2.00	93	Relias Learning	Heartland Center for Behavioral Change
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	9/30/2015	1.00	N/A		Heartland Center for Behavioral Change
CORE TRAINING	5/20/2016	7.50	100		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/10/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100		Heartland Center for Behavioral Change
Leadership and Management Training	7/7/2015	3.50	100		Heartland Center for Behavioral Change
Leadership and Management Training	8/4/2015	3.50	100		Heartland Center for Behavioral Change
Leadership and Management Training	5/12/2016	3.50	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/27/2015	0.50	100		Heartland Center for Behavioral Change

Transcript for Lipscomb, Marque

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Performance Evaluation	12/3/2015	0.00	100		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Work Stoppage Job Action Plan	5/15/2016	0.00	100		Heartland Center for Behavioral Change

Total Hours: 37.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Lyles, Charles

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	9/30/2015	1.00	N/A		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 6.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/20/2015	0.50	100		Heartland Center for Behavioral Change
Performance Evaluation	12/21/2015	0.00	48		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
PREA Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Staff Development Day 2015-16	11/13/2015	7.00	100		Heartland Center for Behavioral Change

Total Hours: 25.00

I certify that the trainings listed above were completed by me.

Staff Name

If you require assistance that is related to this transcript, please contact

Transcript for Lyles, Charles

Staff Signature

Relias Learning Customer Support by
calling 1-800-381-2321 or emailing
support@reliaslearning.com.

Job Title

Transcript for Maza, Melissa

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Control and Use Of Flammable, Toxic & Caustic Substances	9/30/2015	1.00	N/A		Heartland Center for Behavioral Change
CORE TRAINING	10/16/2015	7.50	100		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/24/2015	1.00	100		Heartland Center for Behavioral Change
Cultural Diversity	12/18/2015	1.25	100	Relias Learning	Heartland Center for Behavioral Change
Customer Relations	3/8/2016	1.50	100	Relias Learning	Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	10/23/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8-1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100		Heartland Center for Behavioral Change
Infectious Disease	12/20/2015	1.00	N/A		Heartland Center for Behavioral Change
Offender Searches and Rights	8/17/2015	0.50	100		Heartland Center for Behavioral Change
Offenders With Special Needs	12/20/2015	0.00	N/A		Heartland Center for Behavioral Change
Performance Evaluation	10/8/2015	0.00	42		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/17/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change

Transcript for Maza, Melissa

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
HRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Suicide Prevention / Intervention	12/20/2015	1.00	N/A		Heartland Center for Behavioral Change

Total Hours: 32.25

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Moore, Curtis

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
CORE TRAINING	4/22/2016	7.50	100		Heartland Center for Behavioral Change
Corrections Basic Training	11/6/2015	40.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/8/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
HCBC CPR Refresher	11/6/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC New Hire Orientation	10/29/2015	8.00	100		Heartland Center for Behavioral Change
HCBC On the Job Training	10/27/2015	30.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
Prohibited Association	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change

Total Hours: 99.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing

Transcript for Moore, Curtis

support@reliaslearning.com.

Job Title

Transcript for Nien, Peter

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/28/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	4/15/2016	8.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/20/2015	0.50	100		Heartland Center for Behavioral Change
Performance Evaluation	12/5/2015	0.00	41		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
Staff Development Day 2015-16	4/22/2016	7.00	95		Heartland Center for Behavioral Change
HCBC Health and Safety	10/9/2015	1.00			

Total Hours: 32.50

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Roberts, Terrie

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Control and Use Of Flammable, Toxic & Caustic Substances	9/30/2015	1.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/9/2015	1.00	100		Heartland Center for Behavioral Change
Critical Conversation	5/25/2016	3.00	100		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	10/4/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
Infectious Disease	10/4/2015	1.00	N/A		Heartland Center for Behavioral Change
Offender Searches and Rights	8/27/2015	0.50	100		Heartland Center for Behavioral Change
Offenders With Special Needs	12/20/2015	0.00	N/A		Heartland Center for Behavioral Change
Performance Evaluation	7/15/2016	0.00	40		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change
PREA: Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Prohibited Association	5/23/2016	2.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
Staff Development Day 2015-16	11/19/2015	7.00	100		Heartland Center for Behavioral Change

Transcript for Roberts, Terrie

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Suicide Prevention / Intervention	10/4/2015	1.00	N/A		Heartland Center for Behavioral Change
Work Stoppage Job Action Plan	3/15/2016	0.00	100		Heartland Center for Behavioral Change

Total Hours: 33.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Spencer, Nick

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Anatomy of a Setup	7/21/2015	2.00	100		Heartland Center for Behavioral Change
CORE TRAINING	4/22/2016	7.50	100		Heartland Center for Behavioral Change
Corrections Basic Training	7/22/2015	40.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/8/2015	1.00	100		Heartland Center for Behavioral Change
Federal Prison Rape Elimination Act (PREA)	7/20/2015	2.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	7/17/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC New Hire Orientation	8/14/2015	8.00	81		Heartland Center for Behavioral Change
HCBC On the Job Training	7/16/2015	30.00	100		Heartland Center for Behavioral Change
HCBC Policy 13.2 Urinalysis Surveillance and Breathalyzer Testing Program	7/23/2015	0.50	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100		Heartland Center for Behavioral Change
Infectious Disease	7/21/2015	1.00	N/A		Heartland Center for Behavioral Change
KCCC Tactical Communications Training	11/12/2015	8.00	100		Heartland Center for Behavioral Change
Offender Searches and Rights	8/17/2016	0.50	100		Heartland Center for Behavioral Change
Offenders With Special Needs	12/20/2015	0.00	N/A		Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100		Heartland Center for Behavioral Change

Transcript for Spencer, Nick

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	7/20/2015	3.00	100		Heartland Center for Behavioral Change
Searches -- Program Overview	7/20/2015	0.50	100		Heartland Center for Behavioral Change
Suicide Prevention / Intervention	7/21/2015	1.00	N/A		Heartland Center for Behavioral Change
Suicide Prevention / Intervention	12/20/2015	1.00	N/A		Heartland Center for Behavioral Change
What Does Policy Say Regarding PREA	7/20/2015	2.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety	10/8/2015	1.00			

Total Hours: 122.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling

1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Talley, Ramona

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Credentials	Organization
ACA Accreditation Basics	3/24/2016	0.00	100			Heartland Center for Behavioral Change
Anatomy of a Setup	5/23/2016	2.00	100			Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	10/5/2015	1.00	N/A			Heartland Center for Behavioral Change
Corrections Basic Training	12/14/2015	40.00	N/A			Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/20/2015	1.00	100			Heartland Center for Behavioral Change
Customer Relations	3/9/2016	1.50	100	Relias Learning		Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100			Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100			Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/28/2016	1.00	100			Heartland Center for Behavioral Change
Infectious Disease	10/5/2015	1.00	N/A			Heartland Center for Behavioral Change
Leadership and Management Training	7/7/2015	3.50	100			Heartland Center for Behavioral Change
Leadership and Management Training	5/12/2016	3.50	100			Heartland Center for Behavioral Change
Offender Searches and Rights	8/17/2015	0.50	100			Heartland Center for Behavioral Change
Performance Appraisals and Feedback	5/24/2016	3.00	100	Mary Beth Johnson MSW		Heartland Center for Behavioral Change
Performance Evaluation	12/31/2015	0.00	100			Heartland Center for Behavioral Change
Staff Development Day 2015-16	11/13/2015	7.00	100			Heartland Center for Behavioral Change
Suicide Prevention	10/5/2015	2.25	100	Relias Learning		Heartland Center for Behavioral Change
Work Stoppage Job Action Plan	1/21/2016	0.00	100			Heartland Center for Behavioral Change

Transcript for Talley, Ramona

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Credentials	Organization
HCBC Health and Safety	10/8/2015	1.00				

Total Hours: 70.25

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Turner, Sue

Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
BOP R3M Entry Procedures	1/14/2016	0.00	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	1/14/2016	1.00	N/A		Heartland Center for Behavioral Change
CORE TRAINING	3/18/2016	7.50	100		Heartland Center for Behavioral Change
Corrections Basic Training	1/13/2016	40.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/24/2015	1.00	100		Heartland Center for Behavioral Change
Customer Relations	2/25/2016	1.50	100	Relias Learning	Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
First Aid CPR AED	11/20/2015	8.00	100		Heartland Center for Behavioral Change
HCBC Counselor Ethics	10/23/2015	3.00	100		Heartland Center for Behavioral Change
HCBC CPR Refresher	11/5/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100		Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100		Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100		Heartland Center for Behavioral Change
HCBC Professional Ethics in substance Abuse Counseling & Faith Based Community Based Recovery Support Services	10/23/2015	6.00	100		Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100		Heartland Center for Behavioral Change
Performance Evaluation	12/22/2015	0.00	48		Heartland Center for Behavioral Change

Transcript for Turner, Sue

Training Title	Date	Hours	Percentage	Location
Policy Chapter 14-15	5/11/2016	0.00	100	Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100	Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100	Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100	Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100	Heartland Center for Behavioral Change
Staff Development Day 2015-16	3/18/2016	7.00	100	Heartland Center for Behavioral Change

Total Hours: 90.50

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Transcript for Turner, Sue

All Staff: Trauma Informed Care	12/1/2014	7.00	100		Heartland Center for Behavioral Change
Anatomy of a Setup	5/23/2016	2.00	100		Heartland Center for Behavioral Change
BOP R3M Entry Procedures	1/14/2016	0.00	100		Heartland Center for Behavioral Change
CARE Handbook and Training Preparation	9/6/2013	1.50	100		Heartland Center for Behavioral Change
Control and Use Of Flammable, Toxic & Caustic Substances	1/14/2016	1.00	N/A		Heartland Center for Behavioral Change
CORE TRAINING	3/18/2016	7.50	100		Heartland Center for Behavioral Change
Corp. Wide-Health and Safety Revised Handbook Review	12/24/2014	1.50	100		Heartland Center for Behavioral Change
Corrections Basic Training	1/13/2016	40.00	N/A		Heartland Center for Behavioral Change
Crisis Intervention and Suicide Signs and Symptoms	12/30/2014	1.00	100		Heartland Center for Behavioral Change
Cultural Diversity	4/30/2015	1.25	100	Relias Learning	Heartland Center for Behavioral Change
Customer Relations	2/25/2016	1.50	100	Relias Learning	Heartland Center for Behavioral Change
Customer Service 2016	3/15/2016	1.00	100		Heartland Center for Behavioral Change
Effective Communication in the Workplace	2/25/2012	1.50	100	Relias Learning	Heartland Center for Behavioral Change
Effective Response in Crisis Intervention	1/30/2013	1.50	80	Relias Learning	Heartland Center for Behavioral Change
First Aid CPR AED	11/20/2015	8.00	100		Heartland Center for Behavioral Change
GIT CRISIS INTERVENTION	12/1/2014	1.00	100		Heartland Center for Behavioral Change
HCBC Carelogic In-Service	10/22/2012	4.50	100		Heartland Center for Behavioral Change
HCBC Carelogic In-Service	6/26/2013	4.50	100		Heartland Center for Behavioral Change

Transcript for Turner, Sue

Course Name	Completed	Hours	Final Exam Score	Organization
HCBC Core Training Day 1	4/5/2013	8.00	100	Heartland Center for Behavioral Change
HCBC Core Training Day 2	8/23/2013	8.00	100	Heartland Center for Behavioral Change
HCBC Counselor Ethics	10/23/2015	3.00	100	Heartland Center for Behavioral Change
HCBC CPR Refresher	11/5/2015	1.00	100	Heartland Center for Behavioral Change
HCBC Emergency Evacuations	11/23/2015	0.00	100	Heartland Center for Behavioral Change
HCBC Front Desk KPI Training	6/13/2013	3.00	100	Heartland Center for Behavioral Change
HCBC Health and Safety Policy Review	9/30/2015	1.00	100	Heartland Center for Behavioral Change
HCBC New Hire Orientation	4/13/2012	8.00	100	Heartland Center for Behavioral Change
HCBC Policy 4.6 Ineligible Person	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 1.3 Agency Quality Improvement	1/30/2014	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 1.7 Accessibility and Cultural Competency	7/26/2013	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 1.8 Technology Assessment and Plan	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 10.1 Health Care Provisions	9/27/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 10.6 Disposal of Medication	9/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 2.1 Budgeting	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 2.2 Agency Accounting	7/26/2013	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 2.3 Annual Audit	7/26/2013	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 2.6 Corporate Credit Cards	7/26/2013	0.50	100	Heartland Center for Behavioral Change

Transcript for Turner, Sue

HCBC Policy 2.7 Procurement Practices	7/26/2013	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 3.19 Family Medical Leave Act of 1993	9/27/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 3.22 Personal Solicitation in the Workplace	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 3.27 Employee Accidents and Injuries	8/28/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 3.7 Employee Time and Attendance	5/17/2016	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 4.12 Monitoring Billing Compliance	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 4.13 Staff Training in Corporate Compliance	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 4.2 Statutory Requirements	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 4.3 Reporting and Responding to Compliance Violations	7/26/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 5.1 External Communication	10/17/2013	0.25	100	Heartland Center for Behavioral Change
HCBC Policy 5.2 Internal Communications	10/17/2013	0.25	100	Heartland Center for Behavioral Change
HCBC Policy 6.1 Initiating Maintaining Closing the record	8/28/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 7.1 Environmental Requirements	10/17/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 8.1 Emergency Preparedness	11/23/2015	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 8.3 Tobacco Free Workplace	10/17/2013	0.50	100	Heartland Center for Behavioral Change
HCBC Policy 8.5 Communicable Disease and Infection Control Plan	10/17/2013	0.25	100	Heartland Center for Behavioral Change
HCBC Policy 8.6 Vehicle Operation and Maintenance	10/17/2013	0.25	100	Heartland Center for Behavioral Change
HCBC Policy 8.7 Crisis Intervention	10/17/2013	1.00	100	Heartland Center for Behavioral Change

Transcript for Turner, Sue

Activity	Completed	Hours	Total Earn	Location
HCBC Policy 8.8 Review & In-Service	10/17/2013	1.00	100	Heartland Center for Behavioral Change
HCBC Policy 8.9 Hazardous Materials	10/17/2013	0.25	100	Heartland Center for Behavioral Change
HCBC Policy 8.9 Hazardous Materials	7/23/2014	0.25	100	Heartland Center for Behavioral Change
HCBC Professional Ethics in substance Abuse Counseling & Faith Based Community Based Recovery Support Services	10/23/2015	6.00	100	Heartland Center for Behavioral Change
HCBC Review - Policy 4.1 Corporate Compliance	7/26/2013	1.25	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	3/14/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	3/26/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	5/7/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	6/4/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	6/11/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	6/17/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	6/25/2014	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	1/28/2015	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	2/18/2015	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	2/25/2015	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	3/11/2015	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	4/1/2015	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	4/22/2015	1.00	100	Heartland Center for Behavioral Change

Transcript for Turner, Sue

Activity	Date	Hours	Score	Organization
HCBC STAFF MEETING INDEPENDENCE	4/29/2015	1.00	100	Heartland Center for Behavioral Change
HCBC STAFF MEETING INDEPENDENCE	5/20/2015	1.00	100	Heartland Center for Behavioral Change
HCBC Standards of Conduct	4/5/2016	1.00	100	Heartland Center for Behavioral Change
HCBC TUBERCULIN TESTING	4/4/2013	1.00	100	Heartland Center for Behavioral Change
HCBC TUBERCULIN TESTING	5/7/2015	1.00	100	Heartland Center for Behavioral Change
HIPAA Basics	5/29/2015	1.00	90	Heartland Center for Behavioral Change
KCCC Policy 8.1 Inservice and Review	10/17/2013	0.50	100	Heartland Center for Behavioral Change
Nuts & Bolts: Code of Conduct	3/31/2015	2.00	100	Heartland Center for Behavioral Change
Nuts and Bolts of Corporate Compliance	6/18/2014	1.00	17	Heartland Center for Behavioral Change
Nuts and Bolts of Mission, Vision & Values	1/31/2015	0.50	100	Heartland Center for Behavioral Change
Performance Evaluation	12/23/2011	0.00	100	Heartland Center for Behavioral Change
Performance Evaluation	6/26/2013	0.00	100	Heartland Center for Behavioral Change
Performance Evaluation	12/22/2015	0.00	48	Heartland Center for Behavioral Change
Person Centered Care and Engagement Strategies	12/30/2014	1.00	91	Heartland Center for Behavioral Change
Policy and Procedure 10.2 Medication Management	9/27/2013	0.50	100	Heartland Center for Behavioral Change
Policy and Procedure 10.3 Sharps Collection & Disposal	9/27/2013	0.50	100	Heartland Center for Behavioral Change
Policy and Procedure 8.4 Weapons & Concealed Firearms	10/17/2013	2.00	100	Heartland Center for Behavioral Change
Policy Chapter 14-15	5/11/2016	0.00	100	Heartland Center for Behavioral Change

Transcript for Turner, Sue

Course Title	Completed	Hours	Final Exam Score	Instructor Name	Organization
PPReview 15.1 HIPAA Privacy Practices	12/6/2013	0.50	100		Heartland Center for Behavioral Change
PREA-Prison Rape Elimination Act	5/25/2016	2.00	100		Heartland Center for Behavioral Change
Professional Image at Work	5/23/2016	2.00	100		Heartland Center for Behavioral Change
Report Writing	4/25/2016	3.00	100		Heartland Center for Behavioral Change
RRC IOP Universal Precautions Review	4/13/2016	0.50	100		Heartland Center for Behavioral Change
SATOP Overview	4/23/2015	1.00	100		Heartland Center for Behavioral Change
Sexual Harassment/Discrimination – Prevention for Employees	1/2/2015	2.50	80	Relias Learning	Heartland Center for Behavioral Change
Staff Development Day 2015-16	3/18/2016	7.00	100		Heartland Center for Behavioral Change
The Role of Communication for Behavioral Health Interpreters	10/1/2014	2.00	100	Relias Learning	Heartland Center for Behavioral Change

Total Hours: 191.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Learning Customer Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Heartland Center for Behavioral
1730 Prospect Avenue, Suite 10
Kansas City, Missouri 64127

PURCHASING
301 WEST HIC
JEFFERSON CI

OPMM 15 JUN '16 445:12

Solicitation/OPP Number:
RFPS30034901600754; Jun